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Pepperdine University
Graduate School of Education and Psychology

**A PRELIMINARY ASSESSMENT OF THE ASSOCIATION OF RELIGIOSITY AND
GRADUATE STUDY IN CLINICAL, COUNSELING, AND EXPERIMENTAL
PSYCHOLOGY GRADUATE STUDENTS**

A clinical dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Psychology

by

David E. Harman

October, 2001

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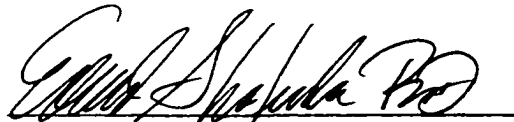
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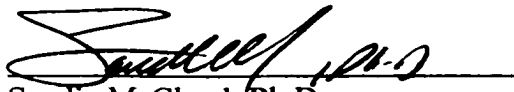
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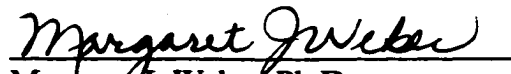
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DEDICATION

This dissertation is dedicated to my mother and father, George and Joann Harman who have supported me throughout my life with love, wisdom and encouragement. Dad, you are a wonderful role model who has taught me, among many other lessons, about the importance of discipline, loyalty, and self-sacrifice. Mom, you have given me unconditional love, support, and showed me that helping others is a worthy endeavor in this life.

I also dedicate this dissertation to my wife Michele. You are a constant source of emotional support for me. You are also an inspiration to me and I cannot express enough the feelings of love, respect and admiration I have for you. I am a better person for having known you, and I am forever thankful that I am blessed to share my life with you. I look forward to a lifetime of mutual growth experiences and learning from each other.

Finally, I would like to dedicate this dissertation to my children, Wyatt, Avery, and Clara. Each of you have contributed immeasurably to me a sense of warmth and love. I am honored to be your father and will give my best efforts, as my parents have done, to be a source of love and support for you all.

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I would also like to thank Saadia McCleod, Ph.D., for her interest and helpfulness during my literature review, and especially in her contributions that helped me to sort through methodological issues and implications. Her extensive background in methodology and statistics made this project much less daunting than it otherwise would have been. Dr. McCleod was very helpful to me during the process of organizing information throughout my dissertation. She was a source of encouragement during all phases of work, and is without question a positive role model for other researchers and clinicians.

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Abstract

This study is an exploration of religiosity of clinical and counseling psychology graduate school students and their training programs. The participants consisted of first-year and last-year clinical, counseling, and experimental psychology graduate students, of which the latter were used as a comparison group. A mail-out survey was sent to 1,189 students who were members of the American Psychological Association's Graduate Students (APAGS), of which 627 students responded. A final N of 281 first-year and last-year students was drawn from the combined respondents, and consisted of 5% African Americans, 4% Asian Americans, 73% European Americans, 7% Hispanic Americans, 1% Native Americans, and 9% endorsing "other." Religiosity was defined as religious orientation, religious behaviors, religious attitudes/beliefs, and religious ideology, and was measured by the Quest Scale (Batson & Schoenrade, 1991a, b) and a Religiosity Questionnaire consisting of items from previous research, and newly constructed items (Gallup, 1999; Lehman, 1974, Shafranske & Malony, 1990). Results indicated that first-years in each group were not significantly higher than last-years for religiosity. Clinical/counseling students were higher for religiosity than experimental students, though still low on these measures overall. The low n for experimental students made comparisons tenuous. A comparison between clinical/counseling students and previously surveyed psychologists lends evidence that there is a decline in traditional religious beliefs with further clinical experience, suggesting the importance of religious training for clinicians.

CHAPTER I

INTRODUCTION

Statement of the Problem

Religion has been a challenge to the field of psychology long before contemporary practice. The field itself is often at odds as to whether or not religion should be addressed within the context of treatment (Bergin 1980a, 1980b; Ellis 1980), and even when it is given attention there is debate as how best to understand religions' many manifestations (Wulff, 1996). Wulff states about religious experience: "even the most careful description risks being misunderstood, especially by those who have not had the experience themselves" (Wulff, 1996, p. 43). It is unfortunate that even the word religion has lost its initial meaning, in that centuries ago it was considered something related to greater-than-human power, and now it is more commonly associated with abstract and fixed systems of ideas (Wulff, 1996). Within American psychology, religion has become a significant specialty in the field. There are organizations and professional societies, growing numbers of degree programs and professorships, journals, and an increasing number of textbooks and literature on the integration of psychology and religion (Vande Kemp, 1996).

According to Wulff (1996) throughout this history there are two major trends in regards to religion in psychology: one "descriptive" and the other "explanatory." The descriptive trend is one that is more often advanced by proponents of religiosity, and is concerned with recording the diversity of religious experience; whereas, the explanatory trend seeks to clarify the origins of religious experience not in terms of transcendent qualities, but more in terms of the psychological, biological and terrestrial

terrestrial events. It is, in part, because of these trends that those who study the psychology of religion are often at odds in their conceptions of terms. Descriptive psychologists tend to identify religion with its experiential elements, such as those inner subjective states found in great mystics, or, in even more subtle transcendental moods of faith practiced by its many anonymous followers. Explanatory psychologists, on the other hand, often equate things like religious affirmations and practices in terms of the external or observable, such as rituals or creeds, which they frequently view as irrational and unfounded. Those in the latter group, who view religion as more of a liability, include Leuba, Skinner, Vetter and Freud. In contrast, names such as James, Jung, Erikson and Kohut are more inclined to view religion as a potential asset. In addition, and keeping with a more positive view of religion, humanistic psychology, that of Allport, Maslow and Fromm, is more interested in religion's potential association with human excellence (Wulff, 1996).

The focus on religion in psychology has been increased by research related to values in psychotherapy. Therapist and client values, matching and non-matching, continue to show influence for treatment outcomes, both positive and negative, and religion has become a more closely-examined area within the values realm. Mental health providers and their influence on clients is a more salient topic as the relevance of treatment providers' impacts and the significance of those impacts are assessed.

While it appears that religious practices in America have changed during the last few decades, most people in this country endorse religion as being an important part of their lives (Gallup & Lindsay, 1999). Religious practices and beliefs have even been found to promote mental health (Bergin, Stinchfield, Gaskin, Masters, &

Sullivan, 1988; Gartner, Larson, & Allen, 1991). However, when mental health providers are assessed as to the importance of religion in their lives, another trend is found, specifically with clinical and counseling psychologists. These last two groups of mental health providers are consistently found to endorse, to a much lesser extent, the importance of religion in their lives (Bergin, 1991; Shafranske, 2000a, b, 2001).

Purpose and Importance of the Study

The purpose of this study is to give an initial assessment of the level of religiosity within the clinical and counseling psychology graduate student population. A growing body of research supports the finding that clients' values are impacted and influenced by the values of their therapists (Beutler & Bergin, 1991; Kelly, 1990; Strupp, 1980; Vachon & Agresti, 1992). Religion has also been found to serve as a positive and ameliorative support for some people (Bergin et al., 1988; Gartner et al., 1991). These findings suggest that the importance of values matching, or at the very least values awareness, is significant for treatment. Religiosity is one part of this values equation. Since clinical and counseling psychologists are found to be lower on measures of religiosity, an important part of ascertaining this noted difference may be the origin of the professionals' value systems. It has been noted that as education increases, measures on levels of religiosity tend to decline (Gallup & Lindsay, 1999). But even when those on equal measures of educational level are compared to clinical and counseling psychologists, the latter still score significantly lower on these measures, lending support to the idea that there may be something contributing to this finding that separates these last two groups from the others (Shafranske, 2000a). The questions arise: does graduate school training in clinical or counseling psychology

contribute to the noted difference in lower measures of religiosity for these two groups? Does something happen during the course of a graduate student's experience in graduate school, or do people who are already lower on these measures come to these particular specialties with preconceived religious value systems? A comparison between beginning graduate clinical and counseling psychology students with their last-year counterparts may lend important clues to these questions.

Comparison Group

Experimental psychology graduate students as a comparison group to clinical/counseling psychology graduate students were chosen for several reasons. Experimental psychology graduate students and clinical/counseling psychology graduate students come from similar program designs, that is, these students' course curricula are similar in length and also stem from training in general psychology. However, and even more significant for comparison, there are important differences, especially in training. Clinical/counseling psychology programs are more closely associated with meaning systems and are more often focused on values. These programs, unlike other programs in the general sciences, are more akin to viewing psychology, as Gross (1978) asserts, as a belief system. Much like religion, "psychology offers mass belief, a promise of a better future, opportunity for confession, unseen mystical workings and a trained priesthood of helping professionals..." (p. 9). Unlike other science training environments, such as those found in experimental psychology, individuals in clinical/counseling programs may be more inclined to question the meanings and values behind systems of belief, as in religion. That is not to say that students in other sciences cannot articulate religious

issues or meaning systems (see Loving & Foster, 2000). It is the training programs themselves that seem to foster or hinder such articulation and thought. An exploration of this training environment, and its association with those who undergo the training, may help clarify aspects of this relationship between religion, psychology, and these secular priests. Frank (1974) maintains that psychology, specifically as it relates to therapy (i.e., clinical/counseling psychology) has many similarities with religion and its indoctrination process. There are commonalities in forming relationships with others, in persuading one in the process of healing, and with each participant bringing his or her own influence into the mutual interaction:

When psychotherapy is viewed as a system, its success seems related not only to aspects of the patient-therapist interaction that affect the therapist's zeal and the patient's confidence in him, but also to a convergence of the therapist's and patient's values. (Frank, 1974, p. 199)

Research Questions

1. Do last-year clinical/counseling psychology graduate students report significantly lower levels of religiosity (i.e., religious behaviors, religious attitudes/beliefs, religious ideology, and religious orientation) as compared to first-year clinical/counseling psychology graduate students? Religiosity will be measured by the following: (a) selected questions that assess religious behaviors and attitudes from Gallup & Lindsay (1999); (b) additional items that were developed and added to represent religious behaviors and attitudes/beliefs regarding high school, college and graduate training experiences; (c) ideological statements selected from Lehman (1974) and adapted by Shafranske & Malony (1990) which measure degrees of belief

in a personal God; and (d) questions assessing religious orientation using Batson & Schoenrade's Quest Scale (1991a, b).

2. Do last-year experimental psychology graduate students report significantly lower levels of religiosity (i.e., religious behaviors, religious attitudes/beliefs, religious ideology, and religious orientation) as compared to first-year experimental psychology graduate students? Religiosity will be measured by (a) Gallup poll questions that assess religious behaviors and attitudes adapted from Gallup & Lindsay (1999), (b) additional items that were developed and added to represent religious behaviors and beliefs regarding high school, college and graduate training experiences, (c) ideological statements selected from Lehman (1974) and adapted by Shafranske & Malony (1990), and (d) questions assessing religious orientation using Batson & Schoenrade's Quest Scale (1991a, b).

3. Do clinical/counseling psychology graduate students exhibit greater change in religiosity across school years (i.e., first-year vs. last-year) as compared to change in religiosity among experimental psychology graduate students (i.e., first-year vs. last-year)?

Conceptual Hypothesis

As previously stated, there is evidence in the literature that clinical/counseling psychologists score lower on measures of religiosity than other mental health professionals such as rehabilitation psychologists, marriage and family therapists, clinical social workers, as well as lower than the public at large. In addition, there is also evidence that as education increases, the importance of religion tends to decline. However, even those with comparable education to clinical/counseling psychologists

score higher on measures of religiosity. There is also a large body of research that lends evidence to the claim that many clients adopt the therapists' values during the course of psychotherapy. Some of this research regarding value changes is associated with the degree to which therapy is successful or not. Though which specific attitudes, beliefs and values are not discretely delineated, there is a global sense that even personal and religious values are implicated in the therapeutic change process. This last body of research dispels a long-held belief that therapy can be conducted in a neutral, or value-free environment. Taken together, these findings suggest a need for exploration of the differing religious values between clients and clinical/counseling psychologists. This study will attempt to begin this exploration by examining the *association of religion and the training environment of these psychologists.*

Definition of Terms

Dualistic absolutism. According to Perry (1999), this term refers to an assumption of the dualistic structure of the world, a view that is taken for granted by a person espousing this world-outlook. Persons with this view leave things unexamined. The world is approached in terms of right vs. wrong, we vs. others, good vs. bad. All problems are seen as being solved by adherence: obedience, conformity to the right, and to authority.

Ecology of knowledge. From Bergin's comparing and contrasting of theistic definitions versus clinical-humanistic definitions, Ecology of knowledge has to do with knowledge that is not separate from us. It is connected to us through our means of obtaining it, such as our efforts to achieve it. Contrast this with Bergin's clinical-humanistic description of knowledge which, he states, isolates the mind from the rest

of life by viewing knowledge as a means unto itself. Here, meaning and purpose are derived from reason and intellect, not from spiritual insight as the theistic view supports. The theistic view purports that intellectual knowledge is inseparable from the emotional and spiritual.

Generalized relativism. A term, according to Perry (1999), that refers to the view that one has reached a commitment to a belief in a relativistic world. Balances are seen as developing between feelings of tentativeness and finality, expansion and narrowing, freedom and constraint, action and reflection. One who has achieved this sense is seen to have an acceptance of changes in mood and their outlook within the continuity of their own identity. This person is able to capture and hold the normal tensions that occur in life between opposites and paradoxes.

Religion. Refers to the beliefs, values, and practices of various established religions (Shafranske & Malony, 1990).

Religiosity. This term encompasses many aspects of religion. Among numerous other aspects, it includes religious attitudes and beliefs, religious practices, religious orientation, religious commitment and involvement, religious coping and problem-solving and religious ideology (Hill & Hood, 1999).

Religious belief. According to Hoge (1996), religious belief includes belief in God and divine teachings as found in sacred writings. As defined here, it does not include a more general interest in religious questions or religious history, which he calls “religious interest.” A religious seeker, for example, might have strong religious interest but few definite beliefs (p. 22).

Religious ideology. refers to ideological positions that people take in relation to religion. For the purposes of this study, religious ideology concerns a set of assertions about God and people's beliefs about God, based on these assertions. Lehman (1974), adapted by Shafranske & Malony (1990) espoused a set of ideological statements having to do with one's concept of God (see Table 2).

Religious orientation. refers to the ways of being religious. Allport described two ways, one in which religion was used as a means to reach self-centered ends, and, another in which religious commitment was carefully thought out and taken seriously as an end in itself. He labeled these distinctions of religious orientation extrinsic and intrinsic, respectively (Allport, 1950). A third orientation, "quest" was later developed to address the "conceptual leftovers" from Allport's "mature religious sentiment." This orientation is characterized by one who is able to "honestly [face] existential questions in their complexity, while at the same time [resist] clear-cut, pat answers" (Batson & Schoenrade, 1991a, p. 417).

Religious values. According to Bergin, these values consist of the following beliefs: (a) God is supreme; humility, acceptance of (divine) authority, and obedience (to the will of God) are virtues; (b) personal identity is eternal and derived from the divine, and a relationship with God defines self-worth; (c) self-control is in terms of absolute values, strict morality, and universal ethics; (d) love, affection, and self-transcendence are primary—service and self-sacrifice are central to personal growth; (e) one is committed to marriage, fidelity, and loyalty, and there is an emphasis on procreation and family life as integrative factors; (f) there is personal responsibility for own harmful actions and changes in them, along with the acceptance of guilt,

suffering, and contrition as keys to change, and there is restitution for harmful effects; (g) forgiveness of others who cause distress (including parents) completes the therapeutic restoration of self; and (h) there is knowledge by faith and self-effort, that is, meaning and purpose are derived from spiritual insight. Intellectual knowledge is inseparable from the emotional and spiritual, that is, there is an ecology of knowledge (p. 100).

Spirituality. Refers to some kind of a relationship between a person and a higher force, being, power, or God (Peterson & Nelson, 1987).

Values. In psychotherapy, an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence (Rokeach, 1973, p. 5). In this context, values are more closely defined as ways to orient one's "beliefs about what is good or bad for clients and how what is good can best be achieved" (Jensen & Bergin, 1988 p. 290).

Summary

The importance of religion to American society continues to receive support from the public at large. While fewer people in this country attend churches and places of worship, there remains a steadfast support of the importance of religion in the majority of American's lives (Gallup & Lindsay, 1999). The difference between the public at large, that is, potential clients in therapy, and clinical and counseling psychologists' endorsement of the importance of religious values remains a salient topic, especially in terms of treatment outcomes. A growing body of research supports the finding that therapists' values indeed can influence those of their clients.

Awareness of these values, specifically, religious ones, may be useful for understanding their effects in the course of treatment, or whether or not this awareness can be used to positively influence the course of treatment.

The purpose of this study will be to identify a potential change in measures of religiosity during graduate school for clinical/counseling graduate students. It is hoped that by understanding whether or not the clinical/counseling psychology graduate experience changes one's religious perceptions or values, a contribution may be made that helps begin exploration of the graduate training environment and its influence on mental health providers' values. Moreover, an examination of the religious values of those who come to the field may also be helpful.

A review of the literature discusses values in psychotherapy, religious values and their importance, provides a comparison of mental health professionals among themselves and as compared to the public at large, and begins an examination of students' experience and development during their years in graduate school.

CHAPTER II

RESEARCH METHODOLOGY

Overview

This chapter describes the research methodology that was employed in the present study, including: (a) the research approach and design; (b) participants; (c) procedures; and (d) instrumentation.

Research Approach and Design

A descriptive research design, survey format, was used. While the primary focus was descriptive, this study examined the associations between graduate education and religiosity. The dependent variables consisted of religious behaviors, religious attitudes/beliefs, religious ideology, and religious orientation. Graduate program-type was used as a grouping variable, such that students were grouped as either clinical/counseling psychology graduate students or experimental psychology graduate students. Religious behaviors, religious attitudes/beliefs, and religious ideology were measured using one 18-item questionnaire consisting of items for each of these religious constructs. These items were drawn from previous research, as well as newly constructed items (Gallup, 1999; Lehman, 1974, Shafranske & Malony, 1990). Religious orientation was measured using the Quest Scale (Batson & Schoenrade, 1991a, b).

The function of survey research is that it serves as a means of gathering information to describe the nature and extent of a specified set of data, ranging from physical counts and frequencies to attitudes and opinions. This information can be used

to answer questions that have been raised, to solve problems that have been posed or observed, to assess needs and set goals,...to determine whether or not specific objectives have been met, to establish baselines against which future comparisons can be made, to analyze trends across time, and generally, to describe what exists, in what amount, and in what context. (Isaac & Michael, 1997, p. 136)

A descriptive approach seemed appropriate for the objectives of this study, given the paucity of information available about the graduate psychology training environment regarding religious ideology, religious attitudes/beliefs, religious behaviors, and religious orientation in relation to graduate students in clinical and counseling psychology programs. This study assessed sociodemographic variables, such as age, gender, and ethnicity. Other variables, such as educational background, program type, and clinical experience were also assessed.

The following hypotheses were proposed:

Hypothesis I

It was hypothesized that last-year clinical/counseling psychology graduate students would report lower levels of religious behaviors, religious attitudes/beliefs, religious ideology and religious orientation than first-year clinical/counseling psychology graduate students.

1. It was hypothesized that last-year clinical/counseling psychology graduate students would be significantly lower than first-year clinical/counseling psychology graduate students in their religious orientation as measured by the Quest Scale (Batson & Schoenrade, 1991a, b).

2. It was hypothesized that last-year clinical/counseling psychology graduate students would be significantly lower than first-year clinical/counseling psychology graduate students in their religious behaviors as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences.

3. It was hypothesized that last-year clinical/counseling psychology graduate students would be significantly lower than first-year clinical/counseling psychology graduate students in their religious attitudes/beliefs as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences.

4. It was hypothesized that last-year clinical/counseling psychology graduate students would be significantly lower than first-year clinical/counseling psychology graduate students in their religious ideology as measured by questions selected from Lehman (1974) and adapted by Shafranske and Malony (1990).

Hypothesis II

It was hypothesized that last-year experimental psychology graduate students would report lower levels of religious behaviors, religious attitudes/beliefs, religious ideology and religious orientation than first-year experimental psychology graduate students.

1. It was hypothesized that last-year experimental psychology graduate students would be significantly lower than first-year experimental psychology graduate

students in their religious orientation as measured by the Quest Scale (Batson & Schoenrade, 1991a, b).

2. It was hypothesized that last-year experimental psychology graduate students would be significantly lower than first-year experimental psychology graduate students in their religious behaviors as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences.

3. It was hypothesized that last-year experimental psychology graduate students would be significantly lower than first-year experimental psychology graduate students in their religious attitudes/beliefs as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences.

4. It was hypothesized that last-year experimental psychology graduate students would be significantly lower than first-year experimental psychology graduate students in their religious ideology as measured by questions selected from Lehman (1974) and adapted by Shafranske and Malony (1990).

Hypothesis III

It was hypothesized that there would be a greater difference between clinical/counseling psychology graduate students' religiosity across school years (i.e., first-year vs. last-year) as compared to the difference in religiosity across school years among first-year and last-year experimental psychology graduate students.

1. It was hypothesized that clinical/counseling psychology graduate students' religious orientation across school years (i.e., first-year vs. last-year) would change significantly greater than the change in religious orientation across school years (i.e., first-year vs. last-year) for experimental psychology graduates as measured by the Quest Scale (Batson & Schoenrade, 1991a, b).

2. It was hypothesized that an assessment of clinical/counseling psychology graduate students' change in religious behaviors across school years (i.e., first-year vs. last-year) would be greater than the change in religious behaviors across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religious behaviors were measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences.

3. It was hypothesized that an assessment of clinical/counseling psychology graduate students' religious attitudes/beliefs across school years (i.e., first-year vs. last-year) would change significantly more than religious attitudes/beliefs across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religiosity was measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences.

4. It was hypothesized that clinical/counseling psychology graduate students' religious ideology across school years (i.e., first-year vs. last-year) would change to a significantly greater extent than religious ideology across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religious ideology was

measured by questions selected from Lehman (1974) and adapted by Shafranske and Malony (1990).

Participants

Surveys were sent to 1,189 clinical/counseling/experimental psychology first and last-year graduate students who were members of the American Psychological Association of Graduate Students (APAGS). The breakdown of potential participants was as follows: 500 surveys were sent to clinical psychology graduate students, 500 surveys were sent to counseling psychology graduate students, and 189 surveys were sent to experimental psychology students. Since previous studies measuring religiosity in the graduate student population have not attempted to draw from a national APA sample, there is little research on which to base response rates. Earlier studies either obtained their participants from a single university, in which a small sample was used (McClure, 1999; $N = 67$, clinical graduate students $n = 12$), or several universities in which a very high response rate (78.8%) was found (Prest et al., 1999). Therefore, the number of participants in this study were chosen based on a power analysis with power equal to .90, with moderate effect size of .5, alpha at the .05 level of significance. A minimum of 35 participants per cell was recommended, for a total of 140 (Shavelson, 1996, Table M, p. 640). A one-tailed alpha was used because differences were expected in one direction, with last-year graduate students indicating significantly less religiosity on all measures than first-year graduate students, across both educational groups (Shavelson, 1996).

The original sampling method to be used to obtain the participants was a random cross-sectional procedure selected by APA using their database of APAGS

members who were graduate students in clinical, counseling, and experimental psychology. In random cross-sectional sampling one or more samples are drawn from a population at one time. Information collected from the samples is used to describe the population at that point in time (Shaughnessy & Zechmeister, 1997). Thus, first-year and last-year graduate students from each program (clinical, counseling, and experimental) were to be randomly drawn at the same time. However, APA was unable to separately select only first-year and last-year graduate students, since their database was not capable of retrieving this information. Therefore, the potential subjects were drawn from a combination of all graduate years (i.e., first, second, third, and so forth, up to last-year graduate students). The clinical group of 500 potential participants was randomly drawn from a total APA database population of 10,828 clinical graduate students. The counseling group of 500 potential participants was randomly drawn from a total APA database population of 2,708 counseling graduate students. The experimental group of 189 potential participants was drawn from a total APA database population of 189 experimental graduate students. The total number of completed surveys returned was 627, for a total response rate of 53%. Upon return of these surveys, they were separated by year group (i.e., first-year vs. last-year) and by program type (i.e., clinical/counseling vs. experimental). Within the final usable participants, there were 44 in the first-year clinical/counseling group, 196 in the last-year clinical/counseling group, 7 in the experimental first-year group, and 34 in the last-year experimental group, for a total $N = 281$, or 44% of the completed surveys (24% of the potential participants) (see Table 4). Seventeen surveys were returned

marked “undeliverable as addressed.” Two surveys were returned unanswered with the handwritten remarks: “we are no longer graduate students.”

Demographics

Basic demographic data were acquired using a self-report questionnaire. Table 4 presents frequency distributions for the sociodemographic variables of gender, age, years of baccalaureate education, previous clinical experience, current clinical experience, and ethnicity for the sample.

Specific background variables were assessed for as possible confounds: age, gender, educational background, previous clinical experience and current clinical experience. A one-way ANOVA was used to see if age or gender were different across the groups, and a factorial chi square was used for educational background and for previous and current clinical experience. When there was a statistical difference, the demographic variables were partialled out of the analyses or used as covariates.

There were no significant differences between first-year and last-year experimental students with regards to age, gender, previous clinical experience, and current clinical experience. There was a significant difference for post baccalaureate education, $F(1,39) = 34.16, p < .0005$. As expected, first-year experimental students had less post baccalaureate education ($M = 1.6 [SD = 1.5]$) than last-year experimental students ($M = 4.7 [SD = 1.3]$).

Ethnicity was also fairly homogeneous in that 100% of the first-year experimental group was European American, along with 82% of the last-year group; the remaining last-year experimental students consisted of 1 African American, 1 Asian American, and 3 Hispanic Americans, and one person who endorsed the answer choice

“other.” This suggests that the combined experimental group, was a relatively homogeneous one in terms of the demographic variables assessed, and the findings for this group, though represented by a small n for the combined sample ($n = 41$), appear to be primarily limited to European Americans (see Table 4).

