

ABSTRACT

ATTITUDES AND BELIEFS OF SEVENTH-DAY ADVENTISTS
CONCERNING PSYCHOLOGY, COUNSELING, AND
MENTAL HEALTH ISSUES

by

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ABSTRACT OF GRADUATE STUDENT RESEARCH

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Title: ATTITUDES AND BELIEFS OF SEVENTH-DAY ADVENTISTS
CONCERNING PSYCHOLOGY, COUNSELING, AND MENTAL HEALTH
ISSUES

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Problem

As in the mainstream population, Adventists are dealing with a variety of mental health issues, and there has been no empirical research which explored their attitudes and beliefs concerning psychology, counseling, and mental health issues.

Method

A survey was used to collect data on beliefs about psychology, attitudes towards counseling, beliefs about mental health issues, and beliefs about medical care from a sample of 317 Adventist adults from the Illinois Conference. Data were also analyzed to understand the relationship between the independent variables—gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about the

writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology—and the dependent variables: beliefs about psychology, attitudes toward counseling, and beliefs about mental health issues.

Results

The study showed that, in general, Adventists have positive beliefs towards psychology and mental health issues and positive attitudes towards counseling. Using categorical regression, the study also indicated that having knowledge about psychology is related to having positive beliefs about psychology as a legitimate science, having positive attitudes about the role of counseling, having positive attitudes about participating in counseling, and having positive beliefs about the existence of mental health issues. Adventists who are currently or have used psychological services in the past have positive beliefs about psychology, positive understanding of the role of counseling, and positive attitudes about participating in counseling.

Conclusions

Positive beliefs and attitudes of Adventists concerning psychology, counseling, and mental health issues are confirmed. With this information, mental health workers can be better equipped to serve the Adventist community. The conclusions gleaned from this study can also serve as a catalyst for beginning a dialogue among the Adventist church leadership to understand how they can better support the congregants who have mental health needs.

Andrews University

School of Education

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MENTAL HEALTH ISSUES

A Dissertation

Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by

Kristy Koeppe

April 2014

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Dedicated to Mary Doty, PhD,
who taught me that because this work we do is so very hard,
we can't forget to laugh.

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CHAPTER 1

INTRODUCTION

Background of the Problem

Seventh-day Adventists and medicine grew up together. Early Adventists such as John Harvey Kellogg and others pushed the idea that medical health was important to the church body. This early acceptance of medicine has supported the idea that God works through human agents to give His healing power to Man. In fact, Adventists do not object to non-Adventist physicians treating Adventists or working in Adventist hospitals. When it comes to mental health, however, there is ample anecdotal evidence that many Adventists do not take the same view of the role of psychology in the life of the Christian. There has been, however, no comprehensive study of what Adventists believe or feel about psychology, counseling, and mental health issues.

The conflict between science and religion is long-standing. Scientists felt they were not able to quantify concepts such as grace, salvation, faith, hope, and the soul. So the belief is: If it can't be measured, then it is not useful to science (Cremins, 2002).

Initially, the split between religion and science was identified as a mere difference in reasoning. Religion uses deductive reasoning. There are principles of religion, and logical conclusions are deduced from them. Science, on the other hand, uses induction. An idea is studied and a hypothesis is stated. When the theories are proven reliable, they are stated as fact (Cremins, 2002).

But in 2009, Eckland and Park found that most scientists, including those in natural and social sciences, do not perceive a conflict between science and faith. Using a survey ($N = 1,646$), the researchers found when scientists perceive their peers to have a positive view of religion they are more likely to disagree with the conflict theory. They also state it is possible that most scientists do not perceive a conflict between science and religion because they view the disciplines in completely different spheres. They have also determined that the knowledge framework of religion and that of science is not a significant predictor that scientists will perceive a conflict.

But specifically, as psychology grew as a science, initially the split between psychology and religion grew. Some founding psychologists were openly critical of religion and behaviors surrounding religion (Richards & Bergin, 2000). Sigmund Freud was openly negative towards religion. Carl Rogers felt God had no precedence over man's own experience. Albert Ellis believed religion to be "irrational thinking and emotional disturbance" (Fayard, 2006). Cremins (2002) went on to explain that Ellis felt religion was opposed to mental health because religion supports intolerance, the inability to accept ambiguity and uncertainty, unscientific cognition, and self-abasement. He felt religion was an irrational approach to life.

On the contrary, William James (1902) felt religious experience should be explored by psychologists because it can show how the person processes life events. He felt that religion can only be held true for the one experiencing it. For others, religion can be considered, but not considered truth unless they have experienced it (James, 1902).

Interestingly, Carl Jung believed one of the worst problems he saw in persons was if they

had not found a religion. He thought persons could not heal mentally if they had not found a religious outlook (Fayard, 2006).

In modern times, a change in attitude about religion by psychology has been observed. Sorenson (2004) conducted an extensive literature review and found that, since Freud's death in 1939, the reference to religion being pathological has dropped by 59%. One reason may be that psychologists cannot ignore the sheer number of people who believe in God or a higher power (Cremins, 2002). Eighty-two percent of Americans identify with a Christian religion. Sixty-two percent of Americans are a member of a church or synagogue (Newport, 2007).

Another reason a change in attitude is observed could be a shift to the idea of holistic medicine. The spiritual dimension is now acknowledged as crucial to the entire makeup of a human being (Cremins, 2002). The work of Hans Selye (1976) paved the way for religious coping to be considered a viable method of treating stress when he discovered hypertension could be reduced by prayer. Further research has been conducted throughout the years linking religious coping to increased mental and physical health (Carone & Barone, 2001; Davis, 2006; Grzymala-Moszczyńska & Beit-Hallahmi, 1996; Miller & Thoresen, 2003; Pargament, 1997).

A third reason credited to the shift in attitude about religion in psychology is the success of Alcoholics Anonymous (AA). The idea behind AA is that addicts must surrender their control to a higher power. Belief in a higher power has restored persons addicted to substances to a greater level of function where behavioral modification and medications had not (Cremins, 2002).

But while the rift between religion and psychology is shrinking, it still exists. According to Christianity, God's word is the discussion about God and humanity. There has been a divide between psychology, which is based on natural science methods, and the study of Scripture. The thought is that the study of Scripture will have little influence on the study of psychology. Both can be considered sources for the study of human behavior. The divide comes from the difference between the study of humans from a Christian stance of regeneration and psychology based only on naturalism. The Christian approach is that knowing God is to know one's self. Therefore, there is a belief that a Christian may not know themselves psychologically apart from their relationship to God. Because this dichotomy has been accepted, it has maintained a separation (Johnson, 2011).

There also remains a gap between the beliefs and values of the U.S. population and of psychologists (Fayard, 2006). While 82% of Americans participate in religion (Newport, 2007), only 29% of psychotherapists surveyed feel religion should be addressed in counseling (Belaire & Young, 2002).

But how does the religious person view psychology and counseling? There is suspicion that religious persons underutilize professional counseling, but there are no studies to back up this claim (Bergin & Richards, 1997). However, Mayers, Leavey, Vallianatou and Barker (2007) conducted a qualitative study in which they explored how religious persons experienced mental health therapy. This study contained qualitative findings of 10 persons. The study indicated the subjects felt seeking help from a secular therapist may be seen as rejecting God's healing. Some in the study sought counseling only as a last resort after seeking help from clergy, family, and friends. Because this

study consisted of several religious groups over the 10 subjects, this study does not explain how specific religious groups view counseling.

Although there are no quantitative studies addressing how religious groups perceive counseling and psychology, there are studies which look at how other social groups view psychology and counseling. Atkinson and Gim (1989) conducted a study which looked at the attitudes of Asian Americans towards counseling. They found the Asian American client felt more comfortable in counseling if the therapist was open to the client's culture and had explored their own. While this study did not address religious culture, it dealt with providing counseling to a specific cultural group. It also looked at the possible needs which that subculture may require in therapy.

In 2009, Furnham conducted a study to understand the views and attitudes of the lay person towards counseling. Overall, the study showed that participants had a positive attitude towards counseling. They felt they were understood and not rejected. While the study does not factor in religious belief systems, it does demonstrate that those who were studied had a good understanding and knowledge of counseling and therefore were more accepting of counseling.

In another study, Wood, Jones, and Benjamin (1986) found that the participants felt that psychology was incompatible with their religious beliefs. Interestingly they had favorable attitudes towards psychology including believing that psychology was a science. In contrast, Penn, Schoen, and Berland Associates (2008) found that while their subjects agreed that psychological research helps improve people's lives, they did not agree that psychology uses science to understand how people behave. There appears to be some contradiction with the belief that psychology is a legitimate science.

One area that has been studied extensively is the relationship between gender and participation in therapy (Gillon, 2007; Leong & Zachar, 1999; Mackenzie, Gekoski, & Knox, 2006; Mackenzie, Gekoski, Knox, & Macaulay, 2004; Yamawaki, 2010). While these studies do not account for religious beliefs of the genders, these studies have shown women have a significantly higher positive attitude towards counseling and are more willing to open up about their mental health issues than are men.

The above studies demonstrate the limited research currently available to understand the attitudes and beliefs of religious persons towards psychology, counseling, and mental health issues. Up to now, there has been no evidence which identifies the knowledge base of the Seventh-day Adventist (SDA) concerning the role of psychology, counseling, and mental health issues or the attitudes and beliefs which are associated with them. The previously mentioned studies cannot be generalized to the Adventist experience, which leaves questions as to how Adventists experience the mental health field. Do Adventist clients prefer therapists who are also Adventist? Would counseling be more successful if the therapist were trained in the culture of the Adventist church? Are there gender differences in the acceptance of psychology and counseling for the Adventist church member? To further understand the specific concerns of the Adventist church, a brief look at the culture of the church is warranted.

According to the *Seventh-day Adventist Yearbook* (General Conference of SDA, 2013), there were 1,078,358 Seventh-day Adventists living in the United States in 2011. The church's name comes from the belief that the *seventh day*, Saturday, is considered the Sabbath and that Christ will return to earth in the Second *Advent*. The church

believes in God the creator, the divinity of Christ, salvation by grace, that man is flawed and sinful, and that the Bible is the final authority for faith and practice (Nelson, 2007).

What sets SDA believers apart from other religions are several core beliefs.

First, SDAs believe in healthy living including regular exercise, no smoking, no alcohol, and vegetarianism (Rayburn, 2000). Although, this is a core belief, only 30% of the church body practices vegetarianism, but 95% do not drink alcohol, and only 18% smoke cigarettes (Bull & Lockhart, 2007).

Adventists also observe a 24-hour Sabbath which begins on Friday at sundown and ends Saturday at sundown. During this time, limited work is to be done and time is to be spent in communion with God.

The state of the dead is another core issue. Adventists believe that death is an unconscious state and the dead will be awakened during the second coming of Christ. Those who are righteous will be taken to heaven with Christ and those who are not will return to life to face a second death.

Finally, the SDA believes in the gift of prophecy. The most well-known prophet of the church is Ellen G. White, who is considered one of the founders of the Adventist church. According to Burt (2008), she received hundreds of visions and dreams dealing with the beliefs of the church including those about diet, lifestyle, doctrine, education, and health. Along with the Bible, White's prophecies and writings are an authoritative source of truth for the Adventist church (General Conference of the Seventh-day Adventist Church, 2010).

It is important to note that the core beliefs of the church are generalized. As with any religion there are variances among the believers. Bull and Lockhart (2007)

explained that the beliefs of the SDA church vary among church members and new converts. They state that often there are discrepancies between beliefs among individuals and parts of the church's organization.

A unique feature of the Adventist church is its commitment to the medical field. The Adventist church operates one of the largest corporate health-care systems in the U.S. (Bull, 1990). This system evolved from the health reform which was prominent in the 19th century. The health-care reform consisted of diet and lifestyle recommendations including ideas about exercise, vegetarianism, and medical care. With the help of John Kellogg, the Adventist church began building facilities which cared for those who were ill using the components of the health message and hydrotherapy. After breaking from John Kellogg, the church developed a more sophisticated medical system (Bull, 1990; Devereaux-Jordan, 1988; Spalding, 1961). One of the most successful facilities to come out of this movement is Loma Linda University, which has taken the Adventist health message into the new millennium and beyond.

The Adventist health-care system, which boasts 76 hospitals and nursing homes in the United States, is widely accepted by the Adventist population (General Conference of Seventh-day Adventists, 2013). According to a survey conducted by the Adventist church (Seltzer Daley Companies, 1986), members of the Adventist community felt the Adventist health-care systems portrayed the mission of the Adventist church appropriately while providing state-of-the-art medical care. It also found respondents of the survey did not find any conflict between medical technology and their spiritual values. But how do Adventists feel about treatments which address healing the mind?

The main resources to understand the church's view on counseling, psychology, and mental health issues are: Ellen G White's writings and the church's official stance on psychology. Exploring White's writings, one can find many references to popular psychology, which during her time included phrenology and mesmerism. Psychology, during White's lifetime (1827-1915), was in its infancy and did not resemble the science it is today. Because psychology has changed from White's era, there is no way of knowing what her attitudes towards modern psychology and counseling would be. One can wonder if Adventist members still hold to her ideas concerning popular psychology and are applying them to today's science of psychology. Do her writings about psychology encourage or discourage the SDA in need from seeking help? These ideas needed to be explored in order to understand the attitudes and beliefs of the modern-day Adventist.

In 1977, the Adventist church created a paper which outlined the church's official stance on psychology (General Conference of Seventh-day Adventists, 1977). The paper addresses such topics as the special needs of the Adventist church, the state of man, teaching the ideals of the Adventist church to future psychologists, and what components of psychology should be avoided. The document is 36 years old. It is possible the document is not referenced or accepted by today's SDA. Does the church body agree or disagree with this stance? Are Adventists using this stance as a guide for participating in counseling? If an Adventist member participates in counseling which is outside the standards outlined by the church, do they perceive they are sinning? How does a counselor address the needs of the Adventist client if the goals and purpose of counseling are not clearly understood by psychotherapist and client? Exploring the attitudes and

beliefs of the SDA through structured research can help to clarify the views of present-day Adventists.

Statement of the Problem

As of 2011, there were 1,078,358 Seventh-day Adventists in the United States (General Conference of Seventh-day Adventists, 2013). As in the general population, Adventists are dealing with mental health issues such as depression, anxiety, substance abuse, relationship issues, and chronic psychopathology (Rayburn, 2000). There has been no empirical data concerning the participation rate of Adventists in counseling so it is unclear if this unique population is being served adequately (Richards & Bergin, 2000).

Though the Adventist community seemed to be accepting of the medical advances it has made over the last 150 years, it is unclear if the advances in psychology are as accepted. It was unclear whether the modern-day Adventist is aware of, agrees with, or follows the guidelines of the church. Research investigating the attitudes and beliefs of Seventh-day Adventist church member toward psychology, counseling, and mental health issues was needed.

Purpose of the Study

The primary purpose of this study was to identify the attitudes and beliefs toward psychology, counseling, and mental health issues from the viewpoint of Seventh-day Adventists. Also, does knowledge about psychology, knowledge of the writings of Ellen G. White on psychology, knowledge of Adventist writers on psychology, gender, and attendance in therapy impact the attitudes and beliefs towards psychology, counseling, and mental health issues? Understanding the church's stance and Ellen G. White's

writings on this topic formed a framework for investigating the attitudes and beliefs of the church members themselves.

The information gleaned from this structured research study will assist mental health therapists and psychologists better understand the specific needs of the Adventist client in regard to mental health care. This in turn may increase sensitivity of the therapist towards Adventist clients' needs. It may also increase the quality of care to Adventist clients. Finally, it may possibly help those Adventist clients, who were formally leery of modern-day psychology, increase their comfort level in seeking out services for their mental health needs. Understanding the attitudes and beliefs of Adventists towards psychology, counseling, and mental health issues could also advance the field of psychology by contributing to the literature concerning the Adventist population.

Research Questions

Questions to be addressed by this research are as follows:

1. What are Seventh-day Adventists' beliefs about psychology?
2. What are Seventh-day Adventists' attitudes towards counseling?
3. What are Seventh-day Adventists' beliefs about mental health issues?
4. What are Seventh-day Adventists' beliefs about medical care?
5. Is a combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology a significant predictor of the beliefs about psychology?

Hypothesis 1a—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about the science of psychology.

Hypothesis 1b—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about the Adventist principles about psychology.

Hypothesis 1c—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the negative statements about psychology.

6. Is a combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology a significant predictor of the attitudes toward counseling?

Hypothesis 2a—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the attitudes towards the role of counseling.

Hypothesis 2b—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of attitudes towards counseling preferences.

Hypothesis 2c—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of attitudes towards participation in counseling.

7. Is a combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology a significant predictor of the beliefs about mental health issues?

Hypothesis 3a--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about existence of mental health issues.

Hypothesis 3b--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about religious implications of mental health issues.

8. Is the Seventh-day Adventist's degree of exposure to the writings of Ellen G. White a significant predictor of the beliefs about medical care?

Hypothesis 4—The Seventh-day Adventist's degree of exposure to the writings of Ellen G. White is a significant predictor of the beliefs about medical care.

9. Are beliefs about psychology significantly correlated with the beliefs about medical care?

Hypothesis 5—Beliefs about psychology are significantly correlated with beliefs about medical care.

Definition of Terms

Seventh-day Adventism: A Protestant religion based on the imminent return of Christ, a belief that Saturday is observed as the Sabbath, and maintenance of a healthy lifestyle.

Psychology: The study of the mind in terms of an individual's thoughts, emotions, and behaviors.

Counseling: The treatment of mental health problems through communication and relationship with a mental health provider.

Mental health issues: Emotional and behavioral problems which disrupt everyday life.

Medical Care: The practice of healing the body of injury and disease with the assistance of a medical professional.

Attitude: The affective, cognitive, and behavioral response to statement, principle, or doctrine.

Belief: The cognitions toward a statement, principle, or doctrine.

Rationale for the Study

Because there are a number of Adventists living in the United States who may need mental health services (Crosby, Freed, & Gabriel, 2006; Dudley, Mutch, & Cruise, 1987), research to understand the attitudes and beliefs about counseling, psychology, and mental health issues is vital to serving this unique culture. Understanding the cultural psychology of a specific religion in order to add knowledge to psychology cannot proceed without defining that culture's specific assumptions and understandings of that

specific religion. Research cannot move forward if the relevant knowledge from the religious culture is not obtained (Chakkarath, 2010).

Conceptual Framework

There appears to be a need for Adventists to access counseling (Crosby et al., 2006; Dudley et al., 1987). Therefore, it is important for psychologists and other mental health workers to have an understanding of the attitudes and beliefs of psychology and counseling from the view of this client set.

Initially, the idea of *attitude* was defined by Milton Rokeach in 1968. He surmised attitudes to be an interrelated organization of beliefs, which describe, evaluate, and advocate action towards a domain or situation. Each belief is made up of a cognitive, affective, and behavioral component. Later Rokeach (1979) deepened his definition, stating:

Attitudes are a relatively enduring organization of existential, evaluative, prescriptive-proscriptive, and causal beliefs organized around an object or situation, predisposing one to respond (a) preferentially to the object or situation, (b) discriminatingly to all persons perceived to vary in their attitude to object or situation, and (c) differentially to social controls or pressures intended to coerce expression to specified positions toward object and situation. (p. 262)

Albarracin, Johnson, Zanna, and Kumkale (2005) also define attitudes as a “psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor” (p. 4). Attitudes can decide whether objects, events, self, or others can be good or bad; likeable or dislikable. The key is whether there is an evaluative component (Albarracin et al., 2005; Kruglanski & Stroebe, 2005; Ottati, Edwards, & Krundick, 2005).

Those who have studied attitudes agree their makeup consists of three components: affect (feelings about and evaluation about), cognition (beliefs about), and behaviors (behavioral intentions about) (Fazio, 1986; Kruglanski & Stroebe, 2005). People form attitudes on the basis of their cognitive, affective, and behavioral response to a domain. This schema, which is inseparable, is formed through interactions with the person's environment. The attitudes that are formed then can have an influence on the individual's beliefs, affect, and overt behaviors (Albarracin et al., 2005; Wood Sherif, 1979).

Attitude towards a domain is an expression of the affective reaction which a person experiences. These attitudes can be influenced by reactions which have been conditioned to the domain through learning and are invoked by thoughts about it. In contrast, attitudes can also be influenced by feelings experienced about the domain that have nothing to do with the domain but are misattributed to it (Wyer Jr. & Albarracin, 2005).

Social attitudes, such as how the Adventist church views counseling, have a degree of affect and motivation which depends on the social values of the environment of the person and in which environment the attitude was formed. Often attitudes are linked between individuals and the environment in which they belong and are shared with their relative collection. The formation, expression, and functioning of attitudes can both represent the individual and the collective process (Kelman, 1979). For example, the attitudes which are formed by the Adventist church, collectively, can also influence and formulate the attitudes of the individual members of the church. The formation of a psychological relationship to the domain will include the person's categorization of the

domain and beliefs about the domain. When the domain has social value according to the person's reference group and when the person has a psychological relationship with the domain, the process of social judgment will be cognitive and affective to some degree (Wood Sherif, 1979). For example, if the attitude is that participating in counseling shows a lack a faith in God, a person may not participate in counseling for fear of sinning.

Behavior is also a vital component of attitude. Attitudes are demonstrated by behavior (verbal and non-verbal). Without behavior, there is no way of knowing what the attitude is. The behavior indicates what direction the person is oriented; towards or against (Wood Sherif, 1979). If a person's attitude is that attending counseling is wrong, the corresponding behavior is that they are not likely to participate in counseling.

Whether attitudes are general or specific is an empirical issue. It will depend on the cultural classification of the attitude and the person's own classification of the domain. An attitude can be highly general, for instance, if a person has never participated in the construct or cannot relate themselves to the construct. Attitudes can also be general or specific depending on the immersion of the said domain, that is, if a person has never participated in counseling their attitude may be general based on others' experiences or what they have read or seen about counseling. If a person has participated in therapy, their attitude may be specifically based on their own experience.

Knowing the classifications of the domains is imperative to an empirical study as they relate to a person's psychological relationship to the domain. A good study should not only discover what a person accepts or finds favorable, but also what a person does not accept, does not believe, or objects to (Wood Sherif, 1979).

Wood Sherif (1979) felt that attitudes while learned never change. This is in contrast to Kelman (1979) who felt attitudes are constantly shifting as people interact with the domain of the attitude and with their social environment. Attitudes flow from social interaction and evolve in them. In turn, attitudes feed into social interaction and help guide the social interaction process.

The concept of *belief* is a “cognitive association between an object and a descriptive attribute” (Ottati et al., 2005, p. 710). The meanings associated with the beliefs are about the probability that a domain is associated with a given attribute (Albarracin et al., 2005). Rokeach (1968) goes on to define belief as “a simple proposition, conscious or unconscious, inferred from what a person says or does, capable of being preceded by the phrase ‘I believe . . .’” (p. 113).

Beliefs can be descriptive, evaluative or prescriptive. The content can be true or false, correct or incorrect, good or bad, desirable or undesirable (Rokeach, 1968). They can also refer to a specific or general event or situation: past, present, or future (Wyer Jr. & Albarracin, 2005). Humans categorize experiences which are demonstrated by people giving the same response to different stimuli. Triandis (1979) states that the connections between and among these categories are beliefs. When a belief assists in defining a category, it acts as a criteria attribute for that category.

Beliefs are closely associated with knowledge. Used to obtain a goal, beliefs are stored in the memory. When a belief is created, it is stored in the memory and recalled at a later date to support a judgment. All the similar bits of knowledge which have been accumulated to support a belief are gathered and used or not used to form a judgment about a domain. Differences in beliefs reported at different times may not indicate a

change in belief, but at that time different subsets of knowledge which have been acquired may be used to formulate the belief (Wyer Jr. & Albarracin, 2005). For instance, the belief about psychology for a SDA may change or be different depending on the knowledge which is called upon to support the judgment. It is important to note that beliefs are based on the likelihood that the knowledge one has is correct or true (Wyer Jr. & Albarracin, 2005).

Beliefs, however, can be verified or falsified with some external, objective criteria. Attitudes on the other hand are more difficult to verify or falsify with the same criteria. While most beliefs are verified with some sort of external evidence (White's writings or personal experience), attitudes are usually variable across judges. Attitudes are personal. But there are some attitudes which have a high degree of social consensus; for example, attitudes formed in a religious setting (Albarracin et al., 2005). Wyer Jr. and Albarracin (2005) state that the concepts of attitudes and beliefs are distinct, yet the relationship between them has not yet been empirically defined.

The beliefs of psychology have often been difficult to integrate into the beliefs of religion. Miner and Dowson (2012) identify problems with the traditional methods of integrating psychology and religion. They state that conflict stems from scientific ways of "knowing" sensory experiences in psychology versus "knowing" in religion based on interpreted accounts of revelation. Integrationists differ in their idea to include a monism (physical matter is the only reality) of psychology or dualism (reality is both material and spiritual) of religion. The answer to this dilemma has been to use either psychology or religion to create a shared theory for both disciplines. This has caused issues with only partial inclusion of each discipline. There has also been an issue with equating concepts

which are fundamentally different such as sin and unconscious urges. The authors feel that this type of integration tends to favor one discipline over the other.

Miner and Dawson (2012) suggest using a complementary approach. This approach does not integrate the disciplines but integrates the explanations of a particular experience. It states that the context of the experience is important, as well as the psychological and religious explanations of the experience are required to understand fully the person's meaning of the experience. Reich (2002) felt that the complementary approach of integration has a particular focus that can lead to generalized explanations based on specific experiences.

Until now there has been no research which investigates the behavior, knowledge, and feelings which make up the attitudes and beliefs of the SDA about psychology, counseling, or mental health issues. Using the conceptual framework of beliefs and attitudes, this study empirically explored statements about the field of psychology, the practice of counseling, and the ideas about mental health.

Significance of the Study

This study is significant because it is the first empirically based study which identifies the attitudes and beliefs of the SDA towards psychology, counseling, and mental health issues. Prior to this study, information regarding this topic has been anecdotal in nature and not empirically based. Because it is original research, it lays the groundwork for further research concerning participation and compliance of Adventists in counseling. The research adds empirical evidence to the literature concerning Adventists and psychology.

Discovering what the attitudes and beliefs are of the Adventist community towards psychology, counseling, and mental health issues may aid those who provide psychological services to Adventists. It may increase therapists' competencies when working with Adventists, increase knowledge towards Adventists' specific mental health needs, and improve overall quality of care when working with this religious culture.

Limitations

The population for this study was located primarily in the state of Illinois; therefore generalizing outside the state to other geographic regions may be questionable. (One Adventist church in Michigan was also surveyed to supplement the low return rate in Illinois.) Some subjects did not agree to participate in the study. Results may be skewed towards the positive as those who have negative beliefs or attitudes about the topic refused to complete the survey.

Delimitations

1. Only participants who identify themselves as Seventh-day Adventist and are over the age of 18 were included in the study.
2. This study's goal was not to prove/disprove any Seventh-day Adventist's attitudes and beliefs about psychology, counseling, or mental health issues but only to identify them.
3. This study was designed to identify attitudes and beliefs about psychology, counseling, and mental health issues, not "why" those particular attitudes and beliefs were held.

Assumptions

1. The participants of the study accurately and truthfully responded to all the items on the survey.
2. The participants will, at a minimum, have a layperson's understanding of psychology, counseling, and mental health issues.
3. Seventh-day Adventists recognize Ellen G. White as a prophet of the Seventh-day Adventist church and utilize her writings as a guide for their lives.
4. Seventh-day Adventists utilize the Bible as a guide to their lives.
5. Seventh-day Adventists adhere to the fundamental beliefs of the Seventh-day Adventist church.

Organization of the Study

The study is organized into five chapters. Chapter 1 is an introduction of the issues surrounding the attitudes and beliefs of Adventists concerning psychology, counseling, and mental health issues. Chapter 2 reviews the literature associated with the history of the Adventist church, general attitudes and beliefs towards psychology, counseling, and mental health issues, and the Adventist attitudes and beliefs towards psychology, counseling, and mental health issues. Chapter 3 presents the methodology of the study. Chapter 4 provides an analysis of the results of the study. Chapter 5 presents the findings, conclusions and implications of the study.

CHAPTER 2

REVIEW OF THE LIERATURE

A review of the literature was conducted using Google Scholar, EBSCO, and other various search engines provided by Andrews University library. No empirical research articles were found which specifically addressed the attitudes and beliefs of Seventh-day Adventists towards psychology, counseling, or mental health issues. The following is, however, a review of literature addressing general attitudes and beliefs about psychology, counseling, and mental health issues, a brief history of the Seventh-day Adventist church and its health message, the attitudes and beliefs as presented by the Seventh-day Adventist church and Ellen G. White concerning psychology, counseling, and mental health issues and two proposed views of the integration of Seventh-day Adventist doctrine and psychology.

Attitudes and Beliefs Towards Psychology, Counseling, and Mental Health Issues

In 1993, Regier et al. found that less than one-third of individuals who were diagnosed with a mental health issue sought out mental health services. While there are no studies which examine the utilization rates of mental health services among different religious denominations, there exists a suspicion in which devout religious members underutilize formal counseling (Richards & Bergin, 2000). Exploring this idea, Mayers et al. (2007) conducted a qualitative study in London in which they examined how highly

religious or spiritual persons experienced counseling. Ten subjects were interviewed: four Evangelical Christians, two Evangelical/Pentecostal Christians, one Greek Orthodox, and one Sunni Muslim. The last two participants did not belong to an organized religion, but had spiritual beliefs, one as a Christian and the other as a Pagan.

Mayers et al. (2007) found that although the subjects felt their religion was a source of strength, they had reservations about seeking counseling from their church. The subjects felt their religion could at times block access to insights needed for change, insights which might need a nonreligious perspective.

Several participants felt they received no support from their church when faced with mental illness. They were challenged to strengthen their faith. Some were told mental illness originated from evil or from a satanic attack. Those who had received counseling from their church had seen it as harmful because they experienced only an exclusively spiritual explanation and an exclusively spiritual solution to their mental illness. Since the subjects' religions were highly varied, it is difficult to generalize their counseling experiences as similar. It is also unclear what method of "counseling" was provided by the various religious organizations.

Although the participants in the Mayers et al. (2007) study had reservations about seeking help from the church, they also felt a conflict in seeking secular counseling. By seeking secular counseling, they felt they would be seen as rejecting God's healing which would lead to questions about the strength of their faith. The participants, however, felt supported by seeking secular counseling if it was joined with continued attendance at church, prayer, and support from their congregation. This statement was generalized

across the study's participants, although two of the participants did not claim to be part of a church.

The underutilization of mental health services is further exemplified by an idea posited by Richards and Bergin (2000). They contended that religious persons often prefer to work with a therapist from their own faith, or at least someone who is religious, for fear of being misunderstood or having their faith undermined. This is supported by Mayers et al. (2007) whose participants felt that if they spoke openly, they would be perceived as crazy or misunderstood. They also felt their beliefs would be minimized or neglected by a secular therapist. Another fear stated by the Mayers et al. participants was they felt they might be exposed to conflicting or anti-religious beliefs. They also feared their secular therapist would attempt to convert them to behaviors which conflicted with their own beliefs. Despite the fears and concerns, the participants believed counseling and religion could ultimately complement and influence each other.

The Mayers et al. (2007) study, while informative and insightful about the views of 10 religious persons participating in counseling, has limitations. These 10 people were those who had attended or were currently attending counseling. They did not voice the opinions or views of those who had rejected counseling because of their religious convictions. They also did not represent those who had joined counseling only to quit because their needs were not being met.

The results of the Mayers et al. (2007) study were qualitative in nature. When presenting the results of this study, the statements and ideas were supported by one or two persons of varied religious groups. Because these were individual anecdotal experiences represented by a small sample group, they should not be generalized outside

the persons who were interviewed. The findings presented in this study cannot completely translate to the Seventh-day Adventist (SDA) population. The study does however raise questions about how the Adventist population perceives secular counseling and the Adventist church's attitudes towards mental health and how both may impact their utilization of counseling.

Another reason counseling may be underutilized by religious persons is a lack of knowledge about or acceptance towards secular counseling by clergy. In a study of Episcopalian, Lutheran, Methodist, Presbyterian, United Church of Christ, Baptist, charismatic (Assemblies of God, Four Square, and Pentecostal), and Seventh-day Adventist pastors conducted by Farrell and Goebert (2008), a survey and information packet was sent to the pastors of these denominations. The following outlines the protocol used in this study:

Information including opinions about the role of clergy as frontline mental health workers, level of education, and amount of training in mental health was obtained. Ability to recognize symptoms of mental illness was assessed, along with attitudes regarding the referral process. Participants also were given two case vignettes and asked to comment on them. In the first case, an energetic young church volunteer has begun speaking incessantly about his spiritual awakening and is no longer sleeping or attending to his hygienic needs. In the second case, an elderly woman whose husband was reported to have passed away six months ago appears to be overwhelmed by her grief and has stopped attending church activities. (p. 438)

The pastors in this study indicated they are the ones who counsel their mentally ill church members. Although the clergy felt untrained and inadequate to handle issues of mental illness, there was a tendency to counsel anyway. Those parishioners indicating a mental health need were not being referred to mental health professionals due to the clergy's inability to recognize the symptoms of mental illness or their feeling a referral was unnecessary. They also felt a secular counselor may undermine or show contempt for

the faith of the clients. Seventh-day Adventist respondents, specifically, felt that it was essential that the client and the counselor had shared religious beliefs for the counseling to be effective. This implied that they were not in favor of referring to non-Adventist counselors. The amount of mental health training received by these pastors appeared unrelated to their opinions.

Outside the religious realm, research has been conducted exploring the general population's attitudes and views of psychology, counseling, and mental health issues. As with religious persons, there have been similar findings concerning fear of counseling, a need for similarity of belief systems between counselor and client, utilization and acceptance of counseling. For example, in 1989, Atkinson and Gim conducted a study to understand the attitudes of Asian Americans towards mental health services. The participants were 263 Chinese Americans, 185 Japanese Americans, and 109 Korean Americans enrolled in a university. The subjects completed a demographic survey, a modification of the Suinn-Lewis Asian Self-Identity Acculturation Scale, and an adaptation of the Attitudes towards Seeking Professional Help Scale.

The results of the study showed that the subjects' attitudes towards professional psychological help were directly related to their level of acculturation. The more acculturated subjects were more likely to recognize their need for mental health care, were more tolerant of the stigma attached to counseling, and were more open to discuss their mental illness with a therapist. The study also showed that the subjects viewed counseling as more credible if the therapist was bilingual, culturally sensitive, and used culturally relevant interventions for treatment. The authors suggest agencies serving Asian Americans should have culturally sensitive therapists and enhance services for

those who are not acculturated. When relating this to an Adventist population, could an Adventist feel more accepting of counseling if their counselor was culturally sensitive to the SDA church?

Wood et al. (1986) conducted a phone survey with 201 persons in Los Angeles, Milwaukee, Houston, and Washington, DC, in order to understand the public image of psychology. Eighty-four were male and 114 were female. The phone interview consisted of 26 items. The survey found that 91% of the respondents had favorable attitudes towards psychology. They discovered that 84% agreed that psychology is a science. Fifty-eight percent believed that psychology has not been used to control or manipulate people. Interestingly, they found that almost 60% felt that psychology was incompatible with their religious beliefs. The research showed there was a relationship between the subject's religion and their attitudes toward psychology. Finally, the study demonstrated a significant correlation that those who had taken a psychology course had positive opinions of psychology.

Wood et al. (1986) also found that in general the public does not have a clear understanding of the role of psychology. This was supported by their data which state that 30% of the subjects did not acknowledge that psychologists evaluate mental health disorders or provide counseling. This study is over 25 years old.

Later in 2009, Furnham (2009) conducted a study to understand the attitudes and beliefs of lay persons (those not working in the field of psychology) towards counseling. Using a survey company, 185 subjects (M = 92; F = 93) answered a questionnaire. The questionnaire was divided into four sections: (a) patient reaction to counseling, (b)

attitudes to, and beliefs about, counseling, (c) mental illness, and counseling and (d) personal details.

Demographic details showed that the older persons in the study had less education, more children, greater income, poorer physical health, and were less likely to visit a therapist. Those who had seen a therapist were younger, less educated, and more likely to have had a serious health problem (Furnham, 2009).

This study showed that subjects who had increased overall knowledge about counseling were positive about counseling in general. The researchers found that persons who attended counseling felt supported, relieved, and hopeful. They also felt they were not rejected or misunderstood. They believed that counseling taught coping strategies and encouraged expression of emotions. They also believed counseling to be a long process (Furnham, 2009).

This study did not differentiate between those persons who were religious and those who were not, therefore, should not be generalized to specific religious groups such as SDA. Furnham's (2009) study does raise an interesting point about the acceptance of counseling with the lay person. His study, as with Wood et al. (1986), showed that persons he questioned who had a good knowledge and understanding about counseling had a positive attitude towards counseling. Is it possible that Adventists who also have an accurate knowledge of counseling have a positive attitude towards counseling? And how does this influence their acceptance of counseling?

Penn et al. (2008) conducted the APA Benchmark Study, which sampled 1,000 adults in the United States. They found that 82% of the subjects agree that psychological research helps to improve people's lives, but found that only 30% of people agree that

psychology uses scientific research to understand how people behave. There appears to be some contradiction on the beliefs that psychology is a legitimate science.

Another indicator of positive or negative attitudes towards counseling is gender. Yamawaki (2010) found that Japanese and American men had significantly negative attitudes towards counseling. Mackenzie et al. (2006) distributed their own survey which looked at psychological openness, help-seeking propensity, and indifference to stigma. Questionnaires were returned by 106 men and 100 women. They found that women had a higher positive help-seeking attitude than did men. They did find that educated men had a higher help-seeking attitude than did non-educated men. Women were also more likely to acknowledge their mental health issues than were men. This study supports the outcome from a study by Leong and Zachar (1999) which also found that women have a more positive attitude towards seeking mental health than do men.

Men seem to have specific barriers in seeking help. Gillon (2007) states that men are less likely to be emotionally or psychologically open. This may make it more difficult to form a therapeutic bond with the counselor. Men also tend to be less likely to recognize they need help and, if the need for help is recognized, can be resistant to asking for help. Seeking help can be thought of as being vulnerable, a failure, or as a weakness. This claim was also confirmed by Gonzalez, Alegria, and Prihoda (2005) who found men are less likely to have positive attitudes toward counseling because of the traditional roles of men including: self-reliant behaviors, restrictive emotionality, feelings of power, and the stigma of feeling dependent.

While the ideas presented in the previous studies should not be generalized beyond the subjects in the studies, they create questions about how an Adventist may

experience counseling. Adventists may prefer therapists who are also Adventist. Counseling may be more successful if the therapist is Adventist or at least trained in the beliefs of the SDA church. There may be differences in males and females in their acceptance of counseling. Counseling may be more accepted if the Adventist person has increased knowledge of psychology and counseling. In order to better understand the specific needs of the SDA church member, a look at the Adventist church, its history, and its health message is important.

Seventh-day Adventism: Historical Overview

Millerite Movement, the “Great Disappointment,” and the Development of the Church

In the mid-19th century, William Miller, a Baptist minister from Vermont, began prophesying around the East Coast about the second coming of Christ. Based on his calculations from the book of Daniel, he predicted the world would end and Christ would return somewhere between 1843 and 1844. Several of his predicted dates passed and the Millerites, his followers, would suffer their “first disappointment.” But this did not discourage the Millerites; it only fueled their convictions, especially when the final definitive date for Christ’s return was set: October 22, 1844 (Arthur, 1974; Butler, 1986).

When October 22nd passed and Christ had not returned, it became known as “The Great Disappointment.” The Millerites were filled with gloom and despair. During this time, several groups emerged to make sense of what had “not” happened. Many of Miller’s followers left the Millerite movement in anger, feeling they had been misled. Others held on to the hope that Christ would soon return and that Miller’s calculations had been a mistake. Others of Miller’s followers stated that the 2300 days mentioned in

the Bible had occurred and the “cleansing of the sanctuary” had been spiritual and invisible. Some followers believed they were now in the kingdom of heaven and refused to work or support themselves, and others believed they were now sinless (Devereaux-Jordon, 1988).

But one group agreed that October 22, 1844, was not the date of the second coming, but a cleansing of the sanctuary in heaven. This group was known as the Advent Christian Church (Devereaux-Jordon, 1988; Spalding, 1961). This group’s main goal was to make theological sense of the “Great Disappointment.” They concluded the date was not a failure, but was actually the date Christ had moved to the holy of holies to begin judgment of His people. After this judgment was complete, He would return and create a new earth and save His chosen (Butler, 1986).

Initially, the new theology of the “cleansing of the sanctuary” was a “shut door” doctrine. Anyone who had claimed Christ before October 22, 1844, was saved; after that date all other souls were lost (Spalding, 1961). For the next 7 years, the Adventists continued to set times for Christ’s return. But soon, they began to focus on organizing their group of believers. They also began to entertain the idea of missionary expansion and the shut-door doctrine no longer made sense. Their short Millenarian phase may have contributed to the Adventists being able to strengthen and organize their body of believers quickly (Butler, 1986).

The church now explored the idea of following a seventh-day Sabbath as they interpreted from the 10 commandments. This new idea moved the Adventists towards their more modern-day doctrines. But the new theology of a seventh-day Sabbath split

the Adventists and a newly formed group emerged: the Seventh-day Adventists (Spalding, 1961).

In order to solidify the new church it was imperative to organize the church, professionalize the ministry, and establish educational and medical programs. Ellen G. White, who had been influenced by the Millerite movement and the Millerite prophecies, helped promote seventh-day Sabbath keeping, ordination of the clergy, tithing, and a health message. Because of her and her husband James, the Seventh-day Adventists grew from 200 members in 1850 to 3,500 in 1863 when the church was formally organized (Butler, 1986). The organization consisted of electing officers, adopting a constitution, and setting up general and state conferences (Numbers, 1992).

