To the Graduate Council:

I am submitting herewith a dissertation written by Philip George Garver entitled "An Evaluation of the Health-Related Counseling Skills of the Seventh-day Adventist Pastors in Southeastern United States." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Health Education.

Bill C. Wallace

Bill C. Wallace, Major Professor

We have read this dissertation
and recommend its acceptance:

Robert N. Kirk

Robert J. Shelley

Charles F. Thompson

Accepted for the Council:

Lew Minkel

Vice Provost and
Dean of The Graduate School

AN EVALUATION OF THE HEALTH-RELATED COUNSELING SKILLS OF SEVENTH-DAY ADVENTIST PASTORS IN SOUTHEASTERN UNITED STATES

A Dissertation

Presented for the

Doctor of Education

Degree

The University of Tennessee, Knoxville

Phil Garver

December 1988

As a result of the love, understanding, and support of Betty, Steve, and Leah, I was able to complete this study. This work is dedicated to these three, the very special people in my life.

ACKNOWLEDGEMENTS

I shall always be indebted to several people whose contribution to this study were invaluable. Acknowledging them at this time gives me great pleasure.

A very special and sincere thanks goes to my doctoral committee. Their patience, guidance, and encouragement during this study have meant much to me. My committee of Dr. Bill Wallace, Dr. Robert Kirk, Dr. Jack Pursley, and Dr. Charles Thompson was always ready and willing to assist me through this process, and for this, I will be forever grateful. Their genuine interest in me, both as a person and as a student, will always be a positive experience in my memory. Thank you committee for believing in me even at those times when I had doubts.

I must also give a big thank you to the men and women who served as the panel for the development of the instrument used in this study. Their insights and professional expertise were most appreciated. For their time and response I am grateful.

I want to thank the president of the Southern Union of Seventh-day Adventists, Elder Alfred C. McClure, for his interest in this study and for the support he gave me as I struggled with it. It was nice to know that you were genuinely interested in my work and how it might be of help to the Southern Union pastors and parishioners.

A deep appreciation goes to Dr. Gerald Colvin for his willingness to help with the data analysis and for his continued encouragement. Thanks Gerald; your help and friendship meant much.

To the administration and faculty of Southern College I wish to express my gratitude for your support and faith in this project. Your sincere inquiries of progress and encouragement have meant more than I can tell. Thank you.

To my typists, Paul Steen and Betty Bryant who were able to decipher my writing, I am grateful. For your long hours and excellent job I want to thank you.

There are not words to express what Betty has meant to me throughout this process. I want to thank you for being there when I needed you, for being my best friend, and for never giving up on me. You gave me the confidence to press on when it would have been easier to do otherwise. Thank you for sharing your life with me and our children. Our lives have and will be better because of you. I will always love you.

ABSTRACT

The purpose of this study was to assess the current health related counseling skills of the Seventh-Day Adventist (SDA) pastors in the Southeastern United States. The uniqueness of this study was its attempt to classify the pastors typical counseling responses to three specific situations. Each response was classified as a level I, II, or III depending on whether the response was hurtful, neutral, or helpful in nature.

It was decided to use the entire population of SDA pastors in the Southern Union which is made up of the following states: Alabama, Mississippi, Florida, Georgia, Tennessee, Kentucky, and North and South Carolina. There were 502 SDA pastors in these states, and each of them were included in the study.

An instrument was designed to collect the data. Then a jury was selected to give the professional analysis needed. The jury consisted of pastors, seminary professors, psychologists, behavioral scientists, health educators, and a sociologist. After three revisions the instrument was approved and mailed.

After the returns were in and all of the pastors were asked a second time (in person) to respond, the total number who responded was 211 or 42% of the target population. The following describe what was reported or what was found to be so upon completing the analysis.

1. The pastors reported that much of their time was spent in health-related counseling.

2. The pastors believed that counseling is an important part of their ministry.

3. In some cases, the pastors need to develop referral systems so as to better meet their parishioner's needs.

4. Advice giving within the counseling setting is a common problem with many of the pastors.

5. Slightly over half of the pastors had been able to upgrade counseling skills.

6. Ninety seven of the pastors indicated they did want seminars and/or workshops to assist them with their counseling skills. The pastors indicated a real need for help.

7. Responses to hypothetical counseling problems indicated the counseling being given was of poor quality.

8. The record keeping practices of the pastors was almost non-existent in their counseling.

9. When counselee and pastor disagreed over issues such as jewelry, caffeine, and movies the pastors were more likely to deal with them doctrinally or allow for personal differences. They did not tend to support the individual in his or her personal choices.

10. There is a small segment (less then 2%) of pastors that reported that they believed pastors should not do any counseling at all.