There were no significant differences between first-year and last-year clinical/counseling students with regards to gender and previous clinical experience. There were significant differences found for the following (a) age, $F(1, 238) = 5.17, p = .024$; first-years were younger ($M = 31.7 [SD = 9.6]$) than last-years ($M = 35.2 [SD = 9.1]$); (b) current clinical experience, $F(1, 238) = 95.41, p < .0005$; first-years had less current clinical experience ($M = 0.7 [SD = 2.2]$) than last-years ($M = 3.2 [SD = 1.4]$); and (c) post baccalaureate education, $F(1, 238) = 116.37, p < .0005$; as expected, first-years had less post baccalaureate education ($M = 2.8 [SD = 2.1]$) than last-years ($M = 5.1 [SD = 1.1]$).

As well, though these groups still consisted of predominantly European Americans, they were more ethnically diverse than the combined experimental group (see Table 4). First-years consisted of 4 African Americans, 31 European Americans, 2 Hispanic Americans, 5 students endorsing the answer choice “other,” and 2 students who provided no answer. Last-years consisted of 8 African Americans, 11 Asian Americans, 140 European Americans, 15 Hispanic Americans, 3 Native Americans, and 19 students endorsing the answer choice “other.” It was expected that first-years should be lower than last-years in terms of age and post baccalaureate education. Clinical experience is another area that was expected to find first-years lower than last-years. This was true for current clinical experience. However, previous clinical

experience, though numerically lower for first-years, was not significantly different for this group when compared to last-years. It may be that a smaller n contributed to this finding, or that the questions on the demographic questionnaire were not clearly understood by the respondents, thus, first-years may have added previous clinical experience, or last-years may have included some of their previous clinical experience and combined it with their current clinical experience. In terms of gender, females made up the majority in all groups, comprising nearly two-thirds of the entire sample (see Table 4). As for the effects of demographic variables in regards to their association with the Religiosity Questionnaire and Quest scale, there were not significant differences found in regards to any of the variables for the main analyses, although partialling out age and post baccalaureate education may have had some association to behavioral items as evidenced in a post hoc analysis which will be discussed later.

Procedures

All participants were provided by mail with an informed consent form, a Demographic Questionnaire, Batson Quest Scale, Religiosity Questionnaire and a self-addressed, stamped envelope in which to return the materials to the researcher. The participants were requested to complete the instruments following instructions provided. The participants were requested to choose a single setting, consisting of a quiet, well-lit room. The demographic questionnaire and Batson Quest Scale, along with the Religiosity Questionnaire were estimated to take approximately 10 to 20 minutes to complete, collectively. The participants were instructed to place the materials in the envelopes provided, and to return them to the researcher by mail.

Two weeks following the original mail-out, all of the participants were sent an additional postcard asking them to return the materials if they had not done so already, or dispose of them if they did not wish to participate.

Recruitment Procedures

The sample was obtained from the APA database of APAGS students. A written request to APA was the method of obtaining participants in this study. A copy of this request can be found in Appendix B.

Consent Procedures

A cover letter was included in each packet mailed to the participants containing information about the purposes of the study, the procedures used, and the potential risks and benefits of the subject's participation. This letter served as an implied consent form in this study. Because of their enrollment in doctoral graduate school it was assumed they were able to comprehend the cover letter, and by returning the survey materials, give their implied consent. Also, all participants were 18 years or older, and as adults, were able to give their consent to participate in this study. An implied consent procedure was used in this study in order to ensure anonymity. This information was included in the cover letter which also provided details about the possible uses of the study, an outline of the procedures for reporting the results, and information about who would have access to the data from the study (see Appendix C for a copy of the form outlining the above procedures). Each participant was informed that the material obtained from them (i.e., the Batson Quest Scale, Demographic Questionnaire and the Religiosity Questionnaire), would be coded with numbers and locked in a secure cabinet to insure anonymity. Participants were informed that the

investigator is a doctoral student at Pepperdine University, and were informed about how he can be reached through a number to the Pepperdine “research-line.” It was emphasized that participation in the study was completely voluntary, and, should the survey be filled-out and returned, it implied his/her consent. It also stated that the participants could withdraw at any time for any reason. Participants were given a website for which they may obtain the results of the study after its completion. In regards to the website, there is no computer program used that can track the participant’s access to this site. That is, as some websites have the capability to keep a record of a visitor’s e-mail address, this site does not have that capability.

Demographic information, such as age, gender, clinical training, program type, educational background, marital status, and ethnicity, was also collected (see Appendix D for a copy of this form).

Data Collection and Recording Procedures

After the names and addresses of potential participants were obtained from the APA database of APAGS students, the procedures for this study were followed. The following steps occurred: (a) the potential participants were assigned codes (i.e., codes for graduate program-type and first-year or last-year student) which were placed on the self-addressed, stamped return envelopes that were sent to the potential participants in order to ensure anonymity; (b) the manila envelopes and follow-up post cards (without codes) were addressed to all the participants; (c) the survey packages were assembled with a cover letter, the survey materials (i.e., a copy of the Quest scale, the Religiosity Questionnaire, and the Demographic Questionnaire), and the self-addressed (coded) stamped envelope; (d) the survey materials were mailed to all 1,189

of the potential participants. It was requested that survey materials be disposed of if the subject did not wish to participate; (e) as the survey materials were returned, the numeric codes were used only for sorting purposes. Once the survey materials were received and sorted, the return envelopes with the identification codes were destroyed. The survey data was then entered directly into a computer spread sheet in preparation for analysis. There was no way to determine which respondent completed which survey after the initial mail-out. All the data will be kept in a locked file cabinet for 5 years. After the 5 years, data will be destroyed by shredding. Two weeks after the mailing, a follow-up postcard (see Appendix E) was mailed to all potential participants, reminding those did not returned the survey materials to do so. Fowler (1993) states that coding surveys in order to provide follow-up contact is a good way to reduce the non-response rate. After 8 weeks passed since the initial mailing, the data analysis began.

Instrumentation

Quest Scale

The Quest Scale (Batson & Schoenrade, 1991a, b; Burris, 1999) is a 12-item scale in which all items are presented in the form of a single-page questionnaire. It is a scale that intends to assess a form of religious orientation. Specifically, it attempts to assess the degree to which an individual's religion involves open-ended, responsive dialogue with existential questions raised by the contradictions and tragedies of life. Unlike behavioral assessments, this scale was devised to assess a motivational construct that is different from the extrinsic and intrinsic orientations that are measured by Allport. This scale is intended to assess three distinct but interrelated

aspects of the quest orientation: (a) readiness to face existential questions without reducing their complexity, (b) self-criticism and perceptions of religious doubts as positive, and (c) openness to change. It is measured in a nine-point scale (1 = strongly disagree, 9 = strongly agree).

Several studies by different researchers suggest reliability for this scale falls between .71 and .81. Validity for the Quest Scale appears to be fairly substantial, that is, several studies suggest that this scale measures different aspects of religiosity from other scales, such as Allport's Extrinsic & Intrinsic Scales. As well, this scale has also shown to correlate to Batson's 6-item Interactional scale (i.e., correlations of $\geq .85$), the previous version "with which most of the substantive research related to the quest orientation was conducted" (Hill & Hood, 1999, p. 138). A copy of the Quest Scale can be found in Appendix F. Permission to use the Quest Scale was obtained from Daniel Batson, Ph.D., the primary developer of this instrument, and the editor of the Journal for the Scientific Study of Religion, Ted Jelen, Ph.D. (see Appendix G).

Religiosity Questionnaire

This questionnaire was developed based on a review of the literature related to the assessment of religiosity of mental health professionals, and on Gallup information assessing the public at large. It attempts to assess religiosity by means of assessing religious attitudes/beliefs, religious behaviors and religious ideology. Questions were obtained from three sources: (a) previously used Gallup poll questions; (b) questions based on previous research findings (Lehman, 1974; Shafranske & Malony 1990), and (c) items originating from the research questions posed in the present study. This single questionnaire is an 18-item form with a combination of (a) true/false items, and

(b) either/or endorsement of religious attitudes/beliefs, behaviors and ideology. Three independent psychologists were used to address the face validity for each of the single items regarding religious attitudes/beliefs and religious behaviors in the Religiosity Questionnaire. The single items were previously placed into religious construct categories (i.e., religious behaviors and religious attitudes/beliefs). Each psychologist was given a definition of the constructs (i.e., behaviors and attitudes/beliefs [taken from Costello, 1993]) and asked to categorize the single test items according to the construct they represented. Interrater reliability was achieved between the 3 psychologists at a concordance of 100%. A copy of the Religiosity Questionnaire can be found in Appendix H. Permission to use the ideological adaptations of Lehman (1974) were given by the editor of the Journal for the Scientific Study of Religion, Ted Jelen, Ph.D., as well as Edward Shafranske, Ph.D., the primary author who adapted these statements (see Appendix I). Permission to use the Gallup (1999) items for the Religiosity Questionnaire was given by the managing editor of Morehouse Publishing, Debra Dortch (see Appendix J).

Summary

This chapter outlined the procedures and methodology used in the present study. This descriptive study used two questionnaires (one 12-item and one 18-item) to assess the religiosity of first and last-year APAGS clinical/counseling/experimental psychology graduate students. The procedure for informed consent was described as well as the methods to ensure the anonymity of the participants during and after the study was completed. Instrument construction, participant demographics, data collection and recording were also discussed.

CHAPTER III

RESULTS

Overview

The following chapter focuses on (a) the preliminary analysis, (b) the main analysis, and (c) qualitative comparisons of participant responses to the Religiosity Questionnaire. The preliminary analysis evaluates missing data and outliers, tests of assumptions, and tests of possible confounds. The main analysis provides significant and non-significant results from the three hypotheses, and is presented for each in the following order: (1) religious orientation, (2) religious behaviors, (3) religious attitudes/beliefs, and (4) religious ideology. Qualitative comparisons of participant responses from the Religiosity Questionnaire are considered in relation to the main hypothesis for religious behaviors, religious attitudes/beliefs, and religious ideology.

Preliminary Analysis

Missing data and outliers were handled by using another datum value from the set at random in order to preserve both the mean of the distribution and the standard deviations. That is, the number above the missing datum value in the database replaced the missing value in the set (Gorsuch, 1983). Tests of normality and tests of homogeneity of variance were assessed using Levene's statistic. In the event that homogeneity of variance was not sufficient, non-parametric analyses were run.

Main Analysis

Hypothesis I

Hypothesis I states that last-year clinical/counseling psychology graduate students will report lower levels of religious orientation, religious behaviors, religious

attitudes/beliefs, and religious ideology than first-year clinical/counseling psychology graduate students.

1. This hypothesis states that last-year clinical/counseling psychology graduate students will be significantly lower than first-year clinical/counseling psychology graduate students in their religious orientation as measured by the Quest Scale (Batson & Schoenrade, 1991a, b). This hypothesis was analyzed using a one-way between-subjects ANOVA, comparing first and last-year clinical/counseling psychology graduate students on their degree of religious orientation. It was assessed by analyzing the main effect of religious orientation within the factorial 2 x 2 between-subjects ANOVA. There were no differences between first-year versus last year clinical/counseling students for religious orientation.

2. This hypothesis states that last-year clinical/counseling psychology graduate students will be significantly lower than first-year clinical/counseling psychology graduate students in their religious behaviors as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999) and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences. This hypothesis was analyzed using a chi-square analysis. There were no significant differences found between first-year and last-year clinical/counseling psychology graduate students regarding religious behaviors. See Tables 5, 8, 9, 10, 15, 18, and 21 (question 17c) for frequencies of responses to behavioral questions on the Religiosity Questionnaire.

As a post hoc exploration, 4 of the behavioral questions were combined (i.e., question 1 church or synagogue attendance, question 4 frequency of prayer, question 5

religious involvement during senior year in high school, and question 6 religious involvement during senior year in undergraduate college—from the Religiosity Questionnaire). An ANCOVA was run between first-year and last-year clinical/counseling students with age and post baccalaureate education covaried. There were significant statistical differences between first-year versus last-year clinical/counseling students, $F = (3, 226) = 4.08, p < .01$; first-year students were higher for the combined behavioral questions ($M = 11.44 [SD = 3.7]$) than last-year students ($M = 11.59 [SD = 4.0]$). The lower first-year mean indicates a higher frequency due to reverse scoring on items prior to analyses.

3. This hypothesis states that last-year clinical/counseling psychology graduate students will be significantly lower than first-year clinical/counseling psychology graduate students in their religious attitudes/beliefs as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences. This hypothesis was analyzed using a chi-square analysis.

There were no significant differences found between first-year and last-year clinical/counseling psychology graduate students regarding religious attitudes/beliefs. See Tables 6, 7, 11, 12, 13, 14, 16, 17, 19, 21 (questions 17a, b), and 22 for frequencies of responses to attitude/belief questions on the Religiosity Questionnaire.

4. This hypothesis states that last-year clinical/counseling psychology graduate students will be significantly lower than first-year clinical/counseling psychology graduate students in their religious ideology as measured by questions selected from

Lehman (1974) and adapted by Shafranske and Malony (1990). This hypothesis was analyzed using a chi-square analysis.

There were no significant differences found between first-year and last-year clinical/counseling psychology graduate students regarding religious ideology. See Table 20 for frequencies of responses to ideological statements on the Religiosity Questionnaire.

Hypothesis II

Hypothesis II states that last-year experimental psychology graduate students will report lower levels of religious orientation, religious behaviors, religious attitudes/beliefs, and religious ideology than first-year experimental psychology graduate students.

1. This hypothesis states that last-year experimental psychology graduate students will be significantly lower than first-year experimental psychology graduate students in their religious orientation as measured by the Quest Scale (Batson & Schoenrade, 1991a, b). This hypothesis was analyzed using a one-way between-subjects ANOVA, comparing first and last-year experimental psychology graduate students on their degree of religious orientation. This was assessed by analyzing the main effect of religious orientation within the factorial 2 x 2 between-subjects ANOVA. There were no significant differences between first-year versus last experimental students for religious orientation.

2. This hypothesis states that last-year experimental psychology graduate students will be significantly lower than first-year experimental psychology graduate students in their religious behaviors as measured by (a) selected Gallup poll questions

from Gallup and Lindsay (1999) and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences. This hypothesis was analyzed using a chi-square analysis.

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious behaviors. See Tables 5, 8, 9, 10, 15, 18, and 21 (question 17c) for frequencies of responses to behavioral questions on the Religiosity Questionnaire.

As a post hoc exploration, 4 of the behavioral questions were combined (i.e., questions (1) church or synagogue attendance, (4) frequency of prayer, (5) religious involvement during senior year in high school, and (6) religious involvement during senior year in undergraduate college—from the Religiosity Questionnaire). An ANCOVA was run between first-year and last-year clinical/counseling students, with age and post baccalaureate education used as covariates. There were no statistically significant differences between these groups.

3. This hypothesis states that last-year experimental psychology graduate students will be significantly lower than first-year experimental psychology graduate students in their religious attitudes/beliefs as measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences. This hypothesis was analyzed using a chi-square analysis.

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious attitudes/beliefs. See

Tables 6, 7, 11, 12, 13, 14, 16, 17, 19, 21 (questions 17a, b), and 22 for frequencies of responses to attitude/belief questions on the Religiosity Questionnaire.

4. This hypothesis states that last-year experimental psychology graduate students will be significantly lower than first-year experimental psychology graduate students in their religious ideology as measured by questions selected from Lehman (1974) and adapted by Shafranske and Malony (1990). This hypothesis was analyzed using a chi-square analysis.

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious ideology. See Table 20 for frequencies of responses to ideological statements on the Religiosity Questionnaire.

Hypothesis III

Hypothesis III states that there will be a greater difference between clinical/counseling psychology graduate students' religiosity across school years (i.e., first-year vs. last-year) as compared to the difference in religiosity across school years among first-year and last-year experimental psychology graduate students.

1. This hypothesis states that clinical/counseling psychology graduate students' religious orientation across school years (i.e., first-year vs. last-year) will change significantly greater than the change in religious orientation across school years (i.e., first-year vs. last-year) for experimental psychology graduates as measured by the Quest Scale (Batson & Schoenrade, 1991a, b). This hypothesis was analyzed using a t-test, analyzing the main effect of religious orientation x graduate education type. The analysis was to assess whether religious orientation varied as a function of graduate education and year level. There were no significant differences found

between first-year and last-year experimental psychology graduate students regarding religious orientation. The assessment of the interaction effect between first-year and last-year clinical/counseling students versus first-year and last-year experimental students was not possible due to the low n (7) in the first-year experimental group of students. As such, the analysis was modified so that all experimental students, first-year and last-year, were collapsed and used as a comparison group with clinical/counseling first-year students and clinical/counseling last-year students. The combined experimental group is comprised primarily of last-year students (last-year $n = 34$).

There were no significant differences between first-year clinical/counseling students and the combined experimental group of students regarding religious orientation. There were no significant differences between last-year clinical/counseling students and the combined experimental group of students regarding religious orientation.

2. This hypothesis states that an assessment of clinical/counseling psychology graduate students' change in religious behaviors across school years (i.e., first-year vs. last-year) will be greater than the change in religious behaviors across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religious behaviors were measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999), and (b) additional items that were developed and added to represent religious behaviors regarding high school, college and graduate training experiences. This hypothesis was analyzed using a t-test that looked at the difference between first-year clinical/counseling students versus the combined experimental group of students

and last-year clinical/counseling students and the combined experimental group for religious behaviors.

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious behaviors. The assessment of the interaction effect between first-year and last-year clinical/counseling students versus first-year and last-year experimental students was not possible due to the low n (7) in the first-year experimental group of students. As such, the analysis was modified so that all experimental students, first-year and last-year, were collapsed and used as a comparison group with clinical/counseling first-year students and last-year students. The combined experimental group is comprised of primarily last-year students (last-year $n = 34$). The clinical/counseling first-year group was deemed large enough for a separate comparison with the combined experimental group.

There were no significant differences between first-year clinical/counseling and the combined experimental group for question 17c from the Religiosity Questionnaire regarding religious behaviors, and attendance at a church or synagogue within the last seven days. See Appendix H for full question format of abbreviated questions.

There were significant differences between first-year clinical/counseling and the combined experimental group for the following abbreviated questions from the Religiosity Questionnaire regarding religious behaviors: (a) question 1, regarding church attendance, $t(83) = 3.06$, $p = .003$; first-year clinical/counseling students reported greater church attendance ($M = 3.48$) than the combined experimental group ($M = 4.22$); (b) question 4, regarding how often they pray, $t(80) = 2.37$, $p = .020$; first-year clinical/counseling students reported a higher frequency of prayer ($M = 3.02$)

than the combined experimental group ($M = 3.83$); (c) question 5, regarding religious involvement during the last year in high school, $t(83) = 3.30$, $p = .001$; first-year clinical/counseling students reported a higher frequency of religious involvement during their last year in high school ($M = 2.23$) than the combined experimental group ($M = 3.02$); (d) question 6, regarding religious involvement during the senior year in undergraduate college, $t(83) = 3.30$, $p = .026$; first-year clinical/counseling students reported greater involvement during their senior year in undergraduate college ($M = 2.82$) than the combined experimental group ($M = 3.32$); and (e) question 11, regarding the extent that religion was mentioned during graduate training $t(83) = 2.34$, $p = .022$; first-year clinical/counseling students reported a greater frequency of religion being mentioned during graduate training ($M = 3.02$) than the combined experimental group ($M = 3.61$). See Table 23 for means and standard deviations and Appendix H for full question format of abbreviated questions. Lower means indicate higher frequencies for all questions except for question 18 (beliefs about God), where a higher mean indicates a higher frequency.

There were no significant differences between last-year clinical/counseling and the combined experimental group for the behavioral question from the Religiosity Questionnaire regarding the extent that religion was mentioned in graduate training. See Appendix H for full question format of abbreviated questions.

There were significant differences between last-year clinical/counseling and the combined experimental group for the following abbreviated questions from the Religiosity Questionnaire regarding religious behaviors: (a) question 1, regarding church attendance, $t(235) = 4.06$, $p < .0005$; last-year clinical/counseling students

reported greater church attendance ($\underline{M} = 3.46$) than the combined experimental group ($\underline{M} = 4.22$); (b) question 4, regarding how often they pray, $t(224) = 3.21, p = .002$; last-year clinical/counseling students reported a higher frequency of prayer ($\underline{M} = 3.05$) than the combined experimental group ($\underline{M} = 3.83$); (c) question 5, regarding religious involvement during the last year in high school, $t(235) = 2.87, p = .004$; last-year clinical/counseling students reported a higher frequency of religious involvement during their last year in high school ($\underline{M} = 2.47$) than the combined experimental group ($\underline{M} = 3.02$); (d) question 6, regarding religious involvement during the senior year in undergraduate college, $t(235) = 2.91, p = .004$, last-year clinical/counseling students reported greater involvement during their senior year in undergraduate college ($\underline{M} = 2.79$) than the combined experimental group ($\underline{M} = 3.32$); and (e) question 17c, regarding the attendance at church or synagogue in the last seven days, $t(235) = 3.21, p = .002$; last-year clinical/counseling students reported a greater frequency of church or synagogue attendance in the last seven days ($\underline{M} = 1.64$) than the combined experimental group ($\underline{M} = 1.85$). See Table 23 for means and standard deviations and Appendix H for full question format of abbreviated questions. Lower means indicate higher frequencies for all questions except for question 18 (beliefs about God), where a higher mean indicates a higher frequency.

Individual Behavioral Responses: Qualitative Comparisons

The most popular response for the frequency of church attendance for all groups measured was “seldom.” While percentages and numbers favored the clinical/counseling groups for more frequent church and synagogue attendance, nearly two-thirds of these students endorsed attendance as either “seldom” or “never” (see

Table 5). The frequency of prayer presents differently, with more than half of the first-year clinical/counseling reporting, at a minimum, praying at least once a week, while 56% of the combined experimental group reported praying either less than once a week or never (see Table 8). Religious involvement during their senior year in high school had 39% of first-years endorsing “very involved,” compared to 12% of the combined group (see Table 9). Religious involvement during their undergraduate year in college followed the same trend as prayer, with almost 57% of first-year clinical/counseling students fairly or very involved; the majority of the experimental group reported having little or no involvement (see Table 10). A majority in all groups reported that religion was rarely mentioned, or at most, mentioned only a few times per year during their graduate training, but, as in church attendance, the numbers favored the first-year clinical/counseling students in the frequency with which they reported that religion was mentioned (see Table 15).

As for the last-year clinical/counseling students, they were similar to the first-years in their endorsement of behavioral items. Again, although there are higher numbers of last-years endorsing a greater frequency of church and synagogue attendance, 65% of these in the last-year clinical/counseling group endorsed either “seldom” or “never” attending church or synagogue (see Table 5). The results for prayer followed the first-year comparison to the combined experimental group, with the majority of last-year clinical counseling students endorsing praying once a week or more (see Table 8). Religious involvement during their senior year in high school was similar to the results of the first-year comparison to the experimental group; although last-years reported greater involvement than experimentals, they reported less

involvement than first-years. Religious involvement during the senior undergraduate year was also similar to the results for the first-year comparison to the combined experimental group: higher numbers of last-years endorsed greater involvement in their last year of college, but the majority of last-year clinical/counseling students were not involved (see Table 10). Unlike the first-years, there were no significant differences for last-years and the combined experimental group for the mention of religion in graduate training, but a significant difference was noted for attendance at church or synagogue during the past seven days, though, as with other findings, the low n in the experimental group must again be noted for consideration here.

3. This hypothesis states that an assessment of clinical/counseling psychology graduate students' religious attitudes/beliefs across school years (i.e., first-year vs. last-year) will change significantly more than religious attitudes/beliefs across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religiosity was measured by (a) selected Gallup poll questions from Gallup and Lindsay (1999) and (b) additional items that were developed and added to represent religious attitudes/beliefs regarding high school, college and graduate training experiences. This hypothesis was analyzed using a t-test that looked at the difference between first-year clinical/counseling students versus the combined experimental group of students and last-year clinical/counseling students and the combined experimental group for religious attitudes/beliefs.

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious attitudes/beliefs. The assessment of the interaction effect between first-year and last-year clinical/counseling

students versus first-year and last-year experimental students was not possible due to the low n (7) in the first-year experimental group of students. As such, the analysis was modified so that all experimental students, first-year and last-year, were collapsed and used as a comparison group with clinical/counseling first-year students and last-year students. The combined experimental group is comprised of primarily last-year students (last-year $n = 34$).

There were no significant differences for first-year clinical/counseling students compared to the combined experimental students on the following four abbreviated questions from the Religiosity Questionnaire regarding religious attitudes/beliefs: (a) question 7, regarding the importance of religion to the students' parents, (b) question 8, regarding whether one or both parents are religious, (c) question 9, regarding the importance of religion to the students' graduate school psychology professors, and (d) question 13, regarding the students' personal beliefs about being religious versus being spiritual. See Appendix H for full question format of abbreviated questions.

There were significant differences between first-year clinical/counseling and the combined experimental group for the following abbreviated questions from the Religiosity Questionnaire regarding religious attitudes/beliefs: (a) question 2, regarding the importance of religion in their own life, $t(83) = 2.25$, $p = .027$; first-year clinical/counseling students reported a higher frequency for the importance of religion ($M = 2.3$) than the combined experimental group ($M = 2.63$); (b) question 3, regarding the importance of spirituality in their own life, $t(83) = 3.44$, $p = .001$; first-year clinical/counseling students reported a higher frequency for the importance of spirituality ($M = 1.5$) than the combined experimental group ($M = 2.05$); (c) question

10, regarding whether they consider their psychology professors to be religious, $t(83) = 2.09$, $p = .040$; first-year clinical/counseling students reported a higher frequency for their psychology professors being religious ($M = 3.00$) than the combined experimental group ($M = 3.37$); (d) question 12, regarding the belief that religion is involved in understanding or dealing with stressful situations, $t(83) = 2.47$, $p = .015$; first-year clinical/counseling students reported a higher frequency for the belief that religion is involved in understanding or dealing with stressful situations ($M = 2.14$) than the combined experimental group ($M = 2.71$); (e) question 14, regarding how religion was discussed in graduate training, $t(83) = 4.45$, $p < .0005$; first-year clinical/counseling students reported a higher frequency that religion was relevant to psychology and discussed in class ($M = 2.91$) than the combined experimental group ($M = 4.07$); (f) question 15, regarding the extent that religion can solve the world's problems, $t(83) = 2.19$, $p = .032$; first-year clinical/counseling students reported a higher frequency for religion being able to solve the world's problems ($M = 2.70$) than the combined experimental group ($M = 3.10$); (g) question 17a, regarding belief in life after death, $t(83) = 2.30$, $p = .024$, first-year clinical/counseling students reported a higher frequency for belief in life after death ($M = 1.27$) than the combined experimental group ($M = 1.51$); (h) question 17b, regarding belief in God or a Universal Spirit, $t(83) = 3.28$, $p = .002$; first-year clinical/counseling students reported a higher frequency for belief in God or a Universal Spirit ($M = 1.11$) than the combined experimental group ($M = 1.41$); and (i) question 18, regarding their beliefs about God, $t(83) = 3.08$, $p = .003$; first-year clinical/counseling students reported a higher frequency for belief in the existence of God ($M = 4.43$) than the combined

experimental group (3.29). See Table 23 for means and standard deviations and Appendix H for full question format of abbreviated questions. Lower means indicate higher frequencies for all questions except for question 18 (beliefs about God), where a higher mean indicates a higher frequency.