Mind/Body Connection

A theme presented by the newly organized church was one of a mind/body connection. The Adventists' fundamental beliefs include the idea that everyone is created free and every person is an indivisible unity of body, mind, and soul:

Man and woman were made in the image of God with individuality, the power and freedom to think and to do. Though created free beings, each is an indivisible unity of body, mind, and spirit, dependent upon God for life and breath and all else. When our first parents disobeyed God, they denied their dependence upon Him and fell from their high position under God. The image of God in them was marred and they became subject to death. Their descendants share this fallen nature and its consequences. They are born with weaknesses and tendencies to evil. But God in Christ reconciled the world to Himself and by His Spirit restores in penitent mortals the image of their Maker. Created for the glory of God, they are called to love Him and one another, and to care for their environment. (General Conference of the Seventh-day Adventist Church, 2010, para. 7)

Adventists stress this indivisible interrelationship of the mind and body in all aspects of their lives (Harding IV, 1987). Taylor and Carr (2009) state that the faithful

Adventist is always trying to find ways to integrate the psychological, physiological, spiritual, and social elements of a person.

Ellen G. White also felt the mind/body connection was important. She wrote that nine-tenths of all disease originated in the mind (White, 1882). “The sympathy which exists between the mind and the body is very great. When one is affected, the other responds” (White, 1876, p. 60). She also states, “There is an intimate relation between the mind and the body, and in order to reach a high standard of moral and intellectual attainment, the laws that control our physical must be heeded” (White, 1890b, p. 601).

Adventist institutions typically have mission statements which address the body, mind, spirit connection. For example, Loma Linda Medical Center’s motto is “To make man whole” (Taylor & Carr, 2009). The SDA church has issued a statement as well, which addresses the operating standards of its health organizations with this theme in mind:

Christ ministered to the whole person. Following His example, the mission of the Seventh-day Adventist Church includes a ministry of healing to the whole person--body, mind and spirit. The ministry of healing includes care and compassion for the sick and the suffering. It also includes the maintenance of health. Teaching the positive benefits of following the laws of health, the interrelationship of the spiritual and natural laws, man's accountability to these laws and the grace of Christ which assures victorious living are integrated in the ministry of healing. (Seventh-day Adventist Church, 2010, p. 1)

The emphasis on the body has been evident throughout the history of the SDA church starting with the health reform movement of the mid-19th century and continuing in its present state with the Adventist Health Care System.

Development of the Adventist Health Message and Health Care System

By the late 1980s, the Seventh-day Adventist Church operated the seventh largest corporate health care system in the United States (Bull, 1990). It owns and operates 168 hospitals, 433 clinics, and 130 nursing homes worldwide (Taylor & Carr, 2009). But the road to the SDA success in the health care field was a long and painful journey. Friends were lost, reputations were questioned, and the health message itself was changed to an extent that the founders of the 19th-century health reform would not recognize it today.

The Adventist health message was not original, but was based on the emerging health reform of the 19th century (Bull, 1990). In the early 1800s, America was an unhealthy society. People rarely bathed. Food consisted of high-fat diets including lard, greasy meats, and butter. Doctors were poorly trained and often did not know how to serve the growing number of people sick with the diseases of the time. A cholera epidemic in 1832 brought health reformers such as Sylvester Graham to the forefront with a new idea of preventing disease (Numbers, 1992). He proposed abstinence from sex, tobacco, alcohol, and rich foods. He also suggested using natural remedies for healing (Bull, 1990). Graham, a vegetarian, formulated a whole wheat grain flour which he made into bread, crackers, and “Graham” cakes and advocated them as part of the health reform diet (Reid, 1982). The new reformist’s health message, which the Adventists adapted, consisted of three things: a vegetarian diet, two meals a day, and no drugs or stimulants (Numbers, 1992).

Diet

In 1854, Ellen G. White discussed her first vision about healthy living. She was shown tobacco, coffee, and tea should be avoided (White, 1854a). She and her husband, James, advocated a ban on these substances for their new church members. By 1855, the idea of banning stimulants became so strong that during a SDA Vermont conference it was stated that those who used tobacco must leave their congregations (Devereaux-Jordan, 1988).

Later in 1854, White received a second vision stating that rich foods should be avoided (White, 1854b). The idea that meat caused disease and stirred up sexual desire was an idea first noted by Graham and endorsed by White to her followers (White, 1897). Initially, White had no issue with eating meat and dairy; in fact, she was known to eat chicken, duck, and fish (Robinson, 1943; White, 1880, 1885). Later, White had another vision stating meat, eggs, butter, and cheese had joined the list of off-limit items (White, 1881). Then in 1894, White gave up eating meat, stating that taking the life of an animal to gratify taste was selfish (White, 1926). Finally in 1902, she revealed that eggs, butter, and cheese should not be classified with meat. She felt that in moderation, dairy products could be used to avoid malnutrition (White, 1902a).

Today the components of the Adventist health message include abstinence from smoking, alcohol, and flesh foods. Consistent with modern diet trends, the Adventist health message promotes a diet low in fat, high in fiber, full of fruits and vegetables, and light or moderate use of eggs and milk (lacto-ovo-vegetarian diet). Adventists also advocate exercise, plenty of sleep, and fresh air (Spalding, 1961; Stoia, 2010).

Adventists believe personal health is vital in the preparation for the Second Advent. Members of the Adventist church feel they have a personal responsibility to their bodies. Knowingly bringing on disease or disability by ignoring simple health practices is a violation of God's law (Walters, 2002).

Medicine

In the winter of 1862-63, a diphtheria epidemic was prevalent in the United States. White's two sons were ill from the disease and she was looking for a cure which avoided medicine. She came across an article written by James Jackson explaining the benefits of water treatment. After finding them successful in treating her sons, White began her lifelong belief in the benefits of hydrotherapy (Reid, 1982).

She took many trips to Dansville, New York, to Jackson's water cure retreat known as Our Home. She partook of water treatments such as sitz baths, douches, showers, and plunges all while eating two meals a day consisting of Graham meals and water. She was encouraged to get exercise and fresh air including always sleeping with her windows open (Numbers, 1992; Robinson, 1943; Spalding, 1961). She was taught the philosophy of the Our Home health program, that there was a moral imperative to care for the body, a theme which the Adventists would adopt (Reid, 1982). Her involvement in Our Home would later lead to her own vision to create an Adventist water cure retreat.

Initially, Adventists were using natural remedies and water cure to treat ailments as instructed by White, and the move towards modern medicine did not come until the last part of the 19th century (Bull, 1990). In fact, in 1849, White was encouraging her readers to not seek out medical attention:

If any among us are sick, let us not dishonor God by applying to earthly physicians, but apply to the God of Israel. If we follow his directions (James 5:14-15) the sick will be healed. God's promise cannot fail. Have faith in God, and trust wholly in him, that when Christ who is our life shall appear we may appear with him in glory. (para. 8)

But, somewhere in the early 1850s, White's attitudes about physicians changed. Her admonishments about seeking medical help were removed from the reprints of her writings. One incident which may have led to the change of heart about medical assistance was when a fellow Adventist sister died without receiving medical care. White was blamed for the death as she had counseled against going to a doctor (White, 1860). She claimed later her words had been taken to the extreme:

We believe in the prayer of the faith; but some have carried this matter too far, especially those who have been affected with fanaticism. Some have taken the strong ground that it was wrong to use simple remedies. We have never taken this position, but have opposed it. We believe it to be perfectly right to use the remedies God has placed in our reach, and if these fail, apply to the great Physician, and in some cases the counsel of an earthly physician is very necessary. This position we have always held. (White, 1860, pp. 135)

Even though White appeared to have softened her views about medical care, most Adventists at the time shunned doctors. They chose prayer because they believed that most illnesses were often from Satan (Numbers, 1992). White, herself, stated that Satan struck her with illness in order to stop her from writing her visions (White, 1860).

Inspired by visions and encouraged by her husband, James, White pushed for Adventists to create their own facility which could heal and prevent illness naturally while teaching the ideas of temperance and diet. At the General Conference in 1866, the leaders of the church resolved to establish a health institution. Some Adventist believers felt it irrelevant and a denial of faith to invest in such a large institution when the Lord was returning any day. But later that year, the church purchased a piece of land in Battle

Creek, Michigan, and opened the Western Health Reform Institute. During its first decade it served 2,000 patients (Devereaux-Jordon, 1988; Numbers, 1992).

During this time, the secular medical field was in a period of transition and confusion. In 1864, most states did not require formal training, a degree, or a license to practice medicine (Numbers, 1992; Reid, 1982). Trained and untrained individuals were practicing medicine and competing for business. Advancement in the medical field was slow (Bull, 1990). During this time it was felt at the Western Health Reform Institute as well. Some felt that the Institute was losing sight of its goals. It was overcrowded and there were not enough physicians to handle the patients.

In order to address the growing problems, James and Ellen White sent four medical students to the Hygio-Therapeutic College in New Jersey for training. One of the four students so impressed James White, he encouraged him to attend the University of Michigan's Medical School and loaned him \$1,000 to further his education at Bellevue Hospital Medical College in New York. That impressive young student was John H. Kellogg (Devereaux-Jordon, 1988; Schwarz, 2006).

Because of his training at Bellevue Hospital, Kellogg became familiar with modern surgeries and medical techniques. He returned to Battle Creek determined to do two things: move the health message beyond diet and temperance to include modern medical techniques and to move the medical care provided to include diet and temperance. Through his work in Battle Creek, the Adventist attitude towards medicine began to change. Adventists were now respecting orthodox doctors instead of avoiding them (Bull, 1990). In 1874, the water cure in Battle Creek was replaced with the ideas of

the health reform and new scientific discoveries. Adventists now believed that God's revelations could come through science as well as inspiration (Reid, 1982).

Because of Kellogg's involvement with the Adventist health movement, several training facilities for Adventist medical personnel were established in Battle Creek including the Medical Missionary Nurses Training School and the American Medical Missionary College (Bull, 1990; Devereaux-Jordon, 1988; Spalding, 1961). In the 1880s, Kellogg founded the first Adventist welfare institution in Chicago. This institution served the poor and homeless, offering baths, vegetarian food, medical treatment, and education on the principles of dress, diet, cooking, and morality. It demonstrated Kellogg's vision of Adventists becoming medical missionary people of the world (Bull, 1990).

Initially, Kellogg's vision paralleled with White's vision for the Adventist Health Institutes. White found the Adventist medical systems were an excellent way to evangelize. When non-Adventists came to the medical facilities, it was a way for the evangelists to approach the patient and share the Adventist message. Her intent was never to compete with modern-day medicine but to focus on spreading the "truth" and the Adventist health message. But, Kellogg became frustrated with this stance, believing that the proselytizing got in the way of serving the needy and the suffering (Numbers, 1992).

Kellogg began to lose favor with the Adventists when he began exploring the nature of religious beliefs. He began to believe in pantheism, that God was in all nature. He was encouraged to discontinue his belief by White both publicly and privately. In 1903, Kellogg published his book, *The Living Temple*, which explained his new views (Robinson, 1943). This led to the break between Kellogg and the Adventists. He was

disfellowshipped from the Adventist church on November 10, 1907. He was charged with being antagonistic and aligning himself with those who were against the church (Devereaux-Jordon, 1988; Numbers, 1992; Schwarz, 2006).

Many who worked with Kellogg followed him and left the Seventh-day Adventist church. The church then withdrew its support from the newly named Battle Creek Sanitarium which remained under Kellogg's direction (Devereaux-Jordon, 1988; Schwarz, 2006). In 1910, the American Medical Missionary College was absorbed by the University of Illinois, but not before Kellogg awarded 194 doctorates in medicine (Numbers, 1992). His influence in Adventist medicine can today be seen in the establishment of Loma Linda Medical Center and the more than 700 medical facilities worldwide (Bull, 1990; Taylor & Carr, 2009).

With the loss of Battle Creek Sanitarium and the American Medical Missionary College, there was nowhere to send aspiring Adventist doctors to train. White turned her attention away from the Midwest and looked towards the West Coast to fulfill her medical missionary vision. On September 29, 1910, the College of Medical Evangelists opened (Numbers, 1992). It began as two divisions: one division located in Loma Linda, California, training nurses and dieticians and the second in Los Angeles offering advanced courses in medicine. The two were united in 1961 to form Loma Linda University (Devereaux-Jordon, 1988).

During White's final years, she advised the newly formed college in Loma Linda to abide by three tenets. The first tenet was to treat the sick without poisonous drugs; using pure air, sunlight, rest, exercise, proper diet, water, and simple roots and herbs. Second, doctors should not charge large fees for their services. Third, men should only

treat men and women should only treat women (White, 1981). She also advised against using new technology such as “the X-ray device” (White, 1906). These recommendations, however, are not evident in the Adventist health care system today.

Today a student at Loma Linda University can study a wide variety of medical disciplines including: nursing, biochemistry, psychiatry/psychology, pharmacology, and radiology (Loma Linda University, 2010). The services provided at the Loma Linda Medical Center are vast as well: bariatric surgery, behavioral medicine, cancer treatment, eating disorder clinic, electroconvulsive therapy, fertility treatments, heart and cardiac care, immunizations, neurology, pain management, plastic surgery, psychiatry, and a variety of counseling services (Loma Linda Medical Center, 2010). The staff at Loma Linda Medical Center not only caters to the medical needs of the patient, but to the emotional, mental, social, and spiritual needs as well (Devereaux-Jordan, 1988).

While the modern Adventist church is receptive to holistic, preventative, and rehabilitative means of health, there exists in the church a trust in modern doctors and in the medical sciences to cure disease and decrease suffering (Walters, 2002). This now supersedes the foundational ideas of the Adventist health message of using natural remedies, hydrotherapy, and prayer (Taylor & Carr, 2009).

In 1986, the Adventist Health System (AHS) of the United States hired Seltzer Daley Companies to conduct a survey. The AHS had been hearing rumors that the church membership was not happy with their services and decided to find out if this was true and why. They wanted a survey that would provide an understanding of a cross-section of all church members and of special constituencies (ministers, educators, and doctors). In conjunction with AHS, Seltzer Daley developed a custom questionnaire to be given over

the phone. (It should be noted that the survey did not include any questions specifically regarding mental health care or treatment.) They conducted 701 phone interviews, each taking 30-40 minutes with the following samples: 100 Adventist ministers and administrators, 100 Adventist educators, 100 Adventist physicians, and 401 Adventist church members.

Two themes emerged from the survey. One is that church members, ministers, educators, and doctors form a community with a commitment to Adventist values. The Adventist values go beyond self-interest. They believe that Adventist values should be evident in all their institutions even if the mission of an institution is not religious. As for Adventist hospitals, Adventist values should be reflected and at the same time they are expected to excel medically and operate efficiently (Seltzer Daley Companies, 1986).

The second theme is that the Adventist community understands that AHS is the only Adventist organization which has dual missions which relate to the Adventist community and to the general public as well. Adventists acknowledge their mission is spiritual, but the AHS must provide state-of-the-art medical care. It was found that the respondents did not find a conflict between medical technology and their spiritual values (Seltzer Daley Companies, 1986).

Through the survey, Seltzer Daley also found that church members and the special constituencies approved of how AHS is run. They also found that the Adventist community is willing to delegate authority to manage hospitals to the hospital administrators. The survey did find that Adventists who were male, college educated, and generous tithers and the ministers felt that there was an inconsistency in the hospital administrators' adherence to the Adventist principles. Seltzer Daley felt this may

represent those who more highly involved in the church and hold the strongest degree of conviction (Seltzer Daley Companies, 1986).

The Adventist community appears to be accepting of the medical field in regard to care of the body and which has updated their views of medicine over time. They are willing to accept state-of-the-art medical techniques to cure illness even when it appears to go against the historical teachings of White. For example, cancer treatments regularly consist of injecting poisonous drugs into the system to kill cancer cells. In 1984 at Loma Linda, a baboon heart was transplanted in an infant in order to keep the child alive. Seltzer Daley's survey (1986) found that there appears to be no conflict between medical technology and spiritual values.

As demonstrated by the progression of the medical field, Adventists have a history of adapting their positions to accommodate the changing times. Compromises have been made in doctrine to advance the Adventist's role in medicine, create opportunities for evangelism, or to gain acceptance in the secular world. Lawson (1995) posits several factors which he feels explains this accommodation. He states that the church leadership has a history of being concerned with public image and pursuing status. The church also has increased tolerance of doctrinal diversity which opens them to others' ideas and solutions. He also indicates that because they have a decreased apocalyptic urgency, they are more willing to change and adapt with society. Because there is a willingness to change with society, he states there is also a decrease in tension with society.

The next section looks into the ideas presented by Ellen G. White, the SDA church, and other Adventist writers about psychology, counseling, and mental health

issues and to understand if there is a similar acceptance of psychological concepts in regard to spiritual values.

Psychology, Counseling, Mental Health Issues, and the Seventh-day Adventist Church

The Development of Psychology During the 19th Century

While Adventists were making meaning out of the “Great Disappointment” and formulating a new church, those in the field of psychology were working towards understanding how the human species experiences and survives in the world. The 19th century set up theories and scientific discoveries which would facilitate the evolution of psychology during the 20th century.

An early theory which emerged in the field of psychology was mesmerism. It was founded by Franz Anton Mesmer who believed that bodily diseases were attributed to an intangible animal fluid that penetrated the entire universe. He believed the fluid was vital to the nervous system of the body and if manipulated could cure disease. In 1779, Mesmer formulated a complex therapy for his patients involving striking the parts of the body that were diseased, using tubs of water with iron rods focused on patient’s symptoms, and using trances and séances. He specialized in illnesses that came from psychological causes. It was suggested his patients were cured not from his treatments, but from suggestibility. He refused this, keeping with his theory of animal fluids (Leahey, 1992).

Mesmer’s treatments became popular in the 19th century as scientific explanations for disease replaced religious ones. Central to his treatments was his ability to put patients into a trance, thus he could cure some neuroses such as hysterical blindness and

hysterical pains. Although Mesmer attributed his trances to the passing of animal fluids from him to his subjects, his critics concluded the trance was induced from psychological control over another. Once this was identified in 1831, mesmerism moved from being mystical to being a practical use for physicians of the time. It was renamed hypnosis and became the treatment for hysteria (Leahey, 1992). But mesmerism was also a doctrine which was manipulated by how it was used. On one hand it was used as a tool to calm the mind and on the other it was misused to control others for profit (Van Wyhe, 2004).

Another early idea which was eventually misused was phrenology. In the 1790s Franz Joseph Gall developed a theory which localized the functions of the brain. Along with Johann Gaspar Spurzheim, Gall carried out neuroanatomical studies which increased the knowledge of the brain and spinal cord. Because at the time researchers had no access to brain activity, using the attributes of the head were considered advances in research in cerebral knowledge (Kemp, 2001). Gall and Spurzheim suggested that 37 mental powers were located on the brain and development of these powers enlarged the skull. The degree of mental facility or traits could be determined by the size of the brain area and was evaluated by measuring the overlying cranial area for enlargements and depressions in the skull. Once the location of the “bump” or indentation was determined, a diagnosis could be made based on the corresponding 37 mental powers (Leahey, 1992).

Phrenology was also a cultural phenomenon, often used by practitioners to make money during the 1800s to the mid-20th century. For-profit phrenologists emerged in the United States in the 1830s until the 1940s (Van Wyhe, 2004). Because of this, by the 1840s, phrenology was discredited in scientific circles (Leahey, 1992). While the idea that the exploration of bumps and divots on the head was discredited as a pseudoscience,

some claim the work of Gall and Spruzheim advanced the study of neuroscience (Simpson, 2005).

Gall and Spruzheim believed phrenology was a science because they were presenting certainties where there had only been speculation or conjecture. VanWyhe (2004) believes that phrenologists should have been able to declare their authority about human behavior instead of being judged on the social use of phrenology used by a minority in the late 19th century. In contrast, he points out that phrenologists did not conduct experiments to determine if the phrenological organs were accurately identified. They also did not search for new organs of the brain; they just went on the faith that their observations were justified. But the author states the work of the phrenologists also inspired the non-phrenologists to think of the brain in new ways.

Starting in the 19th century, studies of nervous activity, sensations and brain function increased the physiological basis for mental operations. In 1811, both Francois Magendie and Charles Bell discovered the distinction between sensory and motor nerves. Elaborating on their work, between 1833 and 1840, Johannes Muller stated that the nervous system served as an intermediary between sensed objects and the mind. Because of his work, studies began to crop up attempting to localize the functions of the brain. A student of Johannes Muller, Emil Du Bois-Reymond was able to describe the electrical properties of neural transmissions, thus breaking away from the view that “animal spirits” were contained in nerve fibers. Further work in physiology included understanding overt behavioral responses to environmental stimuli, which laid the foundation for behavioral psychologists such as Pavlov and Watson and cognitive psychologists such as Wundt and James (Brennan, 1998).

Psychology was not considered a formal science until the establishment of the first psychological research laboratory at the University of Leipzig, Germany, by Wilhelm Wundt in 1879. It was here that Wundt conducted scientific research on sensory-perceptual processes. Wundt and his colleagues used introspection to study conscience experience, speed of decision making, and other mental functions (Bernstein, Penner, Clarke-Stewart, & Roy, 2006).

Another scientific milestone occurred with the 1859 publication of Charles Darwin's *On the Origin of Species*. Darwin's book shook theologians of the time to their core. If it were true that man and ape had common ancestry, then the idea of man being created in God's image was untrue. Also if all life evolved as a result of natural selection, then the role of God in creation was unnecessary. He argued that the difference between humans and animals was on a graduated scale. He felt that animals and man shared inborn characteristics such as self-preservation, cognition, and emotions but man had the additional adaptive element of moral development (Brennan, 1998).

In 1890, William James integrated Darwin's theory of evolution into his own theories concerning adaptive behaviors in his book *Principles of Psychology*. James and his American colleagues' theory of functionalism set out to describe how a person's perceptions, sensations, memories, and other mental activities function to assist in the adaptation to any given environment. Functionalism influenced other psychologists to not only look at how these processes work to our advantage but how they differ from person to person (Bernstein et al., 2006).

Meanwhile, in Vienna in 1885, a physician by the name of Sigmund Freud learned of a new technique, known as hypnosis, to treat women with hysteria. Using this

intervention, Freud observed that the women seemed more comfortable relating traumatic events of their lives under hypnosis than when awake. It was this realization that led him to his theory of the unconscious. Freud purported that the mind houses many aggressive and sexual urges which build up and eventually are expressed through thoughts, feelings, and actions. These same aggressive and sexual urges create psychological conflicts. The conflicts then lead to mental and physical illnesses and thus hysteria. It was his belief that these conflicts remained in the patient's unconscious, leaving the patient unaware of the true nature of their illness. By bringing the unconscious thoughts to awareness by using free association, hypnosis, and dream analysis, Freud was able to demonstrate the influence of these urges. This theory became known as psychoanalysis and was the first concrete theory of modern-day psychology (Bernstein et al., 2006; Kosslyn & Rosenberg, 2004).

Through this evolution of the science of psychology, there was a struggle to distinguish "old psychology" from the emerging "new psychology." Old psychology was formed from speculation and mysticism whereas new psychology was beginning to emphasize empirical and scientific methods. Those who advocated new psychology were tasked with convincing the public that legitimate science would not impede on the spiritual welfare of the public. Using the popular press of the time, psychologists attempted to gain support for psychology, decrease the fears by emphasizing harmony with religion, and stress moral qualities of psychology. Psychologists argued that their results were compatible with religious faith, affected the development of moral character, and were the basis for religious judgment. During the time period of Ellen G. White, the new psychology was portrayed as both scientific and moral (Pickren, 2000).

This brief history gives a glimpse of the development of psychology during Ellen G. White's time. It demonstrates what was happening in the field of psychology and what may have influenced her attitudes and beliefs about the field.

Ellen G. White's Views Towards Psychology, Counseling, and Mental Health Issues

During Ellen G. White's lifetime (1827-1915), the science of psychology was in its beginning stages. Because of this, it is important to note that her references to psychology and counseling were mentioned alongside of phrenology and mesmerism, which were popular at the time.

Mental Health Issues and Psychology

Ellen G. White believed human nature was sinful and needed salvation from God (Burt, 2008). She also felt man did not know his own worth (White, 1902b). Modern psychology contradicts this belief, stating human beings can understand and perceive their worth and place in the world. A person's own sensory experience is the only reliable source of knowledge about the state of a person's mental health (Bergin & Richards, 1997).

White felt Jesus was the great healer of the sin-damaged mind and that people can heal no matter how damaged they are with God as their healer (Burt, 2008). Her belief was that people can control their emotions through the assistance and strength of God. Problems should only be taken to God and, in rare instances, a pastor (Rayburn, 2000).

White (1891b) states:

Come to God with all your needs. Don't go to others with your trials and temptations; God alone can help you. If you fulfill the conditions of God's promises, the promises will be fulfilled to you. If your mind is stayed upon God, you will not go from a state

of ecstasy to the valley of despondency when trial and temptation come upon you. You will not talk doubt and gloom to others. You will not say ‘I do not know about this or that. I do not feel happy. I am not sure that we have the truth.’ You will not do this, for you will have an anchor to the soul both sure and steadfast. (para. 9)

Her view appears to be that Adventists should only be completely dependent on Christ to achieve good mental health. It appears she believes that only God or the powers of evil can control the mind. There seems to be no in-between. She goes on to say:

This is the life we are to present to the sick, telling them that if they have faith in Christ as the restorer, if they cooperate with Him, obey the laws of health, and striving to perfect holiness in His fear, He will impart to them His life. When we present Christ to them in this way, we are imparting a power, a strength that is of value: for it comes from above. This is the true science for healing the body and soul. (White, 1905, p. 244)

The sick should be taught not to be dependent on humans for the cure of the body and soul, but directed towards the One who can save. She teaches God alone is the One who can heal (White, 1905).

According to White, following Christ and obeying His laws should heal the mind. This raises consequential issues, one of them being: How does one answer to those who are faithful to the teachings of the church and White who continue to suffer from depression, schizophrenia, or other mental health issues? This “faith alone” practice can cause further despair for the mentally ill who pursue faithfulness but remain ill.

“Mind cure” was a phrase used during White’s time which referred to the idea that thoughts could be changed and patients could overcome and resist disease. Mind cure is what White referred to as an evil cure of the mind. She felt prayer could heal mental health issues. She also felt depression could be cured through physical and mental exercise. Mind cure should be avoided. She felt mind cure meant one’s mind was brought under the control of another. She writes that one’s mind should not yield to

another or the control of another (White, 1905). In a 1907 letter, White says that Satan uses the power one human mind can have over the other. She warns that Satan often experiments on the human mind and knows how to use it. He takes advantage of the sciences that deal with the mind including psychology. But 16 years earlier in 1891, she stated in the *Review and Herald* that Satan “cannot read our thoughts, but he can see our actions, hear our words” (White, 1891b, para. 9). She felt mind cure would not lead to salvation through Christ, therefore should not be entertained. Dependence should be only on God, not human intelligence (White, 1905). In contrast, research has shown that in modern counseling, dependency can be useful to help create trust, increase a client’s self-adaption skills, and improve their ability to become more self-reliant (Bornstein, 1994).

Counseling

White, in contrast to her statements about psychology, talks about the virtues of a counselor. (It is important to note during the time of her writings the field of psychology did not include formal counseling. The term “counseling” in relation to psychology was not used until the 1950s when Carl Rogers used it to refer to his person-centered therapy. White’s references to “counseling” and “counselor” referred to one who was advising another [Benjamin, 2007].) She states that a counselor should be of “sound judgment and undeviating principle, a man who will have moral influence who knows how to deal with the mind” (White, 1878, p. 546).

Thirteen years later she warns against advice seeking:

One man’s mind and one man’s judgment was not to be trusted, for too great interests were at stake, and it was not free from human frailties and human errors. . . . There is not any one man’s mind so perfect that there is no danger of his moving from wrong motives, viewing things from a wrong standpoint. (White, 1891a, para. 2)

Later she writes about the minister as counselor:

Those who disrespect the minister of God will not accept his counsel and they refuse to be helped by any of God's appointed instrumentalities. They have determined that they will go to God alone for help; but while they have this spirit, God does not give them the help they desire. (White, 1893, p. 87)

Five years later she again warns against using and placing confidence in individual human counselors:

Continuing His instruction to His disciples, Jesus said, "Beware of men." They were not to put implicit confidence in those who knew not God, and open to them their counsels... God is dishonored and the gospel is betrayed when His servants depend on the counsel of men who are not under the guidance of the Holy Spirit. (White, 1898, p. 354)

We are not to place the responsibility of our duty upon others, and wait for them to tell us what to do. We cannot depend for counsel upon humanity. The Lord will teach us our duty just as willingly as He will teach somebody else. Those who decide to do nothing in any line that will displease God will know after presenting their case before Him, just what course to pursue. (White, 1898, p. 668)

It appears over time that White's statements are contradictory and may be confusing for those who are looking for insight on the appropriateness of counseling.

White also discusses the complications of counseling. In a private letter to a minister, Elder E. P. Daniels, White tells him he should not listen to private matters from a woman, especially those that concern her family or individuals. She felt this encouraged his parishioners to talk to him about matters that should only be brought before God who "understands the heart, who never makes a mistake and who judges righteously" (White, 1890a, p. 64). White also cautioned that counseling about private matters can become a snare as people become dependent on the counselor and lose dependence on Christ. Again she advises against confessing sins to another saying, "do not breathe them to any soul" (White, 1892, p. 44). Although these statements are not

made about people in a professional counseling relationship, they may cause the faithful Adventist to avoid seeking help from a trained therapist.

Therapeutic Interventions

Burt (2009), the director of the Center for Adventist Research, discusses in his article *Ellen White and Mental Health Therapeutics* the rationale for opposing certain therapeutic interventions used to “cure” mental illness. He states that in the past White had been wrongly interpreted as being against the use of drugs and against “psychology.” He stresses two points: (a) that White understood the importance of mental health and (b) she understood physical health affects the mind.

He begins with White’s view of using drugs in conjunction with counseling, stating she had little to say about the use of drugs to treat mental illness. He assumes her views on using drugs for mental health are probably similar to those used in healing in general. She advocates using spiritual, hydrotherapeutic, and natural remedies but wrote against using drugs for healing unless it was lifesaving. Burt states, “Were she present today, she would probably still argue that natural methods are best where possible but that physiologically-based drug therapy has its place” (p. 4). However, there is no way of knowing what White would have said about the current pharmacological aids to mental health.

The two main treatment modalities considered for treating mental illness in White’s lifetime were mesmerism and phrenology. The first time White referred to phrenology and mesmerism was in an 1862 article in the *Advent Review and Sabbath Herald*:

The sciences of phrenology, psychology and mesmerism, have been the channel through which Satan has come more directly to the generation, and wrought wit that power which was to characterize his work near the close of probation. . . . Phrenology and mesmerism are very much exalted. They are good in their place, but they are seized upon by Satan as his most powerful agents to deceive and destroy souls. The detector, the Bible, is destroyed in the minds of thousands, and Satan uses his arts and devices which are received as from heaven. And Satan here receives the worship which suits his satanic majesty. Thousands are conversing with and receiving instructions from this demon-god, and acting according to his teachings. The world, which is considered to be benefited so much by phrenology and animal magnetism, never was so corrupt. Satan uses these very things to destroy virtue and lay the foundation of Spiritualism. (White, 1862, pp. 94-95)

White appears to advocate for these modalities if used within God's direction. In fact, 2 years after this was published, White took her sons to a phrenologist. She felt the reading was accurate and beneficial (White, 1864). Another 2 years later, she used phrenology terms describing her husband's health (White, 1866). In actuality, there are less than 10 references to phrenology and of those that were in favor of phrenology occur before 1870 when the science community had discredited the practice of phrenology. As with the theorists of the time, White may have recognized that phrenology and mesmerism on their own may have had worth, but when used for profit or by charlatans they are misused. Burt (2009) has little to say about White's views on phrenology except to quote her, saying phrenology is a "vain philosophy, glorying in things they do not understand, assuming a knowledge of human nature which is false" (p. 6).

Burt (2009) also theorizes on White's views of mesmerism, quoting her directly:

It is not God's purpose that any human being should yield his mind and will to the control of another, becoming a passive instrument in his hands. . . . He is not to look to any human being as the source of healing. His dependence must be in God. (p. 5)

She, however, does not directly identify hypnosis or mesmerism in this quote. It is unclear whether she is referring to hypnosis in this statement since no context is given. She does seem to endorse not using any outside intervention to secure healing.

One theory of why White spoke out against mesmerism is that she was often accused of being mesmerized or of mesmerizing herself when she presented her visions (Numbers, 1992). This idea wounded her and she often became distraught that others did not believe she was led by the Holy Spirit (Butler, 1991).

Neither of these interventions for mental illness is a major treatment modality today; therefore they cannot translate to modern-day psychology. There appears to be no way of knowing what her stance would be on 21st- century psychology and mental health care. Burt (2009) states she would be supportive of modern psychology if it is Christian based and the goal is to return to Christ, a standard not used for medical science. There is no way of knowing if Burt is correct; however, if he is correct, Adventists who need mental health counseling are then limited to seek help only from a therapist whose singular goal is to restore mental health by solidifying the client's relationship with God.

As pointed out earlier, White's thoughts and ideas about physical health progressed with the evolution of medicine itself. She moved from a faith-only perspective of medicine to the idea that God uses medical personnel to treat the physically sick (White, 1860). But her ideas about healing mental health issues remained faith-based. Were her views limited to those of her time? Because the field of psychology did not evolve at the same rate and time as the medical field, she was not able to comment on what we now know as modern-day psychology. If she had been alive during the time when psychology was developed into a science, would her writings reflect the evolution of psychology as did her writings with the evolution of the medical field?

White's prophecies, views, and opinions are generally regarded in the SDA church with reverence and as truth (General Conference of the Seventh-day Adventist Church, 2010). Does the modern-day Adventist adhere or agree with White's guidelines for psychology and counseling? Do the teachings of Ellen G. White discourage Adventists in need from initiating counseling because they are misinterpreted or taken out of context? According to Dudley and Cummings Jr. (1982), only 35% of Adventists read the writings of Ellen G. White regularly. Which lends the questions: Does the Adventist have knowledge of Ellen G. White's guidelines for psychology and counseling? Building upon the writings of Ellen G. White, the church officially decided to take a stance on psychology to further direct and outline guidelines for its parishioners.

The Seventh-day Adventist Church's Official Stance on Psychology

In 1972, the General Conference of Seventh-day Adventists appointed a committee to "give study to the question of a definition of Adventist psychology" (General Conference Department of Education, 1975, p. 3). The committee was named "Adventist Psychology-Definition Study Committee." It was comprised of 10 members from various Adventist colleges and health organizations. The committee was subdivided into three subcommittees: Psychology and Religion, Psychology and Science, and Psychology and Adventist Education. The committee met four times between the years of 1972-1974. The minutes, conclusions, and recommendations were compiled in a report entitled "An Adventist Approach to Psychology."

According to the minutes of the meetings, initially the committee recognized the need for study of Adventism and psychology based on the 19th-century views of Ellen G. White. The committee acknowledged that White's statements about psychology were

based on mesmerism, phrenology, and psychology of her day. They stated that these statements were correct for her time, but felt they needed to explore current theories and facts related to psychology in order to understand how psychology fits in today's Adventist world (General Conference Department of Education, 1975).

Four points were brought up in the first meeting of the committee. First because there were many frames of reference through which to view psychology, having an Adventist approach was appropriate. Second, the approach should be based on a positive approach including the nature of man and other basic factors. Third, a change is necessary as the world is changing. Fourth, there is a need for better qualifications of counselors in academies and other institutions. It was determined in this first meeting that the definition of Adventist psychology could not be completed in one session (General Conference Department of Education, 1975).

During the second committee meeting, several recommendations were voted on including the status of teaching psychology in Adventist institutions, urging of the Board of Trustees to publish the *Guidelines to Mental Health*, instigating human behavior classes for theology programs, employing better qualified psychology teachers, and extending a questionnaire to church members. Several committee members presented papers on various topics concerning psychology and Adventism (General Conference Department of Education, 1975).

The third committee meeting started with several readings of papers. It was observed by the committee that pastors should not act as a pseudo-psychologist, nor should a psychologist act as a pseudo-theologian. The committee recognized the need to better understand the relationship between the two, and this task was assigned to a sub-

committee. The committee also discussed the concept that sin may be the symptom of emotional illness or failure in emotional development. Consideration was also given the development of a textbook which would discuss psychological principles in accordance with Adventism. The textbook would be “grounded in the nature of man as created by God and degenerated in sin” (General Conference Department of Education, 1975, p. 22).

The report’s minutes indicate a final meeting in 1974. During this meeting the committee voted to adopt recommendations for further study of topics including: the dangers of hypnosis, psychological aspects of conversion, human sexuality, the need for a psychology textbook for Seventh-day Adventists, causes of mental illness, and the nature of man. The committee also voted to urge the General Conference Department of Education to provide in-services for current teachers of psychology. They recommended workshops for Seventh-day Adventist psychology and behavioral science teachers. They stated that if an Adventist university had a psychology department that at least one professor should have a PhD in psychology. A yearly meeting of Adventist psychologists was also recommended. They stated that research should be supported by the General Conference in the application of mental health principles as found in the writings of Ellen G. White. They also recommended that academy counselors acquire 24 hours of psychology courses and that college counselors have at least a Master’s degree in counseling (General Conference Department of Education, 1975).

In 1977, the General Conference officially presented a document stating the church’s official definition and opinion on psychology entitled: “Seventh-day Adventist Concepts of Psychology.” This document was a direct result of the organized committees: “Members of Adventist Psychology—Definition Study Committee” and

“Members of Adventist Approach to Psychology Committee” (General Conference of SDA, 1977).

The document begins by stating four main principles concerning psychology. First, psychology is “recognized as a foundation for professions dealing with man” (p. 1).

Second, the true principles of psychology are found in the Bible and are further defined by the writings of the "Spirit of Prophecy," referring to the writings of White. It, however, does not explain where in those writings principles of psychology are outlined. Furthermore, the document does not outline or explain what the true principles of psychology are or where they can be located in the Bible.

Third, Seventh-day Adventists have unique perspectives which may be different from the non-Seventh-day Adventist. The unique perspectives of the church are explained as pertaining to the “origin, nature, and destiny of the human race” (p. 1). While these terms are minimally explained later in the document, they are not fully developed. Also, the “unique perspectives” of the church may be just that: views of the church leadership. After conducting a search, no evidence was found which supports that the stated perspectives of the Adventist church reflect those of the individual members of the church.

Fourth, Adventist colleges must teach psychology from an Adventist viewpoint. Again, the church does not outline specifically what its viewpoint is, speaking only of it in general terms. Currently, Adventist colleges are teaching the full range of psychological theoretical backgrounds from psychoanalytical theory to humanistic and interpersonal theory. In fact, the “Adventist viewpoint” is not recognized as a theoretical perspective of psychology and is not formally taught in Adventist universities (Andrews

University, 2009; Loma Linda University, 2009). Harding (1987), an Adventist psychiatrist, feels we should go further, stating:

Adventists should feel not only a professional, but also an historical and religious mandate to go beyond neurophysiology and psycho-pharmacology to inquire into the entire range of psychological processes—the unconscious, object relations, the importance of persons, individual dynamics and group process. (p. 6)

The 1977 (General Conference of SDA, 1977) document goes on to discuss mind and the total person. It states that whatever affects a person in one aspect of their life, affects them as a whole. The church believes the mind's main organ is the brain which organizes environment, past, and destiny in a meaningful way. Spiritual, physical, and social health issues also affect the mind. This concept seems to fall in line with modern psychology which believes in the holistic principle, that body, mind, and soul are connected and impact each other (Cashwell & Young, 2005; Kelly, 1995).

The foundation of the church's belief about psychology rests on its philosophical and theological understanding of human nature. As a Protestant Christian church, the Adventist church believes in the "fallen" state of man. The church holds that man is deeply sinful and is born in sin. But when a person understands and accepts God's gift of salvation, only then can a person be aware of his own personal worth and true potential.

While there is recognition of the fallen state of humanity; no redemption is obtained by that recognition alone. Therefore all consideration of our fallen nature must be accompanied by expressions, verbal and otherwise, of the high value God places on His children and on their potential for good through God's grace. (General Conference of SDA, 1977, p. 4)

This view conflicts with the view of the secular, or what the church calls the "optimistic" therapist, who believes in the innate goodness of man. The document states that the secular therapist believes man can instinctively find the strength to heal their psychological wounds. The church views this optimism as highly unrealistic:

It is through appreciation of this divine gift and acceptance that the individual can become aware of his own personal worth and true potential. The Christian's ultimate hope rests in Christ, who gives conversion, cleansing, and transformation into a thoroughly new creature. (General Conference of SDA, 1977, p. 4)

Hence, the 1977 document of the Adventist church is not a scientific view of psychology, but rather a theological view.

A warning about psychology and some of its components is also discussed in the document. It warns against mind control and manipulation. It states Man has the characteristics of God; therefore, anything which diminishes man's ability to be responsible and to have choice diminishes the representation of God's character. It defines mind control as: "Any practice or modality that would lessen man's capacity for self-determination violates the Creator's intention" (General Conference of SDA, 1977, p.

4). Examples of mind control and manipulation listed in the church's statement include:

1. Misuse of psychotropic drugs
2. Brainwashing and mind control
3. Forced programming and behavior modification
4. Manipulative indoctrination
5. Subliminal indoctrination
6. Transcendental meditation
7. Yoga
8. "Charismatic" experience
9. Rock-type music festivals
10. Extreme emotional manipulation in public religious meetings
11. Inordinate fostering of dependency in a counseling situation
12. Hypnosis (p. 5).

These 12 examples of mind control are not further defined beyond the above list. Some of the terms listed are vague. It is unclear what such terms as “inordinate,” “charismatic,” “misuse,” “manipulative”, or “subliminal” may mean, as they are not defined.