11. The most common topics that the pastors were asked to deal with were Diet and Weight, Spiritual, Marital, Divorce, Weight Control, STD's, Interpersonal Conflict, Suicide, and Human Sexuality.

12. The pastors indicated that they believed the seminary should better prepare them to be better health related counselors.

As a result of this study it would appear that the institutions preparing pastors to work for the SDA church should evaluate the counseling exposure of their students prior to graduation, and that the church leadership should initiate a plan to provide seminars and workshops for the upgrading of pastoral counseling skills.

TABLE OF CONTENTS

CHAPTER PAGE

LIST OF TABLES

CHAPTER I

INTRODUCTION

In the 1986 Statistical Abstract of the United States it states that 60% of the population of the U.S. are church members. This fact along with others gives the pastors and clergy a tremendous opportunity to reach the American public in a relatively confidential and professional way regarding many of the health-related topics that so often create problems for their parishioners. Common areas that churches and their pastors deal with related to health are: nutrition, stress, substance abuse, exercise, mental health, premarital relations, grief, divorce, weight control etc. (White 1896). It is pointed out by Russell that many Americans see their church as a health education agency in many areas of which one of the more important is that of selfless service to others which is one of the foundations of mental health (Russell, 1975).

As a result of a very distinct and somewhat peculiar health related message that has been a part of the Seventh-Day Adventist (SDA) church from its conception in the mid 1800's, the church has been extremely health oriented. Much of the SDA church beliefs and practices related to health come to the church through Ellen G. White. Considered by the church to be a modern day prophet with counsel on many topics with much concentration on the subject of health. Because of the health-related information contained in books

like Counsel on Diet and Food, The Ministry of Healing, Counsel on Health, and Medical Ministry written by E.G. White for the SDA church, a strong health emphasis has resulted. These writings have had such an impact on the SDA church that the health and medical work has been called the "Right Arm of the Message" for the SDA church. This strong emphasis has continued since the late 1800's. This health message has been one of the church's focal points in the relatively recent past.

In light of the dominant health message of the SDA church and the need for new pioneers in our society to become actively involved in the wellness thrust, it seems that a formal health curriculum for the pastors of the SDA church would not only be helpful, but that it should be an integral part of their professional preparation. In discussing the context of the counseling courses that are taught at the SDA Seminary at Andrews University, Berrien Springs, MI., the professor revealed that the counseling course the pastors had to take was of a general nature, but they could elect to take other counseling courses of which more of them dealt specifically with health-related problems (Thompson 1986). In reality very few of them choose to take further course work in this the area of counseling. The health knowledge and health counseling skills of the SDA pastor are not formally addressed in their pastoral preparation, thus creating the void that this study seeks to address.

The current concept of man/woman is one of a wholistic person, a total person with physical mental, social and spiritual components, all interwoven and inseparable. What effects one effects all of the others. This creates a situation or a need for professionals like pastors to be aware of more than just one aspect of a person. Pastors who understand this wholistic concept of man/woman will be much more able to minister to their parishioners.

1. PURPOSE OF THE STUDY

The purpose of this study was to assess the health-related counseling skills of the Seventh-day Adventist pastors in the Southern Union. This study also addressed the adequacies of pastoral counseling training.

2. STATEMENT OF THE PROBLEM

Wylie (1981) studied the Health Counseling skills of the Church of Christ Ministers and found a significant need for pastoral health-related counseling skills. However, no studies could be found on the counseling skill or Health-related counseling skills of Seventh-Day Adventist pastors. Therefore, this study was directed toward determining the level of health and health related counseling skills possessed by the pastors of the Seventh-Day Adventist Church in the Southeastern region of the United States. A secondary purpose was to determine if their pastoral training was adequate in health-related areas.

This study was designed to answer the following questions and related hypotheses:

Question 1. How do various characteristics of Seventh-day Adventist (SDA) pastors relate to counseling skills levels?

Null Hypothesis - 1: There is no relationship between age and counseling skills levels.

Null Hypothesis - 2: There is no relationship between years of professional experience and counseling skills levels.

Null Hypothesis - 3: There is no relationship between level of education achieved and counseling skills levels.

Question 2. How seriously do SDA pastors perceive counseling as a worthwhile and needed aspect of their pastoral duties?

Null Hypothesis - 4: SDA pastors do not perceive counseling as an important facet of their pastoral work.

Null Hypothesis - 5: SDA pastors do not feel a responsibility to work with parishioners in a counseling setting.

Null Hypothesis - 6: SDA pastors feel no need for upgrading their counseling skills.

Question 3. How do SDA pastors view advice giving to counselees, and how are disagreements with counselees resolved?