There were no significant differences for last-year clinical/counseling students compared to the combined experimental students on the following four abbreviated questions from the Religiosity Questionnaire regarding religious attitudes/beliefs: (a) question 7, regarding the importance of religion to the students' parents, (b) question 8, regarding whether one or both parents are religious, (c) question 9, regarding the importance of religion to the students' graduate school psychology professors, and (d) question 13, regarding the students' personal beliefs about being religious versus being spiritual. See Appendix H for full question format of abbreviated questions.

There were significant differences between last-year clinical/counseling and the combined experimental group for the following abbreviated questions from the Religiosity Questionnaire regarding religious attitudes/beliefs: (a) question 2, regarding the importance of religion in their own life, $t(235) = 4.06, p < .0005$; last-year clinical/counseling students reported a higher frequency for the importance of religion ($M = 2.19$) than the combined experimental group ($M = 2.63$); (b) question 3, regarding the importance of spirituality in their own life, $t(235) = 3.07, p < .0005$; last-year clinical/counseling students reported a higher frequency for the importance of spirituality ($M = 1.58$) than the combined experimental group ($M = 2.05$); (c) question 10, regarding whether they consider their psychology professors to be religious, $t(235) = 2.40, p = .020$; last-year clinical/counseling students reported a higher

frequency for their psychology professors being religious ($\underline{M} = 3.02$) than the combined experimental group ($\underline{M} = 3.37$); (d) question 12, regarding the belief that religion is involved in understanding or dealing with stressful situations, $t(235) = 2.74$, $p = .007$; last-year clinical/counseling students reported a higher frequency for the belief that religion is involved in understanding or dealing with stressful situations ($\underline{M} = 2.21$) than the combined experimental group ($\underline{M} = 2.71$); (e) question 14, regarding how religion was discussed in graduate training, $t(235) = 3.92$, $p < .0005$; last-year clinical/counseling students reported a higher frequency that religion was relevant to psychology and discussed in class ($\underline{M} = 3.22$) than the combined experimental group ($\underline{M} = 4.07$); (f) question 15, regarding the extent that religion can solve the world's problems, $t(235) = 4.00$, $p < .0005$; last-year clinical/counseling students reported a higher frequency for religion being able to solve the world's problems ($\underline{M} = 2.65$) than the combined experimental group ($\underline{M} = 3.10$); (g) question 17a, regarding belief in life after death, $t(234) = 2.57$, $p = .013$; last-year clinical/counseling students reported a higher frequency for belief in life after death ($\underline{M} = 1.29$) than the combined experimental group ($\underline{M} = 1.51$); (h) question 17b, regarding belief in God or a Universal Spirit, $t(235) = 2.66$, $p = .010$; last-year clinical/counseling students reported a higher frequency for belief in God or a Universal Spirit ($\underline{M} = 1.19$) than the combined experimental group ($\underline{M} = 1.41$); and (i) question 18, regarding their beliefs about God, $t(235) = 4.25$, $p < .0005$; last-year clinical/counseling students reported a higher frequency for belief in the existence of God ($\underline{M} = 4.55$) than the combined experimental group (3.29).. See Table 23 for means and standard deviations and Appendix H for full question format of abbreviated questions. Lower means indicate

higher frequencies for all questions except for question 18 (beliefs about God), where a higher mean indicates a higher frequency.

Individual Attitude/Belief Responses: Qualitative Comparisons

Most students (i.e., clinical/counseling and experimental) felt that religion was at least fairly or very important to their parents (see Table 11). The majority of students felt that religion was important to both of their parents (see Table 12). Interestingly, most of the students reported that religion was not important to their graduate psychology professors (see Table 13). As for whether or not the students considered themselves to be religious, spiritual, or both religious and spiritual, very few considered themselves to be religious only. A large majority endorsed the answer choice corresponding to “spiritual,” with “both religious and spiritual” being the second most popular answer choice selected (see Table 17).

There were differences between first-year and last-year clinical/counseling students when compared to the combined experimental students on all other measures of religious attitudes/beliefs. The clinical/counseling students endorsed, to a much greater extent than the experimental students, beliefs about the following: (a) the importance of religion in their own lives (see Table 6); (b) the importance of spirituality in their own lives (see Table 7); (c) the belief that their graduate psychology professors are religious (see Table 14); (d) the belief that religion is involved in understanding or dealing with stress (see Table 16); (e) the belief that religion is relevant to psychology (see Table 18); (f) the belief that religion is capable of solving the world’s problems (see Table 19); (g) the belief in life after death (see

Table 21, question 17a); (h) the belief in God or a Universal Spirit (see Table 21, question 17b); and (i) no doubts about the belief in God (see Table 22).

While the clinical/counseling students demonstrated a numerically higher endorsement of these items, further examination, as with the behavioral items discussed previously, provides details to help clarify the overall presentation of these results. For example, although the clinical/counseling students placed greater emphasis on the importance of religion in their own lives, it should also be recognized that 50% of first-years and 47% of last-years believe that religion is not very important (see Table 6). Spirituality was clearly more important to the clinical/counseling students in that 88% of first-years and 85% of last-years report that it was fairly or very important, while first-year and last-year experimental students report the importance of spirituality at 58% and 77% respectively (see Table 7). While the clinical/counseling group endorsed to a greater extent than the combined experimental group that their professors were religious, only 14% of the clinical/counseling first-years and 20% of their last-year counterparts did so (see Table 13). Most reported that they did not know whether or not their professors were religious (73% and 61% respectively, see Table 14). This last part parallels the findings from the religious attitudinal question regarding the importance of religion to the students' psychology professors, in which both groups, clinical/counseling and the combined experimental, were found not to differ significantly.

Clinical/counseling students are clearly different from the combined experimental group in terms of the belief that religion is involved in dealing with or understanding stressful situations. Here, 61% of first-years and 64% of last-years

thought so, compared to only 18% of the combined experimental group (see Table 16). Moreover, 48% of clinical/counseling first-years and 35% of last-years report that, in terms of religious discussions in the graduate training environment, religion was considered relevant to psychology, whereas only 14% of first-year experimentals and 9% of last-years believe that during their training religion was considered relevant to psychology (see Table 18).

To the extent that religion is viewed as either very or fairly capable of solving the world's problems, most of the respondents report that it is not capable, though the clinical/counseling group (first-years = 30%, last-years = 38%) endorses that it is capable more than the experimental group (combined group = 15%, see Table 19). As for the belief in life after death, there appears to be a fairly clear demarcation between groups. Seventy-three percent of clinical/counseling first-years report having this belief, with 71% of last-years endorsing the same. Fifty-seven percent of experimental first-years and only 47% of last-years report belief in life after death. Belief in God or a Universal Spirit follows this same pattern: 89% of clinical/counseling first-years and 81% of last-years endorse this belief, whereas only 57% of experimental first-years and 59% of last-years believe in God or a Universal Spirit (see Table 21). Finally, there is also a clear difference in what the students endorse about their beliefs about God. Forty-one percent of clinical/counseling first-years and 42% of last-years, compared to 14% of experimental first-years and 9% of last-years, answer that they know God really exists and have no doubts about it (see Table 22).

Overall, qualitatively, there appear to be certain findings that are more prominent than others: (a) spirituality was endorsed as more important to most of the

students in this study than religion; (b) most of the students do not appear to know whether or not their professors are religious; (c) unlike the experimentals, the clinical/counseling students appear to believe that religion is involved in dealing with or understanding stressful situations; (d) there appears to be a slight decline (though not statistically significant) in terms of the discussion of religion in graduate school and the students' beliefs regarding the relevance of religion to psychology within their training environments; (e) religion is not viewed, by most of these students, as capable of solving the world's problems; (f) the clinical/counseling group endorsed much more strongly than the combined experimental group the belief in life after death, and even more strongly reported believing in God or a Universal Spirit, and lastly; (g) the clinical/counseling students believed much more strongly in the existence of God.

4. This hypothesis states that clinical/counseling psychology graduate students' religious ideology across school years (i.e., first-year vs. last-year) will change to a significantly greater extent than religious ideology across school years (i.e., first-year vs. last-year) for experimental psychology graduates. Religious ideology was measured by questions selected from Lehman (1974) and adapted by Shafranske and Malony (1990).

There were no significant differences found between first-year and last-year experimental psychology graduate students regarding religious ideology. The assessment of the interaction effect between first-year and last-year clinical/counseling students versus first-year and last-year experimental students was not possible due to the low n (7) in the first-year experimental group of students. As such, the analysis was modified so that all experimental students, first-year and last-year, were collapsed

and used as a comparison group with clinical/counseling first-year students and last-year students. The combined experimental group is comprised of primarily last-year students (last-year $n = 34$).

This hypothesis was analyzed using a t-test that looked at the difference between first-year clinical/counseling students versus the combined experimental group of students and last-year clinical/counseling students and the combined experimental group for religious ideology.

There were significant differences between first-year clinical/counseling and the combined experimental group for religious ideology, $t(83) = 3.40$, $p = .001$. First-year clinical/counseling students reported a higher frequency for the ideological position of belief in a personal God ($M = 2.66$) than the combined experimental group ($M = 3.85$). There were also significant differences between last-year clinical/counseling and the combined experimental group for religious ideology, $t(235) = 3.95$, $p < .0005$. Last-year clinical/counseling students reported a higher frequency for the ideological position of belief in a personal God ($M = 2.80$) than the combined experimental group ($M = 3.85$). See Table 23 for means and standard deviations and Appendix H for the ideological statements. Lower means indicate higher frequencies for all questions except for question 18 (beliefs about God), where a higher mean indicates a higher frequency.

Individual Ideological Responses: Qualitative Comparisons

As noted, there was a clear difference between the clinical/counseling first-year and last-year groups versus the combined experimental group regarding their endorsement of religious ideological statements. Forty-one percent of the

clinical/counseling first-years and 34% of last-years endorsed that there is a personal God of transcendent existence and power whose purposes will ultimately be worked out in human history, compared to 14% and 21% of experimental first-years and last-years respectively. Moreover, the experimental students, in terms of percentages, endorsed to a much greater extent, that there is a transcendent or divine dimension found in all manifestations of nature; 57% and 35% for experimental first-years and last-years respectfully (see Table 20).

CHAPTER IV

DISCUSSION

Overview

The final chapter focuses on: (a) interpretation of the results, (b) integration of findings with past literature, (c) implications of findings, (d) limitations of findings, (e) recommendations for future research, and (e) conclusions.

There is an initial discussion of results for Quest and the three hypotheses. Throughout the interpretation, integration, and implications of the results section, primary (relevant) and secondary (less prominent) findings are discussed, along with a revisit of values and their implications for clinicians. Comparisons are made between the current study's clinical/counseling students' results and results from previous research regarding clinical and counseling psychologists' religiosity. Later, in the recommendations section, attention is placed on methodological issues in the field, including suggestions regarding construct validity, sampling, and broadening the scope of examination. Finally, the conclusion underscores the important finding of what appears to be a continuing downward trend in institutional participation in religion in clinical/counseling psychologists compared to their clinical/counseling graduate student counterparts.

Interpretation of Results

Quest Scale: Religious Orientation

There were no significant differences found for the Quest scale for any of the hypotheses. Clinical/counseling first-year and last-year students, as well as the combined experimental group, did not significantly differ in comparison to each other

in regards to religious orientation. For the purposes of this study, Quest was deemed as one way to assess religious orientation. It is important to recognize that many of the constructs underlying religion can be assessed through alternative means (see Hill & Hood, 1999), religious orientation being one of these constructs. While there were no significant differences found initially, it was thought that this may not necessarily mean that these students did not vary in terms of their religious orientation. It is true that all of the students, as measured by Quest, were found to have a moderate interest in religion (see Batson & Schoenrade, 1991b). It is also true, however, that age-related data in regards to the Quest scale may be susceptible to cohort effects. That is, there have not been studies with the Quest scale where age-related information has been reported from longitudinal data; only cross-sectional data has been utilized (Batson & Schoenrade, 1991a). In regards to age, it is possible that the Quest scale did not pick up on these differences because of an age-related confound within the instrument that has yet to be identified from previous research. Several studies have indicated that Quest scores remain consistent with increased age, yet these results can be viewed as equivocal because of limitations, such as small *n*'s, sampling by convenience, and other studies that gave evidence to the contrary, that is, age did appear to be related to changing scores on the Quest scale (Batson & Schoenrade, 1991a). Therefore, in this study, age was covaried to control for as a possible confound. However, even with age covaried, there were still no significant differences either within or between these groups. It is possible that these students do not vary in their approach to existential questions in terms of Quest, and are fairly homogeneous in terms of the importance they place on questioning their religious beliefs, and that

age does not affect these results. Perhaps a larger n for first-years and additional means of assessing religious orientation may provide useful information. Hill and Hood (1999) offer 10 alternative scales for assessing religious orientation. In addition, there is some speculation that Quest is a fairly stable construct, and that only impinging circumstances, such as stress and trauma allow a notable change in religious orientation as measured by this instrument (Hill, 2001).

Hypothesis I

Hypothesis I states that last-year clinical/counseling psychology graduate students will report lower levels of religious orientation, religious behaviors, religious attitudes/beliefs, and religious ideology than first-year clinical/counseling psychology graduate students.

The findings did not support this hypothesis for either of the measures. There were no significant differences found on any of the measures for religious orientation, religious behaviors, religious attitudes/beliefs, or religious ideology between first-year clinical/counseling students and last-year students. As noted, the groups in this comparison differed on many of the demographic variables, and except for previous clinical experience and ethnicity, appeared to be demographically heterogeneous. As for the homogeneity between groups on the measures of religiosity, there may be implications due to the numbers of students that were compared.

Because of the largely unequal numbers in each group (i.e., first-year $n = 44$, last-year $n = 196$) one cannot state unequivocally that the training program has no association with a student's religiosity as measured by the instruments in this study. It may not be that the training program has any association, and it is possible that these

groups do not differ on these measures regardless of their training. It is also possible that there are not enough numbers of students in the first-year group on which to base firm conclusions and, were the groups more evenly matched in number, differences may arise.

As for the available data for these groups, keeping in mind the unequal numbers for first-years and last-years, religiosity, as measured in the present study, does not on the surface appear to be influenced by the student's graduate program.

Hypothesis II

Hypothesis II states that last-year experimental psychology graduate students will report lower levels of religious orientation, religious behaviors, religious attitudes/beliefs, and religious ideology than first-year experimental psychology graduate students.

The findings did not support this hypothesis for either of the measures. The small n in both of the experimental groups may have contributed to this finding. Most notably, the first-year n of 7 appears too small from which to make accurate comparisons of any type. There were no significant differences found on any of the measures for religious orientation, religious behaviors, religious attitudes/beliefs, or religious ideology. Thus, it is possible that this hypothesis was not accurately tested and is still unanswered. It is also possible that these groups do not differ on these measures, but the small numbers for comparison make speculations tenuous.

Hypothesis III

Hypothesis III states that there will be a greater difference between clinical/counseling psychology graduate students' religiosity across school years (i.e.,

first-year vs. last-year) as compared to the difference in religiosity across school years among first-year and last-year experimental psychology graduate students.

This hypothesis was limited by not being able to compare the outcome between the two groups, first-year and last-year clinical/counseling versus first-year and last-year experimental, due to (a) the small n in the first-year experimental group ($n = 7$); (b) the lack of significance found between the two clinical/counseling groups; and (c) the lack of significance found between the two experimental groups. For this reason an interaction effect was not possible to assess, only the main effect was assessed between first-year and last-year clinical/counseling students versus the combined experimental group of students, though finding any significant results regarding this hypothesis was still limited due to the aforementioned reasons.

Religious Behaviors

Overall, first-year and last-year clinical/counseling students were higher on measures of religious behaviors than the combined experimental group. This finding is in direct opposition to the proposed hypothesis and previous literature that would suggest that clinical/counseling students would be lower on these measures (McClure, 1999; Prest, et al. 1999). What follows is a discussion of the primary and secondary considerations of these findings.

Primary considerations. In terms of significant differences between clinical/counseling first-year and last-year students and the combined experimental group, the following areas were noted: (a) frequency of church attendance; (b) frequency of prayer; (c) religious involvement during the senior year in high school; (d) religious involvement during the senior year in undergraduate college; (e) the

extent that religion was mentioned in graduate school [difference from experimental group for first-years only]; and (f) attendance at church or synagogue during the past seven days [difference from experimental group for last-years only].

However, closer examination reveals that there still appears to be a trend towards the majority in these groups (i.e., clinical/counseling) endorsing lower measures of religious behaviors overall compared to previous graduate groups (McClure, 1999), as noted by their low endorsement of items irrespective of the experimental groups' responses. Arguably, one cannot unequivocally state that the comparison between these groups is an indication of the high behavioral religiosity for clinical/counseling graduate students. On the contrary, the students' low endorsement of items suggests that the clinical/counseling students in this sample are more closely aligned to previously measured samples of clinical students that also had lower measures on many of these questions (see McClure, 1999). Moreover, endorsements of some of the behavioral religious items (i.e., frequency of church attendance and prayer) are still lower than the public at large (see Gallup & Lindsay, 1999). Therefore, though it appears that the clinical/counseling students are higher than the experimental group on some behavioral religious measures, it is a leap to state that this specific finding is relevant in light of their lower overall endorsements of religious behaviors as compared to the public at large (Gallup & Lindsay, 1999) and previous research (McClure, 1999). As well, the low n in the combined experimental group may have contributed to these findings; there is still speculation that were there higher numbers in the experimental group, a different trend or result would have been possible because of more evenly matched numbers for comparison. That is, the

clinical/counseling first and last-year groups may have been more similar to previous group comparisons of other graduate students (McClure, 1999) and been lower on these measures than the experimental group. The important finding that can be drawn is that clinical and counseling doctoral students appear to differ from the general population in respect to institutional religious participation.

Interestingly, prayer, for both the first-year and last-year clinical/counseling groups, was clearly endorsed at a higher frequency than for the combined experimental group. So there does appear to be some difference between these groups, at least for the clinical/counseling groups' more frequent reports of prayer. Still, because of the small experimental n for comparison, it is difficult to ascertain whether or not the result would be the same with larger numbers of experimental participants. In addition, Gallup polls indicate that young people who are close in age to this study's participants endorse a greater frequency for prayer than older adults (Gallup & Lindsay, 1999). Consequently, it is not inconceivable that larger samples of younger adults will produce higher numbers who endorse a higher frequency of prayer. Hence, on this particular measure (prayer) clinical/counseling students, because of their age, may not be distinctly different from the population at large. However, they do appear to be different from their future colleagues: clinical/counseling psychologists. Perhaps there is another contributing factor besides age, that lowers the frequency of prayer for psychologists after their graduate education. It is conceivable that further indoctrination into a scientific paradigm may contribute to a lessening of belief in the efficacy of religious practice. That is, as these students are more fully inculcated after graduation with scientific reasoning, reading scientific journals, attending scientifically-

oriented trainings and/or presentations, and becoming more enmeshed in scientific and less religiously-oriented discussions with colleagues, the potential impact may be a lessening of religious behaviors and practices. As Gallup polls have presented data that show that increases in education appear to promote lower measures of religiosity, the same trend could be occurring here, but, with a longer time frame and greater impact over time; increases in clinical experience and clinical education could result in a decrease in prayer.

Secondary considerations. In regards to the behavioral items themselves, the ones used in the present study are either the same or very similar to those behavioral items used in earlier studies, thus, the behavioral items have been kept relatively intact. Therefore, it seems unlikely that the behavioral questions themselves are tapping different facets of religiosity than those assessed in earlier studies. Since, overall, these behavioral questions are not significantly different from previously administered items, it seems that, keeping in mind the small n from the experimental group, the possibility at least exists for differences between the experimental group and the clinical/counseling one in regards to religious behaviors.

At first glance, it is difficult to ascertain whether or not these potential differences (i.e., lower measures for religious behaviors) are the result of the experimental students' academic programs, or whether these potential differences are due to the fact that these students enrolled in their respective programs with lesser incidence of religious behaviors, irrespective of the associations with their graduate institutions. For example, both the first-year clinical/counseling group and combined experimental group were not significantly different for their attendance at church or

synagogue in the previous week. These findings would initially suggest similarities between the groups on these measures, and they may in fact be similar. However, it is important to recognize that many of the behavioral questions may have alternative explanations in terms of the reasoning behind respondents' answers. It is possible that some respondents who consider themselves to be highly religious, may not have attended church or synagogue during the previous week, though they typically may do so. Therefore, the results for comparison on some items may not necessarily reflect a difference when there may in fact be one. Students who are more religious than others may not endorse a high frequency for some of these items, such as church attendance in the past week, whereas less religious students, who may have recently attended church, might endorse this item at a higher frequency. Thus, recent church or synagogue attendance, though it may be a behavioral manifestation of religion, may not be an accurate measure of religiosity because of these alternative explanations and therefore could have contributed to problems with construct validity.

Religious Attitudes/Beliefs

Primary considerations. In terms of religious attitudes/beliefs for both first-year and last-year clinical/counseling students versus the combined experimental students, there were statistically significant differences for first-years and last-years for most of the items assessed in this area, with the exception of (a) the importance of religion to their parents; (b) the importance of religion to their psychology professors; and (c) the students' personal beliefs regarding being religious versus being spiritual. Though the students themselves did not endorse the personal importance of religion, the majority appeared to believe that religion was important to their parents. The

same trend followed with the students' endorsement of spirituality. Few reported being religious only, with most endorsing that they were spiritual or a combination of the two. This appears to be at odds with their perception of the importance of religion to their parents; and, these students seem to separate themselves from their parents along these beliefs. One could speculate whether or not these students' parents match previous Gallup poll findings of the public at large who highly endorsed the importance of religion and spirituality. If the students are at odds with their parents with these beliefs, is it the result of a trend occurring within their early environments? Are the parents of those students who are choosing to participate in clinical/counseling psychology programs somehow influencing their children towards opposing views of religion and spirituality? It is also possible that the parents of these children are not so different from their offspring in terms of their endorsement of these items. One wonders if these students' parents themselves were measured on these items, whether or not their answers may instead reflect a more similar pattern to that of their children, one of which the students themselves are not aware. Research from Gallup polls would suggest the former to be the case, and that the students' parents are more religious and less spiritual, but tying these students to their specific parental influences has yet to be ascertained as it relates to these measures.

In regards to the students' beliefs about their professors, the reverse was true: most appeared to believe that religion was either not important, or that they did not proclaim to know the importance of religion to their professors. This may suggest that both groups (i.e., clinical/counseling and experimental) appear to think that not only is religion not important to their psychology professors, but that perhaps these students

don't really know whether or not their professors are religious at all. This may be especially likely for experimental students, in that the majority reported that religion was not discussed in class (see Table 18). Again, here it might be useful to assess the students' professors themselves. The students' perceptions may be an indication of their internal and influencing beliefs, but external evidence may provide more information about these beliefs. For example, if professors and students have similar belief systems on these religious items, and they are both lower on measures of the importance of religion, is this known to both parties? Do the professors know they are providing the perception of the non-importance of religion, or are the students basing their notions about their professors on their own preconceived notions about the importance of religion?

Secondary considerations. In terms of the significant differences on all other measures between the two groups in this sample, as with the behavioral questions, the majority of responses do not indicate that the clinical/counseling students, though higher than the experimental students, are necessarily elevated on many of these beliefs when compared to previous research groups (Gallup & Lindsay, 1999; McClure, 1999). As noted, almost half of the clinical/counseling group believes that religion is not important, and most reported that their professors were not religious. While the clinical/counseling students were higher on a measure of the importance of spirituality, the majority of the experimental group reported the overall importance of spirituality as well.

Religious Ideology

Here, as with the behavioral and attitudinal questions, the comparison between the clinical/counseling groups and the combined experimental group appears to give less information upon closer examination. There was a difference between the clinical/counseling group and the experimental one; the latter group endorsed, to a much greater extent, that there is a transcendent or divine dimension found in all manifestations of nature. Though in this case, 57% of first-year experimental students is only an n of 4. Throughout the findings, this small n makes useful comparisons on single items difficult to interpret.

Experimental Students

Primary considerations. Further speculation about the lower measures of religiosity for experimental students on many of these religious items may be an indication that perhaps there may indeed be differences between the experimental group and the clinical/counseling ones. One can speculate that the experimental group may be lower than the clinical/counseling groups on many of these measures for the same reasons that the clinical/counseling groups are deemed lower on measures of religiosity than many other graduate groups in psychologically related studies from previous research (McClure, 1999). The fact that religion was seen as almost absent in classroom discussions for the experimental group is one possible indication. It is conceivable that these groups (i.e., clinical/counseling and experimental) are collectively similar on lower measures of religiosity due to a trend occurring within their programs. It is also conceivable that the experimental comparison groups' program is even less likely to accept the idea of traditional religious practices than the

clinical/counseling groups'. Research has demonstrated that psychologists report having few discussions of religion in graduate school (Shafranske, 1996), but it may also be that the experimental curriculum may consist of even fewer opportunities to participate in religious discussions due to the curricular lack of focus on religious, or, for that matter, relationship-oriented material. This group may be less likely to engage in people-centered topics, or may be less likely to concentrate on issues that are more closely aligned with providing care to others, such as treatment considerations that lead one to consider treatment methods, with religion being one topic within this area (Gartner et al., 1991). Unlike the clinical/counseling programs, which are noted to be more closely associated with meaning systems and which more often focus on values, the experimental students' programs, because they do not involve students in these discussions and, perhaps, because they represent fixed systems of belief, may cause the experimental students to be even more inclined to avert their attention from religion, thus, their lack of classroom and personal religious involvement may be more strongly emphasized on measures of religiosity.