There is no clear, measurable definition of this list of items identified as mind control. Also, there is no evidence as to whether the individual members of the church agree with the definitions of mind control. Some of the listed forms of mind control, such as yoga and meditation, are commonly used in counseling. If the Adventist client engages in these recognized techniques, do they feel they are disregarding the church’s stance on psychology? The church also does not have specific documented guidelines concerning other aspects of psychology including involuntary commitment, behavior modification, counseling, psychopharmacology, or electric shock therapy (Walters, 2002).

While the church does not specify guidelines about counseling, it does state that counseling should emphasize the “goodness of God’s creation” (General Conference of Seventh-day Adventists, 1977, p. 6). Again, this term is not defined in the document, but seems to indicate a contradiction of the previous statement that man is deeply sinful. It also states that, in accordance with the church’s stand on the state of human nature, Christian psychologists should use God’s laws to work towards making people whole (General Conference of Seventh-day Adventists, 1977). Again such statements are vague and they assume that the church membership is on common ground with the church leadership. They do not define which of God’s laws apply towards the human psyche and its repair.

This document, which states the church's position, is 36 years old. The field of psychology has grown and changed throughout these years, and the church's stance may be outdated. It is unclear if this document reflects the church's current position or if it demonstrates the body of believers' true attitudes and beliefs towards psychology. Adventist universities' psychology programs are now teaching a multitude of theoretical standpoints of psychology (family systems, narrative, humanistic, psychoanalytical, and others) to mental health therapists, school psychologists, and counseling psychologists (Andrews University, 2009; Loma Linda University, 2009). It is unclear whether these various theories match the Adventist view of human nature as outlined in the 1977 document as the document is vague. Carlos Fayard (2011) stated that there has not been a friendly or biblical comprehensive notion of human nature that can influence the work of counselors.

Because of the lack of empirical research concerning the attitudes and beliefs of the Adventist church body, there is no evidence the Adventist client or counselors are following or not following these guidelines. And if the attitudes and beliefs have changed with the evolution of psychology, how does this affect the Adventist understanding of counseling's purpose and goals? How does a counselor meet the needs of the Adventist client if there is not a clear understanding of the attitudes and beliefs the Adventist client has towards counseling and its usefulness in their life?

Harding (1987), an Adventist psychiatrist, talked about his attitudes towards SDA and psychology. He states that in the past Adventist leaders saw psychology as largely hypnotism and therefore an instrument of the devil. They spoke out against psychology, stating it should be avoided. He states if an Adventist does enter counseling, then the

focus of counseling should be on the interconnection between mind and body which is consistent with the 1977 church stance on psychology. Also complex relationships with others should be explored including the complex relationship with God. He feels while pastoral counseling or even counseling from a Christian counselor is becoming more accepted from within the church, suspicion and resistance still linger because of a threat of alienation from the Adventist community.

Harding's (1987) views of Adventism and counseling, while interesting, cannot be empirically supported. There are no research data that back up his claims of an increase in Adventist participation in counseling services. There are also no research data which back up his claim that Adventists feel alienated from the church if they do participate in counseling. Research confirming Harding's observations could help increase the quality of service to Adventist mental health clients.

Other authors, such as Rayburn (2000) and Walters (2002), state the church still views the science of psychology with suspicion. They state that especially older Adventists view psychology with mistrust because they believe that it may involve mind control, brainwashing, or hypnosis (Rayburn, 2000). Walters (2002) states that older Adventists may be reluctant to participate in counseling, especially if the therapist is a non-Adventist. While these two sources are more current than Harding (1987), they too are anecdotal observations.

Supporting the idea that Adventists approach psychology with suspicion, Magana Parks (2007) has written a book warning SDA members to stay clear of psychology and counseling. Parks, a licensed psychologist, states that mental health issues are the result of sin. She also states that counseling is full of small nuggets of truth that make it seem

plausible, but in fact counseling is only a way to dwell on problems and turn away from God. She bases her disapproval of counseling on only humanistic theory, which she quotes throughout the book. It appears that Parks, like the church, has dismissed the science of psychology and is regarding it only from a theological standpoint.

But are Adventists' views about psychology any different from that of the mainstream? Psychology has a long history of being misunderstood. Beginning with the misuse of mesmerism and phrenology to modern-day misconceptions, psychology has struggled with its credibility. The public image of psychology can be considered two-fold: how the public feels about psychology and what the public knows about psychology. In modern times this public image has seen a gradual improvement but there are still differences of opinions, even among mental health workers, about the definitions of mental health issues, the role of the various mental health workers, and the variance of psychological specialties (Benjamin, 1986).

Lilienfeld (2012) posits that while the public holds general positive views of psychology, laypersons view psychology as not scientific. He presents six criticisms which explain the skepticism of the science of psychology:

1. Psychology is merely common sense.
2. Psychology does not use scientific methods.
3. Psychology cannot yield meaningful generalizations because everyone is unique.
4. Psychology does not yield repeatable results.
5. Psychology cannot make precise predictions.
6. Psychology is not useful to society (pp. 115-117).

He goes on to say that many people have a poor understanding of psychology and the impact it has on their everyday lives. He feels the public skepticism may be rooted in misunderstanding the use of psychology and the knowledge of psychology. To remedy this he suggests that mental health workers educate laypersons about psychology, explain psychological findings fully, and lean toward using evidence-based therapies.

There appears to be several sources which validate the perceived skepticism of psychology and counseling among the Adventist community. But there has been evidence that there is a need for Adventists to look towards psychology as a resource for healing mental health issues.

Seventh-day Adventist Needs for Psychology

Dudley et al. (1987) conducted a study identifying drug use and the factors which predict frequency of use among Adventist youth. They surveyed 801 youths from the age of 12-24. They found 10% of the sample used alcohol, 4% used cigarettes, 2% used marijuana, and 4% used other illegal drugs. While these numbers are significantly lower than usage numbers of secular high-school students (i.e., 66% alcohol usage), the statistics show there is a group of SDA youth who could benefit from substance use intervention.

In another study by Crosby et al. (2006), 2,240 Adventist students in Grades 9-12 reported on what they identify as their personal problems. Some of the problems noted were as follows: worry about future job/college (47%), poor sleeping habits (33%), having trouble concentrating (32%), being shy (32%), feeling depressed or sad (29%), having same thoughts over and over (25%), not being able to sleep (23%), and feeling too emotional (21%).

These two studies demonstrate that Adventist adolescents have problems which could benefit from counseling services. Crosby et al. (2006) recommend that comprehensive counseling programs be initiated for Adventist youths. According to the National Institute of Mental Health (2005), as these adolescents mature and grow, an untreated mental illness can lead to a more severe and more difficult-to-treat mental health issue in adulthood. It is unclear through a search of the literature if Adventist adolescents and adults are seeking out counseling to address these issues but there is evidence that 25% of those who have left the SDA church have done so because they perceive a lack of compassion from the church for those who are hurting (Dwyer, 2013).

Integration of Psychology and Religion

One of the issues that have caused integration of psychology and religion to move slowly is that the psychology that Christians have tried to integrate with theology is purely secular. When trying to integrate Christianity and psychology, empirical rules imply that God is excluded as He cannot be proven. But if God is active in human lives, scientists should be able to describe this relationship in spite of whether empirical methods can measure it (Slife & Reber, 2009).

When formulating integration between psychology and Christianity, Shepard (2001) says three factors must be given importance:

1. It is unreasonable for Christians to reject all of psychology out of hand since it is based in part on sound scientific experiments and studies.
2. It is unreasonable to reject Christianity out of hand in favor of secular science since Christianity is founded on philosophical presuppositions which cannot be proven and are, in fact, outside the scope of valid scientific inquiry.

3. The resulting synthesized “Christian Psychology” must result in useful knowledge and in practical, effective therapies (para. 22).

Psychology and the Adventist church members who are in need of counseling need to be joined. Thus far there have been limited guidelines for how a person who needs psychological services can do so within the tenets of the Adventist faith. Two authors have come forward with their proposals on how the Adventist church can incorporate psychology into the church. Robert Ouro, a professor of psychobiology, proposed “Towards an Adventist Paradigm of Psychology” (1997) in which he outlined seven pillars on which his paradigm is built:

1. The Creationist Pillar—the universe was created by God as outlined in Gen 1-2.

2. The Monist Pillar--the mind and body are one and whole.

3. The Metahumanist Pillar—the objective is the biblical model of redemption. “A personal relationship with God is His method to achieve human development” (p. 231).

4. The Semi-naturalist Pillar—nature operates in the laws of nature with the acceptance that an “Intelligent Supreme Being” intervenes in the minds of all living things on the planet.

5. The Experimentalist Pillar—using research to further the study of psychology.

6. The Neocognitivist Pillar—merged from the Bible and Ellen G. White’s writings; it describes basic cognitive processes of perception, thinking, motivations, beliefs, and attributions.

7. The Prospectivist Pillars—the process of continuous observation, analysis, evaluation, and critique of scientific psychology.

These seven pillars, Ouro states, are based on writings of Scripture and Ellen G. White. Based on his seven pillars, he proposes a Bio-Psycho-Spiritual-Social Model or a Basic-Four Model. The foundation of this model is that human beings should be viewed as “an indivisible and complete unit” (Ouro, 1997, p. 236). He further proposes seven columns to support this model: *perception* (how humans see things based on experience and knowledge), *the organism* (the understanding of the basic biological functioning of humans, especially the brain), *thinking* (how thought processes code information and how it is expressed), *motivation* (reasons for behavior), *belief* (how and what we think about the world), *attribution* (interpretations of others’ behaviors and the social circumstances in which they exist), and *behavior* (mental or physical action of an organism).

Ouro (1997) calls his new paradigm *Neocognitive Psychology*. He also claims a new definition of psychology: “the science of human behavior process” (p. 239). Further, he proposes a new discipline of psychology called *Neocognitive Psychoneurobiology*. This new discipline would study the interaction among the nervous system, biological mechanisms, and the context of the Neocognitive Psychology.

It is unclear what is new about Ouro’s proposal. What he has presented is already found in modern psychology (American Psychological Association, 1996; Goldenberg & Miller, 2008; Margolin, 1992; Milner, 1998) as cognitive psychology and cognitive neuroscience. What is needed is an examination of the philosophical position of Adventism to see what of the scientific findings of psychology the church accepts. This

may be what Ouro (1997) was attempting, although it was not framed as such. In any case, this view of psychology cannot account for the complicated theories which make up psychology today. Empirical psychology is gaining strength. Adventist university departments of psychology have shown a preference for applied psychology with more emphasis on applying empirical research. Any position on Adventist psychology will need to take this into account.

The main difference between Ouro (1997) and mainstream neuropsychology is an emphasis on receiving redemption through God and reflecting God's image all while embracing the body of research of modern psychology. Throughout his proposal he states that his principles for a new paradigm are based on the teachings of the Bible and of Ellen G. White. But he does not provide scriptural references or samples of Adventist writings to back up his claim or show the connection between psychology and SDA principles.

A second proposal was made by Jeffrey O. Brown, a professor of theology at Newbold College (1994), in reference to counseling on a college campus. Brown outlines the following four models of Miller (1991), summarizing the relation between psychology and theology:

1. The 'Against' Model: Psychology and theology are mutually exclusive and, in most cases, mutually antagonistic.
2. The 'Of Model: Psychology is used to explain what it believers in religion have failed to explain satisfactorily [*sic*]. Human beings are born neither good nor bad but they develop as they interact with their environment.
3. The Parallel Model: Psychology and theology are separate but equal. They seek the same answers by traveling different routes. In this model theology usually finds itself in a second cousin relationship to psychology.

4. The Integrated Model: Psychology and theology exist to serve one another as mutual partners in the pursuit of knowledge with the understanding that all academic disciplines handled honestly lead to the Creator. (p. 72)

Brown proposed that Adventists should accept the fourth model.

Brown (1994) further suggests that the six major helping stances of the *Waverley Institute for Christian Counseling (Surrey, England)* be considered:

1. The anti-Christian counselor: This person is overtly opposed to the Bible and Christianity both in counseling practice and in the personal life of the client.
2. The non-Christian counselor: This person is not a Christian, but holds no brief against Christianity. S/he does not prevent clients from joyfully espousing their faith.
3. The 'Christianized' counselor: Such a person has no systematic theology of counseling, rather distributes texts rather freely and rather randomly.
4. The secular counselor who is a Christian: This is the person who separates personal Christian piety from professional psychological practice.
5. The Christian counselor: Such a person is a committed Christian whose basic aim is to draw others toward spiritual maturity, and bases his/her approach on Scripture alone.
6. The integrated Christian counselor: This is a Christian psychologist or psychiatrist who seeks to integrate the best principles of psychology with those of Scripture and attempts to help people toward better mental health by an integration of both. (Brown, 1994, p. 73)

Brown recommends that Adventist counselors adopt the sixth.

Brown (1994) has set some general parameters here but has left it up to the reader to decide the best principles of psychology and Scripture. Brown suggests counselors in training at Adventist universities take a course in pastoral counseling to be familiar with other theories than humanistic theories. He also proposes counselors in the Adventist university settings should be committed to the philosophy of the church rather than to a “certain school of thought” (p. 74).

Conclusion

It appears the information about psychology, counseling, and mental health issues within the Adventist culture are confusing and contradictory. Although there is no way of knowing how many SDA church members are attending counseling, there is evidence that there is a need for psychological intervention. It is indicated, however, that Adventists may be fearful of attending counseling. They may be fearful of being misunderstood by a non-Adventist therapist. The fears of psychology may have arisen from the church doctrine, White's writings, and the viewpoints of those who have interpreted these writings.

Ellen G. White's views on what she knew of psychology are over 100 years old and the science of psychology has since changed. The church took a position on the appropriateness of psychology in 1977 and has not since officially altered that stance. Harding (1987) recognizes there has been limited research from Adventists concerning the relationship between psychology and religion.

The thoughts surrounding the Adventist health message and the subsequent Adventist health care systems started out as simple ideas and grew to worldwide cutting-edge medical phenomenon. White began her ministry believing that doctors were unnecessary, conventional medications were poison, and orthodox medicine was not part of God's plan. But her ideas grew to influence the foundation of a premier medical center and community of health organizations. Her ideas about eating meat for fear of the fluids and flesh of animals flowing through the body's system evolved into using parts of animals to sustain life in the human body (White, 1868). It seems that the idea of the mind/body connection is only one sided. While the treatment of the body is widely

accepted by the SDA church with modern technology and knowledge, some of the outdated ideas about treating the mind still remain and are looked upon with fear. Modern technology and knowledge about treating ailments of the mind may be shunned or ignored by some Adventists.

The church has publicly warned its parishioners to stay clear of some aspects of psychology for fear of mind control. It still lists hypnosis as a therapeutic technique to be avoided. White's warnings about psychology are grounded on the techniques of her time. Whereas the Adventist Church's acceptance of medicine has grown as the ideas, theories, and techniques of medicine have matured, modern psychology is still viewed with suspicion.

What are the attitudes and beliefs of the 21st-century Adventist regarding the science of psychology, the participation in counseling, and the makeup of mental health issues? Do Adventists agree with the church leaders? How does this impact the Adventist client's participation in counseling? Does the Adventist view attending counseling as a crisis in faith? What are the special considerations for an Adventist in counseling? Does the knowledge of psychology or White's writings on psychology influence the Adventist's attitudes and beliefs toward psychology, counseling, or mental health issues? The exploration of the attitudes and beliefs of modern-day Adventists concerning psychology, counseling, and mental health issues through structured research will help answer these questions and close the gaps of information that are now mainly outdated, opinionated, and anecdotal.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of this study was to understand the attitudes and beliefs about psychology, counseling, and mental health issues held by Seventh-day Adventists (SDA) and how they are impacted by gender, the SDA's knowledge of psychology, and the SDA's knowledge of Adventist writers on psychology and the writings of Ellen G. White (EGW). A sample of the members of the Illinois Conference of the Seventh-day Adventist church was given a survey to identify their attitudes and beliefs. This research study is the first of its kind to be conducted to gain this empirical evidence. This chapter will discuss the methodology used to obtain the data including: type of research, population and sample, research and null hypothesis, variable definition, instrumentation, procedure, and analysis plan.

Type of Research

The study has several research characteristics. First the study is identified as a quantitative study because of its use of a survey to obtain information, its use of variables, and its use of statistics to observe and measure the information numerically (Creswell, 2003). The study is also characterized as a survey design as it used a survey to describe and explore the occurrence of variables, in this case beliefs and attitudes of

psychology, counseling, and mental health issues (Heppner, Kivlighan, & Wampold, 1999). Because the purpose of the study is to generalize from a sample to a general population (Illinois SDA church members to the SDA community) and because the study makes inferences about the characteristics of the population with data which are collected at one point in time, the study is also identified as cross-sectional (Creswell, 2003). In general the study is descriptive as it identifies and describes the SDA's attitudes and beliefs about psychology, counseling, and mental health issues. Finally, the study is identified as relational as it looked at the relationship between two or more variables: gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology a significant predictor of the beliefs about psychology (Rudestam & Newton, 2001).

Instrumentation

After a thorough literature search, it was discovered that there did not exist a survey which adequately measured the variables required for this study. Although two surveys were located which identified attitudes and beliefs about seeking psychological help and about psychology in general, they were not specific to the views of the SDA (Furnham, 2009; Mackenzie et al., 2004). It was decided that a survey needed to be created.

The first step was to informally ask a small group of Adventists, including professors, staff, and students of Andrews University, various open-ended questions about their knowledge and attitudes about psychology, counseling, mental health issues,

and the medical field. The answers to these questions as well as statements from the literature concerning Adventists and mental health were used to formulate the questions for the survey.

Using the variable matrix as a guide, the questions were edited to ensure that the questions obtained the information needed to support the variable definitions. Next, the group of questions was read to 10 Adventist and 10 non-Adventist persons to acquire their feedback on understandability, use of jargon, and user friendliness. The questions were edited again using the feedback and again compared to the variable matrix for validity (see Appendix B).

The survey was then designed using the question pool. The questions were divided up into five sections. Section one contained questions about beliefs about psychology; section two contained questions about attitudes concerning counseling; section three contained questions about the beliefs about mental health issues; section four contained questions about beliefs about medical care; and section five contained demographic questions. The questions were followed by a 6-point Likert scale. A 6-point scale was used instead of a 5-point scale to avoid a non-response or indifference response. Using a 6-point scale forced the participant to answer the question to some degree (DeVellis, 2003). The survey was organized in booklet form. The survey had a title page which gave directions for the survey. Each section also contained directions and a definition of the term being explored. The last page included a thank-you to the participant and space for the participant to include any thoughts or concerns about the survey (see Appendix C).

Finally, the completed survey was given to a group of Adventists and non-Adventists to informally edit the survey for usage and understandability. Also the time it took to complete the survey was measured.

Population and Sample

The SDA church is organized into levels. First the individual churches are made up of individual members. The churches are then organized into a local conference. Those conferences are then organized into a union conference. Finally, the unions are organized under the General Conference which governs all the unions in all parts of the world. There are divisions within the General Conference which are assigned administrative responsibilities in designated geographical areas. The Illinois Conference of Seventh-day Adventists is under the Lake Union Conference, which is governed by the North American Division of the General Conference (Rayburn, 2000).

The steps for becoming a member of the SDA church begin with the candidate being instructed in beliefs of the church. Then the candidate is baptized by immersion. If a candidate has been baptized by another Christian faith, the person can declare their beliefs about the SDA church by committing verbally to a series of vows. Finally, if a candidate is an Adventist from another congregation they may become a member of their new congregation by presenting a letter of transfer from their prior congregation. All members of the SDA church are considered in good standing as long as there is no disciplinary action against them (General Conference of Seventh-day Adventists, 2005).

During the data collection phase, the Illinois Conference of Seventh-day Adventists was comprised of 113 congregations with a total of 13,114 members. The smallest congregation was 5 members, whereas the largest was 931 members. The

average number of members per church was 116. While the majority of the churches were identified as English speaking, there were 4 Filipino churches, 2 Korean churches, 24 Spanish churches, 2 Yugoslavian churches, 1 Hungarian church, 1 Polish church, 1 Russian church, 1 Czechoslovakian church, 1 Brazilian church, and 2 Romanian churches identified by the Conference (Illinois Conference of Seventh-day Adventists, 2010).

Demographics about ethnicity, gender, socioeconomic, or other related group membership were unable to be located.

The sample of members of the SDA church was chosen by stratified random sampling through the churches available in the state of Illinois. First the list of churches was obtained from the Illinois Conference of Seventh-day Adventists website (2010). The non-English-speaking churches were separated from the English-speaking churches in order to ensure a sampling of non-English-speaking churches was chosen. The English-speaking churches were alphabetized and numbered. Then using SPSS, a random selection of churches was made to obtain 28% of the total population (21 churches--1,631 church members). (Another 6 churches were selected in case original churches chose not to participate.)

Next the non-English-speaking churches were separated into individual ethnic groups (Korean, Spanish, Romanian, Filipino, etc.). They were alphabetized and numbered within their group. Then churches were randomly selected from each ethnic group (4 churches from the Spanish group, 1 church from the Korean group, 1 church from the Brazilian group, 1 church from the Czechoslovakian group, 1 church from the Russian group, 1 church from the Polish group, 1 church from the Hungarian group, 1 church from the Yugoslavian group, 1 church from the Romanian group, and 1 church

from the Filipino group--13 churches--1,464 church members). The total sample selected for the study was originally 3,095.

Because of a low return and response rate (13 churches refused or did not respond to contact), the 6 alternate churches were contacted along with an additional 11 churches to supplement the sample. Of the 17 additional Illinois Conference churches, 3 did not respond to requests to participate. An additional church from the Michigan Conference was added in order to obtain an adequate return. A final total of 3,046 surveys were sent to the various churches. The number of surveys returned was 337. Twenty surveys were excluded from the study because they had not completed >5% of the items (George & Mallery, 2006). A final research sample of 317 was obtained. The return rate for the surveys was 10%.

To ensure confidentiality of the church members, they were not individually identified. Letters were sent to the pastor of each church selected asking for cooperation in the study (see Appendix A). The pastor distributed the surveys, an introduction letter, and an envelope to the individual members of the church. The surveys were coded according to church in order to track the participation rate.

Procedure

An email was sent to the president of the Illinois Conference which included a protocol of the study, a sample of the survey, and a sample of the letter to be sent to the churches and parishioners of the participating churches. The president reviewed the materials and granted permission for the study to be conducted in the Illinois Conference. A letter was sent from the president granting permission with guidelines for conducting research (see Appendix A).

Upon approval of the Institutional Review Board, a letter was sent to each pastor of the initial group of sample churches. The letter described the study, its purpose, confidentiality, and encouragement to participate. A copy of the conference letter was also included. A follow-up phone call was conducted to acquaint each pastor with the researcher and encourage participation.

As each church agreed to participate, a package containing instructions for the church clerk, surveys, and a letter of consent explaining the study was sent to the church. Also included were envelopes for the subjects to enclose their survey and a large self-addressed, stamped return envelope or box for the church to return the completed surveys (see Appendix A). Each survey was coded by church.

After 2 weeks, the pastor or clerks (whoever was identified as the contact person) of each church were notified by a phone call to update the progress of distribution and collection of the surveys. This process was repeated about every 2 weeks until the surveys were returned. In addition, reminder phone calls and emails were sent every 2 weeks or so to churches who had not initially responded.

After it was indicated that the response rate for the initial sample was low, the alternate churches were contacted. Because several of the churches had indicated that the number of members listed on the official roster was larger than reality, pastors were asked to indicate the actual amount of members attending their church and that number of surveys was sent to the alternate churches. Again, reminder emails and phone calls were given to encourage participation.

In addition, upon approval from IRB, one church from Michigan was added to supplement the data. This was to ensure an amount of surveys was obtained in order to

have a significant database. The Michigan church was contacted and it agreed to have the survey presented during a Sabbath service. Surveys were distributed and returned that day.

Returned surveys were logged by church location for participation rate. They were also given a numeric code to identify for accuracy of data entry. Each survey was entered into a database using SPSS 20. The data were checked for accuracy by checking the mean, range, minimum, and maximum for each variable. Comments from the back of the survey were typed up and identified by the individual's code number for reference (see Appendix E). The surveys were kept in a locked room in the Andrews University library and were accessible only to this researcher and her committee. No identifying information was included on the survey to ensure confidentiality.

Research Questions and Null Hypotheses

The object of this research study was to answer the following questions and test the following hypotheses concerning attitudes and beliefs about psychology, counseling, and mental health issues: (The following hypotheses were broken down into subscales which were identified through factor analysis outlined and reported in Chapter 4.)

1. What are Seventh-day Adventists' beliefs about psychology?
2. What are Seventh-day Adventists' attitudes towards counseling?
3. What are Seventh-day Adventists' beliefs about mental health issues?
4. What are Seventh-day Adventists' beliefs about medical care?

Hypothesis 1a—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on

psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about the science of psychology.

Null Hypothesis 1a-- linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about the science of psychology.

Hypothesis 1b—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about the Adventist principles about psychology.

Null Hypothesis 1b—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about the Adventist principles about psychology.

Hypothesis 1c—A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the

Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the negative statements about psychology.

Null Hypothesis 1c--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the negative statements about psychology.

Hypothesis 2a--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the attitudes towards the role of counseling.

Null Hypothesis 2a--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the attitudes towards the role of counseling.

Hypothesis 2b--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of attitudes towards counseling preferences.

Null Hypothesis 2b--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of attitudes towards counseling preferences.

Hypothesis 2c--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of attitudes towards participation in counseling.

Null Hypothesis 2c--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of

Adventists on psychology is not a significant predictor of attitudes towards participation in counseling.

Hypothesis 3a--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about existence of mental health issues.

Null Hypothesis 3a--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about existence of mental health issues.

Hypothesis 3b--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is a significant predictor of the beliefs about religious implications of mental health issues.

Null Hypothesis 3b--A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on

psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about religious implications of mental health issues.

Hypothesis 4—The Seventh-day Adventist's degree of exposure to the writings of Ellen G. White is a significant predictor of the beliefs about medical care.

Null Hypothesis 4--The Seventh-day Adventist's degree of exposure to the writings of Ellen G. White is not a significant predictor of the beliefs about medical care.

Hypothesis 5—Beliefs about psychology are significantly correlated with beliefs about medical care.

Null Hypothesis 5—Beliefs about psychology are not significantly correlated with beliefs about medical care.

Variable Definitions

The independent variables for this study included gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of exposure to the writings of Ellen G. White, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology. The dependent variables included beliefs about psychology, attitudes towards counseling, beliefs about mental health issues and the beliefs about the medical care. (Because of the relationship between medicine and psychology and the SDA's acceptance of medicine, this variable was included to identify the difference in attitudes and beliefs of these two disciplines [see Chapter 2 for more

information].) A complete variable matrix was created which defined each variable of the survey: conceptually, instrumentally, and operationally (see Appendix B).

Analysis Plan

Upon completion of data collection, exploratory factor analysis of the survey items was conducted to ensure construct validity of the instrument. First a scree plot, Velicer's Minimum Average Partial (MAP) test, and Horn's Parallel Analysis were conducted to identify how many factors to extract within each category (psychology, counseling, mental health issues, and medical care).

Next, the Pattern Matrix was used to identify valid items of each factor. According to Comrey and Lee (1992), cutoffs for the meaning of the factor loading are as follows: $>.70$ (excellent), $.63$ (very good), $.55$ (good), $.45$ (fair), and $.32$ (poor). A common minimum accepted loading of an item is $.32$ (Tabachnick & Fidell, 2001). For this validation of items, a minimum cutoff of $.40$ was used to ensure strong loading of the variables.

Once the factors had been identified, items which were loaded below $.4$ were reviewed and dropped as non-loading items. Each item was then compared to the existing factors and was also examined for its construct validity. Items which loaded with a negative response within a particular factor were also observed. These items were again scrutinized for their validity with the other items within the factor. In order for the item to be valid, the content of the negatively loading item was required to be opposite to the positively loading items.

After the factors were identified, they were then defined through observing the content of the top three items that loaded onto the same factor and then naming the

common theme. Consideration was taken to label the factors according to the conceptual framework of the study. In order to informally ensure the labels “made sense” two outside persons not associated with this study reviewed the labels and indicated their agreement to the naming of the factors.

Next, internal consistency reliability was observed by analyzing subscales created by the factor analysis using Cronbach’s alpha tests. George and Mallery (2006) suggest the following rules of thumb for evaluating alpha coefficients: $> .9$ excellent, $> .8$ good, $> .7$ acceptable, $> .6$ questionable, $> .5$ poor, $< .5$ unacceptable.

Then, using SPSS 20, a descriptive analysis was first conducted on the demographic data. The analysis consisted of the means, percentage, frequency, and identification of missing data.

The data gathered by the survey were then analyzed by several methods: descriptive, categorical regression, simple regression, and correlation. Before the null hypotheses could be tested, the items were recoded into their original variable groups: belief about psychology, attitudes toward counseling, etc. Each new variable group was tabulated to gain a mean score to compare to the Likert scale for the survey. These mean scores were used to answer research questions 1-4.

Null hypotheses 1-3 were analyzed using categorical regression (CATREG). CATREG is used to quantify categorical data by giving a numerical value to the categories. The goal of CATREG is to describe the relationship between a dependent variable and a set of independent variables. CATREG is able to scale nominal, ordinal, and numerical variables at the same time (IBM Corporation, 2011). Because in ordinal variables, each scale can produce different findings and with nominal variables the output

can be difficult to interpret, CATREG is appropriate. It can convert the nominal and ordinal variables to interval scales. It is then able to maximize the relationship between each predictor and the dependent variable (Moss, 2008).

Null hypothesis 4 was analyzed using simple linear regression. Simple regression attempts to describe the relationship between a dependent variable and one independent variable. In order to reject or accept the null hypothesis, significance must be below .05.

Null hypothesis 5 was analyzed using correlation. Correlation is used to understand whether and how strongly two variables are related—in this case, beliefs about psychology and beliefs about medical care. Appendix D describes in more detail the analysis used.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to understand Seventh-day Adventists' (SDA) attitudes and beliefs about psychology, counseling, and mental health issues. In addition, it sought to understand how these attitudes and beliefs are impacted by gender, the degree of knowledge of psychology, the degree of knowledge of the writings of Ellen G. White (EGW), and the degree of knowledge of Adventist writers on psychology. Three hundred seventeen participants completed a survey which described beliefs about psychology, attitudes toward counseling, beliefs about mental health issues, beliefs about medical care, and demographic information. The statistical analysis performed on the data included descriptive statistics, correlation, simple linear regression, and categorical regression (CATREG). Outputs for the analyses may be found in the following tables and Appendix E. This chapter will discuss the validation of the instrument, the characteristics of the sample analysis of research questions 1-4, and analysis of research hypotheses 1-5.

Validation of the Instrument

Because the instrument for this research was an original survey, it was important to validate it before running statistical analysis. Exploratory factor analysis was used to identify the underlying construct validity of the items being used for analysis. Negatively stated items were reversed scored in order to have all statements scored in the same

direction. The following are the results of the factor analysis. (Additional tables are found in Appendix E.)

Beliefs About Psychology

Starting with 22 items under Beliefs about Psychology, three factor-retention methods were used to determine how many factors to extract. Velicer's minimum average partial (MAP) test indicated two factors, Horn's Parallel Analysis and the scree plot indicate three factors. A three-factor solution was examined as indicated by using the scree plot approach and Parallel Analysis to decide the number of factors to extract.

Referring to the three-factor solution, 18 of the 22 communalities were above .3 confirming that each item shared some common variance with the other item. The four remaining items below .3 appeared to be items that have large proportions of unique variance. The three-factor model included 18 items with loadings $>.40$ and explained 44.43% of the variance.

To examine the individual items, a cutoff of $>.40$ was used to identify significant loadings. Factor 1 was comprised of nine items pertaining to the beliefs about the Science of Psychology. Factor 2 was made up of four items pertaining to the beliefs about the Adventist's Principles about Psychology and Factor 3 was comprised of five items which related to the beliefs about the Negative Statements about Psychology. Four items were dropped as they did not load above the $>.4$ cutoff on any of the three factors (PP1, PP21, PP3, PP22) (see Table 1).

When interpreting correlation, Cohen identifies $>.10$ as small, $>.30$ as medium, and $>.5$ as large (Wuensch, 2009). The Factor Correlation Matrix indicated that Factor 1

Table 1

Beliefs About Psychology Pattern Matrix

No.	Item	Factors		
		1	2	3
SR_17	Scientific research helps a person understand what it means to be human.	.651	.005	.031
PP_18	The principles of psychology are based on scientific research.	.621	-.073	-.090
PP_5	Psychology helps a person understand what it means to be human.	.595	.123	.059
PP_16	The study of modern psychology does not conflict with Adventists' beliefs.	.580	-.127	.017
PP_10	Psychology is used to restore balance to both the mind and body.	.555	.178	.077
PP_15	God has given man the gift of healing of the mind through psychology.	.489	.153	.109
PP_8	There are many theories of psychology which can explain human behavior.	.470	.118	.277
PP_4	The study of psychology is in harmony with biblical principles.	.439	.204	.190
PP_7	All theories about psychology should be taught in Adventist colleges.	.423	-.131	-.029
PP_1	Psychology is used to understand how the mind works.	.395	.210	.207
PP_19	The true principles of psychology are illuminated by the writings of Ellen G. White.	.043	.634	.085
PP_12	The true principles of psychology are found in the Holy Scriptures.	.020	.633	.194
PP_2	Psychology is only safe when practiced by a person dedicated to God's service.	-.081	.544	-.151
PP_13	Psychology taught in Adventist colleges must be taught from a Adventist point of view.	.009	.542	-.149
PP_9	Ellen G. White was against all psychology.*	-.017	.135	.720
PP_14	All psychology corrupts the mind.*	.125	.229	.615
PP_11	Ellen G. White would be against all psychology as it is practiced today.	.108	-.015	.613
PP_20	The theories of psychology created from the mind of man are wrong.*	.119	-.198	.494
PP_6	All psychology is of the devil.*	.229	.078	.488

Table1—Continued.

No.	Item	Factors		
		1	2	3
PP_21	Psychology is not necessary to understand the mind, the Bible is enough.*	.209	-.228	.338
PP_3	Ellen G. White was against psychology as practiced in her day.	-.032	.174	-.315
PP_22	The Adventist church has a position on psychology.	.173	.233	-.279

Note. Extraction Method: Principal Axis Factoring. Rotation Method: Oblimin with Kaiser Normalization. Rotation converged in 13 iterations. Bold indicates items that have shared variance. * = Reversed Scored.

had a small correlation to Factor 2 ($r = .177$). Science of Psychology 1 had a medium correlation with Negative Statements about Psychology ($r = .457$). Adventist's Principles about Psychology had a small negative correlation to Negative Statements about Psychology ($r = -.106$).

Attitudes Towards Counseling

Starting with 40 items, three factor retention methods were used to determine how many factors to extract. MAP indicated three factors, Parallel Analysis indicated five and scree plot indicated three. Using the scree plot and the MAP to decide on the number of factors to extract, a three-factor model was examined.

Referring to the three-factor solution, 24 of the 40 communalities were above .3 confirming that each item shared some common variance with the other item. The other 16 remaining items below .3 appear to be items that have large proportions of unique variance. The three-factor model included 32 items with loadings $>.40$ and explained 38.76% of the variance.

To examine the individual items, a cutoff of $>.40$ was used to identify significant loadings. Factor 1 was comprised of 15 items pertaining to the attitudes towards the Role of Counseling. Factor 2 was made up of five items pertaining to the attitudes towards Counseling Preferences and Factor 3 was made up of 12 items pertaining to the

attitudes towards Participation in Counseling. Five items were dropped as they did not load above the $>.4$ cutoff on any of the three factors (CCC24, CCC23, CCC14, BPG7, CCC6R, CCC35, CCC15R, BPG18) (see Table 2).

The Factor Correlation Matrix indicated Role of Counseling had a small correlation to Counseling Preferences ($r = .136$). Role of Counseling had a small correlation to Participation in Counseling ($r = .296$). Counseling Preferences had a small negative correlation to Participation in Counseling ($r = -.090$).

Beliefs About Mental Health Issues

Starting with 10 items, three-factor retention methods were used to determine how many factors to extract. MAP and Parallel Analysis indicated one factor. The scree plot indicated two factors. A two-factor solution was examined as indicated by using the scree plot.

Referring to the two-factor solution, 4 of the 10 communalities were above $.3$ confirming that each item shared some common variance with the other item. The six remaining items below $.3$ appeared to be items that have large proportions of unique variance. The two-factor model included eight items with loadings $>.40$ and explained 44.89% of the variance.

To examine the individual items, a cutoff of $>.40$ was used to identify significant coefficients. Factor 1 was comprised of four items pertaining to the beliefs about the Existence of Mental Health Issues. Factor 2 was made up of four items pertaining to the beliefs about the Religious Implications of Mental Health Issues. Two items were

Table 2

Attitudes Towards Counseling Pattern Matrix

No.	Item	Factors		
		1	2	3
CCC_16	Counseling can help a person gain clarity when confused.	.748	-.021	.111
CCC_33	Counseling can be used to find solutions to life's problems.	.711	-.085	.029
CCC_30	Just as medicine treats the body for illness, counseling treats the mind for mental health issues.	.689	.087	.109
CCC_12	A person can learn to cope with mental health issues by using counseling.	.658	.105	.110
CCC_9	Counseling can help a person cope with grief.	.650	.111	.200
CCB_13	If I had a problem I couldn't handle, I would attend counseling.	.624	.027	.163
CCA_37	If I were experiencing emotional problems, I am confident I would find relief in counseling.	.594	-.077	.176
CCC_38	Counseling is a recognized way to treat mental health issues.	.583	.014	.132
CCB_27	I would see a counselor if I were worried or upset for a long period of time.	.547	-.050	.129
CCC_26	A person can still use the support and guidance of counseling even when their relationship with God is good.	.542	-.052	.245
CCC_31	Counseling is regulated (must follow certain rules).	.509	.094	-.047
CCB_1	If I believed I was having mental health issues, my first inclination would be to attend counseling.	.498	-.136	.114
CCC_4	God uses counseling to heal mental health issues.	.495	.058	.187
CCC_32	The goal of counseling is to reconnect a person to their inner strengths.	.452	-.082	-.133
CCA_34	I would be comfortable in participating in counseling if the counselor was trained in Adventist culture.	.412	.381	-.214
CCC_24	The goal of counseling is to reconnect with God.	.259	.078	-.180
CCB_29	If I participated in counseling, I would seek out a secular counselor.*	-.087	.681	.164
CCB_40	I would prefer a non-Adventist counselor to an Adventist counselor.*	.009	.680	.039
CCB_5	If I participated in counseling, I would seek out a SDA counselor.	.114	.576	-.295
CCB_17	If I participated in counseling, I would seek out a Christian counselor.	.324	.564	-.215

Table 2—Continued.

No.	Item	Factors		
		1	2	3
CCA_22	I would not trust an Adventist pastor to be my counselor.*	-.040	.408	.017
CCC_23	Hypnosis can be beneficial tool for treating mental health issues.	.131	-.324	-.074
CCC_14	Pastors are required to adhere to a code of ethics when counseling.	.243	.312	.011
BPG_7	Allowing a person to control your mind goes against God's principles.	.095	.265	-.023
CCA_39	I would feel uneasy about participating in counseling because of what others might think.*	-.117	.335	.585
CCC_20	Attending counseling demonstrates a lack of faith in God's power to heal.*	.348	.039	.542
CCC_8	Participating in counseling allows others to control a person's mind against their will.*	.279	-.018	.541
CCA_25	I am worried I would be converted to non-Adventist beliefs if I participate in counseling.*	-.042	.166	.534
CCA_36	I am afraid my SDA beliefs would be judged if I participated in counseling.*	.036	.182	.533
CCA_3	I am concerned my spiritual issues would be ignored if I participate in counseling.*	.040	-.124	.523
CCB_10	I would only participate in counseling if my pastor was my counselor.*	.053	-.071	.508
CCA_28	I would feel ashamed to participate in counseling.*	.239	.099	.498
CCB_2	Seeking counseling should only be a last resort after talking to family, friends and my pastor.*	.121	-.265	.451
CCC_19	Participating in counseling involves dependency on another person.*	.113	-.014	.439
CCC_21	Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.*	-.113	-.190	.421
CCB_11	I would not see a counselor if I was having mental health issues.*	.329	.016	.412
CCC_6	Counseling is unnecessary.*	.279	.089	.384
CCC_35	Meditation when used in counseling is mind control.	-.167	.048	-.356
CCC_15	God alone heals mental health issues.	.089	-.168	.296

Table 2—Continued.

No.	Item	Factors		
		1	2	3
BPG_18	Dependency on another person goes against God's principles.	-.120	.025	-.226

Note. Extraction Method: Principal Axis Factoring. Rotation Method: Oblimin with Kaiser Normalization. Rotation converged in 16 iterations. Bold indicates items that have shared variance. * = Reversed Scored.

dropped as they did not load above the $>.4$ cutoff on the two factors (MMH_2, MMH_1R) (see Table 3).

The Factor Correlation Matrix indicated that Existence of Mental Health Issues had a medium correlation to Religious Implications of Mental Health Issues ($r = .365$).

Beliefs About Medical Care

Starting with 15 items, three factor-retention methods were used to determine how many factors to extract. MAP and Parallel Analysis indicated two factors and the scree plot indicated one factor. Using the scree plot, a one-factor model was examined.

Referring to the one-factor solution, 9 of the 15 items were above $.3$ confirming that each item shared some common variance with the other item. The six remaining items below $.3$ appear to be items that have large proportions of unique variance. The one-factor model included 10 items with loadings $>.40$ and explained 29.12% of the variance.

A cutoff of $>.40$ was used to decide which items loaded on the factor. The sole factor was made up of 10 items pertaining to Beliefs about Medical Care. Five items were dropped as they did not load above the $>.4$ cutoff on the factor (MMC_8, MMC_12, MMC_6R, BPG_7, BPG_18) (see Table 4).

Table 3

Mental Health Issues Pattern Matrix

No.	Item	Factors	
		1	2
MMH_9	A person can be faithful in their SDA beliefs and still have mental health issues.	.801	-.027
MMH_8	Some mental health issues are caused by biological reasons.	.765	.012
MMH_7	The illnesses of the mind and body should be considered equally important.	.603	-.086
MMH_3	Mental health issues exist.	.425	.067
MMH_2	Everyone has had some issues with their mental health at some point in their life.	.267	.041
MMH_4	If a person's relationship with God is good, they will not have any mental health issues.*	.190	.559
MMH_6	Mental health issues are caused by sinning.*	-.089	.547
MMH_5	Having mental health issues does not glorify God.*	-.091	.495
MMH_10	Having mental health issues is shameful. *	.150	.464
MMH_1	Mental health issues should not be discussed outside of one's immediate family.*	.181	.348

Note. Extraction Method: Principal Axis Factoring. Rotation Method: Oblimin with Kaiser Normalization. Bold indicates items that have shared variance. *= Reversed Scored.

With the factors identified, scoring corrected, and items which did not meet the >.40 criterion dropped, validated subscales for the survey were created.

Reliability of the Instrument

To examine internal consistency reliability, Cronbach's alpha tests were conducted on the original constructs developed through content analysis. George and Mallery (2006) suggest the following rules of thumb for evaluating alpha coefficients, >.9 excellent, >.8 good, >.7 acceptable, >.6 questionable, >.5 poor, <.5 unacceptable.

Responses were judged to be poor reliability for Beliefs about Psychology with a

Table 4

Medical Care Factor Matrix

No.	Item	Factor
		1
MMC_1	God has given man the gift of healing the body through medical care.	.717
MMC_11	It is shameful to receive medical care.*	.659
MMC_9	Medical care allows others to control a person's mind against their will.*	.626
MMC_2	The practice of medicine is in harmony with the biblical principles of healing.	.613
MMC_13	The field of medicine is unnecessary.*	.596
MMC_4	Receiving medical care shows a lack of faith in God's power to heal.*	.567
MMC_10	The theories of medicine created from the mind of man are wrong.*	.562
MMC_5	Medical care is a recognized way to treat an illness or injury.	.555
MMC_3	Medical care is be used to restore balance to both the mind and body.	.552
MMC_7	The field of medical care is regulated (must follow certain rules).	.426
MMC_8	The practice of modern medicine does not conflict with SDA beliefs.	.346
MMC_12	Receiving medical care involves dependency on another person.*	.197
MMC_6	God alone can heal the body.*	.166
BPG_7	Allowing a person to control your mind goes against God's principles.	.143
BPG_18	Dependency on another person goes against God's principles.	-.096

Note. Extraction Method: Principal Axis Factoring. 1 factors extracted. 4 iterations required. Bold indicates items with shared variance. *=Reversed Scored.

reliability coefficient of .579. Attitudes toward Counseling had a reliability coefficient of .631, deeming it questionable. Beliefs about Mental Health Issues had an unacceptable reliability with a coefficient of .344. Finally, Beliefs about Medical Care was also deemed unacceptable with a coefficient of .328.

Because the main constructs of the survey had poor internal consistency, the reliability was analyzed using the subconstructs as identified through factor analysis. The subscale, Science of Psychology, was deemed "good" with a coefficient of .811.

Adventist Principles about Psychology had a coefficient of .678 which deemed it “questionable.” Because of the low number (4) of items in this subscale, this coefficient may be underestimated (Frary, 2012). Negative Statements about Psychology was “acceptable” with a coefficient of .772. The Role of Counseling was deemed “good” with a coefficient of .898. Counseling Preferences was deemed “acceptable” with a coefficient of .719. Participation in Counseling had a coefficient of .808 which was deemed “good.” Existence of Mental Health Issues was deemed “acceptable” with a coefficient of .740. Religious Implications of Mental Health Issues was deemed “questionable” with a coefficient of .608. Again this may be underestimated due to the low number of items (4) on this subscale. Finally Beliefs about Medical Care coefficient was .794, deeming it “acceptable” (see Appendix E).

Characteristics of the Sample

The characteristics of the sample were summarized by using means, frequency, and percentage. Surveys were sent to 3,046 members of the SDA church primarily in the Illinois Conference and to one church in the Michigan Conference. A total of 337 surveys were returned. Twenty surveys were excluded from the study due to having >15% missing values (George & Mallery, 2006). A final sample of 317 was obtained for this study. Tables summarizing the demographics of the sample are located in Appendix E.

Gender

The subjects in the sample were 60.3% female compared to 39.4% male.

Age

The mean age of the participants was 48.43 years old. The range of ages was from 18-83.

Educational Level

Sixty-three percent of the subjects had some level of a college degree.

Marital Status

Over half of the subjects reported being married (59.3%).

Years Member of the SDA Church

Forty-two percent of SDA church members have been a member between 26-50 years. Almost the same percentage of members (41%) has been a member between less than a year to 25 years. Members who have been with the church 51 years or more make up 16.4% of the sample.

Church Involvement

Sixty-five percent reported being involved in some capacity of church leadership, including being a church board member.

Family History of Mental Illness

Almost two-thirds of the subjects stated they did not have any family history of mental illness (62%).

Utilization of Psychological Services

More than half of the subjects indicated they are not now nor have ever been in counseling in the past (53.6%). Less than half of the sample indicated they have sought

out psychological services (44.2%). Of those who have sought out psychological services, 10.7% have used a pastor, 17% have used a psychologist, 21% have used a licensed counselor, 6% have used a psychiatrist, 11.4 % have used a marriage counselor, and 3.2% used a counselor they did not define. (It is important to note that subjects were able to choose more than one type of counselor that they had used.) The counselors used by the subjects were identified as the following: Seventh-day Adventist—16.4%; Christian—18%; Non-Christian—7.3; and denominational background unknown—3.2%. (Again it was important to note that subjects were able to indicate more than one denominational background if they had seen more than one counselor.)

SDAs' Degree of Knowledge About Psychology

Of the people surveyed for this study, 27.5% have no or minimal knowledge about psychology, 33.8% indicated they have beginner knowledge about psychology, 27.8% have a competent knowledge about psychology, and 8.8% consider themselves proficient or experts in their knowledge about psychology.

SDAs' Degree of Exposure to the Writings of Ellen G. White

Almost half of the subjects felt they were competent with exposure, having read several writings of Ellen G. White (46.1%) whereas 36.9% felt they had no to some exposure, and 14.8% felt they had read most of or were an authority on Ellen G. White's writings.

SDAs' Degree of Knowledge About the Writings of Ellen G. White on Psychology

Half of the subjects indicated having no or minimal knowledge of Ellen G. White's writings on psychology (50.2%) whereas 27.1% of the subjects felt they had a beginner's working knowledge of her writings on psychology, and 20.8% felt they were competent to an expert on Ellen G. White's writings on psychology.

SDAs' Degree of Knowledge about the Writings of Adventists on Psychology

Almost 68% of the subjects indicated they had no or minimal knowledge of Adventist writers on psychology, whereas 21.8% felt they had a beginner knowledge, and 1.9% felt they were proficient to an expert on the Adventist writers on psychology.

Analysis of Research Questions 1-4

Each research question was analyzed as outlined in the variable matrix (see Appendix B).

Question 1

Research Question 1 asked, What are Seventh-day Adventists' beliefs about psychology?

Examination of Individual Items

The 22 questions which made up the psychology portion of the survey were analyzed using mean, standard deviation, and frequency (see Table 5 and Appendix E). Eleven items had means (4 and above) which indicated the participants were in moderate to strong agreement with the statements that were geared towards positive beliefs about

psychology (PP1, PP2, PP4, PP5, PP8, PP10, PP12, PP13, PP15, PP18, and PP19).

Seven items fell in a mid range (<4 and >3). The following responses ranged somewhere between slightly agree and slightly disagree (PP3, PP7, PP16, SR 17, PP22, PP20, and PP21). Finally, four items (PP6, PP9, PP11 and PP14) indicated the participants were in moderate to strong disagreement with the statements.

Several statements also demonstrated a high percentage of “strongly agree” or “strongly disagree”: PP1—*Psychology is used to understand how the mind works* (SA-54.3%), PP12—*The true principles of psychology are found in the Holy Scriptures* (SA-45.4%), PP6—*All psychology is of the devil* (SD-71.6%), and PP14—*All psychology corrupts the mind* (SD-62.8%).

Factor Identification

In a previous section, exploratory factor analysis was detailed as it pertained to validating the Beliefs about Psychology scale. Three factors were identified. Factor 1 was comprised of nine items pertaining to the Science of Psychology. Factor 2 was made up of four items pertaining to Adventist Principles about Psychology, and Factor 3 was comprised of five items which related to Negative Statements about Psychology (see Table 1).

After recoding, the items loading on each factor made up new subscales. Each subscale was analyzed using descriptive statistics to obtain the mean and standard deviation to understand the subject’s views. Items pertaining to the Science of Psychology demonstrated a mean of 4.0999 ($SD = .94336$). Items pertaining to Adventist Principles about Psychology had a mean of 4.4466 ($SD = 1.13687$). Items pertaining to Negative Statements about Psychology (which were all reversed scored items)

Table 5

Means of Beliefs About Psychology Items

No.	Item	<i>N</i>	Mean	<i>SD</i>
PP_1	Psychology is used to understand how the mind works.	317	5.2208	1.13146
PP_2	Psychology is only safe when practiced by a person dedicated to God's service.	316	4.0443	1.76687
PP_3	Ellen G. White was against psychology as practiced in her day.	276	3.7029	1.42910
PP_4	The study of psychology is in harmony with biblical principles	303	4.1023	1.50477
PP_5	Psychology helps a person understand what it means to be human.	315	4.1778	1.52061
PP_6*	All psychology is of the devil.	316	1.6424	1.28061
PP_7	All theories about psychology should be taught in Adventist colleges	314	3.6051	1.84982
PP_8	There are many theories of psychology which can explain human behavior.	316	4.8418	1.18199
PP_9*	Ellen G. White was against all psychology.	280	2.5107	1.45416
PP_10	Psychology is used to restore balance to both the mind and body.	312	4.4712	1.38404
PP_11	Ellen G. White would be against all psychology as it is practiced today.	297	2.6667	1.50898
PP_12	The true principles of psychology are found in the Holy Scriptures.	306	4.8824	1.39056
PP_13	Psychology taught in Adventist colleges must be taught from a Adventist point of view.	317	4.4543	1.63485
PP_14*	All psychology corrupts the mind.	315	1.7079	1.15809
PP_15	God has given man the gift of healing of the mind through psychology.	313	4.1022	1.57782
PP_16	The study of modern psychology does not conflict with Adventists beliefs.	308	3.5162	1.64715
SR_17	Scientific research helps a person understand what it means to be human.	315	3.8540	1.55502
PP_18	The principles of psychology are based on scientific research	313	4.2204	1.32504
PP_19	The true principles of psychology are illuminated by the writings of Ellen G. White.	286	4.4266	1.44606
PP_20*	The theories of psychology created from the mind of man are wrong.	312	3.1218	1.55848

Table 5—Continued.

No.	Item	<i>N</i>	Mean	<i>SD</i>
PP_21*	Psychology is not necessary to understand the mind, the Bible is enough.	316	3.0886	1.62863
PP_22	The Adventist church has a position on psychology.	291	3.7698	1.53755

*= reversed scored.

had a mean of 4.6819 ($SD = 1.01116$). Each subscale demonstrated an agreement with positive beliefs about psychology (see Appendix E).

Dropped Items

After exploratory factor analysis was conducted, several items were dropped from analysis because they demonstrated a different pattern of response and were not identified as items which supported the subscales. These items are PP1, PP3, PP21, and PP22 (see Table 1).

Question 2

Research Question 2 asked, What are Seventh-day Adventists' attitudes towards counseling?

Examination of Individual Items

The 40 questions which make up the counseling portion of the survey were analyzed using mean, standard deviation, and frequency (see Table 6 and Appendix E). Nineteen items had means (4 and above) which indicated the participants were in moderate to strong agreement with the statements towards positive Attitudes toward

Table 6

Means of Attitudes Towards Counseling Items

No.	Item	N	Mean	SD
CCB_1	If I believed I was having mental health issues, my first inclination would be to attend counseling.	317	3.7603	1.75724
CCB_2*	Seeking counseling should only be a last resort after talking to family, friends and my pastor.	317	3.5710	1.76432
CCA_3*	I am concerned my spiritual issues would be ignored if I participated in counseling.	314	3.0573	1.66045
CCC_4	God uses counseling to heal mental health issues.	315	4.7365	1.40419
CCB_5	If I participated in counseling, I would seek out a SDA counselor.	316	4.7120	1.50638
CCC_6*	Counseling is unnecessary.	317	1.7571	1.20953
BPG_7	Allowing a person to control your mind goes against God's principles.	314	5.0955	1.54293
CCC_8*	Participating in counseling allows others to control a person's mind against their will.	316	2.1361	1.42221
CCC_9	Counseling can help a person cope with grief.	316	5.3354	1.01488
CCB_10*	I would only participate in counseling if my pastor was my counselor.	315	2.4413	1.57979
CCB_11*	I would not see a counselor if I was having mental health issues.	317	2.0315	1.39130
CCC_12	A person can learn to cope with mental health issues by using counseling.	316	5.0000	1.14919
CCB_13	If I had a problem I couldn't handle, I would attend counseling.	317	4.7035	1.38038
CCC_14	Pastors are required to adhere to a code of ethics when counseling.	312	5.2083	1.22075
CCC_15	God alone heals mental health issues.	315	4.3270	1.73694
CCC_16	Counseling can help a person gain clarity when confused.	316	5.1709	1.00597
CCB_17	If I participated in counseling, I would seek out a Christian counselor.	317	5.1546	1.26969
BPG_18	Dependency on another person goes against God's principles.	315	3.2317	1.73947
CCC_19*	Participating in counseling involves dependency on another person.	315	2.8444	1.55921
CCC_20*	Attending counseling shows a lack of faith in God's power to heal.	317	1.9401	1.31671

Table 6—Continued.

No.	Item	<i>N</i>	Mean	<i>SD</i>
CCC_21*	Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.	315	3.9841	1.74206
CCA_22*	I would not trust an Adventist pastor to be my counselor.	317	2.2019	1.49586
CCC_23	Hypnosis can be a beneficial tool for treating mental health issues.	312	1.9647	1.46405
CCC_24	The goal of counseling is to reconnect with God.	311	3.8489	1.68091
CCA_25*	I am worried I would be converted to non-Adventist beliefs if I participate in counseling.	315	1.8063	1.31040
CCC_26	A person can still use the support and guidance of counseling even when their relationship with God is good.	317	5.2334	1.11765
CCB_27	I would see a counselor if I were worried or upset for a long period of time.	315	4.4159	1.54396
CCA_28*	I would feel ashamed to participate in counseling.	316	2.1456	1.42239
CCB_29*	If I participated in counseling, I would seek out a secular counselor.	313	2.0064	1.37513
CCC_30	Just as a medicine treats the body for physical illness, counseling treats the mind for mental health issues.	312	4.6506	1.29917
CCC_31	Counseling is regulated (must follow certain rules).	309	4.6764	1.35037
CCC_32	The goal of counseling is to reconnect a person to their inner strengths.	309	4.0388	1.48317
CCC_33	Counseling can be used to find solutions to life's problems.	315	4.6508	1.25123
CCA_34	I would be comfortable in participating in counseling if the counselor was trained in Adventist culture.	313	4.6645	1.39800
CCC_35	Meditation, when used in counseling, is mind control.	310	3.0516	1.65384
CCA_36*	I am afraid my SDA beliefs would be judged if I participated in counseling.	314	2.1911	1.47236
CCA_37	If I were experiencing emotional problems, I am confident I would find relief in counseling.	313	4.1342	1.42816
CCC_38	Counseling is a recognized way to treat mental health issues.	315	4.7968	1.35322

Table 6—Continued.

No.	Item	N	Mean	SD
CCA_39*	I would feel uneasy about participating in counseling because of what others might think.	315	2.2984	1.47802
CCB_40*	I would prefer a non-Adventist counselor to an Adventist counselor.	315	1.9778	1.43083
Valid N (listwise)		272		

*= reversed scored.

Counseling (CCC4, CCB5, BPG7, CCC9, CCC12, CCB13, CCC14, CCC16, CCB17, CCC26, CCB27, CCC30, CCC31, CCC32, CCC33, CCC34, CCA37, CCC38). Seven items fell in a mid range (<4 and >3). These responses ranged somewhere between slightly agree and slightly disagree (CCB1, CCB2, CCA3, BPG18, CCC21, CCC24, CCC35). Finally, 14 items demonstrated moderate to strong disagreement (2 and below) towards the statements CCC6, CCC8, CCB10, CCB11, CCC19, CCC20, CCA22, CCC23, CCA25, CCA28, CCB29, CCA36, CCA39, and CCB40. Several statements demonstrated a high percentage of “strongly agree”: CCC5—*If I participated in counseling, I would seek out a SDA counselor* (SA-42.3%), BPG7—*Allowing a person to control your mind goes against God’s principles* (SA-65%), CCC 9—*Counseling can help a person cope with grief* (SA-59%), CCC 14—*Pastors are required to adhere to a code of ethics when counseling* (SA-57.7%), CCC16—*Counseling can help a person gain clarity when confused* (SA-47%), and CCB 17—*If I participated in counseling, I would seek out a Christian counselor* (SA-57.4%).

Also several statements demonstrated a high percentage of a “strongly disagree” response: CCC6—*Counseling is unnecessary* (SD-61.8%), CCC8—*Participating in*

counseling allows others to control a person's mind against their will (SD-48.6%),
CCB11—I would not see a counselor if I was having mental health issues (SD-51.1%),
CCC20—Attending counseling shows a lack of faith in God's power to heal (SD-54.6%),
CCA22—I would not trust an Adventist pastor to be my counselor (SD-48.6%),
CCC23—Hypnosis can be a beneficial tool for treating mental health issues (SD-60.6%),
CCA25—I am worried I would be converted to non-Adventists beliefs if I participated in
counseling (SD-63.1%), CCA28—I would be ashamed to participate in counseling (SD-
49.2%), CCB29—If I participated in counseling, I would seek out a secular counselor
(SD-53.3%), CCA36—I am afraid my SDA beliefs would be judged if I participated in
counseling (SD-48.3%), CCA39—I would feel uneasy about participating in counseling
because of what others might think (SD-43.8%), and CCB40—I would prefer a non-
Adventist counselor to an Adventist counselor (SD-59.0%).

Factor Identification

In a previous section, exploratory factor analysis was detailed as it pertained to validating the Attitudes toward Counseling scale. Three factors were identified. Factor 1 was comprised of 15 items pertaining to the Role of Counseling. Factor 2 was made up of five items pertaining to Counseling Preferences. Factor 3 was comprised of 12 items pertaining to Participation in Counseling (see Table 2).

The recoded items loading on each factor made up new subscales. Each subscale was analyzed using descriptive statistics to obtain a mean and standard deviation to understand the subjects' views. Items pertaining to the Role of Counseling demonstrated a mean of 4.6655 ($SD = .86217$). Items pertaining to Counseling Preferences demonstrated a mean of 4.9333 ($SD = .97364$). Items pertaining to Participation in

Counseling demonstrated a mean of 4.4621 ($SD = .86788$). Each subscale demonstrated an agreement with positive attitudes toward counseling (see Appendix E).

Dropped Items

After exploratory factor analysis was conducted, several items were dropped from analysis because they demonstrated a different pattern of response and were not identified as items which supported the subscales. These items are CCC6, BPG7, CCC14, CCC15, BPG18, CCC23, CCC24, and CCC35 (see Table 2).

Question 3

Research Question 3 asked, What are Seventh-day Adventists beliefs about mental health issues?

Examination of Individual Items

The 10 questions which make up the Mental Health Issues portion of the survey were analyzed using mean, standard deviation, and frequency (see Table 7 and Appendix E). Five items had means (4 and above) which indicated they were in moderate to strong agreement with statements which were addressing positive beliefs toward mental health issues (MMH2, MMH3, MMH7, MMH8, and MMH9). Five items indicated they were in moderate to strong disagreement with the statements (MMH1, MMH4, MMH5, MMH6, and MMH10).

Several items demonstrated a high percentage of “strongly agree”: MMH3—*Mental health issues exists* (SA-78.5%), MMH7—*The illnesses of the mind and body should be considered equally important* (SA-69.4%), MM8—*Some mental health issues*

Table 7

Means of Beliefs About Mental Health Issues

No.	Item	N	Mean	SD
MMH_1*	Mental health issues should not be discussed outside of one's immediate family	317	2.5521	1.71589
MMH_2	Everyone has had some issues with their mental health at some point in their life.	317	4.5110	1.35853
MMH_3	Mental health issues exists.	314	5.5796	.99280
MMH_4*	If a person's relationship with God is good, they will not have any mental health issues.	313	2.5112	1.59949
MMH_5*	Having mental health issues does not glorify God.	315	2.5619	1.62342
MMH_6*	Mental health issues are caused by sinning.	316	2.3354	1.56392
MMH_7	The illnesses of the mind and body should be considered equally important.	316	5.4304	1.10621
MMH_8	Some mental health issues are caused by biological reasons.	314	5.1720	1.26984
MMH_9	A person can be faithful in their SDA beliefs and still have mental health issues.	313	5.3770	1.09999
MMH_10*	Having mental health issues is shameful.	315	1.9524	1.43021
Valid N (listwise)		303		

*= reversed scored.

are caused by biological reasons (SA-55.5%) and MMH9—A person can be faithful in their SDA beliefs and still have mental health issues (SA-62.5%). Two items demonstrated a high percentage of “strongly disagree”: MMH6—Mental health issues are caused by sinning (SD-46.7%) and MMH10—Having mental health issues is shameful (SD-59.3%).

Factor Identification

In a previous section, exploratory factor analysis was detailed as it pertained to validating the Beliefs about Mental Health Issues scale. Two factors were identified. Factor 1 pertained to the Existence of Mental Health Issues and Factor 2 pertained to Religious Implications of Mental Health Issues (see Table 3).

The items loading on the two factors made up new subscales. Each subscale was analyzed using descriptive statistics to obtain the mean and standard deviation. Items pertaining to the Existence of Mental Health Issues demonstrated a mean of 5.3854 ($SD = .84829$). Items pertaining to the Religious Implication of Mental Health Issues had a mean of 4.6601 ($SD = 1.05621$). The two subscales demonstrated an agreement with positive beliefs towards mental health issues (see Appendix E).

Dropped Items

After exploratory factor analysis was conducted, several items were dropped from analysis because they demonstrated a different pattern of response and were not identified as items which supported the subscales. These items are MMH1 and MMH2 (see Table 3).

Question 4

Research Question 4 asked, What are Seventh-day Adventist's beliefs about medical care?

Examination of Individual Items

The 13 items which make up the medical care portion of the survey were analyzed using mean, standard deviation, and frequency (see Table 8 and Appendix E). Six items

had means (4 and above) which indicated the response was moderate to strong agreement with the statements towards positive beliefs towards medical care (MMC1, MMC2, MMC3, MMC5, MMC7, and MMC8). One item fell in the mid range (<4 and >3). This response ranged somewhere between slightly agree and slightly disagree (MMC12). Finally, five items demonstrated moderate to strong disagreement (2 and below) towards the statements MMC4, MMC9, MMC10, MMC11, and MMC13.

Factor Identification

In a previous section, exploratory factor analysis was detailed as it pertained to validating the Beliefs about Medical Care scale. One factor was identified. The factor was comprised of 10 items which pertain to the Beliefs of Medical Care (see Table 4).

The recoded items loading on the factor made up a new subscale. The subscale was analyzed using descriptive statistics to obtain the mean and standard deviation to further understand the subjects' views. Items pertaining to the subscale of Beliefs about Medical Care demonstrated a mean of 5.1613 ($SD = .79989$) (see Appendix E).

Dropped Items

After exploratory factor analysis was conducted, several items were dropped from analysis because they demonstrated a different pattern of response and were not identified as items which supported the subscales. These items are MMC6, MMC 8, and MMC12 (see Table 4).

Table 8

Means for Beliefs About Medical Care

No.	Item	N	Mean	SD
MMC_1	God has given man the gift of healing the body through medical care.	316	5.2437	1.23986
MMC_2	The practice of medicine is in harmony with the biblical principles of healing.	315	4.7048	1.46894
MMC_3	Medical care is used to restore balance to both the mind and body.	315	4.7238	1.39262
MMC_4*	Receiving medical care shows a lack of faith in God's power to heal.	316	1.5538	1.10710
MMC_5	Medical care is a recognized way to treat an illness or injury.	315	5.4730	1.11521
MMC_6*	God alone can heal the body.	313	4.7220	1.69919
MMC_7	The field of medical care is regulated (must follow certain rules).	313	5.3962	.99820
MMC_8	The practice of modern medicine does not conflict with Adventist beliefs.	314	4.3949	1.51355
MMC_9*	Medical care allows others to control a person's mind against their will.	315	2.0508	1.37677
MMC_10*	The theories of medicine created from the mind of man are wrong.	313	2.5240	1.49365
MMC_11*	It is shameful to receive medical care.	315	1.3810	1.05620
MMC_12*	Receiving medical care involves dependency on another person.	316	3.1392	1.80991
MMC_13*	The field of medicine is unnecessary.	315	1.3873	1.13535
Valid N (listwise)		300		

*= reversed scored.

Analysis of Research Hypotheses 1-3

Research hypotheses 1-3 were analyzed using Categorical Regression

(CATREG). Independent variables gender, utilization of psychological services, the

Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day

Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology were used for each hypothesis. Means for these variables are located in Table 9. Frequencies for these variables are found in the previous demographic section and also Appendix E. Any cases with missing data were excluded from the analysis. Using Cohen's interpretation of correlation, the bivariate correlation between the five independent variables shows all variables have a small correlation with the exception of two pairs: the Seventh-day Adventist's degree of knowledge about psychology and the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology ($r = .496$), and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology and the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology ($r = .320$). They both demonstrated a medium correlation (see Table 10). (Additional tables describing CATREG results are found in Appendix E.)

Null Hypothesis 1a

Null Hypothesis 1a states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about the science of psychology.

Table 9

Descriptive Statistics of Independent Variables

Variable	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Gender	316	1.00	2.00	1.6044	.48975
Utilization of Psychological Services	310	1.00	2.00	1.5484	.49846
The Seventh-day Adventist's Degree of Knowledge about Psychology	310	1.00	6.00	3.1387	1.05976
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	311	1.00	6.00	2.5209	1.15509
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	313	1.00	6.00	2.1310	1.02474
Valid N (listwise)	305				

Table 10

Independent Bivariate Pearson's Correlation Coefficients

Variables	Gender	Utilization of Psychological Services	The Seventh-day Adventist's Degree of Knowledge about Psychology	The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology
Gender	1.000	-.006	-.076	-.039	-.057
Utilization of Psychological Services	-.006	1.000	.129	-.017	.086
The Seventh-day Adventist's Degree of Knowledge about Psychology	-.076	.129	1.000	.496	.230
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.039	-.017	.496	1.000	.320
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	-.057	.086	.230	.320	1.000
Dimension	1	2	3	4	5
Eigenvalue	1.740	1.009	.989	.796	.467

In order to test the null hypothesis, a non-parametric CATREG was conducted with science of psychology as the dependent variable. In combination, the independent variables were a significant predictor of the dependent variable. The null hypothesis was rejected.

Multiple R for regression was significant ($p < 0.01$). $R^2 = .115$ and adjusted $R^2 = .079$ which indicated almost 12% and almost 8% respectively of the variance in the beliefs about the science of psychology, were explained by the independent variables, which are considered to be small.

Two out of five independent variables (the Seventh-day Adventist's degree of knowledge about psychology and the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology) contributed significantly to the prediction of the beliefs about the science of psychology ($p < .05$) The importance of the predictor variables is: the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology = .504, and the Seventh-day Adventist's degree of knowledge about psychology = .274.

Partial correlation for these two predictor variables is small. The Seventh-day Adventist's degree of knowledge about psychology ($r = .222$) indicated that as the Seventh-day Adventist's degree of knowledge about psychology increases so do the positive beliefs about the science of psychology. The Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology ($r = -.288$) which indicated that as the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology decrease the positive beliefs about the science of psychology increase. The CATREG results are summarized in Tables 11 and 12.

Null Hypothesis 1b

Null Hypothesis 1b states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about the Adventist principles about psychology.

In order to test the null hypothesis, a non-parametric CATREG was conducted with Adventist principles about psychology as the dependent variable. In combination, the independent variables were not a significant predictor of the dependent variable ($p > .05$). The null hypothesis was retained.

Multiple R for regression was not significant ($p = .061$). $R^2 = .049$ and adjusted $R^2 = .023$, which indicated almost 5% and 2% respectively of the variance in the beliefs about the Adventist principles about psychology, were explained by the independent variables, which are considered to be small.

One variable (the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology) may have contributed significantly to the prediction of the beliefs about the Adventist principles about psychology ($p < .05$) but the effect is so low it does not warrant further exploration. The CATREG results are summarized in Tables 13 & 14.

Table 11

Individual Predictors on the Science of Psychology

Variable	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.008	.033	1	.056	.813
Utilization of Psychological Services	.090	.051	1	3.066	.081
The Seventh-day Adventist's Degree of Knowledge about Psychology	.251	.096	3	6.870	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.338	.115	4	8.618	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.137	.134	3	1.042	.374

Note. Dependent Variable: SOPMEAN Science of Psychology.

Table 12

Correlations and Importance of Independent Variables on Science of Psychology

Variable	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	-.007	.008	.008	.000
Utilization of Psychological Services	.140	.094	.088	.109
The Seventh-day Adventist's Degree of Knowledge about Psychology	.126	.222	.214	.274
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.172	-.288	-.283	.504
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.095	.136	.129	.113

Note. Dependent Variable: SOPMEAN Science of Psychology.

Null Hypothesis 1c

Null Hypothesis 1c states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the negative statements about psychology.

Table 13

Individual Predictors on the Adventist Principles About Psychology

Variable	Standardized Coefficients		df	F	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.055	.046	1	1.385	.240
Utilization of Psychological Services	.077	.050	1	2.354	.126
The Seventh-day Adventist's Degree of Knowledge about Psychology	-.046	.135	2	.118	.889
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	.199	.099	3	4.021	.008
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.038	.147	1	.066	.798

Note. Dependent Variable: APPMEAN Adventist Principles about Psychology.

Table 14

Correlations and Importance of Independent Variables on Adventist Principles About Psychology

Variables	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.025	.055	.054	.029
Utilization of Psychological Services	.071	.077	.075	.112
The Seventh-day Adventist's Degree of Knowledge about Psychology	.025	-.043	-.042	-.024
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	.191	.151	.149	.779
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.134	.030	.030	.104

Note. Dependent Variable: APPMEAN Adventist Principles about Psychology.

In order to test the null hypothesis, a non-parametric CATREG was conducted with negative statements about psychology as the dependent variable. In combination, the independent variables were a significant predictor of the dependent variable. The null hypothesis was rejected.

Multiple R for regression was significant ($p < 0.01$). $R^2 = .151$ and adjusted $R^2 = .119$, which indicated 15% and almost 12% respectively of the variance in beliefs about the negative statements about psychology were explained by the independent variables, which are considered to be small.

Two out of five independent variables (utilization of psychological services and the Seventh-day Adventist's degree of knowledge about psychology) contributed significantly to the prediction of the beliefs about the negative statements about psychology ($p < .05$). The importance of the predictor variables is: utilization of psychological services = .172 and the Seventh-day Adventist's degree of knowledge about psychology = .295. Partial correlation for these two predictor variables is small. Utilization of psychological services ($r = .143$) indicated a relationship between utilization of psychological services and beliefs about the negative statements about psychology. This indicates that as the utilization of psychological services increases so does the disagreement towards negative statements about psychology. The Seventh-day Adventist's degree of knowledge about psychology ($r = .251$) indicated that as the Seventh-day Adventist's degree of knowledge about psychology increases the disagreement towards negative statements about psychology increases. The CATREG results are summarized in Tables 15 and 16.

Null Hypothesis 2a

Null Hypothesis 2a states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the

writings of Adventists on psychology is not a significant predictor of the attitudes towards the role of counseling.

In order to test the null hypothesis, a non-parametric CATREG was conducted with role of counseling as the dependent variable. In combination, the independent variables were a significant predictor of the dependent variable. The null hypothesis was rejected.

Multiple R for regression was significant ($p = .000$). $R^2 = .128$ and adjusted $R^2 = .092$, which indicated almost 13% and 9% respectively of the variance in the attitudes towards the role of counseling were explained by the independent variables, which are considered to be small.

Three out of five independent variables (gender, utilization of psychological services, and the Seventh-day Adventist's degree of knowledge about psychology) contributed significantly to the prediction of the attitudes towards the role of counseling ($p = <.05$). The importance of the predictor variables is: utilization of psychological services = .331, the Seventh-day Adventist's degree of knowledge about psychology = .146, and gender = .099.

Partial correlation for these three predictor variables was small. Gender ($r = .130$) and utilization of psychological services ($r = .201$) indicate a relationship to the attitudes towards the role of counseling. The Seventh-day Adventist's degree of knowledge about psychology ($r = .154$) indicated that as the Seventh-day Adventist's degree of knowledge about psychology increases so do the positive attitudes about the role of counseling. The CATREG results are summarized in Tables 17 and 18.

Table 15

Individual Predictors on the Negative Statements About Psychology

Variables	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.037	.040	1	.850	.357
Utilization of Psychological Services	.137	.053	1	6.531	.011
The Seventh-day Adventist's Degree of Knowledge about Psychology	.267	.076	5	12.238	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.154	.173	2	.790	.455
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	-.256	.252	2	1.036	.356

Note. Dependent Variable: NBPMEAN Negative Statements about Psychology.

Table 16

Correlations and Importance of Independent Variables on Negative Statements about Psychology

Variables	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.038	.040	.037	.009
Utilization of Psychological Services	.190	.143	.133	.172
The Seventh-day Adventist's Degree of Knowledge about Psychology	.166	.251	.239	.295
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.149	-.151	-.140	.152
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	-.218	-.246	-.234	.372

Note. Dependent Variable: NBPMEAN Negative Statements about Psychology.

Null Hypothesis 2b

Null Hypothesis 2b states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of attitudes towards counseling preferences.

In order to test the null hypothesis, a non-parametric CATREG was conducted with counseling preferences as the dependent variable. In combination, the independent

Table 17

Individual Predictors on the Role of Counseling

Variables	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.123	.052	1	5.497	.020
Utilization of Psychological Services	.194	.059	1	10.870	.001
The Seventh-day Adventist's Degree of Knowledge about Psychology	.161	.084	4	3.633	.007
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.264	.194	3	1.843	.139
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.141	.166	3	.716	.543

Note. Dependent Variable: ROCMEAN Role of Counseling.

Table 18

Correlations and Importance of Independent Variables on Role of Counseling

	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.104	.130	.122	.099
Utilization of Psychological Services	.219	.201	.192	.331
The Seventh-day Adventist's Degree of Knowledge about Psychology	.124	.154	.146	.156
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.152	-.243	-.234	.313
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.092	.135	.128	.101

Note. Dependent Variable: ROCMEAN Role of Counseling.

variables were not a significant predictor of the dependent variable ($p > .05$). The null hypothesis was retained.

Multiple R for regression was not significant ($p = .349$). $R^2 = .044$ and adjusted $R^2 = .004$, which indicated 4% and 0% respectively of the variance in the attitudes towards counseling preferences, were explained by the independent variables, which are considered to be small.

One variable (utilization of psychological services) may have contributed significantly to the prediction of the attitudes towards counseling preferences ($p < .05$) but

the effect was so low it did not warrant further exploration. The CATREG results are summarized in Tables 19 and 20.

Null Hypothesis 2c

Null Hypothesis 2c states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of attitudes towards participation in counseling.

In order to test the null hypothesis, a non-parametric CATREG was conducted with participation in counseling as the dependent variable. In combination, the independent variables were a significant predictor of the dependent variable. The null hypothesis was rejected.

Multiple R for regression was significant ($p < 0.01$). $R^2 = .170$ and adjusted $R^2 = .136$, which indicated 17% and almost 14% respectively of the variance in the attitudes towards participation in counseling, were explained by the independent variables, which are considered to be small.

Two out of five independent variables (utilization of psychological services and the Seventh-day Adventist's degree of knowledge about psychology) contributed significantly to the prediction of the attitudes towards participation in counseling ($p < .05$). The importance of the predictor variables is: utilization of psychological services = .515 and the Seventh-day Adventist's degree of knowledge about psychology = .399.

Table 19

Individual Predictors on Counseling Preferences

Variables	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.064	.048	1	1.732	.189
Utilization of Psychological Services	.133	.056	1	5.686	.018
The Seventh-day Adventist's Degree of Knowledge about Psychology	-.101	.119	3	.727	.537
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.083	.164	3	.255	.858
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.150	.152	4	.978	.420

Note. Dependent Variable: CPMEAN Counseling Preferences.

Table 20

Correlations and Importance of Independent Variables on Counseling Preferences

Variables	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.065	.064	.063	.094
Utilization of Psychological Services	.138	.132	.130	.419
The Seventh-day Adventist's Degree of Knowledge about Psychology	-.098	-.092	-.091	.228
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.048	-.072	-.071	.090
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.049	.126	.124	.169

Note. Dependent Variable: CPMEAN Counseling Preferences.

Partial correlation for these two predictor variables was small. Utilization of psychological services ($r = .274$) indicated a relationship to the attitudes towards participation in counseling. The Seventh-day Adventist's degree of knowledge about psychology ($r = .230$) indicated that as the Seventh-day Adventist's degree of knowledge about psychology increases so do the positive attitudes about Participation in Counseling. The CATREG results are summarized in Tables 21 and 22.

Null Hypothesis 3a

Null Hypothesis 3a states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about

psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about existence of mental health issues.

In order to test the null hypothesis, a non-parametric CATREG was conducted with existence of mental health issues as the dependent variable. In combination, the independent variables were a significant predictor of the dependent variable. The null hypothesis was rejected.

Multiple R for regression was significant ($p < 0.01$). $R^2 = .124$ and adjusted $R^2 = .088$, which indicated 12% and almost 9% respectively of the variance in the belief about the existence of mental health issues, were explained by the independent variables, which are considered to be small.

One out of five independent variables (the Seventh-day Adventist's degree of knowledge about psychology) contributed significantly to the prediction of the beliefs about the existence of mental health issues ($p = <.05$). The importance of the predictor variables is: the Seventh-day Adventist's degree of knowledge about psychology = .651.

Partial correlation for this one predictor variable was small. The Seventh-day Adventist's degree of knowledge about psychology ($r = .263$) indicated that as the Seventh-day Adventist's degree of knowledge about psychology increases so do the positive beliefs about the existence of mental health issues. The CATREG results are summarized in Tables 23 and 24.

Table 21

Individual Predictors on Participation in Counseling

Variables	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.072	.049	1	2.203	.139
Utilization of Psychological Services	.268	.052	1	26.140	.000
The Seventh-day Adventist's Degree of Knowledge about Psychology	.238	.069	4	11.887	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.120	.125	3	.910	.437
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.047	.136	3	.119	.949

Note. Dependent Variable: PICMEAN Utilization of Psychological Services.

Table 22

Correlations and Importance of Independent Variables on Participation in Counseling

Variables	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.053	.079	.072	.022
Utilization of Psychological Services	.328	.274	.260	.515
The Seventh-day Adventist's Degree of Knowledge about Psychology	.286	.230	.216	.399
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.055	-.108	-.099	.039
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.087	.040	.037	.024

Note. Dependent Variable: PICMEAN Utilization of Psychological Services.

Null Hypothesis 3b

Null Hypothesis 3b states: A linear combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology is not a significant predictor of the beliefs about religious implications of mental health issues.

Table 23

Individual Predictors of Existence of Mental Health Issues

Variable	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.042	.040	1	1.123	.290
Utilization of Psychological Services	.063	.046	1	1.866	.173
The Seventh-day Adventist's Degree of Knowledge about Psychology	.284	.063	5	20.194	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.204	.151	2	1.817	.164
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.112	.117	3	.918	.433

Note. Dependent Variable: EMHIMEAN Existence of mental health issues.

Table 24

Correlations and Importance of Independent Variables on Existence of Mental Health Issues

Variable	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.073	.045	.042	.025
Utilization of Psychological Services	.134	.066	.062	.068
The Seventh-day Adventist's Degree of Knowledge about Psychology	.284	.263	.255	.651
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.075	-.193	-.184	.123
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	.146	.105	.098	.133

Note. Dependent Variable: EMHIMEAN Existence of mental health issues.

In order to test the null hypothesis, a non-parametric CATREG was conducted with religious implications of mental health issues as the dependent variable. In combination, the independent variables were not a significant predictor of the dependent variable ($p > .05$). The null hypothesis was retained.

Multiple R for regression was not significant ($p = .076$). $R^2 = .064$ and adjusted $R^2 = .025$, which indicated 6% and almost 3% respectively of the variance in beliefs about the religious implications of mental health issues, were explained by the independent variables, which are considered to be small.

One variable (the Seventh-day Adventist's degree of knowledge about psychology) may have contributed significantly to the prediction of the beliefs about the religious implications of mental health issues ($p < .05$) but the effect was so low it does not warrant further exploration. The CATREG results are summarized in Tables 25 and 26.

Analysis of Research Hypothesis 4

Null Hypothesis 4: Seventh-day Adventist's degree of exposure to the writings of Ellen G. White is not a significant predictor of the beliefs about medical care.

A simple linear regression was calculated predicting beliefs about medical care based on the Seventh-day Adventist's degree of exposure to the writings of Ellen G. White. The model was not significant ($p = .103$). $R^2 = .009$ and adjusted $R^2 = .005$, which indicated 1% and almost 1% respectively of the variance in beliefs about medical care, were explained by the Seventh-day Adventist's degree of exposure to the writings of Ellen G. White, which is considered to be small. The null hypothesis was retained (see Table 27).

Analysis of Research Hypothesis 5

Null Hypothesis 5: Beliefs about psychology are not significantly correlated to beliefs about medical care.