Secondary considerations. As well, perhaps some psychology programs are evolving, and this is one aspect of that evolution. Gallup polls find that many in the general public believe that while the importance of religion remains high, religion is losing its influence on American life (Gallup & Lindsay, 1999). The same could be true for certain curricula within the field of psychology. The experimental group may be one of many groups that is beginning to view religion as less important; a lack of classroom discussion about religion may be just one of these indications. It might be useful to assess other groups in psychology, such as social, developmental,

community, and school psychology students, as well as students in other related programs of study. If students in these areas are also found to be lower on measures of religiosity, one could state with greater certitude that the field itself is changing in this regard. On the other hand, if most students in these areas of psychological study are similar to those in other non-psychology educational fields in terms of their religious beliefs and practices, and only experimental students are found to be lower on measures of religiosity, then the trend could be limited primarily to this group.

Additional Secondary Considerations

As for the post hoc exploration of the four combined religious behavioral items, the demographic variables, such as age and post baccalaureate education, on initial examination, appear to have some association with these behavioral items. When partialled out of the analysis, there were significant differences found between the first-year and last-year clinical/counseling students on these four items: (a) how often they attend church or synagogue; (b) how often they pray; (c) their religious involvement during their last year in high school; and (d) their religious involvement during their senior year in undergraduate college. However, each of the single items listed above, when analyzed separately, did not show significance when age and post baccalaureate education were covaried. It may therefore be inaccurate to state that these items are associated with these demographic variables. However, it is possible that this finding is a function of assessing single items. These items appear, when assessed together as continuous data, to be associated strongly with each other and may likely encompass a unitary behavioral construct. Further association with greater numbers of like behavioral items may provide a more in-depth behavioral assessment

of religiosity. It may be that age and post baccalaureate education, as well as other assessed demographics, are associated in some way with religious behaviors, and that single items do not cover enough of this construct to pick up on the associations with demographics because they are only measuring specific areas that are too narrow to demonstrate relationships between variables.

Perhaps some religious constructs, like religious behavior, require more items to more accurately depict the construct itself. This could, in fact, be tantamount to the limits of survey assessments themselves. One only gets information on what is assessed. Thus, it requires careful examination of survey items to ensure they cover a broad enough range of information to assess the item in question to promote construct validity. However, in regards to the rationale for this study, the single items were used for comparison with previous research. Since, during the post hoc analysis, some of these items were modified to comply with matched scoring for ease of analysis, they may not provide the same kind of information for comparison that the single items do.

As noted, the need for tapping a broader range of religious constructs, such as using comprehensive religious assessment instruments, rather than using single items, may provide additional information for future studies. That is, using a combination of valid and reliable measures specifically designed to assess the present constructs not by selected single-items, but by using a larger number of items within an entire assessment instrument, may be useful. By relying on a greater number of behavioral and attitudinal questions, more information might be obtained which would give a more detailed examination of these areas. For example, instead of asking if one has attended church or synagogue in the past seven days, one could ask specifically how many times

one has attended within the past month, or year, or, about whether or not their attendance in church or synagogue has changed during the course of their life, and how it has changed. Attitudinal questions could be addressed not only by asking how important religion is to the students; there could also be questions about environmental influences related to the importance of religion to the students. In order for a complete comparison, this type of questioning would indeed be required of the public at large as well.

Integration of Findings With Past Literature

Integration of the findings of this study with past literature must take into account the number of participants in the experimental comparison group, as well as the fact that first-year experimental students have not been solely compared as a group to first-year clinical/counseling students in regards to the type of religious instruments used in the present study. The same can be stated for the last-year groups. Overall, however, clinical/counseling students were compared to a combined group of experimental students.

Primary Considerations

Previous studies have lent evidence to support lower measures of religiosity for the clinical/counseling student population as compared to other graduate students in school psychology and marriage and family counseling (McClure, 1999), and closer examination of the results of this study do not necessarily stray from previous findings. On the contrary, there were few findings in this study to suggest that religion itself, as measured by these instruments, is viewed as particularly important to clinical/counseling students. True, the clinical/counseling group endorsed, to a greater

degree than the experimental group, many of the questions related to religious attitudes/beliefs; but, on closer scrutiny, it was revealed that even their stronger endorsements were not in and of themselves high numbers within the clinical/counseling group itself. Noted exceptions were the frequency of prayer and a belief in God or a Universal Spirit. In terms of prayer, this finding matches Gallup polls that report that young adults (ages not listed) lead the nation in endorsing the importance of prayer (Gallup & Lindsay, 1999).

It is unclear as to what this finding may represent. Perhaps prayer allows more internal freedom for religious expression than some of the more traditional forms of religious worship, such as attendance at church or synagogue. This would parallel Erikson's (1963) "identity versus role confusion"; since prayer is typically more internal and private, it would allow younger people to maintain the approval of others, while still being able to hold on to a sense of connectedness to something greater than oneself and reducing the anxiety associated with "role confusion."

The younger person may be struggling with conflicting practices and beliefs. For example, some may be questioning their reasons for attendance at church, or beginning to question their religious beliefs. Simultaneously, these students may also be concerned about how they are perceived in the eyes of their peers. Their peers may be experiencing the same concerns. Discussions of various religious beliefs with these same peers may result in further questioning. The combined conflicts of wanting to fit in, old religious beliefs, and new religious ideas, may lead some to seek alternative coping strategies, prayer being one of these.

As well, prayer would also allow the young adult the opportunity to continue his or her development in terms of noting the continuing complex relationships in the world (Perry, 1999). Thus, the student would be able to develop and explore apparent inconsistencies in their views of religion (and also spirituality), while silently expressing their hopes and fears. Moreover, prayer does not necessarily have to be practiced through traditional means. The idea that one must pray with others during a church or synagogue service, or that one must use a formal method to practice prayer, may not be a reality for many. Prayer may be something that these young people can use throughout their daily lives without having necessarily to set aside planned time to do so. For many of these students prayer may be practiced in a number of places, such as in the car, while walking to and from class, in the library, in their residences, while studying, and just about any place one can think of where it is possible to silently (or verbally) express their beliefs or concerns. In addition, prayer may be easier to conduct since there are no formal time constraints. That is, one can perform a quick prayer such as “Oh God, help me do well on this test,” in a matter of seconds. Besides, it is likely that when one thinks about the concept of “praying,” it seems more formal than the actual practice itself. Perhaps younger people, when questioned about how often they pray, include all their short prayers that occur throughout the day. It is conceivable that some in traditional religious organizations may not consider these short prayers as prayers at all, but wishes.

So the idea regarding what is meant as a prayer, how this word is defined, may vary from respondent to respondent. One could therefore define prayer as a more traditional and formal process, in which case the person adhering to this definition, and

who does not often perform a more lengthy form of prayer but uses shorter ones, would answer the question “How often do you pray?” as “seldom.” Another respondent, who also practices shorter prayers, and defines these as prayers, would answer the same question as “frequently.” Both of these respondents may, in terms of prayer, be conducting themselves in the same manner, but because they each have different definitions for what is meant by prayer, they give different endorsements to the same question. It may be that younger people are more liberal in their definitions of prayer and therefore endorse to a greater degree their prayer practices than others who have a more formal definition. The students in the present study may be following the same trend.

The same can be said for the belief in God or a Universal Spirit. By allowing the traditional Western notion of God to be extended, or to also encompass, a “Universal Spirit,” it allows the student a more expanded conception of a transcendent being. Just as in prayer, the student is given latitude to include non-traditional beliefs and practices. Thus, they are not tied to a traditional belief system and can still question that system while adhering to a belief in something beyond themselves. Here again, two respondents may be endorsing the same answer “yes,” they do believe in God or a Universal Spirit, but as in their endorsements of prayer, each respondent could be answering for different reasons. One could have a more traditional Western view of God, the other, a more open-ended belief in a Universal Spirit that includes notions contrary and in conflict with traditional religion, such as not believing in things like angels, or not believing in heaven, or other concepts that are more commonly associated with Western religion.

As for past research lending evidence for preexisting religious values compared to the present hypotheses, which found no difference for religiosity between first-years and last-years in either group (experimental or clinical/counseling), there are equivocal findings. McClure's (1999) results argue for preexisting religious values and beliefs prior to enrollment in graduate school. In terms of assessing preexisting factors, such as the students' endorsements of the importance of religion to one's parents, their involvement in religious activities in high school and during their undergraduate years, and their individual endorsements of the importance of religion, there appear to be mixed results as to whether a strong preexisting religious involvement existed prior to enrollment in graduate school. Most students in the present study tended to endorse the importance of religion about equally as they did its non-importance (see Table 6). The same could be stated in terms of the students' involvement in religious activities in high school (see Table 9). In terms of parental attitudes, most students reported that religion was important to their parents (see Table 11), and that one or both parents were religious (see Table 12). As for the students' involvement in religious activities during their senior year in high school and their senior year in undergraduate college, the majority of them endorsed items consistent with little or no involvement (see Tables 9 & 10). So it seems that, based on the measurements used in this study, the students themselves are not necessarily following in their parents' paths in terms of the importance of religion, and, these students are consistent in not being involved in religious activities up to and at least while beginning their graduate programs.

Lack of student involvement in religious activities seems to follow these students' perceptions of their professors in graduate study. The majority of students in

each group report that religion was either never or rarely mentioned during graduate school; at most, it was mentioned a few times (see Table 15). As for their beliefs about their professors, these students overwhelmingly do not appear to know whether or not their professors are religious, or perhaps they estimate, because of the infrequency of religious discussions during graduate training, that their professors are not interested in religion (see Tables 13 & 14). It may still be a stretch, however, to conclude that these students are wedded to preexisting religious or non-religious beliefs because of their lack of religious participation and perceptions regarding their professors' religious beliefs. There may be an indication of this in this study's sample, but one must be cautious and conscious of the limitations encountered throughout these comparisons in regards to the inconsistent sample sizes between first-year and last-year groups, which may contribute to these findings, especially for the experimental students. Furthermore, while the clinical/counseling students had higher numbers of first-years than the experimental group, there was still a large disparity here, with 196 last-year clinical/counseling students compared to only 44 first-years. It is quite possible that with more equal comparisons in terms of the numbers of students in each group, that measures of religiosity may change for first-years with higher numbers of students. Theoretically, at least, as sample size increases, the possibility exists for a more definitive measure of the construct under consideration; therefore, the idea that greater numbers of first-years in this study may give different results regarding their perceptions of their professors. The hypothesis that this group may be higher (or lower) on these measures, cannot completely be abandoned.

As for the discussion of religion in graduate training, however, many of the results in the present study follow those obtained from Shafranske and Maloney (1990), whose surveys of psychologists found that 90% reported that education and training in religious issues rarely or never occurred, and only 5% reported that religious and spiritual issues were presented in their training (see also Shafranske & Gorsuch, 1984). These were the same psychologists who reported that (a) religious and spiritual issues were relevant in their work as clinicians; 74% disagreed that spiritual or religious issues are outside the scope of psychology; (b) their clients often expressed their personal experiences in terms of religious language; and (c) psychologists, in general, do not possess the skills or knowledge that would enable them to help clients in their religious or spiritual development (Shafranske & Maloney, 1990). It would seem that the students in the present study may adhere to the same sentiments over time, given their endorsements of the lack of religious discussion during graduate training, and that these students do not appear to know where their psychology professors stand on religious beliefs.

Secondary Considerations

This study also demonstrates similar results in terms of the previously noted separation of religion and spirituality (Shafranske, 2001). A large number of clinical/counseling students in this study endorsed the importance of spirituality over the importance of religion. This study follows some of the findings from Prest et al. (1999) of Marriage and Family Therapy students' endorsement of spirituality in that, like the respondents in the Prest study, this study's participants also endorsed, to a great extent, the importance of spirituality. There appears to be a demarcation

between spirituality and religion with the clinical/counseling students in the present study, with the importance of religion being endorsed to a much lesser extent. Here, the results parallel Shafranske's (2001) idea, as evidenced by results from research that indicate psychologists' endorsements along similar lines for spirituality versus religion, that psychologists may "...actually be more concerned with the transcendent dimension than studies exclusively focusing on institutional expression..." (p. 4). The students in the present study may be expressing the same concerns and beliefs.

The Prest et al. (1999) results also suggest that the number of religious services attended monthly and the respondent's ideological position regarding religious beliefs were significantly related to the personal importance of religion in the students' lives. This study appears to have mixed results in this regard. The clinical/counseling students endorsed, to a greater extent, the importance of religion in their lives (though still nearly half reported religion as not important), while also endorsing the same ideological position as the Prest et al. students endorsed. That is, those who most strongly endorsed religion as being important chose the ideological position that states there is a personal God of transcendent existence and power whose purposes will ultimately be worked out in human history. However, the clinical/counseling group differed from the previous (Prest) group in that their church or synagogue attendance was endorsed more often as "seldom" or "never." These findings support previous research that indicates these groups are different, and that greater endorsement of church or synagogue attendance would be found for Marriage and Family Therapy students than for clinical/counseling students (McClure, 1999).

Furthermore, it is important to keep in mind that spirituality cannot be left out of this consideration. For both clinical/counseling psychologists and students, spirituality appears to be important. It may be in fact, that this is closer to their idea of religion, separate from the traditional practices endorsed by the general public. Previous research in this regard (Shafranske, 2001), as well as findings in the present study, may underscore the importance in terms of treatment providers and the public, and values similarities. Similarities between this study's participants and the previous research are also found with Gallup polls (Gallup & Lindsay, 1999). In the present study, most of the respondents agreed that religion is not capable of solving the world's problems (see Table 19), while the majority of respondents to Gallup polls also report that religion appears to be losing its influence (Gallup & Lindsay, 1999). The majority of respondents in the present study endorse the importance of spirituality; Gallup polls also show that 4 of 5 of those polled respond in the affirmative to feeling the need for spiritual growth. So it seems that at least in terms of spirituality, this study's participants and the public at large may have some common ground.

Values Considerations Revisited

These findings may be important in terms of values and their potential impact on students beyond the graduate experience. In regards to the development of the graduate student (Bruss & Kopala, 1993; Goplerud, 1980) and the potential influence of students' values from the training environment (Buetler & McNabb, 1981; Guest & Beutler, 1988; Kay & Vardy, 1984; Schwartz, 1978; Walsh, Perrucci, & Severns, 1999) the results of this study may have implications for future psychologists. Given that the students overwhelmingly report that they either don't know if, or

believe religion is not important to, their psychology graduate school professors (first-year clinical/counseling = 73%, last-year = 71%, combined experimental = > 82%), it seems likely that were there to be a trend in regards to the students' beliefs about the importance of religion, it may be towards viewing it as not important. That is, if these same students, who may be questioning their own (religious) values and looking for some type of guidance in this regard, believe that those teaching within their educational institutions do not place importance in religion, then the possibility exists that these potential mentors' (teachers) notions could be taken as a sign of cultural identity within the field of study (i.e., psychology). It is likely that students continually compare and contrast accepted beliefs throughout their educational experiences. And though the field of psychology is expected to train its participants to be critical thinkers, and to search for data to support assertions, there are still many interactions during the graduate experience that are not necessarily tied to cited statistically sound research designs. For example, students gain insight into their professors' and supervisors' beliefs through self-disclosure by those individuals during lectures or discussions. Even the act of self-disclosing can be an expression of one's value system, as well as the way in which one self-discloses, or the topics that one chooses to discuss.

There are numerous ways in which students can interpret the value systems of their teachers. Strupp's (1980) assertion about the impossibility of neutrality within the therapeutic relationship may apply here as well. Silence (apparent neutrality) about religion in the classroom can be interpreted as consent for the non-importance of religion in psychology. Just because a teacher does not include a topic for discussion,

does not mean that it is left alone in the students' minds. This same argument, about non-inclusion of material, has spawned greater discussion and courses related to the multitude of populations that are served by mental health providers and opened large debate about multicultural issues. This is still an ongoing concern for those in the multicultural debate, a concern that many populations are under-served and that many in the field of psychology need to assure they are adequately trained and informed about the needs of these populations. One could argue that responses from the students in this study regarding questions about their graduate professors' beliefs about religion may similarly impact their own (the students') religious values. It is possible that these students' lack of knowledge about whether or not their professors believe in the importance of religion is a sign that they interpret their professors' beliefs as an accepted cultural norm within the field itself. The same can be argued for future psychologists and their prospective clients, especially in relation to values continuity. Silence about religion can be interpreted as consent for its non-importance.

Yet, in terms of the importance of religion, there is a disparity, not only from previous surveys of psychologists (Shafranske, 2001, 1996), but in the present study. If research related to values and their influence on clients (Arizmendi et al., 1985; Bergin, 1980a, b; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Kelly, 1990; Martini, 1978, Takeuchi et al., 1995; Welkowitz, Cohen, & Ortmeyer, 1967) are considered, as well as the importance of religion to the potential client in treatment (Gallup & Lindsay, 1999; Gartner et al., 1991; Gopaul-McNicol, 1997; Shafranske, 2000b) and each is considered in light of the present study, there may be implications for values conflict between provider and recipient in regards to more traditional

religious practices. That is, unlike previous findings from Gallup regarding the public at large, those clinical/counseling students in the present study endorse to a much lesser extent their attendance at church or synagogue, and show lesser regard for the importance of religion in their own lives. In addition, these same students do not endorse that their learning institutions' providers regard religion as important, and most reported that religion was infrequently mentioned in the classroom, the majority indicating that it was mentioned only a few times a year, rarely, or never mentioned. Results of the present study appear to replicate previous findings regarding the clinical/counseling psychology population (Shafranske, 1990, 2000a, 2001), and to expand that population to clinical/counseling students as other studies have (McClure, 1999).

The implications of these findings suggest that a difference exists between these students and their potential (and current) clients. If one is to believe that some of these potential clients harbor strong religious practices and beliefs, and based on Gallup results this is likely, it seems important to recognize that, like clients from other cultural backgrounds, the religious client may be at a disadvantage when working with a mental health professional who has not received religious training and is at odds with their personal religious systems of belief. If religious topics are not deemed important for discussion during the course of treatment between care provider and client, it seems plausible that a large part of the religious client's support system, a system that has benefited many clients with numerous mental health issues (Gartner et al., 1991), may in fact be neglected.

Clinical/Counseling Students Versus Clinical/Counseling Psychologists

Keeping in mind earlier discussion regarding equal sample sizes for comparison groups and alternative speculations, the present findings suggest that clinical/counseling students' religiosity does not change as a function of their respective graduate programs. Since these students will presumably go on to work as psychologists in the field, it is important to consider whether or not they indeed differ from their future colleagues. Though the present study did not find significant differences between clinical/counseling students on the Quest scale, the findings do suggest that these students are at least moderately interested in questioning their religious beliefs. A similar finding using a previous version of Quest was reported by Shafranske and Maloney (1990) in that 45% of psychologists were found to place importance on their appreciation of religious questioning. As for religious behaviors, these same psychologists endorsed their average attendance of a religious service as less than two times per month, 49% ($N = 199$) reporting no attendance (p. 74). Compare this finding with a similar one in the present study: clinical/counseling first-years report attendance at church or synagogue at one time per month or less at 80% ($N = 44$) and last-years endorse attendance one time a month or less at 75% ($N = 196$ [see Table 5]). As for attendance at church or synagogue within the past 7 days, 28% ($N = 253$) of psychologists endorsed this question in the affirmative (Shafranske, 1995) compared to 25% ($N = 44$) of first-years and 36% ($N = 196$) of last-years (see Tables 21 and 24 respectively). Prayer follows a slightly different trend in that students tend to pray more frequently than psychologists (see Table 25). As mentioned

earlier, this trend occurs in the population at large and may in fact have more to do with age, since Gallup polls match these findings (Gallup & Lindsay, 1999).

Tables 24 through 28 depict the clinical/counseling students in the present study and compare previous findings taken from Shafranske (2001) and Shafranske and Malony (1990) regarding the following: (a) salience of religion (Table 26), (b) belief in life after death (Table 24), (c) belief in God or a Universal Spirit (Table 24), (d) beliefs about God (Table 27), and (e) religious ideology (Table 28). Religious salience appears to be equally endorsed by clinical/counseling students and psychologists. Because this finding is different than endorsements by the general population, there may be some other variable that is responsible for the difference between students and psychologists versus the public, though it is not certain at this time just what this variable may be. This finding lends evidence for some pre-existing phenomenon or beliefs for those that go into this field.

Belief in life after death gives a different picture than that found for religious salience. Here psychologists are at odds with clinical/counseling students who endorse to a much greater extent the belief that there is life after death and follow Gallup surveys of the public at large in these same beliefs. It is unclear as to what this may mean. Perhaps something happens during the course of gaining more clinical experience that influences psychologists' beliefs in this area, a process that combines increased experience and age. One speculates that working with difficult clients and the stress of witnessing and continually facing ambiguous and adverse life circumstances in others may play a part in a type of "learned helplessness" that translates into lack of belief in this area. This may also explain many of the declines in

belief-oriented religiosity, as such a trend also occurs with belief in God or a Universal Spirit, with a decline of affirmative endorsements from first-years to last-years, and continuing with psychologists. Beliefs about God match this finding as well. Psychologists are more likely to endorse that they don't believe in God and are less likely to report that they have no doubts about God's existence than clinical/counseling students (see Table 27).

Religious ideology also follows the same trend in that belief in a personal God whose purposes will ultimately be worked out in history is endorsed greater for first-years, less for last-years, and even less for psychologists (see Table 28). Interestingly, these same psychologists endorse to a greater degree that though the notions of God or the transcendent are illusory products of human imagination, they are meaningful aspects of human existence. So it appears that though these psychologists do not necessarily endorse a belief in God, they may believe in something transcendent, as evidenced by their endorsement that there is a transcendent or divine dimension found in all manifestations of nature.

Summary

It appears that there is a trend in regards to religious beliefs. As clinical/counseling students progress from the training environment to becoming more seasoned professionals, their endorsement of religious beliefs goes down. This finding does not necessarily correspond to preexisting beliefs, though these may be present. It may be that clinical/counseling students have lower measures of preexisting religious beliefs compared to other graduate students, but even taking this into account, there appears to be a trend or phenomenon that occurs beyond graduate training that results

in even lower measures for religious beliefs overall when compared to other mental health professionals. While the present study attempted to ascertain differences between groups (i.e., clinical/counseling vs. experimental), it is noted that there should be emphasis placed on clinical/counseling students and their future counterparts in terms of their lessening religiosity.

Limitations of Findings

It was hoped that the respondents would invest time willingly in an effort to answer the items on the questionnaires. However, the inability of the researcher to control the testing environment may have contributed to problems with internal and external validity and reliability of the measures used.

Design and Internal Validity

Subjects may have been exposed to some event that may have affected the way they answered the survey items, thus causing a confound due to unforeseen introduced variables. An important, though unforeseen consequence, was the timing of the survey mail-out. The initial mail-outs were sent during the Easter weekend. The impact of this timing may have introduced confounds in a number of ways. It is possible that some of the respondents had a reactive effect to this timing in that they over-reported religiosity in some of their responses due to the increased salience of religion during that time for the respondents and their families and friends. Perhaps many who answered affirmatively as to whether or not they attended church in the last seven days would not otherwise have endorsed this item at other times during the year. This same influence could have impacted respondents' answers to other questions, such as the importance of religion, beliefs about God, or many of the items both in the Religiosity

Questionnaire and on the Quest Scale. The reverse could also be true: some respondents may have more strongly disagreed with questions regarding their religious practices because they were currently faced with the strength of their convictions in terms of the holiday and discussions with friends and family.

Since this study was not following the groups longitudinally, and was attempting to ascertain differences across years, it may lessen inferences from the differences found between first-year and last-year students, that is, the noted findings may be the result of cohort effects as opposed to year groups.

Surveys, such as this one, are vulnerable to over-rater or under-rater bias (i.e., the tendency for some respondents to give consistently high or low ratings).

Social desirability may have caused some respondents to choose different answers to items than they might otherwise. It is possible that others may have influenced the person taking the survey, thus, independence may not be insured, which may have contaminated the results by presenting a more homogeneous and less variable group than would otherwise be.

There are limitations inherent in the selection of single-item tests. When considering the use of single-item scales, the idea of changing the structure of the single-items was carefully examined. It was recognized that this approach would ultimately sacrifice, to some degree, internal validity (construct validity in particular). In this way a decision was made to “add” items rather than to “refine” the items themselves. However, it was deemed important to be able to generalize the potential findings of this study as a comparison to already established research in this area using the same single-item questions and format (Bergin, et al., 1988; Bergin & Jensen,

1990; Gallup & Lindsay, 1999; Gartner et al., 1991; Jensen & Bergin, 1988; Lehman, 1974; Prest et al., 1999; Shafranske, 2000b, 2001; Shafranske & Maloney, 1990).

Furthermore, inherent in survey research is the condition of forced choice for the respondents. This approach, while having the advantage of ease of administration, and the potential for an increase in the numbers of participants, limits the present study's findings to the questions that were posed. As well, these questions may have influenced the respondents in different ways, thus providing alternative explanations for their answers. For example, as previously stated, the wording for several of the questions in the Religiosity Questionnaire were taken from earlier research conducted by Gallup (Gallup & Lindsay, 1999). Though it may be useful for comparison to note similarities or differences between the Gallup findings and the present study, the meanings of these words may be open for debate, thus affecting construct validity. That is, how did the individual respondents define the words religion and religious? With some questions on the Religiosity Questionnaire, the respondents were given information to help guide their answer choices, such as the behavioral information found in questions 5 and 6, where examples were provided for what was meant by religious involvement (see Appendix H). Nevertheless, other questions did not provide information about how to define the words religion, religious, or, for that matter, spirituality. While it can be argued that previous research falls under the same criticism, it is still a confound. This confound may be ameliorated by a more qualitative approach, that is, by asking respondents about how they define these terms, a more lengthy process, but one that would provide information that could be used to

compare whether or not the item meanings are universally perceived within the sample of participants.

Some of the items on the Religiosity Questionnaire could have been ambiguous. As an example, question 14 related to one's experiences in graduate school regarding the manner in which religion was discussed in class. On further review, there could be more than one appropriate answer choice, thus limiting the information obtained by selecting only one choice (see Appendix H). One could choose 4 of the 5 answer choices simultaneously, and still be giving an accurate account of their graduate experience in terms of how religion was discussed in class. That is, religion could simultaneously be associated with pathology, relevant to psychology, discussed in class, and, at other times, viewed as irrelevant to psychology.