A Pearson correlation coefficient was calculated for the relationship between beliefs about psychology and beliefs about medical care. A medium positive correlation was found ($r(317) = .455, p < .001$) which indicated a linear relationship between the two

Table 25

Individual Predictors of Religious Implications of Mental Health Issues

Variable	Standardized Coefficients		<i>df</i>	<i>F</i>	Sig.
	Beta	Bootstrap (1000) Estimate of Std. Error			
Gender	.036	.041	1	.798	.372
Utilization of Psychological Services	.103	.054	1	3.659	.057
The Seventh-day Adventist's Degree of Knowledge about Psychology	.217	.068	5	10.312	.000
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.111	.113	2	.965	.382
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	-.090	.166	3	.296	.829

Note. Dependent Variable: RIMHIMEAN Religious Implications of Mental Health Issues.

Table 26

Correlations and Importance of Independent Variables on Religious Implications of Mental Health Issues

Variable	Correlations			Importance
	Zero-Order	Partial	Part	
Gender	.023	.037	.036	.013
Utilization of Psychological Services	.147	.103	.101	.239
The Seventh-day Adventist's Degree of Knowledge about Psychology	.164	.192	.190	.559
The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	-.064	-.103	-.100	.112
The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology	-.054	-.084	-.081	.076

Note. Dependent Variable: RIMHIMEAN Religious Implications of Mental Health Issues.

Table 27

Predictors of Beliefs About Medical Care

Variable	Unstandardized Coefficients		Standardized Coefficients	<i>T</i>	Sig.
	<i>B</i>	Std. Error	Beta		
The Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White	.078	.048	.093	1.636	.103

Note. Dependent Variable: BMCMEAN Beliefs about medical care.

Table 28

Correlation Between Beliefs About Medical Care and Beliefs About Psychology

Variable		Beliefs about medical care	Beliefs about Psychology
Beliefs about medical care	Pearson Correlation	1	.445**
	Sig. (2-tailed)		.000
	<i>N</i>	317	317
Beliefs about Psychology	Pearson Correlation	.445**	1
	Sig. (2-tailed)	.000	
	<i>N</i>	317	317

**Correlation is significant at the 0.01 level (2-tailed).

variables. As beliefs about psychology increase, beliefs about medical care increase. The null hypothesis was rejected (see Table 28).

CHAPTER 5

SUMMARY, CONCLUSIONS, AND LIMITATIONS

Introduction

This study was designed to investigate the attitudes and beliefs of Seventh-day Adventist (SDA) church members toward psychology, counseling, and mental health issues. Also explored were several demographic predictor variables to determine their contribution to the beliefs and attitudes about psychology, counseling, and mental health issues. This chapter presents the summary of the purpose of the study and methodology, summary of findings, discussion of major findings, conclusions, the implications of the study, suggestions for further study, and limitations of the study.

Summary of the Purpose of the Study and Methodology

The primary purpose of this study was to identify the attitudes and beliefs of SDA church members toward psychology, counseling, and mental health issues. The study also sought to discover if gender, utilization of psychological services, the degree of knowledge about psychology, the degree of knowledge of Ellen G. White's writings on psychology, and the degree of knowledge of SDA writers on psychology contributed to the attitudes and beliefs towards psychology, counseling, and mental health issues.

In this study, beliefs are defined as knowledge that one has about a construct. Attitudes consist of the knowledge, affect, and behaviors one has about a construct.

Because psychology is considered a theory, it can only be assigned a belief. In contrast, counseling, which is action oriented, can be defined by how one has knowledge of, behaves towards, and has feelings about; therefore, it is assigned an attitude.

The conflict between science and religion is long-standing. Scientists have felt they were not able to quantify concepts such as grace, salvation, faith, hope, and the soul. So the belief is: if it can't be measured, then it is not useful to science (Cremins, 2002).

But initially as psychology grew as a science, the split between psychology and religion grew. Some founding psychologists were openly critical of religion and behaviors surrounding religion (Richards & Bergin, 2000).

On the contrary, William James felt religious experience should be explored by psychologists because it can show how the person processes life events. He felt that religion can only be held true for the one experiencing it. For others, religion can be considered, but not considered truth unless they have experienced it (James, 1902).

In modern times, a change in attitude about religion by psychology has been observed. Sorenson (2004) conducted an extensive literature review, and found since Freud's death in 1939 that the references to religion being pathological have dropped by 59%. But while the rift between religion and psychology is shrinking, it still exists. According to Christianity, God's word is the discussion about God and humanity. There has been a divide between psychology, which is based on natural science methods, and the study of Scripture. The thought is that the study of Scripture will have little influence on the study of psychology. Both can be considered sources for the study of human behavior. The divide comes from the difference between the study of humans from a Christian stance of regeneration and psychology based only on naturalism. The Christian

approach is that knowing God is to know one's self. Therefore, there is a belief that a Christian may not know themselves psychologically apart from their relationship to God. Because this dichotomy has been accepted, it has maintained a separation (Johnson, 2011).

But how does the religious person view psychology and counseling? There is suspicion that religious persons underutilize professional counseling, but there are no studies to back up this claim (Bergin & Richards, 1997). However, Mayers et al. (2007) conducted a qualitative study in which they explored how religious persons experienced mental health therapy. This qualitative study indicated that the subjects felt seeking help from a secular therapist may be seen as rejecting God's healing. Some in the study sought counseling only as a last resort after seeking help from clergy, family, and friends.

Although there are no quantitative studies addressing how religious groups perceive counseling and psychology, there are studies which look at how other social groups view psychology and counseling. Atkinson and Gim (1989) conducted a study which looked at the attitudes of Asian Americans towards counseling. They found the Asian American client felt more comfortable in counseling if the therapist was open to the client's culture and that the therapist had explored their own.

In 2009, Furnham conducted a study to understand the views and attitudes of the lay person towards counseling. Overall, the study showed that participants had a positive attitude towards counseling. They felt they were understood and not rejected. While the study does not factor in religious belief systems, it does demonstrate that those who were studied had a good understanding and knowledge of counseling and therefore were more accepting of counseling.

In another study, Wood et al. (1986) found that the participants felt psychology was incompatible with their religious beliefs. Interestingly they had favorable attitudes towards psychology including believing that psychology was a science. In contrast, Penn et al. (2008) found that while their subjects agreed that psychological research helps improve people's lives, they did not agree that psychology uses science to understand how people behave.

The above studies demonstrate the limited research currently available to understand the attitudes and beliefs of religious persons towards psychology, counseling, and mental health issues. Up to now, there has been no evidence which identifies the knowledge base of the Seventh-day Adventist (SDA) concerning the role of psychology, counseling, and mental health issues or the attitudes and beliefs which are associated with them. How do SDAs experience the mental health field? Do SDA clients prefer therapists who are also SDA? Would counseling be more successful if the therapist were trained in the culture of the SDA church?

According to the *Seventh-day Adventist Yearbook* (General Conference of SDA, 2013), there were 1,078,358 Seventh-day Adventists living in the United States in 2011. The main resources to understand the church's view on counseling, psychology and mental health issues are: Ellen G White's writing and the church's official stance on psychology. Exploring White's writings, one can find many references to popular psychology, which during her time included phrenology and mesmerism. Psychology, during White's lifetime (1827-1915), was in its infancy and did not resemble the science it is today. Phrenology and mesmerism were building blocks for psychology, but were abused and manipulated and eventually deemed pseudosciences. Because psychology

has changed from White's era, there is no way of knowing what her attitudes towards modern psychology and counseling would be. One can wonder if SDA members still hold to her ideas concerning popular psychology of her time and are applying them to today's science of psychology. These ideas needed to be explored in order to understand the attitudes and beliefs of the modern-day SDA.

In 1977, the SDA church created a paper which outlined the church's official stance on psychology (General Conference of Seventh-day Adventists, 1977). The paper addressed such topics as the special needs of the SDA church, the state of man, teaching the ideals of the SDA church to future psychologists, and what components of psychology should be avoided. The document is 36 years old. The field of psychology has grown and changed throughout these years, and the church's stance may be outdated. It is unclear if this document reflects the church's current position or if it demonstrates the body of believer's true attitudes and beliefs towards psychology. It is possible the document is not referenced or accepted by today's SDA. Exploring the attitudes and beliefs of the SDA through structured research was important to help clarify the views of present-day SDAs.

A survey was created to obtain the data for this study. The survey was composed of five sections. Section one contained questions about beliefs about psychology; section two, attitudes and beliefs concerning counseling; section three, questions about the beliefs about mental health issues; section four, questions about beliefs about medical care, and section five, demographic questions. Each question, except for demographic questions, used a 6-point Likert Scale (1 = *Strongly disagree*; 2 = *Moderately disagree*; 3 = *Slightly disagree*; 4 = *Slightly agree*; 5 = *Moderately agree*; 6 = *Strongly agree*).

The stratified random sample was taken from the Illinois Conference of SDA. Also, due to a poor survey return rate, an additional convenience sample was taken from one Michigan SDA church. The total sample was originally 3,095. Because of a low response rate, 16 additional churches within the Illinois Conference and one church in the Michigan Conference were contacted to participate. A final total of 3,046 surveys were sent out and 337 surveys were returned. The return rate was 10%. Twenty surveys were excluded from the study, as $> 5\%$ of the items were not completed. A final research sample of 317 was obtained.

Upon completion of data collection, exploratory factor analysis of the survey items was conducted to ensure construct validity of the instrument. First a scree plot, Velicer's Minimum Average Partial (MAP) test and Horn's Parallel Analysis were conducted to identify how many factors to extract within each category (psychology, counseling, mental health issues, and medical care).

Next the Pattern Matrix was used to identify valid items of each factor. According to Comrey and Lee (1992), cutoffs for the meaning of the factor loading are as follows: $>.70$ (excellent), $.63$ (very good), $.55$ (good), $.45$ (fair), and $.32$ (poor). A common minimum accepted loading of an item is $.32$ (Tabachnick & Fidell, 2001). For this validation of items, a minimum cutoff of $.40$ was used to ensure strong loading of the variables.

Once the factors had been identified, items which were loaded below $.4$ were reviewed and dropped as non-loading items. Each item was then compared to the existing factors and was also examined for its construct validity. Items which loaded with a negative response within a particular factor were also observed. These items were

again scrutinized for their validity with the other items within the factor. In order for the item to be valid, the content of the negatively loading item was required to be opposite to the positively loading items.

After the factors were identified, they were then defined through observing the content of the top three items that loaded onto the same factor and then naming the common theme. Consideration was taken to label the factors according to the conceptual framework of the study. In order to informally ensure the labels “made sense” two outside persons not associated with this study reviewed the labels and indicated their agreement to the naming of the factors.

Under the scale Beliefs about Psychology, Factor 1 was named Science of Psychology, Factor 2 was named Adventist’s Principles about Psychology, and Factor 3 was named Negative Statements about Psychology. Under the scale Attitudes towards Counseling, Factor 1 was named Role of Counseling, Factor 2 was named Counseling Preferences, and Factor 3 was named Participation in Counseling. Under the scale of Beliefs about Mental Health Issues, Factor 1 was named Existence of Mental Health Issues and Factor 2 was named Religious Implications of Mental Health Issues. Under the scale Beliefs about Medical Care, factor 1 was named Beliefs about Medical Care.

Next, internal consistency reliability was observed by analyzing subscales created by the factor analysis using Cronbach’s alpha tests. George and Mallery (2006) suggest the following rules of thumb for evaluating alpha coefficients, $> .9$ excellent, $> .8$ good, $> .7$ acceptable, $> .6$ questionable, $> .5$ poor, $< .5$ unacceptable.

Then, using SPSS 20 a descriptive analysis was first conducted on the demographic data. The analysis consisted of the means, percentage, frequency, and identification of missing data.

The data gathered by the survey were then analyzed by several methods: descriptive, categorical regression, simple regression, and correlation. Before the null hypotheses could be tested, the items were recoded into their original variable groups: Belief about Psychology, Attitudes toward Counseling, etc. Each new variable group was tabulated to gain a mean score to compare to the Likert scale for the survey. These mean scores were used to answer research questions 1-4.

Null hypotheses 1-3 were analyzed using categorical regression (CATREG). CATREG is used to quantify categorical data by giving a numerical value to the categories. The goal of CATREG is to describe the relationship between a dependent variable and a set of independent variables. CATREG is able to scale nominal, ordinal, and numerical variables at the same time (IBM Corporation, 2011). Because in ordinal variables, each scale can produce different findings and with nominal variables the output can be difficult to interpret, CATREG is appropriate. It can convert the nominal and ordinal variables to interval scales. It is then able to maximize the relationship between each predictor and the dependent variable (Moss, 2008).

Null hypothesis 4 was analyzed using simple linear regression. Simple regression attempts to describe the relationship between a dependent variable and one independent variable. In order to reject or accept the null hypothesis, significance must be below .05.

Null hypothesis 5 was analyzed using correlation. Correlation is used to understand whether and how strongly two variables are related, in this case, beliefs about

psychology and beliefs about medical care. Appendix D describes in more detail the analysis used.

Summary of Findings

Demographic Information

The majority of subjects in this study were female (60%) between the ages of 41-50. Sixty-three percent of the subjects had a college degree with 23% reporting that degree was a Bachelor's. More than half of the subjects were married (59%). Forty-two percent of the subjects reported being members of the SDA church for 25-50 years and 65% reported being involved in some level of church leadership.

Sixty-two percent of the subjects reported that they had no family history of mental illness. A little over half indicated they had not utilized psychological services either currently or in the past (54%).

Of those 44% who had reported utilizing psychological services, 10% had used pastoral counseling, 17% had utilized a psychologist, 21% utilized a licensed counselor, 6% had utilized a psychiatrist, 11% utilized a marriage counselor, and 3% utilized another type of counselor. (It is important to note the subjects were allowed to choose more than one type of psychological service.)

Of the types of counselors the subjects had used, 16% were identified as SDA, 18% were identified as Christian, 7% were identified as non-Christian and 13% were identified as unknown. (It is again important to note that subjects were able to choose more than one identification of counselor if they had utilized more than one type of psychological service.)

Thirty-four percent of the subjects reported having beginner knowledge about psychology. The subjects felt they had a competent exposure to the writings of White (46%) but 28% felt they had a novice or minimal knowledge of White's writings on psychology. Finally, 68% of the subjects felt they had a novice or minimal knowledge of SDA writers on psychology.

The demographic findings of this study mirror those that Bull and Lockhart (1989) explored. They report that the ratio of the sexes is 60 females to 40 males. Church members are over-represented in professional occupations which may explain the high number of college educated respondents in this study.

Bull and Lockhart (1989) also state that it is common with internal surveys that there is a different type of SDA who responds—in contrast with external surveys. Internal surveys will pick up the data only from those respondents who are active church members. In addition, internal surveys often include a disproportionate number of church employees as indicated by this survey finding that 65% of the respondents indicated they served in some form of church leadership.

Overall, the demographics represent the core SDA—part of the 60% of SDAs who are attending church regularly (Bull & Lockhart, 1989). The results of this study can be generalized to those who are attending church regularly with the understanding that it may not represent the 40% of SDAs who are not consistently involved in church.

Research Questions

Research question 1 explored the SDA's beliefs about psychology. The three subscales of the Beliefs about Psychology were used to answer this question. Subscale 1: Science of Psychology demonstrated a mean of 4.0999. Subscale 2: Adventist Principles

about Psychology demonstrated a mean of 4.4466. Subscale 3: Negative Statements about Psychology demonstrated a mean of 4.6819. All of these subscales showed that SDA have positive beliefs about psychology.

Research question 2 looked at what attitudes the SDA had towards counseling. The three subscales of Attitudes towards Counseling were used to answer this question. Subscale 1: Role of Counseling demonstrated a mean of 4.6655. Subscale 2: Counseling Preferences demonstrated a mean of 4.9333. Subscale 3: Participation in Counseling demonstrated a mean of 4.4621. Together these subscales demonstrated positive attitude towards counseling.

Research question 3 investigated the SDA's beliefs about mental health issues. The two subscales of Beliefs about Mental Health Issues were used to answer this question. Subscale 1: Existence of Mental Health Issues demonstrated a mean of 5.3854. Subscale 2: Religious Implications of Mental Health Issues demonstrated a mean of 4.6601. Together these subscales demonstrated positive beliefs about mental health issues.

Research question 4 explored the SDA's beliefs about Medical Care. One subscale was used to answer this question. The subscale Beliefs about Medical Care demonstrated a mean of 5.1613, which indicated positive beliefs towards medical care.

Null Hypotheses

Five independent demographic variables were used to predict the following dependent variables: gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day

Adventist's degree of knowledge about the writings of SDAs on psychology. Sixty percent of the sample were women. Fifty-four percent of the subjects had not utilized psychological services. When looking at the degree of knowledge about psychology, 61% of subjects had beginner knowledge or less and 37% felt they were competent or better. Of the subjects surveyed, 77% felt they had beginning or less knowledge of Ellen G. White's writing on psychology, while 21% felt competent or better. Finally, 89% of the subjects indicated having beginning or less knowledge about the writings of SDA's on psychology whereas only 10% felt competent or better.

Two of the pairs of independent variables demonstrated a significant relationship. The SDA's degree of knowledge about psychology demonstrated a relationship to the SDA's degree of knowledge about the writings of EGW on psychology. This indicates that as the SDA's knowledge about psychology increases so does the knowledge about the writings of EGW on psychology. It is possible that because White's writings about psychology are specialized to this cultural group, that as the SDA increases their knowledge of her writings, the SDA perceives their knowledge of psychology in general to increase. Also those who study psychology may look to other authors' views on psychology, thus as their knowledge of psychology increases their knowledge of White's writings about psychology may increase.

The other relationship indicated between the variables was between the SDA's degree of knowledge about the writings of EGW on psychology and the degree of knowledge about the SDA writings on psychology. This relationship indicates that when the knowledge of the writings of EGW on psychology increases so does the knowledge of SDA writers on psychology. Also this relationship indicates that as knowledge of SDA

writers on psychology increases so does the knowledge of the writings of EGW on psychology increase. This may be an indicator of the SDA cross referencing EGW with interpretations from other SDA writers or an indication of investigating all SDAs' views on psychology.

Interestingly, several of the independent variables demonstrated no relationships. The relationship between gender and the utilization of psychological services was not significant ($r = -.006$). This does not support the notion that women are more likely to utilize psychological services over men (Gillon, 2007; Gonzalez et al., 2005; Leong & Zachar, 1999; Mackenzie et al., 2006).

Another insignificant relationship ($r = .129$) was noted between knowledge about psychology and utilization of psychological services. This did not support Furnham (2009) who found that persons with increased knowledge of psychology and therapy were more likely to utilize therapy. Using the above independent variables, each null hypothesis was tested and a brief summary is given below.

When the null hypotheses were interpreted, effect size was used. The effect size was considered small in each hypothesis according to Cohen's effect size. Even knowing that the independent variables' influence may be minimum, they can still be considered significant. Cohen recognized that what is more important is the content of the investigation, especially in the behavioral sciences (Wuensch, 2009). Therefore the hypotheses were also interpreted by the significance of their results and how they contribute to the knowledge of psychology.

Null hypotheses 1a and 1c were rejected because the independent demographic variables were contributors to the beliefs about the science of psychology and the

disagreement about the negative statements about psychology. Null hypothesis 1b was retained since the independent demographic variables did not contribute to the beliefs about the SDA principles about psychology.

Null hypotheses 2a and 2c were rejected because the independent demographic variables were contributors to the attitudes about the role of counseling and attitudes about participation in counseling. Null hypothesis 2b was retained because the independent demographic variables did not contribute to the attitudes about counseling preferences.

Null hypothesis 3a was rejected as the independent demographic variables contributed to the beliefs about the existence of mental health issues. Null Hypothesis 3b was retained as the independent demographic variables did not contribute to the beliefs about the religious implications of mental health issues.

Null hypothesis 4 was retained as the SDA's degree of exposure to the writings of EGW was not a contributor to the beliefs about medical care.

Null hypothesis 5 was rejected as the beliefs about psychology were correlated to the beliefs about medical care.

Discussion of Major Findings

Research Question 1

Research Question 1 asked, What are Seventh-day Adventists' beliefs about psychology? For the purpose of this study, beliefs were defined as cognitive associations and are closely related to knowledge (Ottati et al., 2005; Wyer Jr. & Albarracin, 2005). The content can be true, false, correct, incorrect, good, bad, desirable,

or undesirable. Beliefs are a way that humans categorize responses to stimuli (Triandis, 1979).

According to the data, SDAs were in agreement with positive beliefs about psychology. This is consistent with a prior study which also showed that laypersons had positive feelings about psychology (Wood et al., 1986). SDAs believe that psychology is used to understand how the mind works (93%). This is in contrast with Penn et al. (2008) whose study found that only 30% of their subjects agreed that psychology used scientific research to understand how people behave. Sixty-two percent of SDAs disagree that psychology is not necessary to understand the mind, the Bible is enough.

Only 9% agree with the idea that psychology is of the devil and 7% agree that psychology corrupts the mind. This conflicts with White's comments about Satan working through the science of psychology to corrupt minds (Rayburn, 2000; White, 1880/1884, 1907). Harding (1987) states that, in the past, church leaders discouraged a belief in psychology because it was an instrument of the devil.

Only 19% of the SDAs surveyed agreed with the idea that White was against all psychology. Also only 23% agreed she would be against all psychology as it is practiced today, yet 48% of the subjects agree that White was against psychology as it was practiced in her day. When looking at the demographic variable, degree of knowledge about the writings of EGW on psychology, 50% of the subjects have minimal or no knowledge of her writings on psychology. This may indicate that when asked if White was against psychology as practiced in her day, the subjects might not know the answer.

Fifty-six percent of the subjects agree that the SDA church has a position on psychology. Only 49% of the subjects agreed that modern psychology does not conflict

with their SDA beliefs. This may indicate that about half the subjects feel the church has a conflict with psychology. Although 70% of the subjects had beginner and above knowledge of psychology, they had minimal knowledge of White's or SDA writings on psychology. This may indicate that while having knowledge of psychology, the SDA does not know if this knowledge conflicts with the church's core beliefs on psychology. In Wood et al. (1986), 60% of their subjects felt that psychology was incompatible with their religion. Interestingly, in contrast, 67% of SDAs feel the study of psychology is in harmony with biblical principles.

Seventy-four percent of SDAs agree that psychology taught in SDA colleges must be taught from an SDA point of view. This is in agreement with the SDA church's official statement (General Conference of Seventh-day Adventists, 1977). SDAs slightly agreed (54%) that all theories of psychology should be taught in SDA colleges. Currently, SDA psychology programs are teaching all theories of psychology (Andrews University, 2009; Loma Linda University, 2009).

Science of Psychology

When Belief about Psychology was broken down into its subscales more information is gleaned. The subscale, Science of Psychology, demonstrated a mean of 4.0999 which indicates agreement. Sixty-four percent of SDAs agreed that scientific research helps a person understand what it means to be human, 75% agree that the principles of psychology are based on scientific research, and 72% agree psychology also helps a person understand what it means to be human. This confirms Wood et al. (1986) who found that 84% agreed that psychology is a science. But in contrast, Penn et al.

found that only 30% agreed that psychology used scientific research to understand how people behave.

Although there was some uncertainty about whether psychology conflicts with SDA beliefs (48% disagreed and 49% agreed), 79% of SDAs agree that psychology can be used to restore the mind and body. This belief is a central core tenet of the SDA's faith (General Conference of the Seventh-day Adventist Church, 2010). Taylor and Carr (2009) stated that the faithful SDA is always trying to find ways to integrate the psychological, physiological, spiritual, and social elements of a person. Sixty-nine percent of SDAs feel that God has given man the gift of healing of the mind through psychology.

SDA Principles About Psychology

SDAs were in agreement with beliefs concerning SDA principles about psychology (mean = 4.4466). Eighty-one percent of SDAs agree that the true principles of psychology are found in the Bible, as well as 70% agree that the true principles of psychology are illuminated by the writings of EGW. This supports the SDA church's position on psychology (General Conference of Seventh-day Adventists, 1977).

Sixty-four percent of SDAs believe that psychology is safe only when practiced by a person dedicated to God's service. This belief is supported by Farrell and Goebert (2008) who found that SDA pastors felt that it was essential that the client and provider share the same religious beliefs to be effective.

Negative Statements About Psychology

SDAs disagreed with the negative statements about psychology (mean = 4.6819 [reversed scored]). Seventy percent disagreed that EGW would be against all psychology as it is practiced today and 70% disagreed that EGW was against all psychology. Ninety-two percent disagreed that all psychology corrupts the mind, and 91% disagreed that all psychology is of the devil. Finally, 61% of SDAs also disagree that theories of psychology which come from the mind of man are wrong.

Summary

The SDAs in this study believe that psychology is a legitimate field of science. They do not believe that psychology is harmful or from the devil. While this is true, many SDAs also demonstrate some uncertainty when it comes to issues of science vs. religion. SDAs are split on whether their belief of psychology conflicts with their SDA beliefs. Just over half of the SDAs believe that the church has an official statement on psychology; just under half believe that EGW disapproved of psychology during her lifetime.

SDAs are divided on whether they agree that all theories of psychology should be taught in SDA colleges, but agree that psychology should be taught from an SDA point of view. It remains unclear what that point of view is.

Research Question 2

Research Question 2 asked, What are Seventh-day Adventists' attitudes towards counseling? For the purpose of this study, attitudes were defined as an evaluation of a construct with some degree of favor or disfavor (Albarracin et al., 2005). Attitudes are

made up of three components: affect (feelings about and evaluation about), cognition (beliefs about), and behaviors (behavioral intentions about) (Fazio, 1986; Kruglanski & Stroebe, 2005).

SDAs demonstrated an agreement with positive attitudes towards counseling. Only 10% of SDAs agree with the statement that counseling is unnecessary. Ninety-three percent of SDAs agree that counseling can help to cope with grief, and 93% agree that counseling can be used to gain clarity when confused. Only 14% agreed with the statement that they would not see a counselor if they had a mental health issue. Also only 13% agreed that participating in counseling showed a lack of faith in God's ability to heal. This statement does not support Mayers et al. (2007), whose study showed seeking help could be seen as rejecting God's healing.

While SDAs feel they would see a counselor if they had a mental health issue, 56% agreed it would also be their first inclination. In contrast, half of the subjects (51%) agreed that counseling should be a last resort after talking to family, friends, and pastor. In Mayers et al. (2007), it was reported that some religious persons sought counseling only as a last resort after seeking help from clergy, family, and friends.

The SDA church states that mind control diminishes the representation of God's character (General Conference of Seventh-day Adventists, 1977), and 82% of the subjects agreed that allowing someone to control their mind goes against God's principles. Interestingly, only 17% agreed that counseling is mind control. This does not support the claim that SDAs view psychology with mistrust because it involves mind control (Rayburn, 2000; Walters, 2002). Only 18% percent of SDAs agree that hypnosis is a beneficial tool for treating mental health issues. But only 36% agree that meditation

is mind control. Interestingly, the SDA church states that both hypnosis and meditation are considered mind control and should be avoided (General Conference of Seventh-day Adventists, 1977). The idea that hypnotism is used in counseling is a main reason that SDA leaders in the past discouraged parishioners from participating in therapy (Harding, 1987). Wood et al. (1986) found that 58% of the subjects felt that psychology had not been used to control or manipulate people.

SDAs disagree on whether dependency on another person goes against God's principles (56%). White stated that dependence should be only on God (White, 1905). But only 34% of SDAs agree that participating in counseling involves dependency on another person. This is inconsistent with White's position, who said that counseling can be a snare as people become dependent on the counselor and lose dependence on Christ (White, 1892).

SDAs agree that if they participated in counseling, they would seek out a SDA counselor (82%) and 90% agree that they would seek out a Christian counselor, whereas 15% agree that they would seek out a secular counselor. This is consistent with Richards and Bergin (2000) who found that religious persons often prefer to work with a therapist from their own faith or at least someone who is religious. This is further supported by Walters (2002) who felt SDAs may feel reluctant to participate in therapy if their counselor was not SDA.

Only 19% of SDAs agree with the statement that they would not trust their pastor to be their counselor, although 24% agreed that they would participate in counseling only if their pastor was their counselor. This does not support Mayers et al. (2007) who found that religious persons had reservations about seeking help from their church.

Interestingly, 89% of the subjects believe that pastors adhere to a code of ethics when counseling. No information was found that supports this belief as it pertains to SDA pastors. This coincides with the Adventist Psychology-Definition Study Committee who agreed that pastors should not act as pseudo-psychologists (General Conference Department of Education, 1975).

Burt (2009) stated that White felt psychology was used to reconnect with God and 57% of the subjects agree with this goal. In contrast, 69% agree that the goal of counseling is to reconnect a person to their inner strengths. This is not supported by the official SDA church position which states that it is unrealistic that individuals can find the strength to heal their psychological wounds.

Role of Counseling

When Attitudes towards Counseling was broken down into its subscales, more information was noted. The subscale, Role of Counseling, demonstrated a mean of 4.6655, which indicates agreement. Eighty-two percent of SDAs agree that just as medicine treats the body, counseling treats the mind. Eighty-five percent agree that counseling is a recognized way to treat mental health issues.

Sixty-nine percent of SDAs agree that the goal of counseling is to reconnect to inner strengths. They agree that counseling can be used to gain clarity (93%) and find solutions to life's problems (87%). There is agreement that counseling can be used to cope with grief (93%) and cope with mental health issues (92%). When experiencing a problem they couldn't handle or experiencing emotional problems, 76% of SDAs agree they would seek counseling and 69% feel they would find relief.

Eighty-three percent agree that they would be comfortable if their counselor were trained in SDA culture. This supports Atkinson and Gim (1989) who reported that subjects viewed counseling as more credible if the therapist was bilingual, culturally sensitive, and used culturally relevant interventions for treatment.

SDAs agree that counseling is regulated and must follow certain rules (81%). They agree that God uses counseling to heal mental health issues (86%). Ninety-three percent also agree that counseling can provide support and guidance even when their relationship with God is good.

Counseling Preferences

An agreement of attitudes about Counseling Preferences was indicated by a mean of 4.9333. Fifteen percent of SDA agreed they would seek out a secular counselor; 82% would seek out an SDA counselor. The SDA preference would be a SDA counselor over a non-SDA counselor. Only 19% agree they would not trust their pastor to be their counselor.

Participation in Counseling

This subscale demonstrated a mean of 4.4621, which indicates an agreement with attitudes about Participation in Counseling. Only 14% of SDA, indicate they would not see a counselor if they were having mental health issues. The subjects are split on whether counseling should be a last resort after talking to their family, friends, and pastor (51%). Sixty-five percent agree that counseling is acceptable in conjunction with attendance in church, prayer, and support from the congregation, which supports what

Mayers et al. (2007) found. While only 24% agree that they would participate only if their pastor was their counselor.

Seventy-nine percent of SDAs disagree they would be ashamed to participate in counseling. Only 24% of SDAs would feel uneasy to participate in counseling based on what others might think. Fourteen percent of SDAs are worried they will be converted to non-SDAs beliefs and only 21% are afraid their beliefs will be judged if they participate in counseling. Only 39% agree they feel their spiritual issues will be ignored. This is consistent with Furnham (2009) whose subjects did not feel rejected or misunderstood and also felt supported.

Finally, only 13% of SDAs agree that participating in counseling demonstrates a lack of faith in God's power to heal. Seventeen percent agree that counseling controls a person's mind, and 34% agree counseling involves dependency on another person.

Summary

Overall, SDAs have positive attitudes towards counseling. They believe that counseling is necessary to deal with life's issues and like medical care treats the body, counseling treats mental health issues. They do not feel that counseling shows a lack of faith in God's ability to heal, but are not sure if attending counseling would be their first inclination when faced with mental health issues. In contrast, they are also divided on whether counseling should be a last resort.

While SDAs agree that mind control goes against God's principles, they agree that counseling is not considered mind control. They do, however, feel that hypnosis should not be used to treat mental health issues, which supports the church's stance that

hypnosis is mind control. The SDA church does feel that meditation is mind control, but the subjects in the study felt it was not.

SDAs prefer their counselors to be SDA or at least Christian. They also feel they would trust their pastor to be their counselor but mistakenly believe their pastor must adhere to a code of ethics when counseling.

Finally, SDAs feel the goal of counseling is to reconnect to God, which is what Ellen G. White purports it to be. They also believe that the goal of counseling should be to reconnect with their own personal strengths, which is in direct conflict with the opinion of the SDA church.

Research Question 3

Research Question 3 asked, What are Seventh-day Adventists' beliefs about mental health issues? All 10 items showed agreement with positive beliefs about mental health issues. SDAs agree that mental health issues exist (94%). Ninety-three percent of SDAs agree that illnesses of the mind and body should be considered equally important. Eighty-nine percent agree with the belief that some mental health issues are caused by biological reasons. This does not support Mayers et al. (2007) who found his subjects were told by their church that mental illness originated from evil or from a satanic attack.

Ninety-four percent agree a person can be faithful in their SDA beliefs and still have mental health issues. SDAs also agree that everyone has had some issues with their mental health at some point in their life (79%).

Only 27% of SDAs agree with the idea that mental health issues are caused by sinning. This does not support Magna (2007), who stated that mental health issues are caused by sin. Seventeen percent of SDAs agree that having mental health issues is

shameful. Only 27% agree with the idea that mental health issues should not be discussed outside one's family.

Existence of Mental Health Issues

Looking at the subscale, Existence of Mental Health Issues, a strong agreement was demonstrated by the mean of 5.3854. Ninety-four percent of SDAs believe that mental health issues exist and 93% agree that they are equally important to illnesses of the body. Eighty-nine percent agree that some mental health issues are caused by biological reasons. They also believe a person can be faithful in their relationship to God and still have mental health issues (94%).

Religious Implications of Mental Health Issues

Overall, SDAs are in disagreement with beliefs made about religious implications of mental health issues. Only 27% agree that if a person's relationship with God is good, one will not have mental health issues. Twenty-seven percent agree with the statement that mental health issues are caused by sinning, and 30% agree that having mental health issues does not glorify God. Also only 17% agree that having mental health issues is shameful.

Summary

SDAs recognize that mental health issues are real and are important to address. Mental health issues are not a direct result from sin or a poor relationship with God. SDAs feel that mental health issues should not be a cause of shame.

Research Question 4

Research Question 4 asked: What are Seventh-day Adventists' beliefs about medical care? SDAs demonstrated an agreement with positive beliefs about medical care. Ninety-three percent of SDAs believe that the field of medicine is regulated. SDA also agree that medical care is the recognized way to treat illness or injury (93%).

Ninety-two percent believe that God has given man the gift of healing through medicine, and 71% believe that the practice of medicine is in harmony with SDA beliefs. This supports the research done by Seltzer Daley Companies (1986), who found that SDAs did not believe there was a conflict between medical technology and their spiritual values. SDAs also agree with the belief that medical care is used to restore the mind and body (83%).

Only 8% agreed that the field of medicine was unnecessary. Only 7% of SDAs agree that receiving medical care is shameful, and only 6% agree that receiving medical care shows a lack of faith.

While 82% of the subjects strongly agree that allowing someone to control their mind goes against God's principles, only 18% agree that receiving medical care allows others to control the mind. About half of the subjects (47%) agree that receiving medical care involves dependency on another person.

Beliefs About Medical Care and Summary

Looking at the one subscale, Beliefs about Medical Care, a mean of 5.1613 was demonstrated which indicated positive beliefs about medical care. Overall, SDAs believe that medicine is necessary and that God has given the gift of healing through medicine.

Medicine is also believed to be in harmony with the biblical principles of healing.

Medicine is a recognized way to treat illness. SDAs also believe that receiving medical care is not shameful nor does it show a lack of faith in God's power to heal. SDAs also disagree that the theories of medicine created from the mind of man are wrong.

Research Question 5

Research Question 5 asked, Is a combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of SDAs on psychology a significant predictor of the beliefs about psychology?

The dependent variable, beliefs about psychology, was broken down into its subscales for analysis: Science of Psychology, Adventist Principles about Psychology, and Negative Statements about Psychology. The independent variables in combination were not a predictor of the beliefs about the Adventist Principles of Psychology.

The combination of independent variables was associated with Science of Psychology. The effect size (adjusted $R^2 = .079$) for this finding was small. Since only 8% of the variance was explained by the independent variables, other variables not included in this model must explain the variation of the beliefs about the Science of Psychology.

Two independent variables contributed significantly to the prediction of the beliefs about the Science of Psychology. The Seventh-day Adventist's degree of knowledge about the writings of EGW on psychology was the most important followed by the Seventh-day Adventist's degree of knowledge about psychology.

The results indicated that as SDAs' knowledge about psychology increased, so did the positive belief about the science of psychology. This may indicate that as SDAs learn more about the science behind psychology and are educated about it, there may be more acceptance of psychology as a legitimate science.

A negative relationship was also found. As the knowledge of White's writings on psychology increases the positive beliefs about the Science of Psychology decrease. As White appears to have stated warnings against psychology, this may persuade SDAs to have less positive beliefs about the science of psychology. The relationship between White's writings and the impact it has on the beliefs of the science of psychology is supported by the theory that beliefs are obtained through knowledge (Wyler Jr. & Albarracin, 2005).

The combination of independent variables was associated with Negative Statements about Psychology. The effect size (adjusted $R^2 = .119$) was small. Because only 12% of the variance was explained by the independent variable, other variables not included in this model must explain the variance of beliefs about the Negative Statements about Psychology.

Two independent variables contributed significantly to the prediction of beliefs about Negative Statements about Psychology. The Seventh-day Adventist degree of knowledge about psychology was the most important, followed by utilization of psychological services.

A relationship was found between the SDA's knowledge about psychology and Negative Statements about Psychology. It found that as knowledge about psychology increased so did disagreement with negative statements about psychology. This may

indicate again that as SDAs are educated about psychology they disagree with negative statements about psychology.

Another relationship was found between the use of psychological services and the Negative Statements about psychology. It found that if SDA were using a psychological service now or in the past they tend to disagree with negative statements about psychology.

Research Question 6

Research Question 6 asked, Is a combination of gender, utilization of psychological services, the Seventh-day Adventist's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of SDAs on psychology a significant predictor of the attitudes toward counseling?

The dependent variable, attitudes towards counseling, was broken down into its subscales for analysis: Role of Counseling, Counseling Preferences, and Participation in Counseling. The combination of independent variables was not a predictor of attitudes towards Counseling Preferences.

The combination of independent variables was associated with Role of Counseling. The effect size (adjusted $R^2 = .092$) was small. Since only 9% of the variance was explained by the independent variables, other variables not included in this model must explain the variation of attitudes towards the Role of Counseling.

Three independent variables contributed significantly to the prediction of attitudes towards the Role of Counseling. Utilization of psychological services was most

important followed by Seventh-day Adventist's degree of knowledge about psychology and, finally, gender.

The relationship between the attitudes towards the Role of Counseling and the use of psychological services may indicate that if a person is using counseling now or in the past they may have a clearer understanding of the positive role of psychology. This may also be true of the relationship between gender and the role of psychology. Women and men may have different views of the role of counseling. Finally, a relationship was found between the Role of Counseling and the SDA's knowledge about psychology. It found that as the knowledge about psychology increased so did the acceptance of the role of counseling. This again may be an indication that as SDAs learn more about psychology, their acceptance of the role of counseling will increase.

In combination, the independent variables were associated with Participation in Counseling. The effect size (adjusted $R^2 = .136$) was small. Because only 14% of the variance was explained by the independent variable, other variables not included in this model must explain the variance of attitudes towards the Participation in Counseling.

Two independent variables contributed significantly to the prediction of attitudes towards the Participation in Counseling. Utilization of psychological services was the most important followed by Seventh-day Adventist degree of knowledge about psychology. The relationship between utilization of psychological services and attitudes towards Participation in Counseling may indicate that if SDAs are using or have used psychological services in the past, they may feel more comfortable with using counseling to address their mental health issues. The other relationship in this model between Participation in Counseling and the SDA's knowledge of psychology may indicate that as

SDAs are more educated about psychology, the more comfortable they are in participating in counseling to address their mental health issues.

Research Question 7

Research Question 7 asked, Is a combination of gender, utilization of psychological services, the Seventh-day SDA's degree of knowledge about psychology, the Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology, and the Seventh-day Adventist's degree of knowledge about the writings of SDAs on psychology a significant predictor of the beliefs about mental health issues?

Beliefs about mental health issues were broken down into its subscales for analysis: Existence of Mental Health Issues and Religious Implications of Mental Health Issues. The independent variables in combination were not a predictor of the beliefs of Religious Implications of Mental Health Issues.

The combination of independent variables was associated with Existence of Mental Health Issues. The effect size (adjusted $R^2 = .088$) was small. Since only 9% of the variance was explained by the independent variable, other variables not included in this model must explain the variation of beliefs about the Existence of Mental Health Issues.

One independent variable contributed significantly to the prediction of Existence of Mental Health Issues and had importance: Seventh-day Adventist's degree of knowledge about psychology. The relationship between the two may indicate that as SDAs learn more about psychology, their beliefs that mental health issues exist will increase.

Research Question 8

Research Question 9 asked, Is the Seventh-day Adventist's degree of exposure to the writings of Ellen G. White a significant predictor of the beliefs about medical Care?

Seventh-day Adventist's degree of exposure to the writings of EGW was not a predictor of the beliefs about medical care.

Research Question 9

Research Question 9 asked, Are beliefs about psychology significantly correlated to the beliefs about medical care?

A medium correlation was found. The relationship shows that as positive beliefs about medicine increase so do positive beliefs about psychology.

Conclusions

Overall, SDAs have positive beliefs towards psychology and mental health issues. They have positive attitudes towards counseling.

SDAs have minimal knowledge of White's writings on psychology, other SDA writers on psychology, or the church's opinion of psychology. Therefore any negative statements about psychology and counseling come from anecdotal reports from other SDA members. Positive beliefs and attitudes about psychology, counseling, and mental health issues are obtained from experience with counseling and being educated about psychology. These formulations of beliefs and attitudes are supported by the theory that beliefs are formulated from knowledge, and attitudes are partially formulated from experience and behaviors.

While SDAs find psychology to be in harmony with biblical principles, they are divided in their belief if psychology conflicts with their SDA beliefs. They do not believe that medical care conflicts with their SDA beliefs. SDAs also agree that all theories of psychology should be taught at SDA universities. They do believe that psychology should be taught from an SDA point of view. They do believe that psychology is a legitimate field of science.

SDAs believe that counseling is necessary and beneficial. They believe that God is an important part of the counseling process. They believe the counselor should be connected to God to make counseling productive. They believe the goal of counseling is a combination of finding inner strength and reconnecting to God. SDAs are split on whether counseling would be their first choice or their last choice if they had a mental health issue. While counseling is necessary and helpful, there is some uncertainty about attending counseling. SDAs would trust their pastor to provide counseling, but would not use a pastor as their only choice for receiving mental health care. SDAs mistakenly believe that pastors adhere to a code of ethics when counseling.

SDAs do not believe counseling is mind control. Meditation is appropriate in counseling but should be used with caution as the church considers it mind control. SDAs believe that hypnosis should be avoided as a treatment option in counseling. Additionally, SDAs do not believe that counseling is considered dependency.

SDAs believe that mental health issues exist and should be treated just as important as bodily injury or illness. SDAs believe they can be faithful in their SDA beliefs and still have mental health issues and seek counseling.

The more knowledge an SDA has about psychology, the more they believe psychology is a legitimate science. They also disagree with negative statements about psychology, have positive attitudes about the role of counseling, have positive attitudes about participating in counseling, and have positive beliefs in the existence of mental health issues.

SDAs who are currently or have used psychological services in the past disagree with negative statements about psychology, have a positive understanding of the role of counseling, and have positive attitudes about participating in counseling.

Ellen G. White and other SDA writers have little to no influence on SDAs' beliefs about psychology or mental health issues or the attitudes towards counseling.

Interestingly and specifically, EGW and other SDA writers had no influence on the beliefs about SDA principles of psychology or the religious implications of mental health issues. The only influence EGW's writings on psychology had was on the SDA's belief about the science of psychology. The SDA degree of knowledge about psychology is the biggest predictor of beliefs about psychology and mental health issues and the attitudes towards counseling.

SDAs, like mainstream society, have indicated a need for mental health services. While there is no information of the utilization rates of SDAs in counseling, this research gives a picture of the attitudes and beliefs of SDAs concerning psychology, counseling, and mental health issues. The data presented indicate that the views of the church and the teachings of Ellen G. White have little influence on the beliefs and attitudes of the SDA. SDAs are most likely formulating their attitudes and beliefs as mainstream America has: from their own knowledge and experience, the media, and sometimes a misunderstanding

of the science of psychology. It appears that according to the research SDAs' views have normalized and parallel the views of Americans.

One exception is the role of hypnosis in psychology and counseling. The church has had a long-standing opinion on the role of hypnosis. In its official 1977 statement, hypnosis was listed as mind control and should be avoided. White spoke out against hypnosis in regard to mind control stating that persons should not "yield his mind to another." Hypnosis during White's time began as a legitimate therapeutic technique to treat various "hysterias." But because hypnosis soon evolved into a form of entertainment and means for profit, the idea that hypnosis was a helpful technique for treating mental illness was discredited. White may have seen this technique as mind control with no benefit and encouraged the SDAs to avoid it.

When looking at the evolution of medicine in SDA history, there have been ideas and concepts which White discouraged the SDA from engaging in, for example, toxic drugs, x-rays, and doctors treating opposite-sex patients. But in order for the Adventist health system to progress to cutting-edge medicine, these concepts were ignored. Hypnosis, which White spoke out against and which the church states should be avoided, appears to be the one concept influenced on the subjects of this study who indicated strongly that hypnosis is not a tool that should be used in counseling. Other concepts such as, psychology being of the devil, meditation being mind control, and problems only being taken to God, have not influenced the SDAs in this study to demonstrate negative beliefs and attitudes toward psychology and counseling.

The only other influence White's writings had on the subjects in this study were on the beliefs about the science of psychology. Whereas the SDAs in the study believed

that psychology was a legitimate science, there appeared to be a relationship between the belief and the knowledge of her writings. Because few SDAs are reading White's writings regularly and even fewer are knowledgeable about her views on psychology, most subjects agreed that psychology was a science. Those who had knowledge of her writings had less agreement with positive beliefs of psychology as a science.

As with secular society, SDAs feel that psychology is necessary to understand mental health. They agree that counseling is useful. They demonstrate that with increased knowledge about psychology they have increased acceptance of the field. They are similar in that they prefer a mental health worker who is acculturated to the beliefs of Adventism. The subjects in the study have demonstrated that like the medical field they have advanced their beliefs and attitudes about psychology, counseling, and mental health alongside mainstream society.

It seems that without the influence of White and the corporate church, the SDA beliefs and attitudes are similar to those of American society. As demonstrated by the progression of the Adventist medical field, SDAs have a history of adapting their positions to accommodate the changing times. Compromises have been made in doctrine to advance the SDA's role in medicine, create opportunities for evangelism, or to gain acceptance in the secular world. Because SDAs are dealing with similar mental health issues as in mainstream society, it appears they have made these same compromises to adapt to the advancements in the field of psychology.

Implications of the Study

This study, being the first of its kind, can serve as groundwork for future studies. A survey has been created which can be used to further extend this research. It also

provides a knowledge base about the beliefs and attitudes of SDAs which did not exist before. This study advances the field of psychology by contributing to the literature about specific beliefs and attitudes of psychology, counseling, and mental illness of a specific religious culture.

Since there is information now that was not available in the past, mental health workers have increased knowledge available to them to better help serve the SDA community. Mental health workers are able to be better trained in SDA culture, which in turn increases the SDA's comfort level in receiving mental health services. Increased education of Adventism's beliefs and attitudes will also augment the mental health workers' competencies for effectively treating the mental health issues of SDAs. Increased knowledge will also raise the mental health workers' empathy towards the needs of the SDA, which in turn will increase the quality of care for this religious subculture.

The information provided in this study can also serve to educate leaders of the SDA church concerning the attitudes and beliefs of the SDA congregants. The information can be used to understand the current climate of the SDA concerning psychology, counseling, and mental health issues. Hopefully, this information will encourage the SDA leadership to begin a dialogue in regard to how the church can better support those who have mental health needs. The discussion should include topics such as pastor's role in counseling, providing support for those in need, implications of White's writings on psychology, and an updated institutional stance on psychology.

Finally the information gleaned from this study can also serve to educate the SDA community. This study can provide information which shows how fellow SDAs feel

about psychology, counseling, and mental health issues. As a topic that is typically not discussed, it may assist SDAs in being more comfortable in discussing their own needs for mental health care and to seek help.

Suggestions for Further Research

The findings of this study have resulted in several suggestions for further studies. First, a qualitative study to discover the “whys” of the beliefs and attitudes of psychology, counseling, and mental health issues is suggested. Having knowledge about where and how a person formulated their beliefs and attitudes would be beneficial to further understand why or why not a SDA attends counseling.

Because the survey did not ask the subjects to identify their ethnicity, it is suggested a demographic question be added and then research conducted to compare the ethnic groups. Understanding the different cultural groups’ views within the United States, and internationally, may also contribute to the knowledge of how SDAs view psychology, counseling, and mental health issues.

Another suggestion would be to investigate the difference in attitudes and beliefs about psychology, counseling, and mental health issues between pastors and laypersons of the church. Because pastors are considered leaders of the SDA church, it is important to investigate if the leaders and congregants are “on the same page.”

Throughout the research, the topic of the “Adventist perspective of psychology” was brought up. Currently there is not a definitive definition of this theory which the SDA church states psychology should be taught from. Research defining an SDA perspective of psychology would help educators to include this theory in curriculum when training future mental health workers in an SDA university. Understanding this

perspective would also assist mental health workers when addressing the needs of SDAs in counseling.

Limitations of the Study

The first limitation of this study is that the findings cannot be generalized outside the sample of respondents in the Illinois Conference. This study cannot account for differences in SDAs' beliefs which may occur outside of the geographical area. Because ethnicity was not included in the demographics, it also does not account for differences which may be found within ethnic or cultural groups.

A major limitation of this study was the possibility that the persons who completed the survey were in general more accepting of psychology and counseling. This was evidenced by some people refusing to complete the survey, claiming it and the topic were of the devil. There may be many people who refused to complete the survey; therefore the results did not reflect those who oppose psychology and counseling. The results may be skewed toward the positive. Future researchers may be able to increase the variability of responses by personally attending church functions to hand out the survey. Being able to personally explain the purpose of the study and welcome opposing views may make those who are against psychology more comfortable to express their opinions.

Another limitation of the study was survey questions CCC15 "God alone heals mental health issues" and MMC6 "God alone can heal the body." These questions were poorly written and incomplete as they did not also involve the idea of psychology and medical care. As a SDA, there is a belief that if God wanted to He could alone heal the body and mind. For the purpose of this study, the questions should have been stated

“God alone heals mental health issues; counseling is not necessary” and “God alone can heal the body; medical care is not necessary.” Because of the poor wording of these questions they reflected data which were not in line with other data and the questions were dropped from any analysis involving subscales.

Distribution of the survey is also a limitation of the study. Because the surveys were sent to church pastors and then handed to the subjects, there was a lack of control of how the surveys were presented. It may be possible that subjects were not encouraged to participate which resulted in a low return rate. Also because the surveys were distributed and collected from pastors and church leaders, subjects may have felt inhibited in their responses for fear their confidentiality may be breached. Distributing the surveys in person by the researcher may have produced more compliance with the survey and given the subjects a sense that their confidentiality would be respected. Possibly more rounded responses for and against psychology would have been obtained as more explanation of the survey and its purpose could have been given.

APPENDIX A
CORRESPONDENCE



SEVENTH-DAY
ADVENTIST
CHURCH

Illinois Conference

Presidential

619 Plainfield Road
Willowbrook, Illinois
60527 USA
Telephone: (630) 734-0920
Fax: (630) 734-0926
KDenslow@IllinoisAdventist.org

December 14, 2010

Institutional Review Board
Andrews University
4150 Administrative Drive
Room 210
Berrien Springs, MI 49104-0355

To Whom It May Concern:

I am approving the request from graduate student Kristy Koeppe to invite church members from the Illinois Conference to participate in her research project: *Attitudes and Beliefs about Psychology, Counseling, and Mental Health Issues.*

We understand that she will contact random church pastors and members to complete the survey and that participation is purely voluntary on the part of the members.

We are happy to be able to assist students at Andrews University from time to time and look forward to hearing the results of her study.

Sincerely,

Kenneth A. Denslow, President

c. Delmar Austin, Ministerial Director

Andrews University

Seek Knowledge. Affirm Faith. Change the World.

School of Education Department of Education and Counseling Psychology

January 9th, 2011

Dear Pastor:

My name is Kristy Koeppe and I am a Ph.D. candidate at Andrews University. My area of research is the attitudes and beliefs of Seventh-day Adventists on psychology, counseling and mental health issues. Your church was chosen randomly to be invited to participate in my research. I have received permission from Elder Denslow, conference president, to send this letter to you and to conduct the survey.

The purpose of this research is to explore the attitudes and beliefs of church members in regards to psychology, counseling and mental health issues. The results of this study will hopefully educate those who work in the mental health field about the specific views held by Seventh-day Adventist church members.

I am soliciting your help and the assistance of your church clerk in the gathering of this data. If you agree to your church member's participation, I will send a packet which will include an introduction letter, survey and self-addressed envelope for each church member (age 18 or over). The survey should be completed by the church member (approximately 15 minutes) and returned to the church clerk in the envelope provided. The church clerk can then send the packet of completed surveys to me via a prepaid postage box or envelope which I will provide.

I will have no need to know any church member's identity. There will be no identifying questions on the survey and the church members

will remain anonymous. There will be a number on the survey which is to identify the church and will only be used for recording return rate. I do not foresee any risks to the church members by participating in the research. There are also no benefits to the church members by participating. Participation in this study is purely voluntary. The church member may refuse to participate with no repercussions. There is no monetary compensation for participating in this study.

If you have any questions about the study, you can contact me directly at 435-770-8479. You may also contact my research chairperson Dr. Rudolph Bailey, Ph.D. at 296-471-3346 with any questions or concerns regarding this research project.

Thank you for your consideration and help with finding out the laity's views on this important topic. I hope to hear soon about your decision regarding your church's participation.

Sincerely,

Kristy Koeppe, Ph.D. Candidate
5293 Washington Ave
Saint Joseph, MI 49085

kristy49085@yahoo.com

(435) 770-8479

Andrews University

Seek Knowledge. Affirm Faith. Change the World.

School of Education Department of Education and Counseling Psychology

Dear church member:

My name is Kristy Koeppe and I am a Ph.D. candidate at Andrews University. My area of research is the attitudes and beliefs of Seventh-day Adventists on psychology, counseling and mental health issues. Your church was chosen randomly to participate in my research. I have received permission from Elder Denslow, conference president, to send this letter to you and to conduct the survey.

The purpose of this research is to explore the attitudes and beliefs of church members in regards to psychology, counseling and mental health issues. The results of this study will hopefully educate those who work in the mental health field about the specific views held by Seventh-day Adventist church members.

I am soliciting your help in facilitating the gathering of this data. If you are a member of the Seventh-day Adventist church and are 18 years of age or over, I am asking you to take approximately 15 minutes to complete the enclosed survey. When the survey is completed please place it in the envelope provided and return to your church clerk.

There are no identifying questions on the survey and you will remain anonymous. There will be a number on the survey which will be used for identifying the church and will only be used for recording return rate.

I do not foresee any risks to you by participating in the research. There are also no benefits by participating. Participation in this study is purely voluntary. You may refuse to participate with no repercussions. There is no monetary compensation for participating in this study. By completing the survey, you are giving consent to be part of this research.

If you have any questions about the study, you can contact me directly at 435-770-8479. You may also contact my research chairperson Dr. Rudolph Bailey, Ph.D. at 296-471-3346 with any questions or concerns regarding this research project.

Thank you for your consideration and help with finding out the laity's views on this important topic. Your participation is greatly appreciated.

Sincerely,

Kristy Koeppe,
Ph.D. Candidate
(435) 770-8479

APPENDIX B
VARIABLE MATRIX

Variable	Conceptual Definition	Instrumental Definition	Operational Definition
1. Gender	Difference between the sexes of the participant.	This variable will be determined by response to the following question: What is your gender? (D-1) 1) Male 2) Female	Responses will be categorized as the nominal scale as follows: Male = 0 Female = 1
2. Age	The length of time the participant has existed.	This variable will be determined by response to the following question: What is your age? _____ (D-2)	Responses will be categorized as a whole number.
3. Educational Level	The amount of schooling participated by the participant.	This variable will be determined by response to the following question: What is your education level? (D-3) 1. Some high school 2. High school diploma 3. Some college 4. Associates degree 5. Bachelor's degree 6. Masters degree 7. Doctorate degree	Responses will be categorized as an ordinal scale as follows: Some high school = 1 High school diploma = 2 Some college = 3 Associates degree = 4 Bachelor's degree = 5 Masters degree = 6 Doctorate degree = 7
4. Marital Status	Identification of the participant in relation to marriage.	This variable will be determined by response to the following question: What is your marital status? (D-4) 1. Single 2. First marriage 3. Divorced and not remarried 4. Widowed 5. Second (plus) marriage	Responses will be categorized as a nominal scale as follows: Single = 1 First marriage = 2 Divorced and not remarried = 3 Widowed = 4 Second (plus) marriage = 5

<p>5. Years Member of the SDA Church</p>	<p>The amount of time since the participant was baptized into the SDA church.</p>	<p>This variable will be determined by the response to the following question:</p> <p>How long have you been a member of the SDA church? (D-5)</p> <ol style="list-style-type: none"> 1. Less than one year 2. 1-5 years 3. 6-10 years 4. 11-25 years 5. 26-50 years 6. 51+ years 	<p>Responses will be categorized as scale as follows:</p> <p>Less than one year = 1 1-5 years = 2 6-10 years = 3 11-25 years = 4 26-50 years = 5 51+ years = 6</p>
<p>6. Level of Church Involvement</p>	<p>The role of the participant in the church.</p>	<p>This variable will be determined by response to the following question:</p> <p>Which best describes your level of involvement in the church? (D-6)</p> <ol style="list-style-type: none"> 1. Church board member 2. Church member with some leadership responsibility 3. Active member in weekly activities 4. Active in worship only 5. Non active member 	<p>Responses will be categorized as an ordinal scale as follows:</p> <p>Church board member = 1 Church member with some leadership responsibility = 2 Active member in weekly activities = 3 Active member in worship only = 4 Non-active member = 5</p>
<p>7. Family History of Mental Illness</p>	<p>Identification of a psychological disorder in the participant's family.</p>	<p>This variable will be determined by response to the following question:</p> <p>Is there a history of mental health issues in your family? (D-7)</p> <ol style="list-style-type: none"> 1) Yes 2) No 	<p>Responses will be categorized as a nominal scale as follows:</p> <p>Yes = 0 No = 1</p>

8. Utilization of Psychological Services	Indicates whether the participant has engaged in mental health services.	This variable will be determined by response to the following question: Are you currently in counseling or have attended counseling in the past? (D-8) 1. Yes 2. No	Responses will be categorized as a nominal scale as follows: Yes = 0 No = 1
9. Type of the Psychological Service Used	Indicates the discipline of mental health services utilized by the participant.	This variable will be determined by response to the following question: If Yes, what type of counselor did you use? (D-9) 1. Pastoral counseling 2. Psychologist 3. Licensed counselor 4. Psychiatrist 5. Marriage counselor 6. Other	Responses will be categorized as a nominal scale as follows: If choice is circled = 1 If choice is blank = 0
10. Therapist's Denominational Background	Indicates the religious identification of the mental health provider utilized by the participant.	This variable will be determined by response to the following question: Was your counselor identified as: (D-10) 1. Seventh-day Adventist 2. Christian 3. Non-Christian 4. Unknown	Responses will be categorized as a nominal scale as follows: If choice is circled = 1 If choice is blank = 0

<p>11. The Seventh-day Adventist's degree of knowledge about psychology.</p>	<p>Indicates the current level of information about the study of an individual's thoughts, emotions and behaviors held by the participant.</p>	<p>This variable will be determined by response to the following question:</p> <p>What is your level of knowledge about psychology? (D-11)</p> <ol style="list-style-type: none"> 1. None 2. Novice—I have minimal knowledge about psychology. 3. Beginner—I have some working knowledge about the key aspects of psychology. 4. Competent—I have a good working knowledge of psychology. 5. Proficient—I have a deep understanding of psychology. 6. Expert—I am an authority on psychology. 	<p>Responses will be categorized as an ordinal scale as follows:</p> <p>None = 1 Novice—I have minimal knowledge about psychology. = 2 Beginner—I have some working knowledge about the key aspects of psychology. = 3 Competent—I have a good working knowledge of psychology. = 4 Proficient—I have a deep understanding of psychology. = 5 Expert—I am an authority on psychology. = 6</p>
<p>12. The Seventh-day Adventist's degree of exposure to the writings of Ellen G. White.</p>	<p>Indicates the current level of contact the participant has with the writings of the prophet of the Seventh-day Advent church.</p>	<p>This variable will be determined by response to the following question:</p> <p>What has been your exposure to the writings of Ellen G. White? (D-12)</p> <ol style="list-style-type: none"> 1. None 2. Novice—I have minimal exposure to the writings of Ellen G. White. 3. Beginner—I have some exposure to the writings of Ellen G. White. 4. Competent—I have read several of the writings of Ellen G. White. 	<p>Responses will be categorized as an ordinal scale as follows:</p> <p>None = 1 Novice—I have minimal exposure to the writings of Ellen G. White. = 2 Beginner—I have some exposure to the writings of Ellen G. White. = 3 Competent—I have read several of the writings of Ellen G. White. = 4 Proficient—I have read</p>

		<p>5. Proficient—I have read most of the writings of Ellen G. White.</p> <p>6. Expert—I am an authority on the writings of Ellen G. White.</p>	<p>most of the writings of Ellen G. White. = 5</p> <p>Expert—I am an authority on the writings of Ellen G. White = 6</p>
<p>13. The Seventh-day Adventist's degree of knowledge about the writings of Ellen G. White on psychology.</p>	<p>Indicates the current level of information held by the participant concerning the prophet of the Seventh-day Adventist church's writings about the study of an individual's thoughts, emotions and behaviors.</p>	<p>This variable will be determined by response to the following question:</p> <p>What is your knowledge about the writings of Ellen G. White on psychology? (D-13)</p> <ol style="list-style-type: none"> 1. None 2. Novice—I have minimal knowledge of the writings of Ellen G. White on psychology 3. Beginner—I have some working knowledge about the writings of Ellen G. White on psychology. 4. Competent—I have a good working knowledge about the writings of Ellen G. White on psychology. 5. Proficient—I have a deep understanding of the writings of Ellen G. White on psychology. 6. Expert—I am an authority on the writings of Ellen G. White on psychology. 	<p>Responses will be categorized as an ordinal scale as follows:</p> <p>None = 1</p> <p>Novice—I have minimal knowledge of the writings of Ellen G. White on psychology. = 2</p> <p>Beginner—I have some working knowledge about the writings of Ellen G. White on psychology. = 3</p> <p>Competent—I have a good working knowledge about the writings of Ellen G. White on psychology. = 4</p> <p>Proficient—I have a deep understanding of the writings of Ellen G. White on psychology. = 5</p> <p>Expert—I am an authority on the writings of Ellen G. White on psychology. = 6</p>

<p>14. The Seventh-day Adventist's degree of knowledge about the writings of Adventists on psychology.</p>	<p>Indicates the current level of information held by the participant concerning writers of the Seventh-day Adventist church's writings about the study of an individual's thoughts, emotions and behaviors.</p>	<p>This variable will be determined by response to the following question:</p> <p>What is your knowledge of the writings of Adventist writers on psychology? (D-14)</p> <ol style="list-style-type: none"> 1) None 2) Novice—I have minimal knowledge of the writings of Adventists on psychology 3) Beginner—I have some working knowledge of the writings of Adventists on psychology. 4) Competent—I have a good working knowledge of the writings of Adventists on psychology. 5) Proficient—I have a deep understanding of the writings of Adventists on psychology. 6) Expert—I am an authority on the writings of Adventists on psychology. 	<p>Responses will be categorized as an ordinal scale as follows:</p> <p>None = 1 Novice—I have minimal knowledge of the writings of Adventists on psychology. = 2 Beginner—I have some working knowledge of the writings of Adventists on psychology. = 3 Competent—I have a good working knowledge of the writings of Adventists on psychology. = 4 Proficient—I have a deep understanding of the writings of Adventists on psychology. = 5 Expert—I am an authority on the writings of Adventists on psychology. = 6</p>
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<p>15. The Seventh-day Adventist's Belief about Psychology.</p>	<p>Indicates the thoughts about the study of the mind in terms of an individual's cognitive process, emotions and behaviors held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p><u>Psychology</u> is defined as the study of the mind in regards to a person's thoughts, emotions and behaviors.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <ol style="list-style-type: none"> 1) There are many theories of psychology which can explain human behavior. (PP-8) 1 2 3 4 5 6 2) Psychology is used to understand how the mind works. (PP-1) 1 2 3 4 5 6 3) Psychology helps a person understand what it means to be human. (PP-5) 1 2 3 4 5 6 4) All psychology is of the devil. * (PP-6) 1 2 3 4 5 6 5) God has given man the gift of healing of the mind through psychology. (PP-15) 1 2 3 4 5 6 6) The study of psychology is in harmony with biblical principles. (PP-4) 1 2 3 4 5 6 	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 21-126 and will be divided by the number of questions (21) to obtain the mean score for this variable.</p>
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		<p>7) The principles of psychology are based on scientific research. (PP-18) 1 2 3 4 5 6</p> <p>8) All theories about psychology should be taught in Adventist colleges. (PP-7) 1 2 3 4 5 6</p> <p>9) Psychology is used to restore balance to both the mind and body. (PP-10) 1 2 3 4 5 6</p> <p>10) The study of modern psychology does not conflict with Adventist beliefs. (PP-16) 1 2 3 4 5 6</p> <p>11) The theories of psychology created from the mind of man are wrong.* (PP-20) 1 2 3 4 5 6</p> <p>12) Psychology is not necessary to understand the mind, the Bible is enough.* (PP-21) 1 2 3 4 5 6</p> <p>13) All psychology corrupts the mind* (PP-14). 1 2 3 4 5 6</p> <p>14) Psychology is only safe when practiced by a person dedicated to God's service. (PP-2) 1 2 3 4 5 6</p>	
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		<p>15) Ellen G. White was against psychology as practiced in her day. (PP-3) 1 2 3 4 5 6</p> <p>16) Ellen G. White would be against all psychology as it is practiced today.* (PP-11) 1 2 3 4 5 6</p> <p>17) Ellen G. White was against all psychology.* (PP-9) 1 2 3 4 5 6</p> <p>18) The Adventist church has a position on psychology. (PP-22) 1 2 3 4 5 6</p> <p>19) The true principles of psychology are found in the Holy Scriptures. (PP-12) 1 2 3 4 5 6</p> <p>20) The true principles of psychology are illuminated by the writings of Ellen G. White.(PP-19) 1 2 3 4 5 6</p> <p>21) Psychology taught in Adventist colleges must be taught from an Adventist point of view.(PP-13) 1 2 3 4 5 6</p>	
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<p>16. The Seventh-day Adventist's affect about counseling.</p>	<p>Indicates the emotions toward participating in the treatment of mental health problems through communication and relationship with a mental health provider held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p><u>Counseling</u> is defined as the treatment of mental health issues through a relationship with a trained professional such as (but not limited to) a psychologist, therapist or counselor.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) If I were experiencing emotional problems, I am confident I would find relief in counseling. (CCA-37) 1 2 3 4 5 6</p> <p>2) I am afraid my SDA beliefs would be judged if I participated in counseling.*(CCA-36) 1 2 3 4 5 6</p> <p>3) I am concerned my spiritual issues would be ignored if I participated in counseling.*(CCA-3) 1 2 3 4 5 6</p> <p>4) I am worried I would be converted to non-Adventist beliefs if I participate in counseling.*(CCA-25) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 8-48 and will be divided by the number of questions (8) to obtain the mean score for this variable.</p>
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		<p>5) I would feel ashamed to participate in counseling. *(CCA-28) 1 2 3 4 5 6</p> <p>6) I would feel uneasy about participating in counseling because of what others might think. *(CCA-39) 1 2 3 4 5 6</p> <p>7) I would not trust an Adventist pastor to be my counselor.* (CCA-22) 1 2 3 4 5 6</p> <p>8) I would be comfortable in participating in counseling if the counselor was trained in Adventist culture. (CCA-34) 1 2 3 4 5 6</p>	
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<p>17. The Seventh-day Adventist's belief about counseling.</p>	<p>Indicates the thoughts about participating in the treatment of mental health problems through communications and relationship with a mental health provider held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p><u>Counseling</u> is defined as the treatment of mental health issues through a relationship with a trained professional such as (but not limited to) a psychologist, therapist or counselor.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) A person can learn to cope with mental health issues by using counseling.(CCC-12) 1 2 3 4 5 6</p> <p>2) Counseling is unnecessary.*(CCC-6) 1 2 3 4 5 6</p> <p>3) God alone heals mental health issues. *(CCC-15) 1 2 3 4 5 6</p> <p>4) Counseling can help a person cope with grief. (CCC-9) 1 2 3 4 5 6</p> <p>5) Counseling can help a person gain clarity when confused. (CCC-16) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 20-120 and will be divided by the number of questions (20) to obtain the mean score for this variable.</p>
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		<p>6) Participating in counseling involves dependency on another person.* (CCC-19) 1 2 3 4 5 6</p> <p>7) Attending counseling demonstrates a lack of faith in God's power to heal. *(CCC-20) 1 2 3 4 5 6</p> <p>8) A person can still use the support and guidance of counseling even when their relationship with God is good.(CCC-26) 1 2 3 4 5 6</p> <p>9) Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.* (CCC-21) 1 2 3 4 5 6</p> <p>10) Participating in counseling allows others to control a person's mind against their will. *(CCC-8) 1 2 3 4 5 6</p> <p>11) Just as a medicine treats the body for physical illness, counseling treats the mind for mental health issues.(CCC-30) 1 2 3 4 5 6</p>	
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		<p>12) God uses counseling to heal mental health issues.(CCC-4) 1 2 3 4 5 6</p> <p>13) Counseling can be used to find solutions to life's problems. (CCC-33) 1 2 3 4 5 6</p> <p>14) Counseling is a recognized way to treat mental health issues.(CCC-38) 1 2 3 4 5 6</p> <p>15) Counseling is regulated (must follow certain rules).(CCC-31) 1 2 3 4 5 6</p> <p>16) The goal of counseling is to reconnect with God.(CCC-24) 1 2 3 4 5 6</p> <p>17) The goal of counseling is to reconnect a person to their inner strengths. (CCC-32) 1 2 3 4 5 6</p> <p>18) Hypnosis can be beneficial tool for treating mental health issues. (CCC-23) 1 2 3 4 5 6</p> <p>19) Meditation when used in counseling is mind control.(CCC-35) 1 2 3 4 5 6</p>	
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		20) Pastors are required to adhere to a code of ethics when counseling. (CCC-14) 1 2 3 4 5 6	
18. The Seventh-day Adventist's behavior toward counseling	Indicates the actions toward the treatment of mental health problems through communication and relationship with a mental health provider held by the membership of the SDA church.	<p>This variable will be determined by responses to survey questions:</p> <p><u>Counseling</u> is defined as the treatment of mental health issues through a relationship with a trained professional such as (but not limited to) a psychologist, therapist or counselor.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) If I had a problem I couldn't handle, I would attend counseling. (CCB-13) 1 2 3 4 5 6</p> <p>2) If I believed I was having mental health issues, my first inclination would be to attend counseling. (CCB-1) 1 2 3 4 5 6</p> <p>3) I would see a counselor I were worried or upset for a long period of time. (CCB-27) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 10-60 and will be divided by the number of questions (10) to obtain the mean score for this variable.</p>

		<p>4) I would not see a counselor if I was having mental health issues.*(CCB-11) 1 2 3 4 5 6</p> <p>5) I would prefer a non-Adventist counselor to an Adventist counselor.*(CCB-40) 1 2 3 4 5 6</p> <p>6) Seeking counseling should only be a last resort after talking to family, friends and my pastor.*(CCB-2) 1 2 3 4 5 6</p> <p>7) If I participated in counseling, I would seek out a SDA counselor. (CCB-5) 1 2 3 4 5 6</p> <p>8) If I participated in counseling, I would seek out a Christian counselor. (CCB-17) 1 2 3 4 5 6</p> <p>9) If I participated in counseling, I would seek out a secular counselor.* (CCB-29) 1 2 3 4 5 6</p> <p>10) I would only participate in counseling if my pastor was my counselor.*(CCB-10) 1 2 3 4 5 6</p>	
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<p>19. The Seventh-day Adventist's Beliefs about Mental Health Issues.</p>	<p>Indicates the thoughts about emotional and behavioral problems which disrupt everyday life held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p><u>Mental health issues</u> are defined as emotional and behavioral problems which disrupt a person's everyday life.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) Mental health issues should not be discussed outside of one's immediate family. *(MMH-1) 1 2 3 4 5 6</p> <p>2) If a person's relationship with God is good, they will not have any mental health issues. *(MMH-4) 1 2 3 4 5 6</p> <p>3) Having mental health issues does not glorify God. * (MMH-5) 1 2 3 4 5 6</p> <p>4) Mental health issues are caused by sinning. *(MMH-6) 1 2 3 4 5 6</p> <p>5) The illnesses of the mind and body should be considered equally important. (MMH-7) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 10-60 and will be divided by the number of questions (10) to obtain the mean score for this variable.</p>
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		<p>6) Some mental health issues are caused by biological reasons. (MMH-8) 1 2 3 4 5 6</p> <p>7) A person can be faithful in their SDA beliefs and still have mental health issues. (MMH-9) 1 2 3 4 5 6</p> <p>8) Having mental health issues is shameful. * (MMH-10) 1 2 3 4 5 6</p> <p>9) Everyone has had some issues with their mental health at some point in their life. (MMH-2) 1 2 3 4 5 6</p> <p>10) Mental health issues exist. (MMH-3) 1 2 3 4 5 6</p>	
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<p>20. The Seventh-day Adventist's Beliefs about Medical Care.</p>	<p>Indicates the thoughts about the practice of healing the body of injury and disease with the assistance of a medical professional held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p><u>Medical care</u> is defined as the treatment of bodily injury and disease by a medical professional.</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <ol style="list-style-type: none"> 1. God has given man the gift of healing the body through medical care. (MMC-1) 1 2 3 4 5 6 2. The practice of medicine is in harmony with the biblical principles of healing. (MMC-2) 1 2 3 4 5 6 3. Medical care is be used to restore balance to both the mind and body. (MMC-3) 1 2 3 4 5 6 4. Medical care is a recognized way to treat an illness or injury. (MMC-5) 1 2 3 4 5 6 5. The practice of modern medicine does not conflict with Adventist beliefs. (MMC-8) 1 2 3 4 5 6 	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Except in the case of reverse scoring where the responses are scored as follows: 1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 13-78 and will be divided by the number of questions (13) to obtain the mean score for this variable.</p>
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		<p>6. Medical care allows others to control a person's mind against their will.*(MMC-9) 1 2 3 4 5 6</p> <p>7. It is shameful to receive medical care.*(MMC-11) 1 2 3 4 5 6</p> <p>8. Receiving medical care shows a lack of faith in God's power to heal.*(MMC-4) 1 2 3 4 5 6</p> <p>9. Receiving medical care involves dependency on another person.*(MMC-12) 1 2 3 4 5 6</p> <p>10. The field of medicine is unnecessary.*(MMC-13) 1 2 3 4 5 6</p> <p>11. God alone can heal the body.*(MMC-6) 1 2 3 4 5 6</p> <p>12. The theories of medicine created from the mind of man are wrong.*(MMC-10) 1 2 3 4 5 6</p> <p>13. The field of medical care is regulated (must follow certain rules). (MCG-7) 1 2 3 4 5 6</p>	
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<p>21. The Seventh-day Adventist's degree of belief in the principles of the church.</p>	<p>Indicates the current thoughts about the values found in the Bible and the writings of Ellen G. White held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey questions:</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) Dependency on another person goes against God's principles. (BPG-18) 1 2 3 4 5 6</p> <p>2) Allowing a person to control your mind goes against God's principles. (BPG-7) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Responses will be tabulated as an exact interval score. The sum score for this variable will be between the ranges of 2-12 and will be divided by the number of questions (2) to obtain the mean score for this variable.</p>
<p>22. The Seventh-day Adventist's belief scientific research.</p>	<p>Indicates the current thoughts about systematic investigation held by the membership of the SDA church.</p>	<p>This variable will be determined by responses to survey question:</p> <p>Likert Scale Key: 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Slightly agree; 5 = Moderately agree; 6 = Strongly agree</p> <p>1) Scientific research helps a person understand what it means to be human. (SR-17) 1 2 3 4 5 6</p>	<p>Each question will be scored as follows: 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6</p> <p>Responses will be tabulated as an exact interval score.</p>

* = reverse scoring applied

APPENDIX C

SURVEY

Attitudes and Beliefs about Psychology, Counseling, and Mental Health Issues

This questionnaire seeks to capture the attitudes and beliefs about psychology, counseling and mental health issues. Please take the time to complete this questionnaire. There are no right or wrong answers, only your opinion. All responses will be treated with the upmost confidentiality and in no way be traceable to you once the survey process has been completed. **Your participation is greatly appreciated.**

Section 1

Instructions: Please circle the number that indicates the closest to your belief about psychology.

Psychology is defined as the study of the mind in regards to a person's thoughts, emotions and behaviors.

Use the following scale for each statement:

1=Strongly disagree

2=Moderately disagree

3=Slightly disagree

4= Slightly agree

5= Moderately agree

6=Strongly agree

PP-1	Psychology is used to understand how the mind works.	1	2	3	4	5	6
PG-2	Psychology is only safe when practiced by a person dedicated to God's service	1	2	3	4	5	6
PG-3	Ellen G. White was against psychology as practiced in her day	1	2	3	4	5	6
PP-4	The study of psychology is in harmony with biblical principles.	1	2	3	4	5	6
PP-5	Psychology helps a person understand what it means to be human.	1	2	3	4	5	6
PP-6	All psychology is of the devil.	1	2	3	4	5	6
PP-7	All theories about psychology should be taught in Adventist colleges.	1	2	3	4	5	6
PP-8	There are many theories of psychology which can explain human behavior.	1	2	3	4	5	6
PG-9	Ellen G. White was against all psychology.	1	2	3	4	5	6
PP-10	Psychology is used to restore balance to both the mind and body.	1	2	3	4	5	6
PG-11	Ellen G. White would be against all psychology	1	2	3	4	5	6

as it is practiced today.

PG-12	The true principles of psychology are found in the Holy Scriptures.	1	2	3	4	5	6
PG-13	Psychology taught in Adventist colleges must be taught from an Adventist point of view.	1	2	3	4	5	6
PP-14	All psychology corrupts the mind.	1	2	3	4	5	6
PP-15	God has given man the gift of healing of the mind through psychology.	1	2	3	4	5	6
PP-16	The study of modern psychology does not conflict with Adventist beliefs.	1	2	3	4	5	6
PG-17	Scientific research helps a person understand what it means to be human.	1	2	3	4	5	6
PP-18	The principles of psychology are based on scientific research.	1	2	3	4	5	6
PG-19	The true principles of psychology are illuminated by the writings of Ellen G. White.	1	2	3	4	5	6
PP-20	The theories of psychology created from the mind of man are wrong.	1	2	3	4	5	6
PP-21	Psychology is not necessary to understand the mind, the Bible is enough.	1	2	3	4	5	6
PG-22	The Adventist church has a position on psychology.	1	2	3	4	5	6

Please continue to Section 2

Section 2

Instructions: Please circle the number that indicates the closest to your belief or attitude about counseling. **Counseling is defined as the treatment of mental health issues through a relationship with a trained professional such as (but not limited to) a psychologist, therapist or counselor.**

Use the following scale for each statement:

1=Strongly disagree

2=Moderately disagree

3=Slightly disagree

4= Slightly agree

5= Moderately agree

6=Strongly agree

- | | | | | | | | |
|--------|--|---|---|---|---|---|---|
| CCB-1 | If I believed I was having mental health issues, my first inclination would be to attend counseling. | 1 | 2 | 3 | 4 | 5 | 6 |
| CBG-2 | Seeking counseling should only be a last resort after talking to family, friends and my pastor. | 1 | 2 | 3 | 4 | 5 | 6 |
| CCA-3 | I am concerned my spiritual issues would be ignored if I participated in counseling. | 1 | 2 | 3 | 4 | 5 | 6 |
| CCC-4 | God uses counseling to heal mental health issues. | 1 | 2 | 3 | 4 | 5 | 6 |
| CBG-5 | If I participated in counseling, I would seek out a SDA counselor. | 1 | 2 | 3 | 4 | 5 | 6 |
| CCC-6 | Counseling is unnecessary. | 1 | 2 | 3 | 4 | 5 | 6 |
| BPG-7 | Allowing a person to control your mind goes against God's principles. | 1 | 2 | 3 | 4 | 5 | 6 |
| CCC-8 | Participating in counseling allows others to control a person's mind against their will. | 1 | 2 | 3 | 4 | 5 | 6 |
| CCC-9 | Counseling can help a person cope with grief. | 1 | 2 | 3 | 4 | 5 | 6 |
| CBG-10 | I would only participate in counseling if my pastor was my counselor | 1 | 2 | 3 | 4 | 5 | 6 |

CCB-11	I would not see a counselor if I was having mental health issues.	1	2	3	4	5	6
CCC-12	A person can learn to cope with mental health issues by using counseling.	1	2	3	4	5	6
CCB-13	If I had a problem I couldn't handle, I would attend counseling.	1	2	3	4	5	6
CCG-14	Pastors are required to adhere to a code of ethics when counseling.	1	2	3	4	5	6
CCC-15	God alone heals mental health issues.	1	2	3	4	5	6
CCC-16	Counseling can help a person gain clarity when confused.	1	2	3	4	5	6
CBG-17	If I participated in counseling, I would seek out a Christian counselor.	1	2	3	4	5	6
BPG-18	Dependency on another person goes against God's principles.	1	2	3	4	5	6
CCC-19	Participating in counseling involves dependency on another person.	1	2	3	4	5	6
CCC-20	Attending counseling shows a lack of faith in God's power to heal.	1	2	3	4	5	6
CCC-21	Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.	1	2	3	4	5	6
CAG-22	I would not trust an Adventist pastor to be my counselor.	1	2	3	4	5	6
CCG-23	Hypnosis can be a beneficial tool for treating mental health issues.	1	2	3	4	5	6
CCG-24	The goal of counseling is to reconnect with God.	1	2	3	4	5	6
CCA-25	I am worried I would be converted to non-Adventist beliefs if I participate in counseling.	1	2	3	4	5	6

CCC-26	A person can still use the support and guidance of counseling even when their relationship with God is good.	1	2	3	4	5	6
CCB-27	I would see a counselor if I were worried or upset for a long period of time.	1	2	3	4	5	6
CCA-28	I would feel ashamed to participate in counseling.	1	2	3	4	5	6
CBG-29	If I participated in counseling, I would seek out a secular counselor.	1	2	3	4	5	6
CCC-30	Just as a medicine treats the body for physical illness, counseling treats the mind for mental health issues.	1	2	3	4	5	6
CCG-31	Counseling is regulated (must follow certain rules).	1	2	3	4	5	6
CCG-32	The goal of counseling is to reconnect a person to their inner strengths.	1	2	3	4	5	6
CCC-33	Counseling can be used to find solutions to life's problems.	1	2	3	4	5	6
CAG-34	I would be comfortable in participating in counseling if the counselor was trained in Adventist culture.	1	2	3	4	5	6
CCG-35	Meditation, when used in counseling, is mind control.	1	2	3	4	5	6
CCA-36	I am afraid my SDA beliefs would be judged if I participated in counseling.	1	2	3	4	5	6
CCA-37	If I were experiencing emotional problems, I am confident I would find relief in counseling.	1	2	3	4	5	6
CCC-38	Counseling is a recognized way to treat mental health issues.	1	2	3	4	5	6
CCA-39	I would feel uneasy about participating in counseling because of what others might think.	1	2	3	4	5	6
CBG-40	I would prefer a non-Adventist counselor to an Adventist counselor.	1	2	3	4	5	6

Please continue to Section 3

Section 3

Instructions: Please circle the number that indicates the closest to your belief about mental health issues. **Mental health issues are defined as emotional and behavioral problems which disrupt a person's everyday life.**

Use the following scale for each statement:

1=Strongly disagree

2=Moderately disagree

3=Slightly disagree

4= Slightly agree

5= Moderately agree

6=Strongly agree

- | | | | | | | | |
|-------|---|---|---|---|---|---|---|
| MMH-1 | Mental health issues should not be discussed outside of one's immediate family. | 1 | 2 | 3 | 4 | 5 | 6 |
| MHG-2 | Everyone has had some issues with their mental health at some point in their life. | 1 | 2 | 3 | 4 | 5 | 6 |
| MHG-3 | Mental health issues exist. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-4 | If a person's relationship with God is good, they will not have any mental health issues. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-5 | Having mental health issues does not glorify God. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-6 | Mental health issues are caused by sinning. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-7 | The illnesses of the mind and body should be considered equally important. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-8 | Some mental health issues are caused by biological reasons. | 1 | 2 | 3 | 4 | 5 | 6 |
| MMH-9 | A person can be faithful in their SDA beliefs and still have mental health issues. | 1 | 2 | 3 | 4 | 5 | 6 |

MMH-10 Having mental health issues is shameful.