External Validity and Generalizability

Surveys are dependent on direct communication with persons having characteristics, behaviors, and attitudes. Thus, generalizability could have been impacted by the reactive nature of surveys. That is, the populations assessed in this study may not be representative of all clinical, counseling, and experimental graduate students because these instruments directly involve the respondent in the assessment process by eliciting a reaction. Reactive methods run the risk of generating misleading information (Isaac & Michael, 1997), as noted earlier from the Easter weekend discussion, and the fact that the very topic of religion may elicit strong beliefs that may affect a respondent's endorsements either more or less strongly towards a particular topic.

Generalizability was hindered by the selection process itself. There were a number of factors that may have contributed to this confound. Since the participants were not randomly chosen, that is, they were selected out of a random sample because of their year-group, this limits the ability to draw conclusions based on the fact that these participants may not be representative of all first-year and last-year clinical/counseling or experimental graduate students. Moreover, the n of 7 for first-year experimental graduate students clearly limits what can be accounted for with such a small comparison sample. As well, each of the samples of first-years was smaller than last-years. More equal numbers in each participant group may have affected the outcome, or may have given a better account of religiosity as measured by the instruments in this study.

Statistical Power

The alpha level was maintained at .05 for all tests. This was done because the study was exploratory in nature. Therefore, Type I error was considered a lesser concern because of the need for power, and, insofar as this study was looking at these factors in a preliminary and probing manner.

Measurement

Another limitation may have been certain items on the religiosity questionnaire. Some of the items on the questionnaire were developed for this study and have not been utilized previously, hence, their reliability and validity were not determined prior to use in this study. However, these items have been evaluated by experts who looked at the constructs themselves and were able to group them accordingly (i.e., interrater reliability from 3 independent psychologists). As well, the single items were based on

many previous research studies (Bergin, et al., 1988; Bergin & Jensen, 1990; Gallup & Lindsay, 1999; Gartner, et al., 1991; Jensen & Bergin, 1988; Lehman, 1974; Prest et al., 1999; Shafranske, 2000b, 2001; Shafranske & Maloney, 1990) with only minor revisions from earlier-used items. The questionnaire items were also modified and revised according to the experts' recommendations in order to improve their capacity to obtain a valid assessment of graduate psychology students' religious attitudes/beliefs, religious behaviors, and religious ideology.

Recommendations for Future Research

Strengthening Construct Validity

The present study's limitations regarding the types of questions asked within the Religiosity Questionnaire may be ameliorated with modifications to the assessment instrument itself. The field of psychology-and-religion is fraught with numerous measures of religiosity, many of which have limited and questionable applications (see Hill & Hood, 1999). However, the instrument used in the present study, while it does not stand alone as a religiosity assessment device, and while it is made up of many questions used in previous research, may have usefulness with further modifications and development.

It may be possible, with future pilot studies, to (a) combine additional questions with the Religiosity Questionnaire that more accurately tap the religious constructs used in the present study, (b) modify existing questions as a means to lessen ambiguity, (c) modify questions to more accurately assess the graduate training environment, (d) create this instrument with either sub-constructs or a single unitary construct that has adequately tested reliability and validity, and (e) combine this

questionnaire with a phenomenological approach that utilizes more open-ended questions as a means to increase construct validity. These are indeed many of the limitations within the area of psychology-and-religion itself, and are a tall order for any research study.

Regional Samples

As for sample size, the difficulty in obtaining a large enough n within groups may be handled by using regional cluster samples. While this approach may limit generalizability to some degree, it may strengthen the comparisons made between groups, thus allowing for the potential of greater statistical power for analysis.

Broadening the Scope of Examination

In regards to future studies, it would be interesting to make comparisons between secular schools and non-secular schools to see if there were differences between (a) the perceived importance of religion within the training environment, (b) the importance of religion itself for the students, (c) how religion was viewed within the training environment, and (d) interventions of a religious nature, regarding questions used in previous studies (see Shafranske & Maloney, 1990). In this way, perhaps, more information could be obtained to further assess as to whether or not specific training in religion-and-psychology has implications for psychologists working with the religious client.

Though the present study, as does previously-cited research within this field, looks at Western religion in terms of the language used in the behavioral questions posed (e.g., attendance at church or synagogue, and reported involvement in religious activities), it is important to recognize that there are many other religions practiced in

the world today. True, in the United States, Western religions dominate in numbers in terms of those who report adhering to particular groups (Gallup & Lindsay, 1999) but there are still many other religions, both within the U.S. and abroad, that are followed. Interestingly, when more traditional religious terms, or even when the word religion is taken out of the response choices and replaced with other terms, such as “spirituality,” that are less ordinarily associated with organized Western religion, results are less conclusive in regards to values between psychologists and the public. Both the public and psychologists, while they may differ in their traditional practices, may be similar in their wish for and belief in connectedness to something greater.

Finally, as noted, psychologists may be endorsing their varying religious beliefs because of something that occurs during the course of increasing clinical experience within the field. It might be useful to further demarcate the types of clinical/counseling psychologists within the field. That is, one may hypothesize that if religious beliefs are influenced by working in adverse circumstances, such as constantly witnessing those in mental anguish, that those working with more chronic mental conditions, or those working with individuals who have higher recidivism rates, and who therefore experience less positive outcomes, might have their belief systems taxed to a greater extent than other mental health professionals who work with less severe populations. It might be useful to compare clinical/counseling psychologists with themselves, perhaps looking at the different specialties within the field. For example, it might be useful to compare those working with the chronically mentally ill with psychologists who work with those who are primarily experiencing transitional issues.

Conclusions

Caution must be exercised in drawing definitive conclusions based on the findings of this study. The disproportionate number of first-years to last-years, the small n in both experimental groups, and the fact that neither of the comparisons were soundly assessed are reasons to take these findings as guarded. Speculation about lower endorsement of items for experimental students, or for students in other areas of psychology, cannot be completely overlooked as evidenced by the following. While it is true that differences in religiosity for healthcare providers (i.e., clinical and counseling psychologists) may indeed have an impact on their recipients of care, it is also true that much of the research consumed by these providers may come from study in related areas within the field of psychology itself. Throughout one's undergraduate experiences in psychology, clinical and counseling students take courses from many psychological disciplines. While it may be that other treatment providers, such as social workers and marriage and family therapists and the like, have undergraduate experiences that are similar to clinical and counseling psychologists, perhaps clinical and counseling psychologists complete a greater number of courses in general psychology, as opposed to those in other undergraduate major disciplines. One may speculate that if the major disciplines in psychology itself are lower on measures of religiosity, such as the experimental students in this study, that this may somehow influence those who go on to do graduate work within these areas. A closer examination of related coursework for other healthcare providers, along with an assessment of the various fields within psychology, may lend useful information about other potential influences on clinical and counseling psychology students' overall

religious values. The combined experimental students in this study may be an indication that other areas of study in psychology may be similar on measures of religiosity, not necessarily mental health areas, such as marriage and family counseling or school psychology (McClure, 1999), which are noted to be higher on these measures than clinical/counseling students, but those students in areas such as experimental, developmental, social, and other non-health related areas. This would be in opposition to Gallup findings from overall higher education which suggests that as education increases, measures on religiosity tend to be lower, but not lower than the clinical/counseling population of students and psychologists. Perhaps the results of this study's combined experimental students' lower measures of religiosity are an indication that students in more research-oriented doctoral level psychology programs are even less religious than their mental health counterparts in other programs, such as social workers and marriage and family counselors.

One can speculate that those in the "hard sciences" may be more inclined to be at odds with traditional religious systems than those in the social sciences, because those in the hard sciences are not often exposed to religious material in their studies. Though much earlier, Lehman (1974) found that there was a difference between faculty in fields in which religion was likely to be studied (e.g., sociology and psychology) compared to fields in which religion was less likely to be studied (e.g., engineering and physics) and that the former were even lower on measures of personal religiosity than the latter. Research since that time has not demonstrated that psychology is necessarily a field in which religion is firmly included in the curriculum as evidenced by this study and previous surveys (Shafranske, 2001). In fact, as this

study's respondents indicate, religion does not appear to be a topic for discussion. It is possible that this key element, whether or not religion is given importance during classroom discussion, is important towards the influence of students in the classroom. Lehman also found that in church-related schools there was virtually the opposite relationship and that there those in the "hard sciences" were less religious than those in other areas of study, which seems to support this idea that inclusion of religion in classroom discussion may influence its importance.

Perhaps more importantly, consideration should also be given to the noted differences between the clinical/counseling students and their future colleagues. While the present study used experimental students as a comparison group, it should not be overlooked that the primary consideration for and foundation of this study were previous findings regarding the lower measures of religiosity for clinical and counseling psychologists. The later comparisons between psychologists and the clinical and counseling students in the present study appear to have revealed findings, that, at least initially, lead to speculation about other areas of focus that may in fact help in the understanding of the differences between the public at large and clinical and counseling psychologists. The present study was an initial assessment of the graduate school environment, but it must be emphasized that the broader picture has to do with providing appropriate care for clients. It is with this ultimate aim that consideration is given to noting the differences in religious beliefs between the clinical and counseling students in this study and clinical and counseling psychologists. While other areas are open for speculation, the lack of religious discussion in graduate training being one of these, it should be emphasized that research focusing on other aspects of religious

influence may lead to the same source, that is, lower measures of religiosity for those who work with religious clients. Further assessment within the realm of clinical experience, while placing less focus on the training environment, is not necessarily at odds with the aforementioned speculation about course material. It may be that psychologists' beliefs are influenced more so by their work with difficult clients, but that does not preclude further training in the area of religion during graduate study. On the contrary, it underscores the importance of increased training in this regard because of the potential for the influence on religious beliefs and practices of psychologists from clinical experience.

Given these important considerations, the results provide an initial and explorative assessment of the clinical/counseling and experimental graduate student populations in regards to the impact of their program on religious practices and beliefs as well as the need to further examine the clinical and counseling psychologists' specializations within their areas of work. This exploration of religiosity in the graduate school environment and burgeoning speculation about the field is most assuredly a small part in a larger and notably more complex puzzle whose pieces belong to the very large and complicated construct which is religion.

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Table 1

Therapist Interventions of a Religious Nature in Psychotherapy

<u>Behavior</u>	<u>Performed</u>		<u>Not Performed</u>	
	N	%	N	%
Know client's religious				
backgrounds	372	91	37	9
Pray with a client	30	7	379	93
Pray privately for a client	98	24	311	76
Use religious language or				
concepts	235	57	174	43
Use or recommend religious				
or spiritual books	129	32	280	68
Recommend participation in				
religion	147	36	262	64

Note. From Shafranske, E. P. & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. Psychotherapy, 27, p. 75. Reprinted with permission (see Appendix K).

Table 2

Ideological Positions Regarding Spirituality and Religion

- 1 There is a personal God of transcendent existence and power whose purpose will ultimately be worked out in history.
- 2 There is a transcendent aspect of human experience which some people call God but who is not imminently involved in the events of the world and human history.
- 3 There is a transcendent or divine dimension which is unique and specific to the human self.
- 4 The notions of God or the transcendent are illusory products of the human imagination; however, they are meaningful aspects of human existence.
- 5 The notions of God or the transcendent are illusory products of the human imagination; therefore, they are irrelevant to the real world.

Note. From Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. Psychotherapy, 27, p. 74. Adapted with permission (see Appendix K).

Table 3

Relationship Between Graduate Students' Scale Scores and Demographic Variables

Scale	Variable	T	R ²
Personal importance of spirituality	# Services	3.92***	0.24
Importance of spirituality for wellness	# Services	2.35*	0.21
	Age	1.96*	
Integration of spirituality with professional practice	Ideology	-2.04*	0.29
	Age	2.90***	
The need for education regarding spirituality	Illness	-2.33*	0.10
Relationship between spirituality and professional identity	# Services	3.13**	0.17
Personal importance of religion	Ideology	4.30***	0.60
	# Services	4.29	
Integration of religion and professional practice	# Services	2.20*	0.09

Note. Eligible demographic variables included: age, race, gender, number of religious services attended per month, number of children, participation in a twelve-step program, and having experienced a life-threatening illness.

N = 52. *p < 0.5. **p < .01. ***p < .001.

From Prest, L. A., Russel, R., & D'Souza, H. D. (1999). Spirituality and religion in training, practice and personal development. Journal of Family Therapy, 21, p. 70.

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Table 4

Participant Demographics

Variable	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
Gender [n (%)]				
Male	16 (36.4)	62 (31.6)	3 (42.9)	12 (35.3)
Female	28 (63.6)	134 (68.4)	4 (57.1)	22 (64.7)
Total	44 (15.7)	196 (69.8)	7 (2.5)	34 (12.1)
Age [M (SD)]				
	31.7 (9.6)	35.2 (9.1)	28.4(7.0)	31.1(7.8)
Years of Post Bac. Ed. [M (SD)]				
	2.8 (2.1)	5.1 (1.1)	1.6(1.5)	4.7(1.3)
Previous Clin. Exp. [M (SD)]				
	1.1 (2.1)	1.6 (2.2)	0 (0.0)	0 (1.6)
Current Clin. Exp. [M (SD)]				
	0.7 (2.2)	3.2 (1.4)	0 (0.0)	0(0.9)
Ethnicity [n (%)]				
African American	4 (9.1)	8 (4.1)	0 (0.0)	1 (2.9)
Asian American	0 (0.0)	11 (5.6)	0 (0.0)	1 (2.9)
European American	31 (70.5)	140 (71.4)	7 (100.0)	28 (82.4)
Hispanic American	2 (4.5)	15 (7.7)	0 (0.0)	3 (8.8)
Native American	0 (0.0)	3 (1.5)	0 (0.0)	0 (0.0)
Other	5 (11.4)	19 (9.7)	0 (0.0)	1 (2.9)

(Table Continues)

Table 4

Participant Demographics

Variable	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
Ethnicity [<u>n</u> (%)]				
No Answer	2 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)

Note. N = 281. Bac. Ed. = Baccalaureate Education; Clin. Exp. = Clinical Experience.

Table 5

Answers to Question 1 From the Religiosity Questionnaire: Church AttendanceHow often do you attend a church or synagogue?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
At least once a week	5 (11.4)	32 (16.3)	0 (0.0)	0 (0.0)
Almost every week	4 (9.1)	18 (9.2)	0 (0.0)	5 (14.7)
About once a month	7 (15.9)	18 (9.2)	1 (14.3)	1 (2.9)
Seldom	21 (47.7)	83 (42.3)	1 (14.3)	12 (35.3)
Never	7 (15.9)	45 (23.0)	5 (71.4)	16 (47.1)
No opinion	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 6

Answers to Question 2 From the Religiosity Questionnaire: Importance of Religion

How important would you say religion is in your own life?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very important	9 (20.5)	57 (29.1)	0 (0.0)	2 (5.9)
Fairly important	13 (29.5)	46 (23.5)	2 (28.6)	9 (26.5)
Not very important	22 (50.0)	92 (46.9)	5 (71.4)	23 (67.6)
No opinion	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 7

Answers to Question 3 From the Religiosity Questionnaire: Importance of Spirituality

How important would you say spirituality is in your own life?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very important	27 (61.4)	112 (57.1)	2 (28.6)	8 (23.5)
Fairly important	12 (27.3)	55 (28.1)	2 (28.6)	18 (52.9)
Not very important	5 (11.4)	29 (14.8)	3 (42.9)	7 (20.6)
No opinion	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.9)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 8

Answers to Question 4 From the Religiosity Questionnaire: PrayerAbout how often do you pray?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Several times a day	12 (27.3)	38 (19.4)	1 (14.3)	2 (5.9)
Once a day	6 (13.6)	53 (27.0)	0 (0.0)	6 (17.6)
Once a week	6 (13.6)	21 (10.7)	0 (0.0)	6 (17.6)
Less than once a week	10 (22.7)	38 (19.4)	3 (42.9)	5 (14.7)
Never	9 (20.5)	37 (18.9)	2 (28.6)	14 (41.2)
I don't know	1 (2.3)	9 (4.6)	1 (14.3)	1 (2.9)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 9

Answers to Question 5 From the Religiosity Questionnaire: Religious Involvement in High School

Overall, please indicate your religious involvement during your last year in high school?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very involved	17 (38.6)	54 (27.6)	0 (0.0)	4 (11.8)
Fairly involved	8 (18.2)	40 (20.4)	2 (28.6)	8 (23.5)
Not very involved	11 (25.0)	57 (29.1)	1 (14.3)	7 (20.6)
No involvement	8 (18.2)	45 (23.0)	4 (57.1)	15 (44.1)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 10

Answers to Question 6 From the Religiosity Questionnaire: Religious Involvement in Undergraduate College

Please indicate your religious involvement during your senior year in undergraduate college?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very involved	7 (15.9)	33 (16.8)	0 (0.0)	3 (8.3)
Fairly involved	8 (18.2)	38 (19.4)	1 (14.3)	4 (11.8)
Not very involved	15 (34.1)	62 (31.6)	2 (28.6)	7 (20.6)
No involvement	14 (31.8)	63 (32.1)	4 (57.1)	20 (58.8)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 11

Answers to Question 7 From the Religiosity Questionnaire: Importance of Religion to Parents

Overall, how important would you say religion is to your parents?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very important	22 (50.0)	83 (42.6)	3 (42.9)	9 (26.5)
Fairly important	7 (15.9)	45 (23.1)	1 (14.3)	8 (23.5)
Not very important	15 (34.1)	64 (32.8)	3 (42.9)	17 (50.0)
No opinion	0 (0.0)	3 (1.5)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 12

Answers to Question 8 From the Religiosity Questionnaire: One or Both Parents Religious

In terms of your parents, do you consider one or both of them to be religious?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
One	8 (18.2)	37 (19.0)	1 (14.3)	9 (26.5)
Both	18 (40.9)	93 (47.7)	3 (42.9)	7 (20.6)
Neither	10 (22.7)	37 (19.0)	2 (28.6)	11 (32.4)
Mother	5 (11.4)	17 (8.7)	1 (14.3)	6 (17.6)
Father	2 (4.5)	9 (4.6)	0 (0.0)	1 (2.9)
Don't know	1 (2.3)	2 (1.0)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 13

Answers to Question 9 From the Religiosity Questionnaire: Importance of Religion to Psychology Professors

Overall, how important would you say religion is to your psychology graduate school professors?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very important	2 (4.5)	7 (3.6)	0 (0.0)	1 (2.9)
Fairly important	10 (22.7)	50 (25.5)	0 (0.0)	5 (14.7)
Not very important	22 (50.0)	90 (45.9)	2 (28.6)	24 (70.6)
No opinion	10 (22.7)	49 (25.0)	5 (71.4)	4 (11.8)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 14

Answers to Question 10 From the Religiosity Questionnaire: Are Psychology Professors Religious

In general, in terms of your psychology graduate school professors, do you consider them to be religious?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Yes, definitely religious	2 (4.5)	5 (2.6)	0 (0.0)	0 (0.0)
Fairly religious	4 (9.1)	35 (17.9)	0 (0.0)	4 (11.8)
Don't know	32 (72.7)	119 (60.7)	6 (85.7)	18 (52.9)
Fairly un-religious	4 (9.1)	27 (13.8)	1 (14.3)	6 (17.6)
No, definitely not religious	2 (4.5)	9 (4.6)	0 (0.0)	6 (17.6)
No Answer	0 (0.0)	1 (0.5)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 15

Answers to Question 11 From the Religiosity Questionnaire: Religion Mentioned in Graduate Training

Indicate to what extent religion has or has not been mentioned throughout your training in graduate school?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Mentioned weekly	6 (13.6)	14 (7.1)	2 (28.6)	1 (2.9)
Mentioned monthly	9 (20.5)	22 (11.2)	0 (0.0)	3 (8.8)
Mentioned a few times year	11 (25.0)	64 (32.7)	1 (14.3)	7 (20.6)
Rarely mentioned	14 (31.8)	81 (41.3)	3 (42.9)	17 (50.0)
Never mentioned	4 (9.1)	15 (7.7)	1 (14.3)	6 (17.6)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 16

Answers to Question 12 From the Religiosity Questionnaire: Religion Involved in Understanding or Dealing With Stress

To what extent is religion involved in understanding or dealing with stressful situations in any way?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very involved	15 (34.1)	58 (29.6)	0 (0.0)	6 (17.6)
Somewhat involved	12 (27.3)	67 (34.2)	5 (71.4)	10 (29.4)
Not very involved	13 (29.5)	42 (21.4)	0 (0.0)	5 (14.7)
Not involved at all	4 (9.1)	29 (14.8)	2 (28.6)	13 (38.2)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 17

Answers to Question 13 From the Religiosity Questionnaire: Personal Beliefs About Religion Versus Spirituality

Which of the following statements comes closest to your personal beliefs?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Religious	2 (4.5)	14 (7.1)	0 (0.0)	1 (2.9)
Spiritual but not religious	23 (52.3)	96 (49.0)	4 (57.1)	16 (47.1)
Neither	5 (11.4)	19 (9.7)	2 (28.6)	7 (20.6)
Both religious and spiritual	13 (29.5)	65 (33.2)	1 (14.3)	8 (23.5)
No opinion	1 (2.3)	2 (1.0)	0 (0.0)	2 (5.9)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 18

Answers to Question i4 From the Religiosity Questionnaire: Discussion of Religion in Graduate Training

Overall, which of the following statements comes closest to your experiences in graduate training?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Associated with pathology	1 (2.3)	7 (3.6)	0 (0.0)	1 (2.9)
Relevant to psychology	21 (47.7)	68 (34.7)	1 (14.3)	3 (8.8)
Discussed in class	12 (27.3)	50 (25.5)	3 (42.9)	7 (20.6)
Irrelevant to psychology	1 (2.3)	17 (8.7)	0 (0.0)	2 (5.9)
Not discussed in class	9 (20.5)	54 (27.6)	3 (42.9)	21 (61.8)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 19

Answers to Question 15 From the Religiosity Questionnaire: Religion Capable of Solving World's Problems

To what extent is religion capable of solving the world's problems?

	Clinical/Counseling		Experimental	
	First-year	Last-year	First-year	Last-year
[<u>n</u> (%)]				
Very capable	9 (20.5)	28 (14.3)	0 (0.0)	0 (0.0)
Fairly capable	4 (9.1)	46 (23.5)	0 (0.0)	5 (14.7)
Not capable	22 (50.0)	89 (45.4)	5 (71.4)	22 (64.7)
Don't know	9 (20.5)	33 (16.8)	2 (28.6)	7 (20.6)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 20

Ideological Positions: Answers to Question 16 on the Religiosity Questionnaire

Ideological Statements	Clinical/Counseling		Experimental	
	First-year [n (%)]	Last-year [n (%)]	First-year [n (%)]	Last-year [n (%)]
There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in human history	18 (40.9)	66 (33.7)	1 (14.3)	7 (20.6)
There is a transcendent aspect of human experience which some persons call God but who is not imminently involved in the events of the world and human history	3 (6.8)	25 (12.8)	0 (0.0)	1 (2.9)
There is a transcendent or divine dimension which is unique and specific to the human self	7 (15.9)	21 (10.7)	0 (0.0)	0 (0.0)
There is a transcendent or divine dimension found in all manifestations of nature	10 (22.7)	53 (27.0)	4 (57.1)	12 (35.3)
The notions of God or the transcendent are illusory products of human imagination; however, they are meaningful aspects of human existence	4 (9.1)	29 (14.8)	1 (14.3)	11 (32.4)
The notions of God or the transcendent are illusory products of human imagination; therefore, they are irrelevant to the real world	2 (4.5)	2 (1.0)	1 (14.3)	3 (8.8)

Note. First-year Clinical/Counseling $\underline{n} = 44$, Last-year Clinical/Counseling $\underline{n} = 196$, First-year Experimental $\underline{n} = 7$, Last-year Experimental $\underline{n} = 34$.

Table 21

Answers to Questions 17a, 17b, and 17c From the Religiosity Questionnaire

	Clinical/Counseling		Experimental	
	First-year [<u>n</u> (%)]	Last-year [<u>n</u> (%)]	First-year [<u>n</u> (%)]	Last-year [<u>n</u> (%)]
<u>17a. I believe that there is life after death.</u>				
True	32 (72.7)	138 (70.8)	4 (57.1)	16 (47.1)
False	12 (27.3)	57 (29.2)	3 (42.9)	18 (52.9)
<u>17b. I believe in God or a Universal Spirit.</u>				
True	39 (88.6)	158 (80.6)	4 (57.1)	20 (58.8)
False	5 (11.4)	38 (19.4)	3 (42.9)	14 (41.2)
<u>17c. I attended church or synagogue within the last seven days.</u>				
True	11 (25.0)	70 (35.7)	0 (0.0)	6 (17.6)
False	33 (75.0)	126 (64.3)	7 (100.0)	28 (82.4)

Note. First-year Clinical/Counseling n = 44, Last-year Clinical/Counseling n = 196,

First-year Experimental n = 7, Last-year Experimental n = 34.

Table 22

Answers to Question 18 From the Religiosity Questionnaire: Beliefs About God

Which statement comes closest to expressing what you believe about God?

	Clinical/Counseling		Experimental	
	First-year [n (%)]	Last-year [n (%)]	First-year [n (%)]	Last-year [n (%)]
[n (%)]				
I don't believe in God	3 (6.8)	14 (7.1)	1 (14.3)	7 (20.6)
I don't know whether there is a God and I don't believe there is any way to find out.	5 (11.4)	18 (9.2)	1 (14.3)	6 (17.6)
I don't believe in a personal God, but I do believe in a higher power of some kind.	7 (15.9)	32 (16.3)	3 (42.9)	6 (17.6)
I find myself believing in God some of the time, but at other times I don't.	2 (4.5)	7 (3.6)	0 (0.0)	3 (8.8)
While I have doubts, I feel that I do believe in God.	9 (20.5)	37 (18.9)	1 (14.3)	9 (26.5)
I know God really exists and I have no doubts about it.	18 (40.9)	83 (42.3)	1 (14.3)	3 (8.8)
Don't know.	0 (0.0)	5 (2.6)	0 (0.0)	0 (0.0)

Note. First-year Clinical/Counseling \underline{n} = 44, Last-year Clinical/Counseling \underline{n} = 196, First-year Experimental \underline{n} = 7, Last-year

Experimental \underline{n} = 34.

Table 23

Means and Standard Deviations for Religiosity Questionnaire

Abbreviated Questions	Clinical/Counseling		Combined Experimental
	First-year [M (SD)]	Last-year [M (SD)]	[M (SD)]
Church Attendance	3.48 (1.2)**	3.46 (1.4)***	4.22 (1.0)
Importance of Religion	2.3 (0.8)*	2.19 (0.9)***	2.63 (0.6)
Importance of Spirituality	1.5 (0.7)*	1.58 (0.7)***	2.05 (0.8)
How Often Pray	3.02 (1.6)*	3.05 (1.6)**	3.83 (1.4)
Religious Involvement High School	2.23 (1.2)**	2.47 (1.1)**	3.02 (1.1)
Religious Involvement Undergraduate	2.82 (1.1)*	2.79 (1.1)**	3.32 (1.0)
Importance of Religion to Parents	1.84 (0.9)	1.93 (0.9)	2.20 (0.9)
Parents Religious One or Both	2.50 (1.2)	2.35 (1.1)	2.49 (1.1)
Importance of Religion to Psychology Professors	2.91 (0.8)	2.92 (0.8)	3.05 (0.7)
Are Psychology Professors Religious	3.00 (0.8)*	3.02 (0/8)*	3.37 (0.9)
Religion Mentioned in Graduate School	3.02 (1.2)*	3.31 (1.0)	3.61 (1.1)
Religion Involved in Handling Stress	2.14 (1.0)*	2.21 (1.0)**	2.71 (1.1)
Personal Beliefs Religious or Spiritual	2.73 (1.0)	2.72 (1.0)	2.78 (1.0)

(Table Continues)

Table 23

Means and Standard Deviations for Religiosity Questionnaire

Abbreviated Questions	Clinical/Counseling		Combined Experimental
	First-year [M (SD)]	Last-year [M (SD)]	[M (SD)]
How Religion Discussed in Graduate Training	2.91 (1.2)***	3.22 (1.3)***	4.07 (1.2)
Can Religion Solve World's Problems	2.70 (1.0)*	2.65 (0.9)***	3.10 (0.6)
Ideological Positions	2.66 (1.6)***	2.80 (1.6)***	3.85 (1.6)
Belief in After Life	1.27 (0.5)*	1.29 (0.5)*	1.51 (0.5)
Belief in God or Universal Spirit	1.11 (0.3)**	1.19 (0.4)**	1.41 (0.5)
Attend Church or Synagogue in Last Seven Days	1.75 (0.4)	1.64 (0.5)**	1.85 (0.4)
Beliefs About God	4.43 (1.7)**	4.55 (1.7)***	3.29 (1.7)

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$, Combined Experimental $n = 41$.

$N = 281$. * $p < 0.5$. ** $p < .01$. *** $p < .001$.

Lower means indicate higher frequencies for all questions except the last one regarding Beliefs About God, where higher means indicate higher frequencies. This is due to reverse scoring for individual responses prior to the analysis.

See Appendix H for full question format of Abbreviated Questions.

Table 24

Comparison of Clinical/Counseling Students and Psychologists on Life After Death, Belief in God or a Universal Spirit, and Church or Synagogue Attendance

	Students		Psychologists
	First-year (%)	Last-year (%)	(%)
I believe that there is life after death. (affirmative)	73	71	54
I believe in God or a Universal Spirit. (affirmative)	89	81	72
I attended church or synagogue within the last seven days. (affirmative)	25	36	28

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$.

Psychologist $N = 253$. Random sample of APA members listing degrees in

Clinical Psychology or Counseling Psychology, Shafranske (1995).

Table 25

Comparison of Clinical/Counseling Students and Psychologists: Prayer

About how often do you pray?

	Students		Psychologists
	First-year (%)	Last-year (%)	(%)
Several times a day	27	19	19
Once a day	14	27	15
Once a week	14	11	9
Less than once a week	22	19	19
Never	21	19	29
I don't know	2	5	10

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$.

Psychology $N = 253$. Random sample of APA members listing degrees in Clinical Psychology or Counseling Psychology, Shafranske (1995).

Table 26

Comparison of Clinical/Counseling Students and Psychologists: Religious Salience

How important would you say religion is in your own life?

	Students		Psychologists
	First-year (%)	Last-year (%)	(%)
Very important	21	29	26
Fairly important	30	24	22
Not very important	50	47	51
No opinion	0	1	0

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$.

Psychologists $N = 253$. Random sample of APA members listing degrees in Clinical Psychology or Counseling Psychology, Shafranske (1995).

Table 27

Comparison of Clinical/Counseling Students and Psychologists: Beliefs About God

Which statement comes closest to expressing what you believe about God?

	Students		Psychologists
	First-year (%)	Last-year (%)	(%)
I don't believe in God	7	7	15
I don't know whether there is a God and I don't believe there is any way to find out.	11	9	12
I don't believe in a personal God, but I do believe in a higher power of some kind.	16	16	19
I find myself believing in God some of the time, but at other times I don't.	5	4	6
While I have doubts, I feel that I do believe in God.	20	19	17
I know God really exists and I have no doubts about it.	41	42	25
Don't know.	0	3	5

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$.

Note. Psychologist $N = 253$. Random sample of APA members listing degrees in Clinical or Counseling Psychology, Shafranske (1995).

Table 28

Clinical/Counseling Students Versus Clinical/Counseling Psychologists: Ideological Positions

Ideological Statements	Students		Psychologists
	First-year (%)	Last-year (%)	(%)
There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in human history	41	34	24
There is a transcendent aspect of human experience which some persons call God but who is not imminently involved in the events of the world and human history	7	13	14
There is a transcendent or divine dimension which is unique and specific to the human self	16	11	7
There is a transcendent or divine dimension found in all manifestations of nature	23	27	31
The notions of God or the transcendent are illusory products of human imagination; however, they are meaningful aspects of human existence	9	15	24
The notions of God or the transcendent are illusory products of human imagination; therefore, they are irrelevant to the real world	5	1	1

Note. First-year Clinical/Counseling $n = 44$, Last-year Clinical/Counseling $n = 196$, Psychologists $N = 253$. Psychologists consist of a random sample of APA members listing degrees in Clinical Psychology or Counseling Psychology, Shafranske (1995).

APPENDIX A

Review of the Literature

Appendix A

REVIEW OF THE LITERATURE

Values in Psychotherapy

Values in psychotherapy continue to be an important area of study. Their impact is seen as increasingly significant, especially as values correspond to psychotherapy interventions. It is now widely accepted that values can influence many areas, such as psychotherapy techniques (Beutler, 1976, 1981), treatment outcomes (Beutler, 1979; Strupp & Hadley, 1977), and theories of personality and pathology (Weisskopf-Joelson, 1980). The importance of making values more explicit in psychotherapy is also of increasing salience (Bergin, 1980a, 1980b; Ellis, 1980; Strupp, 1980; Shafranske, 2001; Walls, 1980).

Values Defined

Defining values can be difficult, even though the term is frequently used in psychological literature and often in daily conversation. The American Heritage College Dictionary defines a value as a “principle, standard, or quality considered worthwhile or desirable” (Costello et al., 1993). While this definition certainly encompasses useful meaning, there are other more comprehensive ones that expand its usage in terms of their applications to psychotherapy. Beutler & Bergan (1991) utilize several sources to help define values. Building from the work of Feather (1975), they note that value suggests both a prescriptive and a judgment regarding the target of one’s attitude. Here, prescriptive is considered what is good and warranted, whereas these authors use proscriptive to refer to what is bad and unwarranted in treatment. Beutler & Bergan (1991) further define value by noting the usefulness of Rokeach’s

(1973) definition: “an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence” (Rokeach, 1973, p. 5). In this context, values are more closely defined as ways to orient one’s “beliefs about what is good or bad for clients and how what is good can best be achieved” (Jensen & Bergin, 1988, p. 290).

The Importance of Values in Psychotherapy

It is generally accepted that the once held idea of value-free psychotherapy is a myth. Strupp (1980) states that it is not possible for clients to avoid awareness of the therapist’s values on many issues, no matter how much the therapist attempts to portray neutrality during the session. Moreover, he asserts that were the therapist to be completely neutral, it may harm certain clients who need “a relationship with a real human being rather than an impersonal analytic technician” (p. 396).

Treatment Considerations

Data supports the importance of value dimensions that contribute to a psychotherapist’s endorsement of specific treatment strategies and to developing expertise in related techniques (Kay & Vardy, 1984). Mental health professionals can indeed hold certain values, those which may align with clients, and, indeed those that do not. The importance of knowing what these values are may bring to the fore much needed information that may help with treatment concerns (Jensen & Bergin, 1988).

Inherent values have been demonstrated by mental health professionals. In a study by Jensen & Bergin (1988) results suggested that mental health professionals, consisting of clinical psychologists, psychiatrists, marriage and family therapists, and social workers, obtained agreement to certain values that are important for “mentally

healthy lifestyles and for guiding and evaluating psychotherapy” (p. 295). Among the agreed-upon values espoused by the respondents were those that related to a mixture of professional and traditional values, such as

being skilled in interpersonal communication...having a sense of identity and self-worth...having self-control and personal responsibility...being genuine and honest...having a deepened self-awareness and motivation for growth...finding fulfillment in work, and practicing good habits of physical health. (p. 295)

This study may have achieved some consensus, in part, due to author-selected domains of opinion, already supported to show consensus in the literature. However, it is important to realize a potential point of contention between agreed-upon therapist values of mental health, and the values of clients. In fact, though this study did not examine the values of clients, there is research that demonstrates that there are significant differences between therapists’ and clients’ values, especially religious ones (Bergin, 1980a; Shafranske, 2001).

Kelly’s (1990) review of the literature on the importance of values asserts the following findings (a) the therapist’s and client’s values converge and this convergence is related to an initial dissimilarity between those values (Beutler et al., 1983); (b) the convergence of these values is related to the therapist’s rating of client improvement, not standardized or client measures of improvement (Beutler et al., 1983); and (c) the relationship between the initial similarity of therapist and client values and client improvement appears to be a complex one (Arizmendi, Beutler, Shanfield, Crago, & Haganan, 1985; Beutler et al., 1983; Martini, 1978; Welkowitz, et al., 1967).

Vachon and Agresti (1992) review some of the literature that demonstrates the interwoven nature of values in the counseling process. They describe the importance of the idea that psychologists know how to work with their own values and those of their clients. These authors describe a model to help mental health professionals clarify and manage values in therapy. Within their three-phase approach, they start with (a) developing an awareness of the values that operate within the counselor and client relationship; (b) focusing on an ethical framework; and (c) providing tools to deal with religious issues or those issues that relate to a client's general life philosophy. These researchers reiterate that because it has been generally recognized that therapists' values can influence clients' values during the course of therapy, it is essential that therapists "examine the implicit values that permeate the therapeutic process" (p. 513).

Therapist/client match. Much of the literature that lends evidence for therapist/client matching on values comes from studies using demographic variables, and more recently, research about the roles of attitude and value similarities between therapists and clients (Beutler & Bergan, 1991). A study conducted in Los Angeles County found that ethnic minority clients who attended ethnicity-specific mental health programs, that is, programs that match the ethnicity of the therapist with that of the client, increased their use of mental health services. Not only did they have higher return rates after the initial session, but these clients also tended to remain in therapy longer (Takeuchi, Sue, Yeh, 1995).

As Kelly (1990) and others have found, the results of some research related to therapist/client matching can vary, depending upon the variables assessed, and it is

often difficult to control for these variables (Calvert, Beutler, Crago, 1988).

Nevertheless, there is growing research that therapist/client matching that looks at the similarities and dissimilarities between therapists and clients has been thought to exert positive influences on the therapeutic relationship, and has resulted in improved treatment outcomes (Beutler & Bergan, 1991).

Values in clinical use. The origins of one's values appears to manifest in various ways and seems to be a mixture of attitudes and beliefs derived from a multitude of sources. Holmes (1996) asserts that values operate mainly within the unconscious realm, and therefore arise from "developmental experiences that precede rational thought" (p. 271). He argues that values are important in psychotherapy, and suggests that psychotherapy itself shares common values espoused by other professions. Yet, he points out differences. He marks a distinction between "ethical frameworks" and "technical content" when compared to other professions, and states that in psychotherapy this difference is often less clear because the boundaries of each (ethical/technical) are often ambiguous. For example, there are times when, during the course of therapy, suspension of judgment on the therapists part is required in order to create an atmosphere of acceptance for the client. A continuing balance is often attempted by the therapist to note their differences in values (ethics) from the client, thus requiring the therapist to use technical skill in order to avoid hindering the therapy by allowing their own values to intrude. Whereas in many professions technical skill may have little to do with ethical dilemmas because the mental health outcome of a client is not at stake. Moreover, he maintains that another difference arises from the very nature of the therapists' work, that is, having to deal with both the unconscious

as well as conscious ideas and dynamics. According to his review of the literature, therapist values do indeed influence clients, but the most significant outcome of influence tends to be when values shared between the client and therapist are moderately similar, neither too close nor too divergent. Holmes provides cautions in the examination of values in the psychotherapy profession. He states that were psychotherapy to become “certain of itself or its values,” it would cease to be psychotherapy and become “something akin to a proselytizing religion” (p. 272). He recommends that certain values, such as “moral” ones, should be organized in therapy at the “highest level of generality” in order to remain open to analysis, or to be more easily contested. He adds that therapists should always be on guard during the therapeutic process, carefully monitoring this “ethical countertransference” (p. 272).

Others recommend that the therapist be more willing to express his or her values, and that a closer examination of them is vital for therapeutic understanding. As Bergin (1991) states: “...The more open a therapist is about his or her values, the more likely the client will be able to elect responses to the value choices underlying the goals and procedures of treatment” (p. 397). He goes on to assert that hindering the expression of one’s values, or attempting to be objective fails to address the fact that “silence may be viewed as consent for certain actions,” and subtle communications of one’s inclinations can occur involuntarily (p. 397), a point in agreement with Holme’s (1996) ethical countertransference issues. Yet Bergin goes further in his beliefs about the necessity to explore and examine values in therapy, especially those pertaining to religion (Bergin, 1980a).

Religious Values in Psychotherapy

Religious values in psychotherapy are increasingly more salient as psychology literature and research examine the importance of religion in the public domain (Bergin, 1980a, 1980b, 1991; Shafranske, 1996, 2001). Though there has always been interest for religion in psychology (Allport, 1950; James, 1902; Jung, 1958), the mainstream has not been substantially influenced until more recently (Bergin, 1980a, 1991; Shafranske, 1990; Shafranske & Malony, 1996, Vande Kemp, 1996). As Bergin (1991) contends: “Psychologists’ understanding and support of cultural diversity has been exemplary with respect to race, gender, and ethnicity, but the profession’s tolerance and empathy has not adequately reached the religious client” (p.399).

Religious Values Defined

Shafranske & Malony (1990) describe “religion” as referring to the beliefs, values, and practices of various established religions. Bergin (1980a) summarized Western religious values, calling them “theistic values” in his seminal article that has since spawned greater research in this area (p. 100). In this article Bergin delineates seven themes (values), based on his clinical and religious experience and readings, as well as contributed psychological literature related to these themes. According to Bergin, and as stated earlier, these theistic values consist of the following beliefs: (a) God is supreme, and humility, acceptance of (divine) authority, and obedience (to the will of God) are virtues; (b) personal identity is eternal and derived from the divine—a relationship with God defines self-worth; (c) self-control is in terms of absolute values, strict morality, and universal ethics; (d) love, affection, and self-transcendence are primary, and service and self-sacrifice are central to personal growth; (e) there is

commitment to marriage, fidelity, and loyalty, and an emphasis on procreation and family life as integrative factors; (f) there is personal responsibility for own harmful actions and changes in them, along with the acceptance of guilt, suffering, and contrition as keys to change, as well as a restitution for harmful effects; (g) forgiveness of others who cause distress (including parents) completes the therapeutic restoration of self; and (h) knowledge is achieved by faith and self-effort, that is, meaning and purpose are derived from spiritual insight, and intellectual knowledge is inseparable from the emotional and spiritual, and there is an ecology of knowledge (p. 100).

He compares these values to “Clinical-Humanistic” ones, and states that psychology, which utilizes much of the latter type, has overlooked an important area that many of our clients deem significant, namely religious values. He does not deny the importance of humanistic values, but states that a large portion of the public adopts theistic ones, and that humanistic values often “clash with theistic systems of belief” (Bergin, 1980a, p. 98).

The Importance of Religious Values in Psychotherapy

Bergin’s (1980a, 1980b) ideas about the importance of religion to psychology have gained him critics; specifically, he has met with criticism regarding his characterization and use of religious values (Ellis, 1980; Walls, 1980). Most of these criticisms appear to reflect differences in beliefs related to the potential positive influences that certain forms of religious practices can have, such as religious dogmatism, the origin of morality, and the “danger of justifying values by reference to divine authority” (Ellis, 1980; Walls, 1980, p. 640). Additionally, Walls argues that psychologists should accept the responsibility to submit all values to rational scrutiny,

religious and otherwise, and the decision of whether or not psychology should develop and explore our “rational values” should rest with psychologists, and not be determined from public opinion (p. 640). Bergin (1980b) agrees that religion is not always a positive influence, and further asserts that “Religion is diverse and therefore its effects are diverse” (p. 643). He goes on to describe the importance of religious values within the context of society, and, more relatedly, psychology:

Religion operates at several different levels. It has social system or social structure aspects that are basically sociological; it influences specific forms of small-scale interaction, such as child-rearing practices in families; it operates in the cognitive domain to provide interpretive schemas for life experiences of ecstasy, oneness, insight, and conviction...(Bergin, 1980b, p. 643)

Bergin (1980a) does not deny the potential negative consequences to which religious values can contribute, given an environment that can distort or misconstrue these values. On the contrary, he vehemently asserts that given the above nature of this “multiform phenomenon [it] can therefore go awry in a variety of ways and places” (Bergin, 1980b, p. 643). He points to the fact that history is abundant with examples of how religion has been used in destructive ways. What he delineates, for those who might espouse that all religion is aversive, is that this aversion may be “based on a lack of differentiation between benevolent and harmful ‘religious’ events, just as therapy researchers for so long failed to differentiate valid from invalid interventions and thus obscured the evaluation of therapeutic outcomes” (Bergin, 1980b, p. 643). Subsequent research gives support to Bergin’s findings and hypotheses.

Studies suggest that there are mental health benefits for those who are undergoing religious development (Bergin et al., 1988; Gartner et al., 1991). In their review of 200 studies regarding religious commitment and mental health, Gartner et al. (1991) found a negative relationship between religiosity and suicide, moreover, a decline in church attendance was found to predict suicide rates nationwide. In 11 out of the 12 studies that assessed religion and drug use, these authors found evidence that suggests religious commitment, most notably church attendance, is strongly associated with drug abstinence. Six out of 7 studies that assessed alcohol use found that those with a higher level of religious involvement were less likely to use or abuse alcohol. The one study where no difference was found did not specifically address alcohol use and compared levels of fundamentalism in addicted versus non-addicted DWI offenders. Delinquency was also a variable addressed by this review of the literature. Here, religious attitudes do not differentiate delinquents from nondelinquents, but religious behavior does. That is, those who attended church more regularly were less likely to engage in delinquent behavior, most notably drug use. Marital satisfaction was also assessed. All of 7 studies that included marital satisfaction as one of their areas of assessment showed not only was there a negative relationship between church attendance and divorce, but that there was a positive relationship between religiosity, usually measured by church attendance, and self-reported marital satisfaction. In fact, one study found that church attendance predicted marital satisfaction better than any of the other eight variables included in their regression model. Moreover, four studies examining religiosity and depression suggest that those measuring higher for religiosity are associated with lower levels of depression (Gartner et al., 1991).

In addition to the potential mental health benefits from religious practices, there are other areas that relate to the treatment of client concerns by psychologists. The Ethical Principles of Psychologists and Code of Conduct contains, within Principle D, the tenets that psychologists respect the dignity and rights of others. It specifically addresses religion by including it as one of the many areas of which psychologists should be aware (American Psychological Association, 1992). Others, who also view religion and spirituality as important aspects and strengths in many peoples' lives agree. Gopaul-McNicol (1997) writes:

In most countries around the world and among many cultural groups here in the United States, religious institutions play a significant role in the lives of individuals. Oftentimes it is the greatest source of empowerment and support. Thus for a therapist to ignore the religious institution and the reliance on spirituality is to provide a sort of sub-standard care for culturally diverse families. (p. 47)

The importance of religious issues, whether seen from a cultural perspective, or simply as a resource for individuals and families, appears to be a growing phenomenon within the literature. With this in mind, it seems important that psychologists are able to understand the experiences of their clients, and are able to tap these potential resources. Understanding a client may often be related to realizing the importance of their beliefs.

Religious Values: Mental Health Providers and the Public

Where religion is concerned, it appears that psychologists' values (beliefs) and practices are very different from the general public at large. The question has been

raised as to whether or not these differences may promote obstacles to understanding a client's perspective. (Bergin, 1980a; 1991; Shafranske, 2000a). Bergin (1991) summarized findings from Gallup research that looked at mental health professionals' religious preferences and compared them to the public at large (Religion in America, 1985). Included within this survey group were marriage and family therapists, clinical social workers, psychiatrists, clinical psychologists and the general public. Results suggest that although therapists in general were more religious than was expected, of the four groups of professionals surveyed, clinical psychologists were found to be the least religious (Bergin, 1991).

More recently, Shafranske (2000b) looked at the religious involvement and values of psychiatrists and other mental health professionals. He notes that religion "appears to be an under-appreciated factor in the clinical practice of psychiatry and psychology" (p. 6). He details a more recent Gallup survey lending evidence that psychologists significantly differ in their responses to questions regarding the importance of religion. As noted earlier by Bergin (1991), Shafranske corroborated findings that psychologists' endorsement of the importance of religion continues to be much lower than the public at large. Forty-eight percent of psychologists endorsed the importance of religion, compared to 88% of the public at large (Shafranske, 2000b). Additionally, Gallup results from as recent as 1999 suggest that the American public has not changed in its endorsement of these items regarding the importance of religion (Gallup & Lindsay, 1999).

Gallup findings suggest that the importance of religion in the public tends to decline with education (Gallup & Lindsay, 1999). Even more striking is the difference

in religious salience between the highest educated group from Gallup (postgraduates) when compared to a random sample taken from the American Psychological Association (APA). When asked as to whether religion was very important, 50% of the Gallup postgraduates endorsed its importance, as compared to only 26% of the APA members. An inverse relationship can be found for those respondents who rate religion as not very important. A mere 15% of postgraduates endorsed religion as not very important, whereas 55% of APA members did so (Shafranske, 2000).

Ideological orientations for APA Division 12 members have also been assessed (Shafranske & Malony, 1990; Shafranske, 1995). From questions inquiring about belief in life after death, belief in God or a Universal Spirit, and recent church or synagogue attendance, there were again significant differences between psychologists and the public at large. Fifty-four percent of psychologists endorsed the first question relating to belief in life after death and 72% endorsed the question asking about belief in God or a Universal Spirit. The last question, regarding recent church or synagogue attendance, was endorsed by 28% of psychologists. Results from the public were 71% for belief in life after death, 96% for belief in God or a Universal Spirit and 43% for recent church or synagogue attendance.

Other findings demonstrate differences between mental health providers themselves (Shafranske, 2001). In a comparison between physicians specializing in rehabilitation medicine and psychiatrists, each from similar religious upbringings, there were marked differences in their ratings regarding the importance of religion. More than 75% of rehabilitation specialists rated religion to be important compared to 57% of psychiatrists. Shafranske (2001) points out that replication of studies like this one,

that look at the differences between specialties, raise the question about the influence of specialty training on personal belief orientation. Moreover, since psychologists' beliefs regarding religion appear to be different from the public at large, including those with higher education, could training for psychologists influence their belief orientations as well? Further examination of graduate education in psychology seems warranted.

Graduate Education in Psychology

Graduate school in psychology marks the beginning of many life changes. Some of these include changes in living conditions, in work, social relationships, finances and school. This is a time when graduate students' professional identity is initiated (Goplerud, 1980). The development of professional identity via graduate training is noted in the literature, though it has been given little attention. A developmental perspective was presented by Bruss and Kopala (1993) as a framework in which to better understand the impact of graduate training upon professional development. These authors proposed that graduate training be viewed as a "professional infancy" (p. 685). They compared the transformations that students go through to Winnicott's (1965) developmental milestones in the first year of life. Like Winnicott, the authors assert the importance of the initial stages, and their crucial role in the healthy development of the individual. They discuss several issues, such as the initial "dependence" found in the graduate student upon the "system," the transformation from "fantasy" to the beginning stages of "disillusion," and "obstacles" in the path of "healthy development of professional identity." Regarding obstacles, the authors include "the impact of training providers, the process of evaluation, and the

expectations and demands of the training system” (Bruss & Kopala, 1993, pp. 686-689). Noted by these authors are the forms that these obstacles can take, which include values imposed by supervisors and/or professors. Bruss and Kopala describe ways that one can foster healthy development of professional identity, and assert that “...training providers...should refrain from imposing their own values onto students” (pp. 686-689). However, as previously noted, the idea that one can suppress or prevent unconsciously value-oriented material from influencing frequent interactions with other individuals, such as clients, supervisors and graduate students, is questionable (Holmes, 1996; Kelly, 1990; Strupp, 1980). Conscious values seem more likely to fall within the rubric of what Bruss and Kopala describe, and, according to some researchers, these may be examined and highlighted for their usefulness or exploration (Kelly, 1990; Vachon & Agresti, 1992). It is these other values, those in which the individual may have little knowledge or awareness due to one’s limited exposure to related material, or, beliefs derived from earlier development and experiences (e.g., religion), that may pose potential risks for oversight.

Values and their Impact: Graduate Education in Psychology

Values have been demonstrated to impact theoretical orientations in graduate training, both with psychiatric residents and clinical psychologists. Treatment strategies have been shown to be value dependent. In one study significant correlations were found between professional doctrines and value dimensions, thus raising the possibility that value connotations inherent in psychotherapeutic beliefs may be important determinants of their adoption (Kay & Vardy, 1984). This study consisted of psychotherapy trainees in psychiatry and psychology (residents and

interns). The subjects comprised three groups. One group consisted of current residents and interns, another group was comprised of residents and interns who were assessed approximately 12 years later, named “late generation,” and finally, there was a group that was used as a control for the “late generation” group (p. 200).