1 2 3 4 5 6

Please continue to Section 4

Section 4

Instructions: Please circle the number that indicates the closest to your belief about medical care. **Medical care is defined as the treatment of bodily injury or disease by a medical professional.**

Use the following scale for each statement:

1=Strongly disagree

2=Moderately disagree

3=Slightly disagree

4= Slightly agree

5= Moderately agree

6=Strongly agree

MMC-1 God has given man the gift of healing the body through medical care.

1 2 3 4 5 6

MMC-2 The practice of medicine is in harmony with the biblical principles of healing.

1 2 3 4 5 6

MMC-3 Medical care is be used to restore balance to both the mind and body.

1 2 3 4 5 6

MMC-4 Receiving medical care shows a lack of faith in God's power to heal.

1 2 3 4 5 6

MMC-5 Medical care is a recognized way to treat an illness or injury.

1 2 3 4 5 6

MMC-6 God alone can heal the body.

1 2 3 4 5 6

MCG-7 The field of medical care is regulated (must follow certain rules).

1 2 3 4 5 6

MMC-8 The practice of modern medicine does not conflict with Adventist beliefs.

1 2 3 4 5 6

MMC-9	Medical care allows others to control a person's mind against their will.	1	2	3	4	5	6
MCG-10	The theories of medicine created from the mind of man are wrong.	1	2	3	4	5	6
MMC-11	It is shameful to receive medical care.	1	2	3	4	5	6
MMC-12	Receiving medical care involves dependency on another person.	1	2	3	4	5	6
MMC-13	The field of medicine is unnecessary.	1	2	3	4	5	6

Please continue to Section 5

Section 5

The next questions are about your background. Please circle the number that best describes you. **These answers are strictly confidential.**

D-1 What is your gender?

1. Male
2. Female

D-2 What is your age? _____

D-3 What is your education level?

1. Some high school
2. High school diploma
3. Some college
4. Associate's degree
5. Bachelor's degree
6. Master's degree
7. Doctorate degree

D-4 What is your marital status?

1. Single
2. First marriage
3. Divorced and not remarried
4. Widowed
5. Second (or plus) marriage

D-5 How long have you been a member of the SDA church?

1. Less than one year
2. 1-5 years
3. 6-10 years
4. 11-25 years
5. 26-50 years
6. 51+ years

D-6 Which best describes your level of involvement in the church?

1. Church board member
2. Church member with some leadership responsibility
3. Active member in weekly activities
4. Active in worship only
5. Non active member

D-7 Is there a history of mental health issues in your family?

1. Yes
2. No

D-8 Are you currently in counseling or have you attended counseling in the past?

1. Yes (if yes, please continue to question D-9)
2. No (if no, please proceed to question D-11)

D-9 If yes, what type of counselor did you use?

1. Pastoral counselor
2. Psychologist
3. Licensed counselor
4. Psychiatrist
5. Marriage counselor
6. Other

D-10 Was your counselor identified as:

1. Seventh-day Adventist
2. Christian
3. Non-Christian
4. Unknown

- D-11 What is your level of knowledge about psychology?
1. None
 2. Novice—I have minimal knowledge about psychology.
 3. Beginner—I have some working knowledge about the key aspects of psychology.
 4. Competent—I have a good working knowledge of psychology.
 5. Proficient—I have a deep understanding of psychology.
 6. Expert—I am an authority on psychology.
- D-12 What has been your exposure to the writings of Ellen G. White?
1. None
 2. Novice—I have minimal exposure to the writings of Ellen G. White.
 3. Beginner—I have some exposure to the writings of Ellen G. White.
 4. Competent—I have read several of the writings of Ellen G. White.
 5. Proficient—I have read most of the writings of Ellen G. White.
 6. Expert—I am an authority on the writings of Ellen G. White.
- D-13 What is your knowledge about the writings of Ellen G. White on psychology?
1. None
 2. Novice—I have minimal knowledge of the writings of Ellen G. White on psychology
 3. Beginner—I have some working knowledge about the writings of Ellen G. White on psychology.
 4. Competent—I have a good working knowledge about the writings of Ellen G. White on psychology.
 5. Proficient—I have a deep understanding of the writings of Ellen G. White on psychology.
 6. Expert—I am an authority on the writings of Ellen G. White on psychology.
- D-14 What is your knowledge of the writings of Adventist writers on psychology?
1. None
 2. Novice—I have minimal knowledge of the writings of Adventists on psychology.
 3. Beginner—I have some working knowledge of the writings of Adventists on psychology.
 4. Competent—I have a good working knowledge of the writings of Adventists on psychology.
 5. Proficient—I have a deep understanding of the writings of Adventists on psychology.
 6. Expert—I am an authority on the writings of Adventists on psychology.

APPENDIX D
ANALYSIS MATRIX

Null Hypotheses	Variables	Measurement level	Test
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the beliefs about the Science of Psychology.	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Science of Psychology	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression

significant predictors of the beliefs about the Adventist Principles about Psychology.	Knowledge about the Writings of Adventists on Psychology F. Adventist Principles about Psychology.		
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the beliefs about the Negative Statements about Psychology	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Negative Statements about Psychology	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression

and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the attitudes towards the Role of Counseling.	the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Role of Counseling		
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the attitudes towards Counseling Preferences.	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Counseling Preferences	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression
A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day	A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology	A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval	Categorical Regression

<p>Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the attitudes towards the Participation in Counseling.</p>	<p>D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Participation in Counseling</p>		
<p>A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the beliefs about the Existence of Mental Health Issues.</p>	<p>A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Existence of Mental Health Issues</p>	<p>A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval</p>	<p>Categorical Regression</p>

<p>A linear combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology are not significant predictors of the beliefs about Religious Implications of Mental Health Issues.</p>	<p>A. Gender B. Utilization of Psychological Services C. The Seventh-day Adventist's Degree of Knowledge about Psychology D. The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology E. The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology F. Religious Implications of Mental Health Issues</p>	<p>A. Nominal B. Nominal C. Ordinal D. Ordinal E. Ordinal F. Exact interval</p>	<p>Categorical Regression</p>
<p>Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White is a significant predictor of the Beliefs about Medical Care.</p>	<p>A. Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White B. Beliefs about Medical Care</p>	<p>A. Exact interval B. Exact interval</p>	<p>Simple linear regression</p>
<p>Beliefs about Psychology are not significantly correlated to Beliefs about Medical Care.</p>	<p>A. Beliefs about Psychology. B. Beliefs about Medical Care</p>	<p>A. Exact interval B. Exact interval</p>	<p>Correlation</p>

APPENDIX E

ADDITIONAL TABLES

**Validation of Instrument
Factor Analysis**

Beliefs about Psychology

Communalities

No.	Items	Initial	Extraction
PP_1D	Psychology is used to understand how the mind works.	.383	.339
PP_2	Psychology is only safe when practiced by a person dedicated to God's service.	.341	.338
PP_3D	Ellen G. White was against psychology as practiced in her day.	.212	.150
PP_4	The study of psychology is in harmony with biblical principles.	.432	.371
PP_5	Psychology helps a person understand what it means to be human.	.482	.429
PP_6R	All psychology is of the devil.	.422	.398
PP_7	All theories about psychology should be taught in Adventist colleges.	.182	.165
PP_8	There are many theories of psychology which can explain human behavior.	.483	.443
PP_9R	Ellen G. White was against all psychology.	.446	.504
PP_10	Psychology is used to restore balance to both the mind and body.	.428	.416
PP_11R	Ellen G. White would be against all psychology as it is practiced today.	.442	.449
PP_12	The true principles of psychology are found in the Holy Scriptures.	.387	.421
PP_13	Psychology taught in Adventist colleges must be taught from an Adventist point of view.	.293	.334
PP_14R	All psychology corrupts the mind.	.478	.497
PP_15	God has given man the gift of healing of the mind through psychology.	.358	.346
PP_16	The study of modern psychology does not conflict with Adventist beliefs.	.352	.337
SR_17	Scientific research helps a person understand what it means to be human.	.460	.444
PP_18	The principles of psychology are based on scientific research.	.372	.330
PP_19	The true principles of psychology are illuminated by the writings of Ellen G. White.	.403	.413
PP_20R	The theories of psychology created from the mind of man are wrong.	.336	.363
PP_21RD	Psychology is not necessary to understand the mind, the Bible is enough.	.297	.274
PP_22D	The Adventist church has a position on psychology.	.175	.146

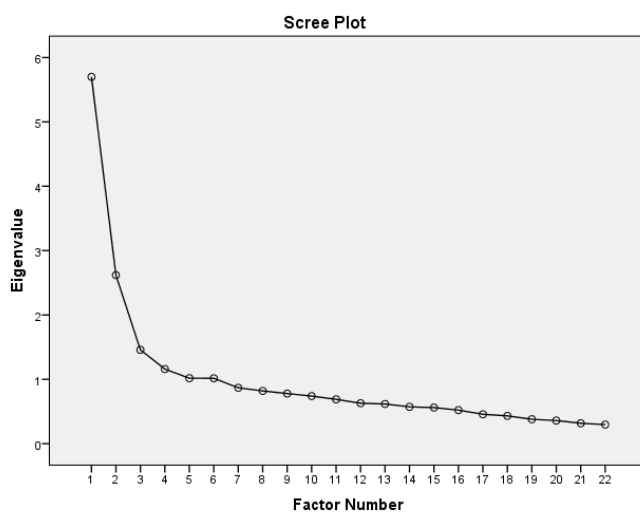
Extraction Method: Principal Axis Factoring.

R=Reversed Scored

D=Dropped Items

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.700	25.907	25.907	5.098	23.172	23.172
2	2.618	11.901	37.808	1.962	8.920	32.092
3	1.458	6.626	44.434	.845	3.842	35.934



Factor Correlation Matrix

Factor	1	2	3
1	1.000	.177	.457
2	.177	1.000	-.106
3	.457	-.106	1.000

Extraction Method: Principal Axis

Factoring.

Rotation Method: Oblimin with Kaiser

Normalization.

Attitudes towards Counseling

Communalities

No.	Item	Initial	Extraction
CCB_1	If I believed I was having mental health issues, my first inclination would be to attend counseling.	.445	.297
CCB_2R	Seeking counseling should only be a last resort after talking to family, friends and my pastor.	.432	.334
CCA_3R	I am concerned my spiritual issues would be ignored if I participated in counseling.	.420	.313
CCC_4	God uses counseling to heal mental health issues.	.493	.344
CCB_5	If I participated in counseling, I would seek out a SDA counselor.	.450	.460
CCC_6R	Counseling is unnecessary.	.417	.298
BPG_7D	Allowing a person to control your mind goes against God's principles.	.313	.087
CCC_8R	Participating in counseling allows others to control a person's mind against their will.	.532	.460
CCC_9	Counseling can help a person cope with grief.	.638	.568
CCB_10R	I would only participate in counseling if my pastor was my counselor.	.442	.287
CCB_11R	I would not see a counselor if I was having mental health issues.	.449	.360
CCC_12	A person can learn to cope with mental health issues by using counseling.	.654	.515
CCB_13	If I had a problem I couldn't handle, I would attend counseling.	.606	.481
CCC_14D	Pastors are required to adhere to a code of ethics when counseling.	.334	.178
CCC_15RD	God alone heals mental health issues.	.302	.144
CCC_16	Counseling can help a person gain clarity when confused.	.694	.617
CCB_17	If I participated in counseling, I would seek out a Christian counselor.	.527	.499
BPG_18D	Dependency on another person goes against God's principles.	.278	.082
CCC_19R	Participating in counseling involves dependency on another person.	.344	.236
CCC_20R	Attending counseling shows a lack of faith in God's power to heal.	.599	.528

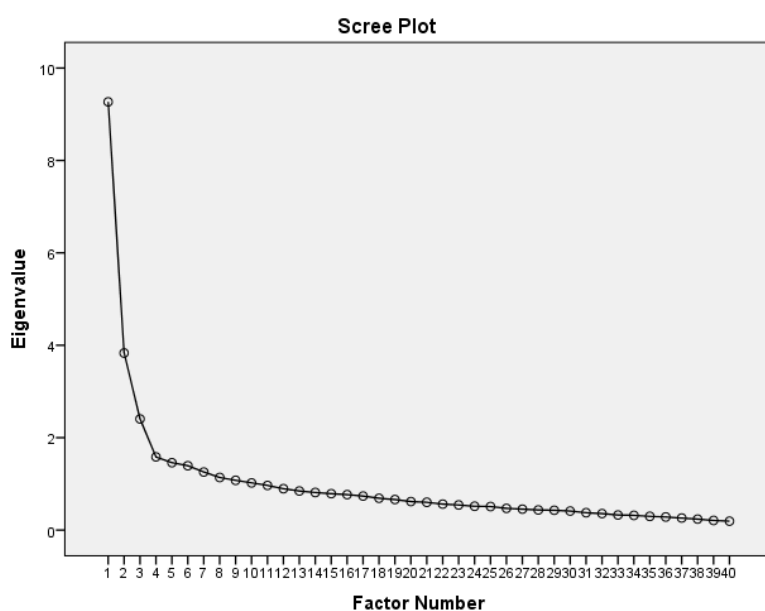
No.	Item	Initial	Extraction
CCC_21R	Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.	.319	.218
CCA_22R	I would not trust an Adventist pastor to be my counselor.	.298	.162
CCC_23D	Hypnosis can be a beneficial tool for treating mental health issues.	.228	.106
CCC_24D	The goal of counseling is to reconnect with God.	.254	.086
CCA_25R	I am worried I would be converted to non-Adventist beliefs if I participate in counseling.	.350	.283
CCC_26	A person can still use the support and guidance of counseling even when their relationship with God is good.	.520	.430
CCB_27	I would see a counselor if I were worried or upset for a long period of time.	.528	.354
CCA_28R	I would feel ashamed to participate in counseling.	.548	.383
CCB_29R	If I participated in counseling, I would seek out a secular counselor.	.518	.454
CCC_30	Just as a medicine treats the body for physical illness, counseling treats the mind for mental health issues.	.606	.553
CCC_31	Counseling is regulated (must follow certain rules).	.337	.270
CCC_32	The goal of counseling is to reconnect a person to their inner strengths.	.327	.181
CCC_33	Counseling can be used to find solutions to life's problems.	.569	.511
CCA_34	I would be comfortable in participating in counseling if the counselor was trained in Adventist culture.	.475	.366
CCC_35D	Meditation, when used in counseling, is mind control.	.302	.193
CCA_36R	I am afraid my SDA beliefs would be judged if I participated in counseling.	.481	.314
CCA_37	If I were experiencing emotional problems, I am confident I would find relief in counseling.	.537	.442
CCC_38	Counseling is a recognized way to treat mental health issues.	.502	.406
CCA_39R	I would feel uneasy about participating in counseling because of what others might think.	.481	.381
CCB_40R	I would prefer a non-Adventist counselor to an Adventist counselor.	.498	.461

Extraction Method: Principal Axis Factoring.

R=Reversed Score D=Dropped Items

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	9.268	23.170	23.170	8.689	21.722	21.722
2	3.832	9.579	32.749	3.193	7.984	29.705
3	2.405	6.013	38.761	1.761	4.402	34.107



Factor Correlation Matrix

Factor	1	2	3
1	1.000	.136	.296
2	.136	1.000	-.090
3	.296	-.090	1.000

Extraction Method: Principal Axis

Factoring.

Rotation Method: Oblimin with Kaiser

Normalization.

Beliefs about Mental Health Issues

Communalities

No.	Items	Initial	Extraction
MMH_1RD	Mental health issues should not be discussed outside of one's immediate family.	.217	.200
MMH_2D	Everyone has had some issues with their mental health at some point in their life.	.087	.081
MMH_3	Mental health issues exist.	.184	.206
MMH_4R	If a person's relationship with God is good, they will not have any mental health issues.	.310	.426
MMH_5R	Having mental health issues does not glorify God.	.143	.221
MMH_6R	Mental health issues are caused by sinning.	.178	.271
MMH_7	The illnesses of the mind and body should be considered equally important.	.259	.333
MMH_8	Some mental health issues are caused by biological reasons.	.472	.593
MMH_9	A person can be faithful in their SDA beliefs and still have mental health issues.	.481	.626
MMH_10R	Having mental health issues is shameful.	.222	.289

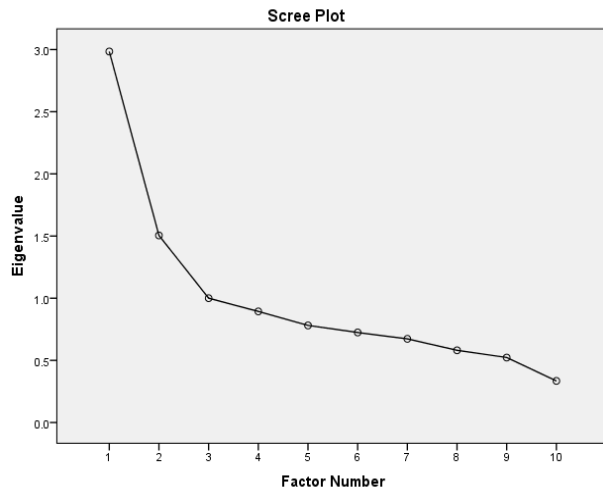
Extraction Method: Principal Axis Factoring.

R=Reversed Scored

D=Dropped Items

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	% of Variance	Cumulative %		% of Variance	Cumulative %	
1	2.984	29.842	29.842	2.399	23.990	23.990
2	1.505	15.049	44.891	.845	8.451	32.440



Factor Correlation Matrix

Factor	1	2
1	1.000	.365
2	.365	1.000

Extraction Method: Principal
Axis Factoring.

Rotation Method: Oblimin with
Kaiser Normalization.

Beliefs about Medical Issues

Communalities

No.	Item	Initial	Extraction
BPG_7D	Allowing a person to control your mind goes against God's principles.	.143	.021
BPG_18D	Dependency on another person goes against God's principles.	.098	.009
MMC_1	God has given man the gift of healing the body through medical care.	.493	.514
MMC_2	The practice of medicine is in harmony with the biblical principles of healing.	.515	.375
MMC_3	Medical care is used to restore balance to both the mind and body.	.497	.305
MMC_4R	Receiving medical care shows a lack of faith in God's power to heal.	.352	.322
MMC_5	Medical care is a recognized way to treat an illness or injury.	.368	.308
MMC_6RD	God alone can heal the body.	.071	.028
MMC_7	The field of medical care is regulated (must follow certain rules).	.299	.181
MMC_8D	The practice of modern medicine does not conflict with Adventist beliefs.	.365	.120
MMC_9R	Medical care allows others to control a person's mind against their will.	.414	.392
MMC_10R	The theories of medicine created from the mind of man are wrong.	.351	.316
MMC_11R	It is shameful to receive medical care.	.535	.434
MMC_12RD	Receiving medical care involves dependency on another person.	.172	.039
MMC_13R	The field of medicine is unnecessary.	.435	.355

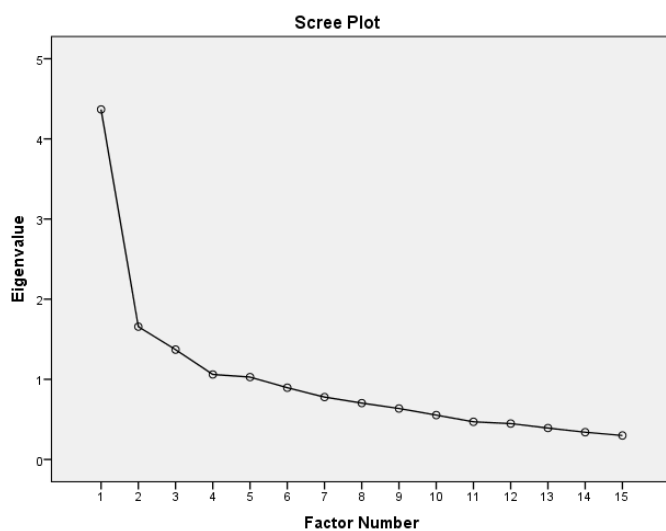
Extraction Method: Principal Axis Factoring.

R=Reversed Scored

D=Dropped Items

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.368	29.119	29.119	3.718	24.789	24.789



Full Scale Reliability

Beliefs about Psychology

Cronbach's Alpha	N of Items
.579	21

Attitudes towards Counseling

Cronbach's Alpha	N of Items
.631	38

Beliefs about Mental Health

Cronbach's Alpha	N of Items
.344	10

Beliefs about Medical Care

Cronbach's Alpha	N of Items
.328	13

Subscale Reliability

Science of Psychology

Cronbach's Alpha	N of Items
.811	9

Adventist Principles about Psychology

Cronbach's Alpha	N of Items
.678	4

Negative Statements about Psychology

Cronbach's Alpha	N of Items
.772	5

Role of Counseling

Cronbach's Alpha	N of Items
.898	15

Counseling Preferences

Cronbach's Alpha	N of Items
.719	5

Participation in Counseling

Cronbach's Alpha	N of Items
.808	12

Existence of Mental Health Issues

Cronbach's Alpha	N of Items
.740	4

Religious Implications of Mental Health Issues

Cronbach's Alpha	N of Items
.608	4

Beliefs about Medical Care

Cronbach's Alpha	N of Items
.795	10

Demographics

Gender

Gender	Frequency	%	Valid %	Cumulative %
Male	125	39.4	39.6	39.6
Female	191	60.3	60.4	100.0
Total	316	99.7	100.0	
Missing	1	.3		
Total	317	100.0		

Age

Age	Frequency	%	Valid %	Cumulative %
18-30	54	17.0	17.7	17.7
31-40	48	15.1	15.7	33.4
41-50	60	18.9	19.7	53.1
51-57	44	13.9	14.4	67.5
58-64	54	17.0	17.7	85.2
65-83	45	14.2	14.8	100.0
Total	305	96.2	100.0	
Missing	12	3.8		
Total	317	100.0		

Educational Level

Educational Level	Frequency	%	Valid %	Cumulative %
Some high school	15	4.7	4.7	4.7
High school diploma	36	11.4	11.4	16.1
Some college	68	21.5	21.5	37.7
Associates degree	46	14.5	14.6	52.2
Bachelor's degree	73	23.0	23.1	75.3
Master's degree	55	17.4	17.4	92.7
Doctorate degree	23	7.3	7.3	100.0
Total	316	99.7	100.0	
Missing	1	.3		
Total	317	100.0		

Marital Status

Marital Status	Frequency	%	Valid %	Cumulative %
Single	80	25.2	25.3	25.3
First marriage	157	49.5	49.7	75.0
Divorced and not remarried	34	10.7	10.8	85.8
Widowed	14	4.4	4.4	90.2
Second (plus) marriage	31	9.8	9.8	100.0
Total	316	99.7	100.0	
Missing	1	.3		
Total	317	100.0		

Years Member of the SDA Church

Years member of the SDA Church	Frequency	%	Valid %	Cumulative %
Less than one year	8	2.5	2.5	2.5
1-5 years	26	8.2	8.3	10.8
6-10 years	20	6.3	6.4	17.2
11-25 years	76	24.0	24.2	41.4
26-50 years	132	41.6	42.0	83.4
51+ years	52	16.4	16.6	100.0
Total	314	99.1	100.0	
Missing	3	.9		
Total	317	100.0		

Level of Church Involvement

Church Involvement	Frequency	%	Valid %	Cumulative %
Church board member	108	34.1	35.0	35.0
Church member with some leadership responsibility	101	31.9	32.7	67.6
Active member in weekly activities	50	15.8	16.2	83.8
Active in worship only	44	13.9	14.2	98.1
Non active member	6	1.9	1.9	100.0
Total	309	97.5	100.0	
Missing	8	2.5		
Total	317	100.0		

Family History of Mental Illness

Mental Illness	Frequency	%	Valid %	Cumulative %
Yes	114	36.0	36.5	36.5
No	198	62.5	63.5	100.0
Total	312	98.4	100.0	
Missing	5	1.6		
Total	317	100.0		

Utilization of Psychological Services

Psychological Service	Frequency	%	Valid %	Cumulative %
Yes	140	44.2	45.2	45.2
No	170	53.6	54.8	100.0
Total	310	97.8	100.0	
Missing	7	2.2		
Total	317	100.0		

Utilized Pastoral Counseling

Pastoral Counseling	Frequency	%	Valid %	Cumulative %
No	104	32.8	75.4	75.4
Yes	34	10.7	24.6	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Utilized a Psychologist

Psychologist	Frequency	%	Valid %	Cumulative %
No	84	26.5	60.9	60.9
Yes	54	17.0	39.1	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Utilized a Licensed Counselor

Licensed Counselor	Frequency	%	Valid %	Cumulative %
No	71	22.4	51.4	51.4
Yes	67	21.1	48.6	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Utilized a Psychiatrist

Psychiatrist	Frequency	%	Valid %	Cumulative %
No	119	37.5	86.2	86.2
Yes	19	6.0	13.8	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Utilized a Marriage Counselor

Marriage Counselor	Frequency	%	Valid %	Cumulative %
No	102	32.2	73.9	73.9
Yes	36	11.4	26.1	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Utilized Other Type of Counselor

Other Counselor	Frequency	%	Valid %	Cumulative %
No	128	40.4	92.8	92.8
Yes	10	3.2	7.2	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Counselor Identified as a Seventh-day Adventist

Seventh-day Adventist	Frequency	%	Valid %	Cumulative %
No	86	27.1	62.3	62.3
Yes	52	16.4	37.7	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Counselor Identified as a Christian

Christian	Frequency	%	Valid %	Cumulative %
No	81	25.6	58.7	58.7
Yes	57	18.0	41.3	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Counselor Identified as a Non-Christian

Non Christian	Frequency	%	Valid %	Cumulative %
No	115	36.3	83.3	83.3
Yes	23	7.3	16.7	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

Counselor Identification Unknown

Unknown	Frequency	%	Valid %	Cumulative %
No	96	30.3	69.6	69.6
Yes	42	13.2	30.4	100.0
Total	138	43.5	100.0	
Missing	179	56.5		
Total	317	100.0		

The Seventh-day Adventist's Degree of Knowledge about Psychology

Knowledge about Psychology	Frequency	%	Valid %	Cumulative %
None	17	5.4	5.5	5.5
Novice--I have minimal knowledge about psychology.	70	22.1	22.6	28.1
Beginner--I have some working knowledge about the key aspects of psychology.	107	33.8	34.5	62.6
Competent--I have a good working knowledge about psychology.	88	27.8	28.4	91.0
Proficient--I have a deep understanding of psychology.	25	7.9	8.1	99.0
Expert--I am an authority on psychology.	3	.9	1.0	100.0
Total	310	97.8	100.0	
Missing	7	2.2		
Total	317	100.0		

The Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White

Ellen G. White Writings	Frequency	%	Valid %	Cumulative %
None	9	2.8	2.9	2.9
Novice--I have minimal exposure to the writings of Ellen G. White	25	7.9	8.1	11.0
Beginner--I have some exposure to the writings of Ellen G. White.	83	26.2	26.8	37.7
Competent--I have read several of the writings of Ellen G. White.	146	46.1	47.1	84.8
Proficient--I have read most of the writings of Ellen G. White.	45	14.2	14.5	99.4
Expert--I am an authority on the writings of Ellen G. White.	2	.6	.6	100.0
Total	310	97.8	100.0	
Missing	7	2.2		
Total	317	100.0		

The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology

Ellen G. White Writings on Psychology	Frequency	%	Valid %	Cumulative %
None	71	22.4	22.8	22.8
Novice--I have minimal knowledge of the writings of Ellen G. White on psychology.	88	27.8	28.3	51.1
Beginner--I have some working knowledge about the writings of Ellen G. White on psychology.	86	27.1	27.7	78.8
Competent--I have a good working knowledge about the writings of Ellen G. White on psychology.	52	16.4	16.7	95.5
Proficient--I have a deep understanding of the writings of Ellen G. White on psychology.	13	4.1	4.2	99.7
Expert--I am an authority on the writings of Ellen G. White on psychology.	1	.3	.3	100.0
Total	311	98.1	100.0	
Missing	6	1.9		
Total	317	100.0		

The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology

Writings of Adventists on psychology	Frequency	%	Valid %	Cumulative %
None	99	31.2	31.6	31.6
Novice--I have minimal knowledge of the writings of Adventists on psychology.	113	35.6	36.1	67.7
Beginner--I have some working knowledge of the writings of Adventists on psychology.	69	21.8	22.0	89.8
Competent--I have a good working knowledge of the writings of Adventists on psychology.	26	8.2	8.3	98.1
Proficient--I have a deep understanding of the writings of Adventists on psychology.	5	1.6	1.6	99.7
Expert--I am an authority on the writings of Adventists on psychology.	1	.3	.3	100.0
Total	313	98.7	100.0	
Missing	4	1.3		
Total	317	100.0		

Question #1: What are Seventh-day Adventist's beliefs towards psychology?

Frequency Tables for Individual Items

PP 1 Psychology is used to understand how the mind works.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	8	2.5	2.5	2.5
2.00 Moderately disagree	5	1.6	1.6	4.1
3.00 Slightly disagree	10	3.2	3.2	7.3
Valid 4.00 Slightly agree	35	11.0	11.0	18.3
5.00 Moderately agree	87	27.4	27.4	45.7
6.00 Strongly agree	172	54.3	54.3	100.0
Total	317	100.0	100.0	

PP 2 Psychology is only safe when practiced by a person dedicated to God's service.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	45	14.2	14.2	14.2
2.00 Moderately disagree	28	8.8	8.9	23.1
3.00 Slightly disagree	41	12.9	13.0	36.1
Valid 4.00 Slightly agree	46	14.5	14.6	50.6
5.00 Moderately agree	66	20.8	20.9	71.5
6.00 Strongly agree	90	28.4	28.5	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

PP 3 Ellen G. White was against psychology as practiced in her day.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	25	7.9	9.1	9.1
2.00 Moderately disagree	24	7.6	8.7	17.8
3.00 Slightly disagree	76	24.0	27.5	45.3
Valid 4.00 Slightly agree	70	22.1	25.4	70.7
5.00 Moderately agree	45	14.2	16.3	87.0
6.00 Strongly agree	36	11.4	13.0	100.0
Total	276	87.1	100.0	
Missing System	41	12.9		
Total	317	100.0		

PP 4 The study of psychology is in harmony with biblical principles.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	25	7.9	8.3	8.3
2.00 Moderately disagree	22	6.9	7.3	15.5
3.00 Slightly disagree	44	13.9	14.5	30.0
Valid 4.00 Slightly agree	86	27.1	28.4	58.4
5.00 Moderately agree	58	18.3	19.1	77.6
6.00 Strongly agree	68	21.5	22.4	100.0
Total	303	95.6	100.0	
Missing System	14	4.4		
Total	317	100.0		

PP 5 Psychology helps a person understand what it means to be human.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	27	8.5	8.6	8.6
2.00 Moderately disagree	25	7.9	7.9	16.5
3.00 Slightly disagree	34	10.7	10.8	27.3
Valid 4.00 Slightly agree	77	24.3	24.4	51.7
5.00 Moderately agree	83	26.2	26.3	78.1
6.00 Strongly agree	69	21.8	21.9	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

PP 6 All psychology is of the devil.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly Disagree	227	71.6	71.8	71.8
2.00 Moderately Disagree	37	11.7	11.7	83.5
3.00 Slightly Disagree	23	7.3	7.3	90.8
Valid 4.00 Slightly Agree	9	2.8	2.8	93.7
5.00 Moderately Agree	7	2.2	2.2	95.9
6.00 Strongly Agree	13	4.1	4.1	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

PP 7 All theories about psychology should be taught in Adventist colleges.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	64	20.2	20.4	20.4
2.00 Moderately disagree	48	15.1	15.3	35.7
3.00 Slightly disagree	32	10.1	10.2	45.9
4.00 Slightly agree	36	11.4	11.5	57.3
5.00 Moderately agree	72	22.7	22.9	80.3
6.00 Strongly agree	62	19.6	19.7	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

PP 8 There are many theories of psychology which can explain human behavior.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	8	2.5	2.5	2.5
2.00 Moderately disagree	11	3.5	3.5	6.0
3.00 Slightly disagree	11	3.5	3.5	9.5
4.00 Slightly agree	70	22.1	22.2	31.6
5.00 Moderately agree	109	34.4	34.5	66.1
6.00 Strongly agree	107	33.8	33.9	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

PP_9 Ellen G. White was against all psychology.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly Disagree	96	30.3	34.3	34.3
2.00 Moderately Disagree	49	15.5	17.5	51.8
3.00 Slightly Disagree	75	23.7	26.8	78.6
4.00 Slightly Agree	32	10.1	11.4	90.0
5.00 Moderately Agree	12	3.8	4.3	94.3
6.00 Strongly Agree	16	5.0	5.7	100.0
Total	280	88.3	100.0	
Missing System	37	11.7		
Total	317	100.0		

PP_10 Psychology is used to restore balance to both the mind and body.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	18	5.7	5.8	5.8
2.00 Moderately disagree	15	4.7	4.8	10.6
3.00 Slightly disagree	29	9.1	9.3	19.9
4.00 Slightly agree	67	21.1	21.5	41.3
5.00 Moderately agree	106	33.4	34.0	75.3
6.00 Strongly agree	77	24.3	24.7	100.0
Total	312	98.4	100.0	
Missing System	5	1.6		
Total	317	100.0		

PP 11 Ellen G. White would be against all psychology as it is practiced today.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly Disagree	84	26.5	28.3	28.3
2.00 Moderately Disagree	68	21.5	22.9	51.2
3.00 Slightly Disagree	71	22.4	23.9	75.1
Valid 4.00 Slightly Agree	31	9.8	10.4	85.5
5.00 Moderately Agree	23	7.3	7.7	93.3
6.00 Strongly Agree	20	6.3	6.7	100.0
Total	297	93.7	100.0	
Missing System	20	6.3		
Total	317	100.0		

PP 12 The true principles of psychology are found in the Holy Scriptures.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	13	4.1	4.2	4.2
2.00 Moderately disagree	11	3.5	3.6	7.8
3.00 Slightly disagree	24	7.6	7.8	15.7
Valid 4.00 Slightly agree	47	14.8	15.4	31.0
5.00 Moderately agree	67	21.1	21.9	52.9
6.00 Strongly agree	144	45.4	47.1	100.0
Total	306	96.5	100.0	
Missing System	11	3.5		
Total	317	100.0		

PP_13 Psychology taught in Adventist colleges must be taught from an Adventist point of view.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	28	8.8	8.8	8.8
2.00 Moderately disagree	22	6.9	6.9	15.8
3.00 Slightly disagree	31	9.8	9.8	25.6
Valid 4.00 Slightly agree	51	16.1	16.1	41.6
5.00 Moderately agree	67	21.1	21.1	62.8
6.00 Strongly agree	118	37.2	37.2	100.0
Total	317	100.0	100.0	

PP_14 All psychology corrupts the mind.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	199	62.8	63.2	63.2
2.00 Moderately disagree	52	16.4	16.5	79.7
3.00 Slightly disagree	41	12.9	13.0	92.7
Valid 4.00 Slightly agree	11	3.5	3.5	96.2
5.00 Moderately agree	4	1.3	1.3	97.5
6.00 Strongly agree	8	2.5	2.5	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

PP_15 God has given man the gift of healing of the mind through psychology.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	31	9.8	9.9	9.9
2.00 Moderately disagree	27	8.5	8.6	18.5
3.00 Slightly disagree	38	12.0	12.1	30.7
4.00 Slightly agree	69	21.8	22.0	52.7
5.00 Moderately agree	79	24.9	25.2	78.0
6.00 Strongly agree	69	21.8	22.0	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

PP_16 The study of modern psychology does not conflict with Adventist beliefs.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	44	13.9	14.3	14.3
2.00 Moderately disagree	55	17.4	17.9	32.1
3.00 Slightly disagree	54	17.0	17.5	49.7
4.00 Slightly agree	52	16.4	16.9	66.6
5.00 Moderately agree	59	18.6	19.2	85.7
6.00 Strongly agree	44	13.9	14.3	100.0
Total	308	97.2	100.0	
Missing System	9	2.8		
Total	317	100.0		

SR_17 Scientific research helps a person understand what it means to be human.

		Frequency	Percent	Valid Percent	Cumulative Percent
	1.00 Strongly disagree	38	12.0	12.1	12.1
	2.00 Moderately disagree	28	8.8	8.9	21.0
	3.00 Slightly disagree	45	14.2	14.3	35.2
Valid	4.00 Slightly agree	84	26.5	26.7	61.9
	5.00 Moderately agree	71	22.4	22.5	84.4
	6.00 Strongly agree	49	15.5	15.6	100.0
	Total	315	99.4	100.0	
Missing	System	2	.6		
Total		317	100.0		

PP_18 The principles of psychology are based on scientific research.

		Frequency	Percent	Valid Percent	Cumulative Percent
	1.00 Strongly disagree	14	4.4	4.5	4.5
	2.00 Moderately disagree	26	8.2	8.3	12.8
	3.00 Slightly disagree	35	11.0	11.2	24.0
Valid	4.00 Slightly agree	90	28.4	28.8	52.7
	5.00 Moderately agree	98	30.9	31.3	84.0
	6.00 Strongly agree	50	15.8	16.0	100.0
	Total	313	98.7	100.0	
Missing	System	4	1.3		
Total		317	100.0		

PP 19 The true principles of psychology are illuminated by the writings of Ellen G. White.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	16	5.0	5.6	5.6
2.00 Moderately disagree	19	6.0	6.6	12.2
3.00 Slightly disagree	28	8.8	9.8	22.0
Valid 4.00 Slightly agree	69	21.8	24.1	46.2
5.00 Moderately agree	72	22.7	25.2	71.3
6.00 Strongly agree	82	25.9	28.7	100.0
Total	286	90.2	100.0	
Missing System	31	9.8		
Total	317	100.0		

PP 20 The theories of psychology created from the mind of man are wrong.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	53	16.7	17.0	17.0
2.00 Moderately disagree	71	22.4	22.8	39.7
3.00 Slightly disagree	70	22.1	22.4	62.2
Valid 4.00 Slightly agree	55	17.4	17.6	79.8
5.00 Moderately agree	29	9.1	9.3	89.1
6.00 Strongly agree	34	10.7	10.9	100.0
Total	312	98.4	100.0	
Missing System	5	1.6		
Total	317	100.0		

PP_21 Psychology is not necessary to understand the mind, the Bible is enough.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	68	21.5	21.5	21.5
2.00 Moderately disagree	62	19.6	19.6	41.1
3.00 Slightly disagree	66	20.8	20.9	62.0
4.00 Slightly agree	47	14.8	14.9	76.9
5.00 Moderately agree	40	12.6	12.7	89.6
6.00 Strongly agree	33	10.4	10.4	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

PP_22 The Adventist church has a position on psychology.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	31	9.8	10.7	10.7
2.00 Moderately disagree	35	11.0	12.0	22.7
3.00 Slightly disagree	49	15.5	16.8	39.5
4.00 Slightly agree	75	23.7	25.8	65.3
5.00 Moderately agree	57	18.0	19.6	84.9
6.00 Strongly agree	44	13.9	15.1	100.0
Total	291	91.8	100.0	
Missing System	26	8.2		
Total	317	100.0		

Means of Subscales

		Science of Psychology	Adventist Principles about Psychology	Negative Statements about Psychology
N	Valid	317	317	317
	Missing	0	0	0
Mean		4.0999	4.4466	4.6819
Std. Deviation		.94336	1.13687	1.01116

Question 2: What are Seventh-day Adventist's attitudes about counseling?

Frequency Tables for Individual Items

CCB_1 If I believed I was having mental health issues, my first inclination would be to attend counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	50	15.8	15.8	15.8
2.00 Moderately disagree	39	12.3	12.3	28.1
3.00 Slightly disagree	51	16.1	16.1	44.2
Valid 4.00 Slightly agree	41	12.9	12.9	57.1
5.00 Moderately agree	69	21.8	21.8	78.9
6.00 Strongly agree	67	21.1	21.1	100.0
Total	317	100.0	100.0	

CCB_2 Seeking counseling should only be a last resort after talking to family, friends and my pastor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	48	15.1	15.1	15.1
2.00 Moderately disagree	65	20.5	20.5	35.6
3.00 Slightly disagree	42	13.2	13.2	48.9
Valid 4.00 Slightly agree	46	14.5	14.5	63.4
5.00 Moderately agree	52	16.4	16.4	79.8
6.00 Strongly agree	64	20.2	20.2	100.0
Total	317	100.0	100.0	

CCA_3 I am concerned my spiritual issues would be ignored if I participated in counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	72	22.7	22.9	22.9
2.00 Moderately disagree	68	21.5	21.7	44.6
3.00 Slightly disagree	51	16.1	16.2	60.8
4.00 Slightly agree	48	15.1	15.3	76.1
5.00 Moderately agree	43	13.6	13.7	89.8
6.00 Strongly agree	32	10.1	10.2	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

CCC_4 God uses counseling to heal mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	19	6.0	6.0	6.0
2.00 Moderately disagree	15	4.7	4.8	10.8
3.00 Slightly disagree	9	2.8	2.9	13.7
4.00 Slightly agree	55	17.4	17.5	31.1
5.00 Moderately agree	106	33.4	33.7	64.8
6.00 Strongly agree	111	35.0	35.2	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCB 5 If I participated in counseling, I would seek out a SDA counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	20	6.3	6.3	6.3
2.00 Moderately disagree	17	5.4	5.4	11.7
3.00 Slightly disagree	20	6.3	6.3	18.0
Valid 4.00 Slightly agree	54	17.0	17.1	35.1
5.00 Moderately agree	71	22.4	22.5	57.6
6.00 Strongly agree	134	42.3	42.4	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCC 6 Counseling is unnecessary.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	196	61.8	61.8	61.8
2.00 Moderately disagree	56	17.7	17.7	79.5
3.00 Slightly disagree	34	10.7	10.7	90.2
Valid 4.00 Slightly agree	14	4.4	4.4	94.6
5.00 Moderately agree	11	3.5	3.5	98.1
6.00 Strongly agree	6	1.9	1.9	100.0
Total	317	100.0	100.0	

BPG 7 Allowing a person to control your mind goes against God's principles.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	20	6.3	6.4	6.4
2.00 Moderately disagree	13	4.1	4.1	10.5
3.00 Slightly disagree	22	6.9	7.0	17.5
Valid 4.00 Slightly agree	15	4.7	4.8	22.3
5.00 Moderately agree	36	11.4	11.5	33.8
6.00 Strongly agree	208	65.6	66.2	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

CCC 8 Participating in counseling allows others to control a person's mind against their will.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	154	48.6	48.7	48.7
2.00 Moderately disagree	60	18.9	19.0	67.7
3.00 Slightly disagree	46	14.5	14.6	82.3
Valid 4.00 Slightly agree	29	9.1	9.2	91.5
5.00 Moderately agree	15	4.7	4.7	96.2
6.00 Strongly agree	12	3.8	3.8	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCC 9 Counseling can help a person cope with grief.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	3	.9	.9	.9
2.00 Moderately disagree	5	1.6	1.6	2.5
3.00 Slightly disagree	13	4.1	4.1	6.6
Valid 4.00 Slightly agree	28	8.8	8.9	15.5
5.00 Moderately agree	80	25.2	25.3	40.8
6.00 Strongly agree	187	59.0	59.2	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCB 10 I would only participate in counseling if my pastor was my counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	126	39.7	40.0	40.0
2.00 Moderately disagree	63	19.9	20.0	60.0
3.00 Slightly disagree	51	16.1	16.2	76.2
Valid 4.00 Slightly agree	35	11.0	11.1	87.3
5.00 Moderately agree	16	5.0	5.1	92.4
6.00 Strongly agree	24	7.6	7.6	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCB 11 I would not see a counselor if I was having mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	162	51.1	51.1	51.1
2.00 Moderately disagree	67	21.1	21.1	72.2
3.00 Slightly disagree	44	13.9	13.9	86.1
Valid 4.00 Slightly agree	19	6.0	6.0	92.1
5.00 Moderately agree	10	3.2	3.2	95.3
6.00 Strongly agree	15	4.7	4.7	100.0
Total	317	100.0	100.0	

CCC 12 A person can learn to cope with mental health issues by using counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	10	3.2	3.2	3.2
2.00 Moderately disagree	2	.6	.6	3.8
3.00 Slightly disagree	14	4.4	4.4	8.2
Valid 4.00 Slightly agree	54	17.0	17.1	25.3
5.00 Moderately agree	108	34.1	34.2	59.5
6.00 Strongly agree	128	40.4	40.5	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCB 13 If I had a problem I couldn't handle, I would attend counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	13	4.1	4.1	4.1
2.00 Moderately disagree	16	5.0	5.0	9.1
3.00 Slightly disagree	23	7.3	7.3	16.4
Valid 4.00 Slightly agree	67	21.1	21.1	37.5
5.00 Moderately agree	79	24.9	24.9	62.5
6.00 Strongly agree	119	37.5	37.5	100.0
Total	317	100.0	100.0	

CCC 14 Pastors are required to adhere to a code of ethics when counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	9	2.8	2.9	2.9
2.00 Moderately disagree	6	1.9	1.9	4.8
3.00 Slightly disagree	16	5.0	5.1	9.9
Valid 4.00 Slightly agree	32	10.1	10.3	20.2
5.00 Moderately agree	66	20.8	21.2	41.3
6.00 Strongly agree	183	57.7	58.7	100.0
Total	312	98.4	100.0	
Missing System	5	1.6		
Total	317	100.0		

CCC_15 God alone heals mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	32	10.1	10.2	10.2
2.00 Moderately disagree	29	9.1	9.2	19.4
3.00 Slightly disagree	41	12.9	13.0	32.4
4.00 Slightly agree	34	10.7	10.8	43.2
5.00 Moderately agree	60	18.9	19.0	62.2
6.00 Strongly agree	119	37.5	37.8	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCC_16 Counseling can help a person gain clarity when confused.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	1	.3	.3	.3
2.00 Moderately disagree	8	2.5	2.5	2.8
3.00 Slightly disagree	12	3.8	3.8	6.6
4.00 Slightly agree	43	13.6	13.6	20.3
5.00 Moderately agree	103	32.5	32.6	52.8
6.00 Strongly agree	149	47.0	47.2	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCB 17 If I participated in counseling, I would seek out a Christian counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	10	3.2	3.2	3.2
2.00 Moderately disagree	9	2.8	2.8	6.0
3.00 Slightly disagree	14	4.4	4.4	10.4
Valid 4.00 Slightly agree	38	12.0	12.0	22.4
5.00 Moderately agree	64	20.2	20.2	42.6
6.00 Strongly agree	182	57.4	57.4	100.0
Total	317	100.0	100.0	

BPG 18 Dependency on another person goes against God's principles.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	75	23.7	23.8	23.8
2.00 Moderately disagree	45	14.2	14.3	38.1
3.00 Slightly disagree	59	18.6	18.7	56.8
Valid 4.00 Slightly agree	49	15.5	15.6	72.4
5.00 Moderately agree	42	13.2	13.3	85.7
6.00 Strongly agree	45	14.2	14.3	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCC 19 Participating in counseling involves dependency on another person.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	87	27.4	27.6	27.6
2.00 Moderately disagree	56	17.7	17.8	45.4
3.00 Slightly disagree	63	19.9	20.0	65.4
4.00 Slightly agree	58	18.3	18.4	83.8
5.00 Moderately agree	30	9.5	9.5	93.3
6.00 Strongly agree	21	6.6	6.7	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCC 20 Attending counseling shows a lack of faith in God's power to heal.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	173	54.6	54.6	54.6
2.00 Moderately disagree	61	19.2	19.2	73.8
3.00 Slightly disagree	42	13.2	13.2	87.1
4.00 Slightly agree	21	6.6	6.6	93.7
5.00 Moderately agree	10	3.2	3.2	96.8
6.00 Strongly agree	10	3.2	3.2	100.0
Total	317	100.0	100.0	

CCC_21 Counseling is acceptable, if it is in conjunction with attendance at church, prayer and support from the congregation.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	43	13.6	13.7	13.7
2.00 Moderately disagree	36	11.4	11.4	25.1
3.00 Slightly disagree	29	9.1	9.2	34.3
Valid 4.00 Slightly agree	66	20.8	21.0	55.2
5.00 Moderately agree	57	18.0	18.1	73.3
6.00 Strongly agree	84	26.5	26.7	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCA_22 I would not trust an Adventist pastor to be my counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	154	48.6	48.6	48.6
2.00 Moderately disagree	55	17.4	17.4	65.9
3.00 Slightly disagree	47	14.8	14.8	80.8
Valid 4.00 Slightly agree	27	8.5	8.5	89.3
5.00 Moderately agree	19	6.0	6.0	95.3
6.00 Strongly agree	15	4.7	4.7	100.0
Total	317	100.0	100.0	

CCC 23 Hypnosis can be a beneficial tool for treating mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	192	60.6	61.5	61.5
2.00 Moderately disagree	34	10.7	10.9	72.4
3.00 Slightly disagree	28	8.8	9.0	81.4
4.00 Slightly agree	36	11.4	11.5	92.9
5.00 Moderately agree	7	2.2	2.2	95.2
6.00 Strongly agree	15	4.7	4.8	100.0
Total	312	98.4	100.0	
Missing System	5	1.6		
Total	317	100.0		

CCC 24 The goal of counseling is to reconnect with God.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	37	11.7	11.9	11.9
2.00 Moderately disagree	38	12.0	12.2	24.1
3.00 Slightly disagree	55	17.4	17.7	41.8
4.00 Slightly agree	60	18.9	19.3	61.1
5.00 Moderately agree	47	14.8	15.1	76.2
6.00 Strongly agree	74	23.3	23.8	100.0
Total	311	98.1	100.0	
Missing System	6	1.9		
Total	317	100.0		

CCA_25 I am worried I would be converted to non-Adventist beliefs if I participate in counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	200	63.1	63.5	63.5
2.00 Moderately disagree	45	14.2	14.3	77.8
3.00 Slightly disagree	27	8.5	8.6	86.3
Valid 4.00 Slightly agree	28	8.8	8.9	95.2
5.00 Moderately agree	4	1.3	1.3	96.5
6.00 Strongly agree	11	3.5	3.5	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCC_26 A person can still use the support and guidance of counseling even when their relationship with God is good.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	6	1.9	1.9	1.9
2.00 Moderately disagree	6	1.9	1.9	3.8
3.00 Slightly disagree	11	3.5	3.5	7.3
Valid 4.00 Slightly agree	40	12.6	12.6	19.9
5.00 Moderately agree	76	24.0	24.0	43.8
6.00 Strongly agree	178	56.2	56.2	100.0
Total	317	100.0	100.0	

CCB 27 I would see a counselor if I were worried or upset for a long period of time.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	23	7.3	7.3	7.3
2.00 Moderately disagree	22	6.9	7.0	14.3
3.00 Slightly disagree	29	9.1	9.2	23.5
4.00 Slightly agree	71	22.4	22.5	46.0
5.00 Moderately agree	67	21.1	21.3	67.3
6.00 Strongly agree	103	32.5	32.7	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCA 28 I would feel ashamed to participate in counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	156	49.2	49.4	49.4
2.00 Moderately disagree	58	18.3	18.4	67.7
3.00 Slightly disagree	36	11.4	11.4	79.1
4.00 Slightly agree	41	12.9	13.0	92.1
5.00 Moderately agree	16	5.0	5.1	97.2
6.00 Strongly agree	9	2.8	2.8	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

CCB_29 If I participated in counseling, I would seek out a secular counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	169	53.3	54.0	54.0
2.00 Moderately disagree	54	17.0	17.3	71.2
3.00 Slightly disagree	43	13.6	13.7	85.0
4.00 Slightly agree	23	7.3	7.3	92.3
5.00 Moderately agree	14	4.4	4.5	96.8
6.00 Strongly agree	10	3.2	3.2	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

CCC_30 Just as a medicine treats the body for physical illness, counseling treats the mind for mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	11	3.5	3.5	3.5
2.00 Moderately disagree	14	4.4	4.5	8.0
3.00 Slightly disagree	26	8.2	8.3	16.3
4.00 Slightly agree	64	20.2	20.5	36.9
5.00 Moderately agree	104	32.8	33.3	70.2
6.00 Strongly agree	93	29.3	29.8	100.0
Total	312	98.4	100.0	
Missing System	5	1.6		
Total	317	100.0		

CCC_31 Counseling is regulated (must follow certain rules).

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	10	3.2	3.2	3.2
2.00 Moderately disagree	19	6.0	6.1	9.4
3.00 Slightly disagree	24	7.6	7.8	17.2
4.00 Slightly agree	61	19.2	19.7	36.9
5.00 Moderately agree	89	28.1	28.8	65.7
6.00 Strongly agree	106	33.4	34.3	100.0
Total	309	97.5	100.0	
Missing System	8	2.5		
Total	317	100.0		

CCC_32 The goal of counseling is to reconnect a person to their inner strengths.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	30	9.5	9.7	9.7
2.00 Moderately disagree	22	6.9	7.1	16.8
3.00 Slightly disagree	37	11.7	12.0	28.8
4.00 Slightly agree	87	27.4	28.2	57.0
5.00 Moderately agree	83	26.2	26.9	83.8
6.00 Strongly agree	50	15.8	16.2	100.0
Total	309	97.5	100.0	
Missing System	8	2.5		
Total	317	100.0		

CCC_33 Counseling can be used to find solutions to life's problems.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	12	3.8	3.8	3.8
2.00 Moderately disagree	10	3.2	3.2	7.0
3.00 Slightly disagree	19	6.0	6.0	13.0
4.00 Slightly agree	83	26.2	26.3	39.4
5.00 Moderately agree	102	32.2	32.4	71.7
6.00 Strongly agree	89	28.1	28.3	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCA_34 I would be comfortable in participating in counseling if the counselor was trained in Adventist culture.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	16	5.0	5.1	5.1
2.00 Moderately disagree	13	4.1	4.2	9.3
3.00 Slightly disagree	22	6.9	7.0	16.3
4.00 Slightly agree	71	22.4	22.7	39.0
5.00 Moderately agree	78	24.6	24.9	63.9
6.00 Strongly agree	113	35.6	36.1	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

CCC 35 Meditation, when used in counseling, is mind control.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	70	22.1	22.6	22.6
2.00 Moderately disagree	63	19.9	20.3	42.9
3.00 Slightly disagree	63	19.9	20.3	63.2
Valid 4.00 Slightly agree	46	14.5	14.8	78.1
5.00 Moderately agree	31	9.8	10.0	88.1
6.00 Strongly agree	37	11.7	11.9	100.0
Total	310	97.8	100.0	
Missing System	7	2.2		
Total	317	100.0		

CCA 36 I am afraid my SDA beliefs would be judged if I participated in counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	153	48.3	48.7	48.7
2.00 Moderately disagree	57	18.0	18.2	66.9
3.00 Slightly disagree	38	12.0	12.1	79.0
Valid 4.00 Slightly agree	33	10.4	10.5	89.5
5.00 Moderately agree	23	7.3	7.3	96.8
6.00 Strongly agree	10	3.2	3.2	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

CCA_37 If I were experiencing emotional problems, I am confident I would find relief in counseling.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	16	5.0	5.1	5.1
2.00 Moderately disagree	30	9.5	9.6	14.7
3.00 Slightly disagree	50	15.8	16.0	30.7
4.00 Slightly agree	81	25.6	25.9	56.5
5.00 Moderately agree	72	22.7	23.0	79.6
6.00 Strongly agree	64	20.2	20.4	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

CCC_38 Counseling is a recognized way to treat mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	13	4.1	4.1	4.1
2.00 Moderately disagree	14	4.4	4.4	8.6
3.00 Slightly disagree	20	6.3	6.3	14.9
4.00 Slightly agree	52	16.4	16.5	31.4
5.00 Moderately agree	94	29.7	29.8	61.3
6.00 Strongly agree	122	38.5	38.7	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCA_39 I would feel uneasy about participating in counseling because of what others might think.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	139	43.8	44.1	44.1
2.00 Moderately disagree	62	19.6	19.7	63.8
3.00 Slightly disagree	39	12.3	12.4	76.2
Valid 4.00 Slightly agree	39	12.3	12.4	88.6
5.00 Moderately agree	28	8.8	8.9	97.5
6.00 Strongly agree	8	2.5	2.5	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

CCB_40 I would prefer a non-Adventist counselor to an Adventist counselor.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	186	58.7	59.0	59.0
2.00 Moderately disagree	36	11.4	11.4	70.5
3.00 Slightly disagree	45	14.2	14.3	84.8
Valid 4.00 Slightly agree	25	7.9	7.9	92.7
5.00 Moderately agree	8	2.5	2.5	95.2
6.00 Strongly agree	15	4.7	4.8	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

Means of Subscales

		Role of Counseling	Counseling Preferences	Participation in Counseling
N	Valid	317	317	317
	Missing	0	0	0
Mean		4.6655	4.9333	4.4621
Std. Deviation		.86217	.97364	.86788

Question 3: What are Seventh-day Adventist's beliefs toward mental health issues?

Frequency Tables for Individual Items

MMH 1 Mental health issues should not be discussed outside of one's immediate family.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	130	41.0	41.0	41.0
2.00 Moderately disagree	57	18.0	18.0	59.0
3.00 Slightly disagree	44	13.9	13.9	72.9
Valid 4.00 Slightly agree	29	9.1	9.1	82.0
5.00 Moderately agree	25	7.9	7.9	89.9
6.00 Strongly agree	32	10.1	10.1	100.0
Total	317	100.0	100.0	

MMH 2 Everyone has had some issues with their mental health at some point in their life.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	11	3.5	3.5	3.5
2.00 Moderately disagree	20	6.3	6.3	9.8
3.00 Slightly disagree	36	11.4	11.4	21.1
Valid 4.00 Slightly agree	69	21.8	21.8	42.9
5.00 Moderately agree	91	28.7	28.7	71.6
6.00 Strongly agree	90	28.4	28.4	100.0
Total	317	100.0	100.0	

MMH 3 Mental health issues exist.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	6	1.9	1.9	1.9
2.00 Moderately disagree	2	.6	.6	2.5
3.00 Slightly disagree	7	2.2	2.2	4.8
Valid 4.00 Slightly agree	23	7.3	7.3	12.1
5.00 Moderately agree	27	8.5	8.6	20.7
6.00 Strongly agree	249	78.5	79.3	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

MMH 4 If a person's relationship with God is good, they will not have any mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	120	37.9	38.3	38.3
2.00 Moderately disagree	65	20.5	20.8	59.1
3.00 Slightly disagree	44	13.9	14.1	73.2
Valid 4.00 Slightly agree	36	11.4	11.5	84.7
5.00 Moderately agree	28	8.8	8.9	93.6
6.00 Strongly agree	20	6.3	6.4	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

MMH 5 Having mental health issues does not glorify God.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	128	40.4	40.6	40.6
2.00 Moderately disagree	43	13.6	13.7	54.3
3.00 Slightly disagree	50	15.8	15.9	70.2
4.00 Slightly agree	46	14.5	14.6	84.8
5.00 Moderately agree	29	9.1	9.2	94.0
6.00 Strongly agree	19	6.0	6.0	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMH 6 Mental health issues are caused by sinning.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	148	46.7	46.8	46.8
2.00 Moderately disagree	50	15.8	15.8	62.7
3.00 Slightly disagree	33	10.4	10.4	73.1
4.00 Slightly agree	49	15.5	15.5	88.6
5.00 Moderately agree	21	6.6	6.6	95.3
6.00 Strongly agree	15	4.7	4.7	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

MMH 7 The illnesses of the mind and body should be considered equally important.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	6	1.9	1.9	1.9
2.00 Moderately disagree	9	2.8	2.8	4.7
3.00 Slightly disagree	7	2.2	2.2	7.0
Valid 4.00 Slightly agree	19	6.0	6.0	13.0
5.00 Moderately agree	55	17.4	17.4	30.4
6.00 Strongly agree	220	69.4	69.6	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

MMH 8 Some mental health issues are caused by biological reasons.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	12	3.8	3.8	3.8
2.00 Moderately disagree	8	2.5	2.5	6.4
3.00 Slightly disagree	12	3.8	3.8	10.2
Valid 4.00 Slightly agree	26	8.2	8.3	18.5
5.00 Moderately agree	80	25.2	25.5	43.9
6.00 Strongly agree	176	55.5	56.1	100.0
Total	314	99.1	100.0	
Missing System	3	.9		
Total	317	100.0		

MMH 9 A person can be faithful in their SDA beliefs and still have mental health issues.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	9	2.8	2.9	2.9
2.00 Moderately disagree	5	1.6	1.6	4.5
3.00 Slightly disagree	3	.9	1.0	5.4
4.00 Slightly agree	23	7.3	7.3	12.8
5.00 Moderately agree	75	23.7	24.0	36.7
6.00 Strongly agree	198	62.5	63.3	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

MMH 10 Having mental health issues is shameful.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	188	59.3	59.7	59.7
2.00 Moderately disagree	45	14.2	14.3	74.0
3.00 Slightly disagree	29	9.1	9.2	83.2
4.00 Slightly agree	27	8.5	8.6	91.7
5.00 Moderately agree	14	4.4	4.4	96.2
6.00 Strongly agree	12	3.8	3.8	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

Means of Subscales

		Existence of Mental Health Issues	Religious Implications of Mental Health Issues
N	Valid	317	317
	Missing	0	0
Mean		5.3854	4.6601
Std. Deviation		.84829	1.05621

Question 4: What are Seventh-day Adventist's beliefs towards medical care?

Frequency Tables of Individual Items

MMC 1 God has given man the gift of healing the body through medical care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	13	4.1	4.1	4.1
2.00 Moderately disagree	6	1.9	1.9	6.0
3.00 Slightly disagree	5	1.6	1.6	7.6
4.00 Slightly agree	32	10.1	10.1	17.7
5.00 Moderately agree	71	22.4	22.5	40.2
6.00 Strongly agree	189	59.6	59.8	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

MMC 2 The practice of medicine is in harmony with the biblical principles of healing.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	15	4.7	4.8	4.8
2.00 Moderately disagree	21	6.6	6.7	11.4
3.00 Slightly disagree	23	7.3	7.3	18.7
4.00 Slightly agree	54	17.0	17.1	35.9
5.00 Moderately agree	72	22.7	22.9	58.7
6.00 Strongly agree	130	41.0	41.3	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMC 3 Medical care is used to restore balance to both the mind and body.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	13	4.1	4.1	4.1
2.00 Moderately disagree	17	5.4	5.4	9.5
3.00 Slightly disagree	23	7.3	7.3	16.8
4.00 Slightly agree	59	18.6	18.7	35.6
5.00 Moderately agree	82	25.9	26.0	61.6
6.00 Strongly agree	121	38.2	38.4	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMC 4 Receiving medical care shows a lack of faith in God's power to heal.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	223	70.3	70.6	70.6
2.00 Moderately disagree	53	16.7	16.8	87.3
3.00 Slightly disagree	20	6.3	6.3	93.7
4.00 Slightly agree	6	1.9	1.9	95.6
5.00 Moderately agree	6	1.9	1.9	97.5
6.00 Strongly agree	8	2.5	2.5	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

MMC 5 Medical care is a recognized way to treat an illness or injury.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	9	2.8	2.9	2.9
2.00 Moderately disagree	7	2.2	2.2	5.1
3.00 Slightly disagree	4	1.3	1.3	6.3
4.00 Slightly agree	12	3.8	3.8	10.2
5.00 Moderately agree	57	18.0	18.1	28.3
6.00 Strongly agree	226	71.3	71.7	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMC 6 God alone can heal the body.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	29	9.1	9.3	9.3
2.00 Moderately disagree	23	7.3	7.3	16.6
3.00 Slightly disagree	17	5.4	5.4	22.0
4.00 Slightly agree	27	8.5	8.6	30.7
5.00 Moderately agree	58	18.3	18.5	49.2
6.00 Strongly agree	159	50.2	50.8	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

MMC 7 The field of medical care is regulated (must follow certain rules).

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	1.00 Strongly disagree	3	.9	1.0	1.0
	2.00 Moderately disagree	7	2.2	2.2	3.2
	3.00 Slightly disagree	8	2.5	2.6	5.8
	4.00 Slightly agree	22	6.9	7.0	12.8
	5.00 Moderately agree	78	24.6	24.9	37.7
	6.00 Strongly agree	195	61.5	62.3	100.0
	Total	313	98.7	100.0	
Missing	System	4	1.3		
Total		317	100.0		

MMC 8 The practice of modern medicine does not conflict with Adventist beliefs.

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	1.00 Strongly disagree	18	5.7	5.7	5.7
	2.00 Moderately disagree	25	7.9	8.0	13.7
	3.00 Slightly disagree	45	14.2	14.3	28.0
	4.00 Slightly agree	46	14.5	14.6	42.7
	5.00 Moderately agree	87	27.4	27.7	70.4
	6.00 Strongly agree	93	29.3	29.6	100.0
	Total	314	99.1	100.0	
Missing	System	3	.9		
Total		317	100.0		

MMC 9 Medical care allows others to control a person's mind against their will.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	162	51.1	51.4	51.4
2.00 Moderately disagree	64	20.2	20.3	71.7
3.00 Slightly disagree	31	9.8	9.8	81.6
Valid 4.00 Slightly agree	35	11.0	11.1	92.7
5.00 Moderately agree	15	4.7	4.8	97.5
6.00 Strongly agree	8	2.5	2.5	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMC 10 The theories of medicine created from the mind of man are wrong.

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 Strongly disagree	102	32.2	32.6	32.6
2.00 Moderately disagree	77	24.3	24.6	57.2
3.00 Slightly disagree	59	18.6	18.8	76.0
Valid 4.00 Slightly agree	36	11.4	11.5	87.5
5.00 Moderately agree	21	6.6	6.7	94.2
6.00 Strongly agree	18	5.7	5.8	100.0
Total	313	98.7	100.0	
Missing System	4	1.3		
Total	317	100.0		

MMC 11 It is shameful to receive medical care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	265	83.6	84.1	84.1
2.00 Moderately disagree	21	6.6	6.7	90.8
3.00 Slightly disagree	8	2.5	2.5	93.3
4.00 Slightly agree	8	2.5	2.5	95.9
5.00 Moderately agree	6	1.9	1.9	97.8
6.00 Strongly agree	7	2.2	2.2	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

MMC 12 Receiving medical care involves dependency on another person.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	98	30.9	31.0	31.0
2.00 Moderately disagree	37	11.7	11.7	42.7
3.00 Slightly disagree	33	10.4	10.4	53.2
4.00 Slightly agree	56	17.7	17.7	70.9
5.00 Moderately agree	55	17.4	17.4	88.3
6.00 Strongly agree	37	11.7	11.7	100.0
Total	316	99.7	100.0	
Missing System	1	.3		
Total	317	100.0		

MMC 13 The field of medicine is unnecessary.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00 Strongly disagree	273	86.1	86.7	86.7
2.00 Moderately disagree	12	3.8	3.8	90.5
3.00 Slightly disagree	6	1.9	1.9	92.4
4.00 Slightly agree	7	2.2	2.2	94.6
5.00 Moderately agree	8	2.5	2.5	97.1
6.00 Strongly agree	9	2.8	2.9	100.0
Total	315	99.4	100.0	
Missing System	2	.6		
Total	317	100.0		

Means of Subscale

		Beliefs about Medical Care
N	Valid	317
	Missing	0
Mean		5.1613
Std. Deviation		.79989

Question 5--Are a combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist's Degree of Knowledge about the Writings of Adventists on Psychology significant predictors of the beliefs about psychology?

Null Hypothesis 1a—Science of Psychology

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.339	.115	.079	.885

Dependent Variable: SOPMEAN Science of psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	35.110	12	2.926	3.166	.000
Residual	269.890	292	.924		
Total	305.000	304			

Dependent Variable: SOPMEAN Science of psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Null Hypothesis—1b Adventist Principles about Psychology

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.220	.049	.023	.951

Dependent Variable: APPMEAN Adventist principles about psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	14.814	8	1.852	1.889	.061
Residual	290.186	296	.980		
Total	305.000	304			

Dependent Variable: APPMEAN Adventist principles about psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Null Hypothesis 1c—Negative Statements about Psychology

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.388	.151	.119	.849

Dependent Variable: NBPMEAN Negative Statements about psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	45.918	11	4.174	4.721	.000
Residual	259.082	293	.884		
Total	305.000	304			

Dependent Variable: NBPMEAN Negative Statements about psychology

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Question 6—Are a combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist’s Degree of Knowledge about Psychology, The Seventh-day Adventist’s Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist’s Degree of Knowledge about the Writings of Adventists on Psychology significant predictors of the Attitudes toward Counseling?

Null Hypothesis 2a—Role of Counseling

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.358	.128	.092	.872

Dependent Variable: ROCMEAN Role of Counseling

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	39.071	12	3.256	3.575	.000
Residual	265.929	292	.911		
Total	305.000	304			

Dependent Variable: ROCMEAN Role of Counseling

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Null Hypothesis 2b—Counseling Preferences

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.209	.044	.004	.956

Dependent Variable: CPMEAN Counseling Preferences

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	13.339	12	1.112	1.113	.349
Residual	291.661	292	.999		
Total	305.000	304			

Dependent Variable: CPMEAN Counseling Preferences

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Null Hypothesis 2c—Participation in Counseling

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.413	.170	.136	.830

Dependent Variable: PICMEAN Participation in Counseling

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	51.946	12	4.329	4.995	.000
Residual	253.054	292	.867		
Total	305.000	304			

Dependent Variable: PICMEAN Participation in Counseling

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Question 7—Are a combination of Gender, Utilization of Psychological Services, The Seventh-day Adventist’s Degree of Knowledge about Psychology, The Seventh-day Adventist’s Degree of Knowledge about the Writings of Ellen G. White on Psychology and The Seventh-day Adventist’s Degree of Knowledge about the Writings of Adventists on Psychology significant predictors of the Beliefs about Mental Health Issues?

Null Hypothesis 3a—Existence of Mental Health Issues

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.352	.124	.088	.876

Dependent Variable: EMHIMEAN Existence of mental health issues

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG

	Sum of Squares	df	Mean Square	F	Sig.
Regression	37.798	12	3.150	3.442	.000
Residual	267.202	292	.915		
Total	305.000	304			

Dependent Variable: EMHIMEAN Existence of mental health issues

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Null Hypothesis 3b—Religious Implications of Mental Health

CATREG Model Summary

	Multiple R	R Square	Adjusted R Square	Apparent Prediction Error
Standardized Data	.252	.064	.025	.936

Dependent Variable: RIMHIMEAN Religious implications of mental health issues

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

CATREG ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	19.419	12	1.618	1.655	.076
Residual	285.581	292	.978		
Total	305.000	304			

Dependent Variable: RIMHIMEAN Religious implications of mental health issues

Predictors: Gender, Utilization of Psychological Services, The Seventh-day Adventist's Degree of Knowledge about Psychology, The Seventh-day Adventist's Degree of Knowledge about the Writings of Ellen G. White on Psychology, The Seventh-day Adventist's Degree of Knowledge of the Writings of Adventists on Psychology

Question 8--Is the Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White a significant predictor of the Beliefs about Medical Care?

Null Hypothesis—Beliefs about Medical Care

Simple Linear Regression Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.093 ^a	.009	.005	.79773

a. Predictors: (Constant), D_12 The Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White

b. Dependent Variable: BMCMEAN Beliefs about medical care

Simple Linear Regression ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	1.704	1	1.704	2.677	.103 ^b
1	Residual	196.001	308	.636		
	Total	197.705	309			

a. Dependent Variable: BMCMEAN Beliefs about medical care

b. Predictors: (Constant), D_12 The Seventh-day Adventist's Degree of Exposure to the Writings of Ellen G. White

Subject's Comments

Included on the survey was a space for subjects to leave comments. All comments which were pertinent to the content of the research were included. Excluded were comments about the design of the survey and personal comments to the researcher. All comments below are written as they were on the comment section and have not been edited for grammar or spelling. The subjects are identified by a number and are not traceable to individuals.

8: Jesus saved me in suicide and he is a Wonderful Counselor.

10: Mind, Character and Personality by E. G. White gives as good a knowledge as any psychology books about how the mind works.

12: I think the Andrews Counseling department should offer counseling help to Spanish speaking churches in the church area. We really need your help, especially in marriage counseling. Most pastors in those churches are only focused in evangelism. They need help and orientation; their churches are in real big need from counseling. Please, do something. Please, come out from Andrews to help us.

28: I don't think Ellen White is involved in this subject.

29: I was married to an abusive man with tendencies like my mother who is diagnosed borderline personality disorder. My faith, a great new husband, and my kids have restored my sense of self . . . while in counseling.

31: I am a pastor who has filled out this survey. Many more Christians & SDA members need to be blessed with Christian counseling.

47: I have much to gain from interaction with people with faith in Jesus Christ. It is my personal wish for to become proficient in psychological depth of spirituality and gain the light of insight.

54: That only thing that I notice that now must of the Adv. University got psychology. But couple year ago none of them used to have.

58: ref- TI p 290 sma p 351-2 education can become an end unto itself. Be careful in what you are ultimately seeking.

60: A lot is brought on by self a lot can cured by self helping others, and getting involved for other, get over petty.

62: I hope this survey opens the eyes of SDA members and realize in our church we need more help in counseling ways it helps us to grow more and expand our view of God more.

67: I believe the requirements for professional license conflict with heavenly principles of mental and emotional healing. Worldly demands prohibit the proper exercises and relationships needed for true recovery and healthy bonding. The best options and methods are found outside these inhibiting constrictions.

77: This was a good survey put together and is much needed in the use of Adventist members in every Adventist church. There is widespread within the Adventist church's mind and body issues whereby many feel there is no one in the church locally that one can turn to for help. I will say that churches on the East Coast, some that is, have counselors set-up in the churches to assist in this service to the members who need such services rendered. It would be nice if this service was set-up as a department utilizing the training of church professionals in the field of psychology and counseling to help those in need of this service.

81: The majority of SDA's that I have spoken to, including myself, need to be better educated about this field of study. Unfortunately, while battling suicidal depression, I was often told that use of medication was totally frowned upon by Ellen

White and that suicidal Ideology was totally selfish and from the devil. It took many yrs. Before I convinced myself that my ONLY hope was use of medication, a wise counselor and a close, daily walk with God.

82: As an individual in good health, I have had little contact with the medical field. I do believe Drs. are essential and very helpful to most people. However, having God is very helpful also and of great importance to me. Psychology probably is helpful to some individuals.

90: As I know some people doesn't want the practice of counseling, because sometimes they don't trust any person.

111: I observed about some people that they have problem, but confusing about counseling. Some doesn't trust anybody (counseling) and especially when it belongs to one (denomination) or in one church. They don't trust about confidentiality.

116: The questions concerning "modern medicine" were confusing to me, as your treatment depends on the doctor's understanding of the correct treatment, and I find that most doctors haven't a clue about natural remedies and even look down on such remedies. I assumed your idea of "modern medicine" was about the usual treatment you get from a non-natural remedy doctor.

128: If meditation is used to focus on nature- for relaxation/or God's words/on to visualize how to deal with a situation, - I have no problem. If the meditation used is to focus on my inner strengths (i.e. Yoga) I think this is harmful-faulty source. On the topic of "dependence" – if it means follow as a group or always going to them (subjection) depend upon God and His word. If you mean use them (counselors) as an aid to understanding or guiding you or prescribing what you read (as you would with a medical practioner – Doctor) that I have no problem with.

134: Also, a while back, I was searching for an SDA counselor (in my area especially) and was thoroughly disappointed with lack of info our conference had. They were no help whatsoever and could not direct me to a counselor/therapist. I hope that this will change one day soon.

138: Seek ye first – if treatments include “Hypnosis” then it’s not for Christians.

141: We adopted 2 children from Eastern Europe that were institutionalized. They have needed profound assistance from your profession. Without several excellent psychologists and now a psychiatrist they and I would be so hurting. They are both successful (for them) in high school.

159: My mother has been diagnosed with paranoid schizophrenia for over 50 years. When approaching an Elder said her situation was due to demonic possession. Sad Sad Sad and so very hurtful!

166: Psychology is not bad in itself But EGW says “there are many ways of practicing the healing arts, but there is only one in which heaven approves.” This surely applies to mental illness healing too. The key is being in harmony and right principles. There may be many ways to do that and have no Christian orientation. Neither Adventists or Christians have an exclusive recognition of truths. Heathens can see something as truth and benefit others with it. Sorry so sloppy!

175: In filling out some questions I consulted my EGW Comprehensive cd to learn what she said about psychology. It was fascinating. “The true principles of psychology are found in the Bible.”- 2mcp 781.1 I also searched for an official position on psychology from the corporate church and found an article opining that the church has fulfilled a “bad” prophecy by offering psychology in educational institutions. There are

some pretty crazy people in this denomination, that's for sure! Anyway, I found no official statement.

190: I became an Adventist through my ex-husbands family. He left his faith & Adventists beliefs, but I am still an active member. During my divorce I was hoping to find counseling available for divorced spouses, but had to seek a program called “divorce care” at another church. I later re-married and my current husband of 2 ½ yrs. Now has terminal cancer. My faith is good – but there are times when talking with a counselor would be helpful. There is so much sorrow in this world. Christian counselors are needed. We also encourage each other through our experiences and personal walk with the Lord.

197: Medicine and psychology are knowledge granted to us by God for the healing of damage to mind and body from sin. Like most good things, they have been abused and misused by people. This does not detract from their inherent usefulness or goodness as divine blessings.

198: Some of the modern themes/theories of psychology today do conflict with the Bible, but it's not accurate to say all theories are in conflict. Also, I do believe only God can heal those with ‘mental issues’ however He can and does use the influence of others (including health professionals – Christian and non-christian) and work through them to come to a place of healing. This may explain some discrepancies in my answers.

202: Field of psychiatry and psychology has not made much progress – its still quite primitive. We really don't have a good working knowledge about psychological medications actions, interactions and side effects. People are over medicated. People need more understanding, emotional support, as EG White says enjoyment of nature,

exercise good nutrition and good relationships with God, family and friends. Also need to spend more time on cause of issues.

222: I know that God is the healer of all things, but I all so know that some people get healed and others do not. Faith plays a big part in it. Mental healing I believe that if God is in full control of the mind, there is healing, Belief and Faith is involved, but medication and help is also very important.

234: I do not know much about psychology except it does help some people. God must be with that person. Counselor must be a God fearing person. Not certain of my answers. Some or most were repeat questions written differently but meaning the same.

236: Mental health problems are frowned upon by most of society, whether they are non – Christian or Christian. Many Christian believed in God to heal the mind, but I know that God does work through healthcare providers also. There should not be any shame connected to receiving mental health care by those who need it.

244: Why do we believe in the teaching and writing of Ellen G. White?

251: I must review my beliefs on Psychology, counseling and doctors for I am seeing quite a few of each branch and... If I'm doing wrong... I'm in captivity! Using the services of all of the above mentioned professionals monthly and the medicine they prescribe daily. Once in the morning and once in the evening. Since this is confidential I cannot show you any documents . . . even though I wish I could. One thing for sure I love Christ and the seventh day Adventist church... The king james version of the bible and literal, visible, audible personal second coming of Jesus and I want to be ready!!!

255: The reason I disagree with counseling is because it is so often separated from the great counselor. It is to "me" focused instead of God focused. Also, therapists

are way too anxious to label “disorders” and stick people on a drug. My reactions to your questions were a bit confused because you refer to “Adventist” many times rather than “Biblical”. I believe “biblical” makes all the difference where as “Adventist” is just a label. With the medical care section I have a problem with the widespread reliance on drugs and surgeries to correct what nature could correct but no problem whatsoever with surgeries to repair a congenital defect or reset a broken bone.

259: I have used counseling before and found it very helpful. I used a secular counselor at the time but would seek a Christian if needed. I also graduated from AU with a BS in psychology.

260: My experience is that the field of psychology in the SDA circle is not used or discussed. Usually – they rush to “lets pray about it”. I told one pastor “No, I did not want to pray w/ you about it” as I feel Pastors trivialize prayer as the answer, so works are unnecessary.

262: In our church I have heard the profession of psychology, psychologists, counselor and therapist put down and discouraged. How sad as these professional worship among us! It’s about time someone did what your doing! Way overdue!

268: Additional to asking all psychology is of the devil “I would like to see question: It is possible for devil to use psychology/counseling”. I think that it is possible, EGW was writing about it, and personally I’ve seen damage done by it. It doesn’t mean we shouldn’t be using it, but we should use it within the guidelines of the bible and EGW.

270: Insurance plays a huge factor as to whom is available for counseling – I would prefer an Adventist counselor but may not be available through my plan.

274: I have close family who needed and were/are served positively by professional psychologists. They have benefited from the experience just as much as being treated with medication by an M.D.

307: The SDA church should employ at least two full-time counseling teams in every state, even if it means dismissing some pastors to achieve. The church may be better served with more counseling services and fewer pastors. I'm talking about Biblical counseling, not secular counseling.

310: Several years ago I was sad to learn that our SDA pastors are not trained in counseling. I hope that has changed, although I believe that guidelines should be used to protect against spiritual abuse or even the appearance of an inappropriate relationship.

323: Pastors should do deep or marriage when trained. Counselors should refrain from telling others or revealing to others about their client.

328: Counselors and mental health therapy is a necessary ministry for people in and outside of the SDA. Mental health counselors, both secular and Christian are gifted and trained in this field to help people with psychological and mental health, coping issues.

335: Too many pastors assume the role of counselor without the training. The mind and emotions, like the physical, need attention from experts with training.

Refused: Keep this out of our church!

Refused: Keep your deceptions to yourself!

Refused: We want no part of Satan's deception!

Refused: No thanks.

Refused: Satan used psychology in the Garden of Eden.

Refused: We will pray that GOD will reveal HIS will to you and help you to overpower the deception that Satan has over you.

Refused: God cured King Nebuchadnezzar's mind. He can cure any mind that is willing to submit to HIM.

REFERENCE LIST

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