Measurements on several values assessment instruments revealed that (a) a pattern of psychotherapy orientations and fortes emerged, which had little to do with professional backgrounds and proved stable across generations; (b) subjects’ professed areas of expertise were closely aligned with their beliefs about what psychotherapy methods are most effective, both of these variables correlating significantly with the subjects’ value profiles; and (c) the three predominant modalities (i.e., insight, corrective emotional experience, and learning), were suggested to encompass a three-factor model of related psychotherapy and value orientations. In sum, these authors suggest that support is given for emphasizing the importance of value dimensions as they relate to a psychotherapist’s adoption of treatment strategies and their developing abilities, though these dimensions may have been present prior to their training.

Other studies that also promote the importance of values dimensions give evidence to the contrary, suggesting that therapists can be highly influenced by graduate training (Buetler & McNabb, 1981; Guest & Beutler, 1988; Schwartz, 1978). Much of this research suggests that even several years after training, early supervisory experiences may still influence one’s theoretical position. These findings support the claim by Raskin (1978) that values held by psychotherapy trainees can be highly influenced by the values of their supervisors.

A more recent study conducted by Walsh et al. (1999) explored psychotherapy values among psychology undergraduates, beginning psychotherapy trainees, advanced psychotherapy trainees, and psychotherapy professionals. The results of this study suggest that with more training and experience in psychotherapy, there may be a tendency for microanalysis, in that the therapist tends to give greater significance to discrete words or phrases within the context of analyzing an interaction between a client and therapist. Alternatively, this study also suggests that more global evaluations of clients tend to be found with little or no therapy training. As well, these researchers also revealed common values from each of the groups measured, suggesting that “certain values regarding psychotherapy may be shared across all levels of training and experience” (p. 322).

Thus, graduate training may influence the values of trainees in areas that can significantly impact the psychotherapeutic treatment and outcome. Research findings give implications to the importance of recognizing the differences and/or similarities in the values of each participant in the psychotherapeutic process. A closer examination of factors that contribute to a psychology graduate student’s developmental changes during the graduate experience may also present needed information to show how the professional psychologist’s values are impacted during this time. Development during graduate school seems an important part of this examination.

Developmental Considerations

Graduate students’ values encompass many areas that parallel development during these years. Erikson’s (1963) fifth stage of development, “identity versus role confusion” appears during this part of the graduate’s life. According to Erikson, this

is a time when there is an attempt to obtain an identity with some type of occupation. The growing and developing person is primarily concerned with the approval of others compared to their own self-assessment. Adolescents in this stage, in their search for a new sense of continuity and sameness, have to “refight many of the battles of earlier years” (p. 261). As Erikson states: “the sense of ego identity, then, is the accrued confidence that the inner sameness and continuity prepared in the past are matched by the sameness and continuity of one’s meaning for others, as evidenced in the tangible promise of a ‘career’” (pp. 261-262).

The danger here is one of “role confusion.” In an attempt to maintain self-cohesion, those in this life stage often over-identify, at times “to the point of apparent complete loss of identity, with the heroes of cliques and crowds.” Erikson notes that it is not uncommon for those during this time of life to place emphasis on in-groups or out-groups as a “defense against identity confusion” (pp. 261-263). Perhaps strong affiliations and experiences with certain groups’ ideas and beliefs help form more sustainable attributes that are used to form and influence later value systems.

While Erikson looks at ego identity, Kohlberg (1981), in his description of moral development, delineates six stages of moral judgment. Though many stage theorists adhere to more closely defined ages for each stage (e.g., Freud, Piaget), it is less clearly defined with Kohlberg, and it is more difficult to ascertain, based on age, just where one falls in terms of their moral development as it relates to Kohlberg’s principles. He does, however, describe “normal adult modes” that serve to maintain family and social order as encompassing stages 3 and 4, which have to do with mutual and interpersonal shared feelings, and a developing awareness of the individual within

a social system (pp. 410-411). Rather than categorizing by age, Kohlberg's moral dilemmas assess one's level of moral development per se, though one must be at least to a point in their cognitive capacity to understand the dilemmas. Criticisms of these dilemmas themselves, and their inability to tap moral development in younger children due to the research methods used, give rise to the further possibility that age may have little to do with one's ability to attain higher development as measured by Kohlberg (Guske, 2000).

Kohlberg's stages of moral development are organized into three main areas. The first two stages encompass the "preconventional level." These 2 stages begin with morality in terms of the avoidance of punishment and continue on in stage two, where the right of the individual is paramount. As one moves towards greater awareness of others and relationships in terms of shared feelings, agreements and expectations, they move into stage three. Stage four is the onset for the individual of taking on the viewpoint of the "system," which defines one's roles and the rules for society. These last two stages comprise the second main area, called the "conventional level." There is a "transitional level," in which the individual is seen as beginning to step outside his or her society and to start to make decisions without a generalized commitment to that society. The final stages, five and six, encompass the "postconventional and principled level" of moral development. It is towards the latter part of this last level of moral development that universal ethical principles for all humanity become salient. Respect for others is seen as an end, not a means for decisions.

Perry (1999) traces development during the college years. He delineates ethical and intellectual development by positing a developmental scheme created from

his research with Harvard college students. Perry's model presents development beginning with "dualistic absolutism" and progressing towards an acceptance of "generalized relativism" (pp. 64-65). Perry posits that the individual who is in the beginning stages of dualistic absolutism is a person who views the world in terms of right vs. wrong, we vs. others, good vs. bad. This person tends to see things in terms of absolutes. As they develop, Perry notes that the individual begins to see more complex relationships in the world. They no longer approach problems in terms of an either/or framework, but start to take into account more contextual factors and see things more wholistically. Towards the higher points of development the individual is able to see that life is full of relativistic aspects, and that the tensions that are housed between things like freedom and constraint are a constant balance. This person begins to think about things like commitment to values and their connectedness to others. Like Kohlberg, Perry espouses three overarching domains, the middle domain, "relativism," consisting of a much less committed form of relativism than the more developed third phase of "generalized relativism" (pp. 64-65).

As for graduate students in their twenties, it seems that moral, ethical and intellectual development could vary depending upon many factors. Moral development has been noted to increase with increased education and age (Thoma & Davison, 1983). Further research in these areas may help to examine whether or not a particular moral or ethical stage is prominent within this population; and, that examination is beyond the scope of the present study. In terms of religiosity, it may be that moral and ethical development may be tapped by different measures. That is, where one lies in terms of Kohlberg's preconventional, conventional, and

postconventional levels, or Perry's dualism and relativism, seems likely to affect their responses in terms of religious assessment, though just how remains for speculation.

The importance of religion during the twenties. Differences exist for age and education regarding the importance of religion. Gallup & Lindsay (1999) found, compared to older adults (ages 50 to 64), only 46% of those between the ages of 18 and 29 give religion a top priority in life as compared to 67% of older adults. As well, 63% of those sampled in the younger age group endorse that religion seems to be "losing its influence," whereas only approximately 48% of the older adults appear to believe this (p. 11). In terms of church and synagogue attendance, approximately 61% of those in the under-30 age bracket report being a member. Affiliation increases steadily as age increases, and appears to peak between the ages of 65 and 74 years, where about 81% of these senior adults endorse membership in churches and synagogues. Attendance also appears to be highly influenced by age. Thirty-three percent of young adults (ages 18-29) endorse going to church, compared to 52% of senior adults (ages 65-74). In terms of change regarding religious preference and education, the greatest variance is found with those endorsing a Protestant religious preference. This group seems to show the largest decline in members as education increases. Those Protestants with no college encompass 64% of the sample, whereas the Protestants account for only 55% of the sample when postgraduate education is also taken into consideration. In addition, when questioned as to whether or not one believes in miracles, education seems to influence this area as well. "Americans with postgraduate education are twice as likely not to believe in miracles compared with those with no college education at all" (p. 26). In terms of belief in an afterlife, there

is inconsistency for Americans compared to many other held religious beliefs. Here, as education increases, belief in an afterlife goes up. Sixty-three percent of those surveyed in high school report having a belief in an afterlife compared to 69% of those with only some college experience; the numbers go up to 72% for those who are college graduates. Age also appears to determine a person's beliefs about the origin of human beginnings. Strict creationist interpretations are more strongly embraced by older Americans (65 and older) than their (ages 18 to 29) younger counterparts (59% compared to 43%). When asked the question "Do you rely more on yourself to solve the problems of life or more on an outside power, such as God?" 65 % of young adults (ages 18 to 29) answer yes to relying more on themselves, compared to only 40 % of those in the 65 and older age group. Thinking about God "a lot" gives the same trend, with 56% of 18- to 29-year-olds suggesting that they think about God "a lot" and approximately 70% of the country's senior adults (over age 65) claim to do the same. Interestingly, when asked whether or not they pray, "young adults lead the nation in supporting the ever-increasing importance of prayer" when compared to other age groups (Gallup & Lindsay, 1999, p. 47).

Religion in Graduate Education

Survey data suggest that training regarding religious and spiritual issues in psychotherapy is a desirable, though a neglected experience in most graduate-level clinical psychology programs. In a study that examined the nature of clinical psychologists' religiousness and spirituality, along with their attitudes, training and utilization of these issues, respondents, in general, appeared to view religious beliefs and questioning religious beliefs as valuable. Fifty-three percent rated having religious

beliefs as desirable, whereas only 14 % rated this as undesirable, and 33 % expressed a neutral position. As well, findings of this study suggested that these psychologists, in general, also viewed spiritual and religious issues to be relevant in their work as clinicians. Seventy-four percent disagreed that spiritual or religious issues are outside the scope of psychology. Moreover, 60 % of the sample reported that their clients often expressed their personal experiences in religious language, and about half of the therapists surveyed estimated that at least 1 in 6 of their clients' population presented issues that involve spirituality or religion. Sixty-seven percent of these psychologists agreed with the statement: "Psychologists, in general, do not possess the knowledge or skills to assist individuals in their religious or spiritual development." Only about one-third of the clinicians expressed having personal competence in counseling clients with religious or spiritual issues (Shafranske & Malony, 1990).

Courses in the psychology of religion are rarely offered in graduate curriculums, cultural courses seldom discuss the importance of religious issues, and textbooks are often remiss in their coverage of these topics. Over 90 % of psychologists responding to a number of surveys reported that education and training in religious issues rarely or never occurred (Shafranske, 1999). Surveys also suggest that practicing clinicians find religious and spiritual issues to be relevant to their clinical work, and some clinicians report using religious interventions in treatment with clients. For example, Shafranske & Malony (1990), found that 64 % of psychologists surveyed, reported that religious backgrounds of their clients influenced the course and outcome of psychotherapy. Fifty-nine percent supported the use of religious language, metaphors and concepts in psychotherapy. But when psychologists were questioned

about the types of interventions they used in treatment, it was found that as the counseling interventions became more explicitly religious and participatory on the part of the therapist (i.e., using religious scripture or texts while conducting psychotherapy or praying with a client), the psychologists were less favorable in their attitudes towards these types of interventions. In addition to their attitudes, the psychologists in this study were also asked to indicate the behaviors they had performed during their psychotherapy sessions (see Table 1). As is demonstrated in the table, these clinicians' behaviors in psychotherapy tend to parallel their attitudes about religious participation during therapy. As interventions required more participation, the frequency of the behavior decreased. As Shafranske & Malony suggest, most of the "subjects appeared cognizant of the religiousness of their clients and utilized to some extent religious language and concepts" (p. 76). As noted earlier, this study also assessed the educational and training opportunities of psychologists regarding religious and spiritual issues. Only 5% reported that religious and spiritual issues were presented in their training (Shafranske & Malony, 1990).

Prest, Russel & D'Souza (1999) conducted a study of MFT graduate students regarding their spiritual and religious beliefs, practices, and training experiences during graduate school attendance in their respective programs. Like Shafranske & Malony (1990), these authors also assessed ideological positions regarding spirituality and religion (see Table 2). The results suggest that the majority of respondents indicated a belief in the importance of both spirituality and religion in their personal lives. In terms of religion, the number of religious services attended monthly and the respondent's ideological position regarding religious beliefs were significantly related

to the personal importance of religion in their lives. Those students who attended the most services and those who believed in a personal God most strongly felt that religion was important (see Table 3). Their questionnaire also asked students about clinical practices in which they integrate therapy and religion. Many of the respondents (62%) believed that it was appropriate for therapists to ask a client about his or her religion. However, most thought it would be inappropriate to:

recommend a client join or leave a religion (96.1%); recommend participation in a religious program (90.2%); discuss his or her own religious beliefs (70.5%); attempt to influence the client's conception of God (62.7%); use or recommend religious books (70.6%); or use religious language or concepts (64.7%). (p. 71)

In addition, the number of religious services attended monthly was also associated with respondents' views about the importance of integrating religion and professional practice. While it appears that religion is important to these students, this study also suggests that these students are much more conservative in their safeguards to avoid unduly influencing their clients religiosity in overt ways (Prest, Russel & D'Souza, 1999).

Pre-existing religious values?

A study conducted by McClure (1999) at the University of Texas at Tyler looked at pre-existing religious values of psychology and counseling students. The purpose of this study was to examine whether or not students had different religious values that were the result of their training program, or if differences were the result of pre-existing religious values. This study attempted to examine the religious values of

67 university graduate students in a variety of mental health majors, such as master's degree programs in clinical, school psychology, marriage and family counseling, and school counseling. Questionnaires were administered that contained, among other demographic and values assessments, questions about religious values, frequency of church attendance and involvement in church activities. Results match previous findings of psychologists, and suggest that clinical students were found to be less religious and were found to go to church less often than all other groups. The study's author points out that although there was no religious discrimination in school entrance requirements (i.e., people from various religious or non-religious backgrounds had the same chance of being accepted into this school), and there were no significant differences in classes taken, there were differences in religious values for clinical students when compared to the other groups of students. The author makes the argument that differences in religious values existed before these students entered school. It should not be overlooked that pre-existing values may impart significant influences. However, though this finding is interesting, it should be noted that the sample size of this study is small. Out of the 67 subjects, there were only 12 clinical students who took part in this study. In addition, this is an assessment of only one university. As well, this study did not look at comparisons of those entering their masters programs with those who had almost finished the program. It is quite possible that there could have been even lower levels of measured religiosity from students who had completed their graduate training at this school—although masters programs are typically of much shorter duration and this may have also hindered a significant result. Moreover, this study only briefly mentioned the course material, stating that “the

courses... [taken] were very similar in content, and did not contain explicit religious content” (p. 20). Yet, there was no assessment of the religious training in these courses, or whether or not religion was addressed by the students’ professors, which may have influenced the student’s views towards religious values. Nevertheless, McClure reiterates a common sentiment that Bergin (1991) and others have stated: “It ... implies that clinical psychology training programs should include courses in their curricula which train students to be sensitive to religious concerns and train students on how to do therapy with people with deep religious beliefs” (p. 23). As therapist/client matching studies have found, differences in understanding religion may parallel cultural differences and misunderstandings. McClure writes: “...the ‘religiosity gap’ ...may prevent many religious people from entering therapy with clinical psychologists” (p. 23).

Education and Future Practice

How therapy outcomes are enhanced for the client from graduate training in psychotherapy is a question that likely involves multiple factors contributing in diverse ways. Evidence supporting the value of graduate training in psychotherapy was reviewed by Stein and Lambert (1995), who found modest effect sizes for therapeutic outcomes that favored therapists who received more training. In fact, much of their more positive effect sizes were for training that enhanced issues related to the alliance between therapist and client. One of their recommendations for future training was a program’s emphasis on the “therapeutic alliance” (p. 193). Within the context of religious values and their salience to the public, a useful question arises. How can the therapeutic alliance be enhanced? It seems likely, given the literature that points to the

positive outcomes in therapist/client matching, that differing religious values may play an important role in the therapeutic alliance itself, thus there is the potential for treatment to be affected, perhaps negatively, if these issues are not addressed. As noted by Walsh et al. (1999) those without psychotherapy training may view the process in very different ways than more experienced professionals and trainees. Thus, it seems important that psychotherapy research incorporate the subjective perspectives of its clients (Rennie, 1992, 1990).

Summary

A review of the literature reveals that values are an important aspect of psychotherapy that influence treatment outcomes. Religious values are thought to influence treatment, though they are often overlooked by practitioners as to their importance in clients' lives. Moreover, clinical and counseling psychologists score lower on measures of religiosity than does the public at large. Research also suggests that these last two groups score lower on these measures than others, even when compared with groups on equal educational levels, as well as lower than several groups of other mental health professionals providing psychotherapy. Psychologists surveyed endorse that their training programs have not adequately examined religious issues with clients, and yet the evidence suggests that these same psychologists deal with religious issues in therapy.

Some studies of graduate students and values-impact indicate that these students may adopt the values of their supervisors and/or professors, and that these values can influence their approaches to treatment (Kay & Vardy, 1984). In addition, there are developmental considerations for these graduate students that impact many

areas of their lives. Conflicts with ego identity and role confusion (Erikson, 1963), potential moral dilemmas (Kohlberg, 1981), and ethical and intellectual development regarding their views of others and the world around them (Perry, 1999) are just some of the issues these students face. As well, many graduate students endorse the importance of religion and spirituality in their lives (Prest et al., 1999), yet research suggests that among mental health professionals, the same trend occurs here that has been noted in the literature: masters level clinical psychology students are significantly lower on measures of religiosity than are other mental health masters groups measured (McClure, 1999). Yet it is still unclear as to whether or not there are factors that influence these measures of religiosity that occur in respective graduate training programs, or if those who choose clinical/counseling psychology come to the field with differing religious value systems. The one study that attempted to ascertain this difference (McClure, 1999) did not assess religious training experiences. Moreover, there was no comparison of entering (first-year) students with those who had been in the program for a longer period of time. Thus, the impact of the program was not assessed. As well, because this study consisted of masters level students, and most masters programs are of shorter duration than doctoral programs, there may be less impact from a shorter duration within this training environment. It may be useful to examine the impact of longer training, such as the type of training found in doctoral programs. Comparing first-year entrants with their last-year counterparts may provide a more comprehensive look at the relationship between aspects of religion and the training environment. Hence, there is little research in the area of assessing a graduate student's religiosity and whether or not measures of religiosity change during the

course of the graduate experience. The study provides an initial investigation of religious salience, beliefs, and participation, aspects which have been commonly studied and which influence religious values.

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APPENDIX B

Sample Form - Request Letter to APA for APAGS Volunteer Research Participants

Appendix B

Request Letter to APA for APAGS Volunteer Research Participants

To: APA
From: David E. Harman
Pepperdine University
400 Corporate Pointe
Culver City, CA 90230

Subject: Subjects required to participate in a clinical dissertation entitled: "A preliminary assessment of the association of religiosity and graduate study in clinical, counseling, and experimental psychology graduate students"

To whom it may concern:

This study involves the investigation of religiosity in first and last-year clinical, counseling, and experimental doctoral graduate students. The participants will be asked to complete two questionnaires, the Batson Quest Scale and the Religiosity Questionnaire, as well as provide Demographic information. Both scales, along with the Demographic information will take approximately 10 to 20 minutes to complete, collectively.

A cover letter will be included in each packet mailed to the subjects containing information about the purposes of the study, the procedures used, and the potential risks and benefits of the subject's participation. It will also include information about the possible uses of the study, an outline of the procedures for reporting the results, and information about who will have access to the data from the study.

Each subject will be informed that the material obtained from them (i.e., the Batson Quest Scale, Demographic Questionnaire, and the Religiosity Questionnaire), will be coded with numbers and locked in a secure cabinet to insure anonymity. Subjects will be informed that the investigator is a doctoral student at Pepperdine University. It will be emphasized that participation in the study is completely voluntary, and that the subjects can withdraw at any time for any reason. Demographic information, such as age, gender, clinical experience, educational background, program type, marital status, and ethnicity, will be collected.

Enclosed is Pepperdine University's Human Subjects form indicating the university's approval of the proposed study.

Thank you.

Sincerely,

David E. Harman, M.A.

APPENDIX C

Sample Form - Cover Letter and Implied Informed Consent Form

Appendix C

Dear Fellow Graduate Student,

I am a student in the Pepperdine University Psy.D. program. I am conducting a survey for my clinical dissertation which studies religious views of psychology students during their graduate training. You have been chosen to participate in this study because you are currently enrolled as a psychology graduate student. The following is a description of what your study participation entails, the terms for participating in the study, and a discussion of your rights as a study participant. Please read this information carefully before deciding whether or not you wish to participate. The survey will take approximately 10 - 20 minutes to complete and should be completed in a single, quiet and well-lit room.

I have enclosed the following:

- (1) The survey materials.
- (2) An addressed, stamped envelope in which the survey materials may be returned to me.

If you should decide to respond to the survey, your responses will be handled in an anonymous manner. The survey envelopes will be coded with numbers for sorting purposes, and also as a means to ensure anonymity. All of the surveys will have no identifying information such as names or addresses. The results of the study will be presented without identifying any individual participants by name, specific educational institutions, or exact geographical locations. Please do not write your name on the enclosed questionnaire. Under no circumstances will the investigator, your professors, or any staff at your current graduate program have any knowledge of the identities of those who have or have not participated in the study. The completed survey will be stored in a locked file cabinet in a locked closet for five years at which time the data will be destroyed. **If you decide to participate, please return the survey materials to me by May 1st, 2001.**

Participating in this survey involves advantages and some disadvantages. One disadvantage is that the survey will require a small amount of time taken from your busy schedule. In addition, by filling out the survey, you may experience some discomfort by responding to personal questions about your religious attitudes, beliefs, ideology or orientation. If needed, APA has a toll-free help center with referrals for counseling. The operator will use your zip code to locate and connect you with the referral system in your area. The number is 1-800-964-2000. You may contact me through the Pepperdine University Graduate School of Education and Psychology "research line" at (877) 778-9393. On the positive side, you will be providing information about an area that has been minimally studied. If the results of this survey are significant, this may be an important piece to add to an already growing area of study in psychology.

If you would like to see the results of this study, they will be posted on the following website in approximately 6-12 months: www._____.

Participation in this study is completely voluntary. You may also discontinue at any time if you wish. There is no compensation in return for your participation in this study. If you should decide to participate and find out you are not interested in completing the survey in its entirety, you have the right to discontinue at any point without being questioned about your decision. You also do not have to answer any of the questions on the survey that you prefer not to answer—just leave the items blank. If you decide not to complete the survey, whether or not you have answered any items, you should dispose of the survey and not return it. Should you decide to participate, returning the completed survey implies your consent. Thank you for taking the time to read this letter and, I hope, participating in my study. **Please return the survey by May 1st, 2001.**

If you have further questions regarding the study itself, you may contact the researcher's dissertation supervisor, Robert Weathers, Ph.D. at (310) 568-5624, Pepperdine University, Graduate School of Education and Psychology, or Lynn Rankin-Esquer, Ph.D. at (310) 568-2314, Chairperson of the Human Subjects Review Committee, Pepperdine University. Thank you.

Sincerely,

David E. Harman, M.A.
Doctoral Candidate
Pepperdine University

APPENDIX D

Sample Form - Demographic Information

Appendix D

Where indicated, please place a check mark in the box next to the item that best describes you.

1. Number of years of postbaccalaureate education:

- one
- two
- three
- four
- five
- six or more

2. Marital Status:

- Never Married
- Married
- Separated
- Divorced
- Engaged
- Other (please indicate): _____

3. Ethnicity:

- African American
- Asian American
- European American
- Hispanic American
- Native American
- Other (please indicate): _____

4. Clinical Experience: Please include the number of years providing individual and/or group therapy. Include experience from current doctoral training only, excluding internship training or previous clinical experience from other programs.

- None
- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 or more years (please indicate number of years): _____

5. Previous Clinical Experience: Please include number of years providing individual and/or group therapy. Do not include experience from current doctoral training. Include all previous experience from other graduate programs, excluding internship training.
- None
 - Less than 1 year
 - 1 year
 - 2 years
 - 3 years
 - 4 years
 - 5 or more years (please indicate number of years): _____
6. Please indicate the year in your current program. Only include academic year, not internship year.
- 1st year
 - 2nd year
 - 3rd year
 - 4th year
 - 5th year
 - 6th or more year of program
7. Please indicate your current program type.
- Clinical
 - Counseling
 - Developmental
 - Experimental
 - Social
 - Other (please indicate): _____
8. Are you in the last year of coursework for your current program? Do not include internship year, only academic program years.
- yes
 - no
9. What is your gender?
- Female
 - Male
10. What is your age?
Please indicate: _____

APPENDIX E

Sample Form - Two Week Follow-Up Postcard for the Survey

-

Appendix E

Dear Fellow Graduate Student,

Two weeks ago, I sent you a survey. You may recall that my doctoral research explores religious views of psychology students during their graduate training.

To date, I have not received your survey. I would very much appreciate your completing the survey, if at all possible. If you are not interested in completing the survey, please dispose of it.

If you have already sent the survey, please disregard this notice.

Thank you for your help.

Sincerely,

David E. Harman, M.A.
Doctoral Student
Pepperdine University

APPENDIX F

Sample Form - Quest Scale

Please indicate the extent to which you agree or disagree with each of the items by circling the number below the question that most closely matches your opinion. Use the following scale for each question.

Strongly disagree									Strongly agree
1	2	3	4	5	6	7	8	9	

1. As I grow and change, I expect my religion also to grow and change.
1 2 3 4 5 6 7 8 9
2. I am constantly questioning my religious beliefs.
1 2 3 4 5 6 7 8 9
3. It might be said that I value my religious doubts and uncertainties.
1 2 3 4 5 6 7 8 9
4. I was not very interested in religion until I began to ask questions about the meaning and purpose of my life.
1 2 3 4 5 6 7 8 9
5. For me, doubting is an important part of what it means to be religious.
1 2 3 4 5 6 7 8 9
6. I do not expect my religious convictions to change in the next few years.
1 2 3 4 5 6 7 8 9
7. I find religious doubts upsetting.
1 2 3 4 5 6 7 8 9
8. I have been driven to ask religious questions out of a growing awareness of the tensions in my world and in my relation to my world.
1 2 3 4 5 6 7 8 9
9. My life experiences have led me to rethink my religious convictions.
1 2 3 4 5 6 7 8 9
10. There are many religious issues on which my views are still changing.
1 2 3 4 5 6 7 8 9
11. God wasn't very important to me until I began to ask questions about the meaning of my own life.
1 2 3 4 5 6 7 8 9
12. Questions are far more central to my religious experience than are answers.
1 2 3 4 5 6 7 8 9

APPENDIX G

Sample Form - Letters of Permission to Use the Quest Scale

Re: Dissertation- request to use the Quest Scale
From: dbatson@ku.edu (Dan Batson)
To: DEMiHarman@aol.com

Dear Mr. Harman:

You have my permission to reprint the Quest Scale, as long as you acknowledge the source. Assuming that you are reprinting the 12-item version presented in Chapter 6 of Batson, Schoenrade, & Ventis, **RELIGION AND THE INDIVIDUAL**, then you should probably also request permission from Oxford University Press. They hold the copyright for that book.

Best wishes,

Dan Batson

From: DEMiHarman@aol.com
To: dbatson@UKANS.EDU
Sent: Wednesday, February 21, 2001 5:44 PM
Subject: Dissertation- request to use the Quest Scale

Dr. Batson,

I am requesting to print a copy of the Quest Scale in my dissertation. Among other things (religious attitudes, beliefs, ideology), I am attempting to assess religious orientation among counseling/clinical psychology graduate students. I would like to use the Quest Scale as part of my assessment. I am told by my Human Subjects committee that written permission is acceptable via e-mail. Any assistance you could provide would be most appreciated. Is there another person or organization that I must contact for permission as well? Thank you.

David E. Harman

----- Headers -----

Return-Path: <dbatson@ku.edu>
Received: from rly-xa01.mx.aol.com (rly-xa01.mail.aol.com [172.20.105.70]) by air-xa02.mail.aol.com (v77_r1.21) with ESMTTP; Thu, 22 Feb 2001 09:42:05 -0500
Received: from lark.cc.ukans.edu (lark.cc.ukans.edu [129.237.34.2]) by rly-xa01.mx.aol.com (v77_r1.21) with ESMTTP; Thu, 22 Feb 2001 09:41:42 -0500
Received: from dbatson2 by lark.cc.ukans.edu (8.8.8/1.1.8.2/12Jan95-0207PM) id IAA0000027546; Thu, 22 Feb 2001 08:41:39 -0600 (CST)
Message-ID: <000901c09cde\$3c9a6cc0\$3242ed7e@cc.ukans.edu>
From: "Dan Batson" <dbatson@ku.edu>
To: <DEMiHarman@aol.com>
References: <14.1001a306.27c5acd2@aol.com>

Subject: Re: Dissertation- request to use the Quest Scale
Date: Thu, 22 Feb 2001 08:46:26 -0600
MIME-Version: 1.0
Content-Type: multipart/alternative;
boundary="-----_NextPart_000_0006_01C09CAB.F0EA4700"
X-Priority: 3
X-MSMail-Priority: Normal
X-Mailer: Microsoft Outlook Express 5.00.2314.1300
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2314.1300

Subj: **Re: Permission to use Batson Quest scale**
Date: 3/11/01 12:16:54 PM Pacific Standard Time
From: *jelent@nevada.edu (TED G. JELEN)*
To: *DEMiHarman@aol.com*

No problem; provided that Prof Batson is given credit with a standard citation.

Ted G. Jelen

On Sun, 11 Mar 2001 *DEMiHarman@aol.com* wrote:

Dr. Jelen,

I writing to request permission for the use of the Batson & Schoenrade (1991a, b) Quest scale as one of the measures in my dissertation, which is looking at graduate clinical/counseling/experimental psychology students on measures of religious behaviors, attitudes/beliefs, ideology and religious orientation. My HSR Committee has requested that I obtain permission from all necessary sources. Dr. Batson has already given his permission and stated that I should also get permission from the copyright source. In this case, I am using the scale from JSSR. If you require additional information I will be more than happy to provide it for you. I am told by my committee that an e-mail will suffice. Thank you.

Sincerely,

David E. Harman, M.A.

----- Headers -----
Return-Path: <jelent@nevada.edu>
Received: from rly-xb03.mx.aol.com (rly-xb03.mail.aol.com [172.20.105.104]) by air-xb03.mail.aol.com (v77_r1.21) with ESMTP; Sun, 11 Mar 2001 15:16:54 -0500
Received: from pollux.nevada.edu (pollux.nevada.edu [131.216.1.217]) by rly-xb03.mx.aol.com (v77_r1.21) with ESMTP; Sun, 11 Mar 2001 15:16:44 -0500
Received: from localhost (jelent@localhost)
by pollux.nevada.edu (8.8.8/8.8.8) with ESMTP id MAA06586
for <DEMiHarman@aol.com>; Sun, 11 Mar 2001 12:16:43 -0800 (PST)
X-Authentication-Warning: pollux.nevada.edu: jelent owned process doing -bs
Date: Sun, 11 Mar 2001 12:16:43 -0800 (PST)
From: "TED G. JELEN" <jelent@nevada.edu>
To: *DEMiHarman@aol.com*
Subject: Re: Permission to use Batson Quest scale
In-Reply-To: <a9.126601bf.27dd1a34@aol.com>
Message-ID: <Pine.OSF.4.10.10103111216090.13612-100000@pollux.nevada.edu>
MIME-Version: 1.0

APPENDIX H

Sample Form - Religiosity Questionnaire

Please indicate the extent to which you agree or disagree with each of the following items by placing a check mark next to the item that corresponds to your answer choice. Please check only one item per question.

1. How often do you attend a church or synagogue—at least once a week, almost every week, about once a month, seldom, or never?
 - At least once a week
 - Almost every week
 - About once a month
 - Seldom
 - Never
 - No opinion

2. How important would you say religion is in your own life—very important, fairly important, or not very important?
 - Very important
 - Fairly important
 - Not very important
 - No opinion

3. How important would you say spirituality is in your own life—very important, fairly important, or not very important?
 - Very important
 - Fairly important
 - Not very important
 - No opinion

4. About how often do you pray—several times a day, once a day, once a week, less than once a week, or never?
 - Several times a day
 - Once a day
 - Once a week
 - Less than once a week
 - Never
 - I don't know

5. Overall, please indicate your religious involvement during your last year in high school (e.g., combined church or synagogue attendance, prayer, participation in religious organizations and/or discussions about religion).
 - Very involved
 - Fairly involved
 - Not very involved
 - No involvement

6. Please indicate your religious involvement during your senior year in undergraduate college (e.g., combined church or synagogue attendance, prayer, participation in religious organizations and/or discussions).
- Very involved
 - Fairly involved
 - Not very involved
 - No involvement
7. Overall, how important would you say religion is to your parents—very important, fairly important, or not very important?
- Very important
 - Fairly important
 - Not very important
 - No opinion
8. In terms of your parents, do you consider one or both of them to be religious? Please indicate by checking only one of the responses below.
- One
 - Both
 - Neither
 - Neither religious, but if had to pick, would say mother
 - Neither religious, but if had to pick, would say father
 - Don't know
9. Overall, how important would you say religion is to your psychology graduate school professors—very important, fairly important, or not very important?
- Very important
 - Fairly important
 - Not very important
 - No opinion
10. In general, in terms of your psychology graduate school professors, do you consider them to be religious?
- Yes, definitely religious
 - Fairly religious
 - Don't know
 - Fairly un-religious
 - No, definitely not religious

11. Indicate to what extent religion has or has not been mentioned throughout your training in graduate school?
- Mentioned weekly
 - Mentioned monthly
 - Mentioned a few times during a year
 - Rarely mentioned
 - Never mentioned
12. To what extent is religion involved in understanding or dealing with stressful situations in any way?
- Very involved
 - Somewhat involved
 - Not very involved
 - Not involved at all
13. Which of the following statements comes closest to your personal beliefs? Please indicate by checking only one of the responses below.
- Religious
 - Spiritual but not religious
 - Neither
 - Both religious and spiritual
 - No opinion
14. Overall, which of the following statements comes closest to your experiences in graduate training? Please indicate by checking only one of the responses below.
- Religion was discussed as being associated with pathology.
 - Religion was viewed as relevant to psychology.
 - Religion was discussed in class.
 - Religion was viewed as irrelevant to psychology.
 - Religion was not discussed in class.
15. To what extent is religion capable of solving the world's problems? Please indicate by checking only one of the responses below.
- Very capable
 - Fairly capable
 - Not capable
 - Don't know

16. Which statement comes closest to expressing your ideological position regarding the following assertions? Please indicate by checking only one of the responses below.

- There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in human history.
- There is a transcendent aspect of human experience which some persons call God but who is not imminently involved in the events of the world and human history.
- There is a transcendent or divine dimension which is unique and specific to the human self.
- There is a transcendent or divine dimension found in all manifestations of nature.
- The notions of God or the transcendent are illusory products of human imagination; however, they are meaningful aspects of human existence.
- The notions of God or the transcendent are illusory products of human imagination; therefore, they are irrelevant to the real world.

17. Please circle the answer that indicates whether or not you agree with the following statements. Please indicate by circling only one answer per statement.

True / False I believe that there is life after death.

True / False I believe in God or a Universal Spirit.

True / False I attended church or synagogue in the last seven days.

18. Which statement comes closest to expressing what you believe about God? Please indicate by checking only one of the responses below.

- I don't believe in God.
- I don't know whether there is a God and I don't believe there is any way to find out.
- I don't believe in a personal God, but I do believe in a higher power of some kind.
- I find myself believing in God some of the time, but at other times I don't.
- While I have doubts, I feel that I do believe in God.
- I know God really exists and I have no doubts about it.
- Don't know.

APPENDIX I

**Sample Form - Letters of Permission to Use Adapted Lehman (1974) Ideological
Statements**

Re: Permission to adapt Lehman's ideological statements
From: jelent@nevada.edu (TED G. JELEN)
To: DEMiHarman@aol.com

I don't think you need our permission, as long as the material is appropriately cited. However, if your institution believes differently, you may consider this e-mail permission to use the statements.

Ted G. Jelen
Editor, JSSR

On Wed, 7 Mar 2001 DEMiHarman@aol.com wrote:

Dr. Jelen,

I am requesting to adapt Lehman's ideological statements as part of a religiosity questionnaire I am using for my dissertation proposal. These statements were adapted by Shafranske and Malony (1990) and I would like to use their adaptation. I have already received permission from Shafranske, but I have been unable to contact Lehman. I checked SUNY at Brockport and he is no longer listed on the faculty there. The original article is from JSSR:

Lehman, E. H., Jr. (1974). Academic discipline and faculty religiosity. *Journal for the Scientific Study of Religion*, 13, 205-220.

I am requesting permission from JSSR. I am told by my Human Subjects committee that an e-mail will suffice. If I can provide additional information, please let me know. Thank you.

Sincerely,

David E. Harman

----- Headers -----

Return-Path: <jelent@nevada.edu>
Received: from rly-xa04.mx.aol.com (rly-xa04.mail.aol.com [172.20.105.73]) by air-xa04.mail.aol.com (v77_r1.21) with ESMTP; Wed, 07 Mar 2001 10:47:59 -0500
Received: from pollux.nevada.edu (pollux.nevada.edu [131.216.1.217]) by rly-xa04.mx.aol.com (v77_r1.21) with ESMTP; Wed, 07 Mar 2001 10:47:47 -0500
Received: from localhost (jelent@localhost)
by pollux.nevada.edu (8.8.8/8.8.8) with ESMTP id HAA07304
for <DEMiHarman@aol.com>; Wed, 7 Mar 2001 07:47:46 -0800 (PST)
X-Authentication-Warning: pollux.nevada.edu: jelent owned process doing -bs
Date: Wed, 7 Mar 2001 07:47:46 -0800 (PST)
From: "TED G. JELEN" <jelent@nevada.edu>
To: DEMiHarman@aol.com

Subject: Re: Permission to adapt Lehman's ideological statements
In-Reply-To: <54.10f60805.27d786d7@aol.com>
Message-ID: <Pine.OSF.4.10.10103070746360.7599-100000@pollux.nevada.edu>
MIME-Version: 1.0
Content-Type: TEXT/PLAIN; charset=US-ASCII

RE: Harman- permission from Lehman
From: Edward.Shafranske@pepperdine.edu (Shafranske, Edward)
To: DEMiHarman@aol.com ('DEMiHarman@aol.com')

You have my permission to use the ideological statements from Shafranske and Malony (1990)

Edward Shafranske, Ph.D.
Professor & Director, Psy.D. Program
Pepperdine University
18111 Von Karman Avenue, Room 209
Irvine, CA 92612

Office (949) 223-2521
Fax (949) 223-2575

Faculty, Southern California Psychoanalytic Institute
Training and Supervising Psychoanalyst, Newport Psychoanalytic Institute

From: DEMiHarman@aol.com
Sent: Wednesday, February 21, 2001 5:39 PM
To: Shafranske, Edward
Subject: Harman- permission from Lehman

Dr. Shafranske,

I am requesting to use the adapted ideological statements from Shafranske & Malony (1990).

David

----- Headers -----

Return-Path: <Edward.Shafranske@pepperdine.edu>
Received: from rly-za01.mx.aol.com (rly-za01.mail.aol.com [172.31.36.97]) by air-za04.mail.aol.com (v77_r1.21) with ESMTP; Thu, 22 Feb 2001 11:28:54 -0500
Received: from mal-xconn1.pepperdine.edu (mal-xconn1.pepperdine.edu [137.159.8.42]) by rly-za01.mx.aol.com (v77_r1.21) with ESMTP; Thu, 22 Feb 2001 11:28:42 -0500
Received: by mal-xconn1.pepperdine.edu with Internet Mail Service (5.5.2650.21) id <FB6KRW20>; Thu, 22 Feb 2001 08:28:16 -0800

Message-ID: <415B6A1DD00FD31182F70008C79146F802803F29@mail-xmail2.pepperdine.edu>
From: "Shafranske, Edward" <Edward.Shafranske@pepperdine.edu>
To: "DEMiHarman@aol.com" <DEMiHarman@aol.com>
Subject: RE: Harman- permission from Lehman
Date: Thu, 22 Feb 2001 08:28:15 -0800
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: text/plain

RE: Harman proposal- Table reproduction
From: Edward.Shafranske@pepperdine.edu (Shafranske, Edward)
To: DEMiHarman@aol.com ('DEMiHarman@aol.com')

Dear David,

You have my permission to use the items that you cite. The ideological statements were adapted originally from Lehman.

Edward Shafranske, Ph.D.
Professor & Director, Psy.D. Program
Pepperdine University
18111 Von Karman Avenue, Room 209
Irvine, CA 92612

Office (949) 223-2521
Fax (949) 223-2575

From: DEMiHarman@aol.com
Sent: Tuesday, February 20, 2001 8:10 AM
To: Shafranske, Edward
Subject: Harman proposal- Table reproduction

Dr. Shafranske,

1. I am requesting the use of Table 4 (Therapist Interventions...pg. 75) in your article Shafranske, E. P. & Maloney, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy*, 27, 72-78.

I think HR will require some type of letter or correspondence stating your approval. I am told that an e-mail will suffice.

2. I am also requesting the use of a Table from another source (not you or Maloney) that lists the Ideological Orientations you use in the article mentioned above. You cite Lehman (1974) as your source for adaptation for these Ideological Orientations. Can I cite the article I got these from, or do I have to cite (and get permission) from Lehman as well? The reason I'm questioning this is because the authors I am adapting the Table from cite another, more recent author for their Ideological Orientations.

Thanks,

David Harman

----- Headers -----

Return-Path: <Edward.Shafranske@pepperdine.edu>
Received: from rly-xc01.mx.aol.com (rly-xc01.mail.aol.com [172.20.105.134]) by
air-xc03.mail.aol.com (v77_r1.21) with ESMTTP; Tue, 20 Feb 2001 11:25:38 1900
Received: from mal-xconn1.pepperdine.edu (mal-xconn1.pepperdine.edu
[137.159.8.42]) by rly-xc01.mx.aol.com (v77_r1.21) with ESMTTP; Tue, 20 Feb 2001
11:25:13 -0500
Received: by mal-xconn1.pepperdine.edu with Internet Mail Service (5.5.2650.21)
id <FB6KQCVY>; Tue, 20 Feb 2001 08:25:12 -0800
Message-ID: <415B6A1DD00FD31182F70008C79146F802803F20@mal-
xmail2.pepperdine.edu>
From: "Shafranske, Edward" <Edward.Shafranske@pepperdine.edu>
To: "DEMiHarman@aol.com" <DEMiHarman@aol.com>
Subject: RE: Harman proposal- Table reproduction
Date: Tue, 20 Feb 2001 08:25:04 -0800
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: text/plain

APPENDIX J

**Sample Form - Letter of Permission from Morehouse Publishing to use Gallup (1999)
Items**

Subj: **Re: Permission for Gallup material**
Date: **3/15/01 7:46:37 AM Pacific Standard Time**
From: **DDORTCH@morehousegroup.com (DEBBIE DORTCH)**
To: **DEMiHarman@aol.com**

Dear Mr. Harman,

Morehouse Publishing is pleased to grant you permission to use excerpts (pages 10, 14, 46, 24, 15, and 28) from the book *Surveying the Religious Landscape* by George Gallup, Jr. and D. Michael Lindsay at no charge. This permission grants you one-time rights to reproduce the information in its original form, not paraphrased, modified, or otherwise edited in your unpublished doctoral dissertation.

Please note: When reading the charts on page 15, please keep in mind that the numbers are correct, however, they were reversed in the three pie charts that appear on the top of the page. The larger numbers should be in the light gray section and the smaller numbers should be in the black section.

Please note in your dissertation that these excerpts are "Used by permission of Morehouse Publishing."

Best wishes in completing your dissertation.

Sincerely
Debra C. Dortch
Managing Editor

>>> <DEMiHarman@aol.com> 03/15 1:52 AM >>>
Debra,

I was planning to use the questions for an unpublished doctoral dissertation project. I am using questions as part of an assessment of religiosity in graduate students in psychology. I was planning to use this book as part of my reference section, with more than 70 other references from other articles and books. The questions I am using have been used extensively in the area of psychology and religion. The questions come from the following source, but have been used in Gallup polls and copied for research purposes for decades:

Gallup, G., Jr., & Lindsay, D. M. (1999). *Surveying the religious landscape*. Harrisburg, PA: Morehouse.

I will be sure to make the appropriate citations in terms of authors and publisher. I am not using any of this material for sale. This is part of my doctoral dissertation. I would like to use the following questions:

(pg 10) How important would you say religion is in your own life--very important, fairly important, or not very important?

(pg 14) How often do you attend a church or synagogue--at least once a week, almost every week, about once a month, seldom, or never?

(pg 46) About how often do you pray--several times a day, once a day, once a week, less than once a week, or never?

Statements:

(pg. 24) I don't believe in God; I don't know whether there is a God and I don't believe there is any way to find out; I don't believe in a personal God, but I do believe in a higher power of some kind; I find myself believing in God some of the time, but at other times I don't; While I have doubts, I feel that I do believe in God; I know God really exists and I have no doubts about it.

(15) I attended church or synagogue in the last seven days.

(28) I believe that there is life after death.

Please let me know if there is additional information that I can provide.
Thank you.

Sincerely,

David E. Harman

<>

----- Headers -----

Return-Path: <DDORTCH@morehousegroup.com>
Received: from rly-xa01.mx.aol.com (rly-xa01.mail.aol.com [172.20.105.70]) by air-xa04.mail.aol.com (v77_r1.21) with ESMTP; Thu, 15 Mar 2001 10:46:36 -0500
Received: from morehousegroup.com (64-51-84-203.client.dsl.net [64.51.84.203]) by rly-xa01.mx.aol.com (v77_r1.21) with ESMTP; Thu, 15 Mar 2001 10:46:25 -0500
Received: from mhdomain-Message_Server by morehousegroup.com with Novell_GroupWise; Thu, 15 Mar 2001 10:45:51 -0500
Message-Id: <sab09d5f.058@morehousegroup.com>
X-Mailer: Novell GroupWise 5.2
Date: Thu, 15 Mar 2001 10:45:16 -0500
From: "DEBBIE DORTCH" <DDORTCH@morehousegroup.com>
To: DEMiHarman@aol.com
Subject: Re: Permission for Gallup material
Mime-Version: 1.0
Content-Type: text/plain; charset=US-ASCII
Content-Transfer-Encoding: quoted-printable
Content-Disposition: inline

APPENDIX K

Sample Form - Letter of Permission to use Table from Shafranske & Malony (1990)

RE: Harman proposal- Table reproduction
From: Edward.Shafranske@pepperdine.edu (Shafranske, Edward)
To: DEMiHarman@aol.com ('DEMiHarman@aol.com')

Dear David,

You have my permission to use the items that you cite. The ideological statements were adapted originally from Lehman.

Edward Shafranske, Ph.D.
Professor & Director, Psy.D. Program
Pepperdine University
18111 Von Karman Avenue, Room 209
Irvine, CA 92612

Office (949) 223-2521
Fax (949) 223-2575

From: DEMiHarman@aol.com
Sent: Tuesday, February 20, 2001 8:10 AM
To: Shafranske, Edward
Subject: Harman proposal- Table reproduction

Dr. Shafranske,

1. I am requesting the use of Table 4 (Therapist Interventions...pg. 75) in your article Shafranske, E. P. & Maloney, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. Psychotherapy, 27, 72-78.

I think HR will require some type of letter or correspondence stating your approval. I am told that an e-mail will suffice.

2. I am also requesting the use of a Table from another source (not you or Maloney) that lists the Ideological Orientations you use in the article mentioned above. You cite Lehman (1974) as your source for adaptation for these Ideological Orientations. Can I cite the article I got these from, or do I have to cite (and get permission) from Lehman as well? The reason I'm questioning this is because the authors I am adapting the Table from cite another, more recent author for their Ideological Orientations.

Thanks,

David Harman

----- Headers -----

Return-Path: <Edward.Shafranske@pepperdine.edu>
Received: from rly-xc01.mx.aol.com (rly-xc01.mail.aol.com [172.20.105.134]) by
air-xc03.mail.aol.com (v77_r1.21) with ESMTTP; Tue, 20 Feb 2001 11:25:38 1900
Received: from mal-xconn1.pepperdine.edu (mal-xconn1.pepperdine.edu
[137.159.8.42]) by rly-xc01.mx.aol.com (v77_r1.21) with ESMTTP; Tue, 20 Feb 2001
11:25:13 -0500
Received: by mal-xconn1.pepperdine.edu with Internet Mail Service (5.5.2650.21)
id <FB6KQCVY>; Tue, 20 Feb 2001 08:25:12 -0800
Message-ID: <415B6A1DD00FD31182F70008C79146F802803F20@mal-
xmail2.pepperdine.edu>
From: "Shafranske, Edward" <Edward.Shafranske@pepperdine.edu>
To: "DEMiHarman@aol.com" <DEMiHarman@aol.com>
Subject: RE: Harman proposal- Table reproduction
Date: Tue, 20 Feb 2001 08:25:04 -0800
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: text/plain

APPENDIX L

Sample Form - Letters of Permission to Use Table from Prest et al. (1999)

Re: Harman dissertation
From: laprest@unmc.edu
To: DEMiHarman@aol.com

David-

Feel free to use the information found in the spirituality and graduate training article in your dissertation. I ask, of course, that you acknowledge the source of the table information, etc.

As for the contact information, this is the address where I contacted Eddy Street, the editor at the time (I don't know if he is still the editor or not):

JFT Editorial Office
Dept of Child Health
Academic center
Univ of Wales College of Medicine
Llandough Hospital
Penarth, CF64 2XX.

Good luck.

Layne A. Prest, PhD, LMFT
Associate Professor
Director of Behavioral Medicine
Department of Family Medicine
University of Nebraska Medical Center
Omaha, NE 68198-3075

----- Headers -----

Return-Path: <laprest@unmc.edu>

Received: from rly-xb03.mx.aol.com (rly-xb03.mail.aol.com [172.20.105.104]) by air-xb05.mail.aol.com (v77_r1.21) with ESMTP; Tue, 20 Feb 2001 18:21:25 -0500

Received: from UNMCNOTES.UNMC.EDU (unmcnotes.unmc.edu [137.197.103.20]) by rly-xb03.mx.aol.com (v77_r1.21) with ESMTP; Tue, 20 Feb 2001 18:21:09 -0500

Subject: Re: Harman dissertation

To: DEMiHarman@aol.com

X-Mailer: Lotus Notes Release 5.0.4 June 8, 2000

Message-ID: <OFF1E9C351.B6FEF6ED-ON862569F9.007D5123@UNMC.EDU>

From: laprest@unmc.edu

Date: Tue, 20 Feb 2001 16:51:52 -0600

X-MIMETrack: Serialize by Router on UNMCNOTES/Servers/UNEBR(Release 5.0.5 |September 22, 2000) at

02/20/2001 05:21:19 PM

MIME-Version: 1.0

Content-type: text/plain; charset=us-ascii

Subject: Permissions Request
From: jnlrgtcor@blackwellpublishers.co.uk (Jnlrgtcor)
To: DEMiHarman@aol.com ('DEMiHarman@aol.com')

Dear David E. Harman

Thank you for your request to reprint material from Prest, L. A., Russel, R. D' Souza (1999). Spirituality and religion in training, practice and personal development. Journal of Family Therapy, 21, 60-77 for your dissertation. We are happy to grant you permission to do this provided that you acknowledge the original source of publication and the copyright holder of the material.

Yours sincerely,

Andrew Clark

Journals Rights & Permissions
Blackwell Publishers

----- Headers -----

Return-Path: <jnlrgtcor@blackwellpublishers.co.uk>
Received: from rly-zb03.mx.aol.com (rly-zb03.mail.aol.com [172.31.41.3]) by air-zb01.mail.aol.com (v77_r1.21) with ESMTP; Thu, 22 Feb 2001 04:13:12 -0500
Received: from bpl_exchange.blackwellpublishers.co.uk (mailhost.blackwellpublishers.co.uk [194.129.196.1]) by rly-zb03.mx.aol.com (v77_r1.21) with ESMTP; Thu, 22 Feb 2001 04:12:52 -0500
Received: by bpl_exchange.blackwellpublishers.co.uk with Internet Mail Service (5.5.2650.21)
id <FJWWTA53>; Thu, 22 Feb 2001 09:03:53 -0000
Message-ID:
<45DF35501CF1D311BC190090274643B9CD9CC0@bpl_exchange.blackwellpublishers.co.uk>
From: Jnlrgtcor <jnlrgtcor@blackwellpublishers.co.uk>
To: "DEMiHarman@aol.com" <DEMiHarman@aol.com>
Subject: RE Permissions Request
Date: Thu, 22 Feb 2001 09:03:46 -0000
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: text/plain