Null Hypothesis - 7: SDA pastors do not favor advice giving to counselees.

Null Hypothesis - 8: SDA pastors are not more likely to disagree directly with counselees than to allow for personal differences and choices.

Question 4. What levels of skill do the SDA pastors exhibit in responding to the hypothetical problems of counselees?

Null Hypothesis - 9: The scores SDA pastors earn on the hypothetical problems do not vary significantly from the neutral or average level of counseling skill.

Question 5. Are SDA pastors adequately trained to meet the health-related counseling needs of their parishioners?

Null Hypothesis - 10: SDA pastors will not have a minimum of two counseling courses.

Null Hypothesis - 11: SDA pastors perceive their counseling competence as not significantly different from the average.

Null Hypothesis - 12: No more SDA pastors have upgraded their counseling skills than have not upgraded such skills.

Question 6. What are the descriptive data results for SDA pastoral identification of:

A. Most common problems with which they dealt?

B. Topics for which they reported having an adequate referral system?

C. Problems for which the pastors felt adequately trained as counselors?

D. Counseling topics for which future pastors need seminary training?

E. Counseling topics for which seminars are desired?

3. NEED FOR THE STUDY

As our society becomes increasingly more complex, creating the possibility of greater stress, faster pace, greater mobility, less stability, more illness, greater technology, and more problems, where does it all end? The only place the so called "rat race" can end is within the individual. And how can this happen? Willgoose (1982) summarized a statement made by the President's Committee on Health Education this way. "It is no longer possible to stem the tide of human illness and despair with improved medical and surgical techniques, more hospitals, and social workers, and more sophisticated health care centers. The Committee's message signaled a significant chance - a call for prevention." Willgoose goes on to say that it is imperative to educate people about healthful living through health counseling and health education so the preventive medicine movement will be more able to control the rapidly rising cost of medical care.

In response to the need for a broader thrust and a more comprehensive approach, the SDA pastor is in a valuable

position to render the kind of health information needed and desired by his/her parishioners. The pastor by the nature of his/her ministry and position is looked to by the parishioners with respect as a person in authority. The church pastor not only has a tremendous opportunity in the area of health counseling, he/she also has an enormous responsibility.

Rough (1978) revealed that the pastor is in fact being asked for health-related information more than ever before. This could lead to the conclusion that not only is the spiritual component of the parishioners the pastor's responsibility, but he is also being asked to assume greater responsibility for the physical, mental and social wellbeing of the parishioners as well.

Are the pastors receiving adequate training to enable them to reach their fullest potential as health counselors? It is evident that the pastor is well trained in the art of spiritual leadership and oratory, both of which are important and necessary for a pastor to succeed. Because the pastor occupies such a vantage point for sharing, health counseling should and must be addressed during the pastor's formal education in a direct and well planned manner. This could result in a very strong and competent thrust by the pastors in the area to health counseling and education that could have a positive impact on the individual, the family, the community and the country.

This study is needed to ascertain the Seventh-day Adventist pastor's need for further training in the areas of health-related counseling. Hopefully, the physical, mental, and social health of the parishioners are being ministered to, along with the spiritual dimension. If there is a void, it should be addressed.

4. BASIC ASSUMPTIONS

This study assumed the following:

1. The pastors will, in fact, give candid and objective responses to the three hypothetical counseling situations.
2. The pastor's judgment is appropriate regarding seminary training needs of health related counseling skills.
3. The pastors that responded are representative of their colleagues.
4. The instrument is valid for the purposes intended.

5. DELIMITATIONS

The investigation was delimited to:

1. Only the states that make up the Southern Union of SDAs were investigated. These states were: Florida, Georgia, North and South Carolina, Kentucky, Tennessee, Alabama and Mississippi.

2. Only current SDA pastors of churches in the Southern Union were questioned, excluding all other ordained persons in other leadership positions within the church's operating structure.

6. LIMITATIONS

1. This study was limited to males because of the absence of females in pastoral positions in the Southeastern United States SDA churches.

7. DEFINITIONS OF TERMS

The following terms are defined as they were employed in this study.

1. Church — The term "church" refers to the entire population of persons who adhere to the doctrine of and are members of the Seventh-Day Adventist denomination.
2. Curriculum — The curriculum discussed in this study will be that course of study which the pastors of the Seventh-Day Adventist church were exposed to in their formal preparation for the ministry as prescribed by the seminary.
3. Districts — Many Seventh-Day Adventist pastors have two or three small churches in an area and this makes up his district.

4.	Health Counseling	Any counseling that takes place that is related to a persons' physical, mental and/or social wellbeing. People are integrated in nature and anything that effects one aspect of a person, will in varying degrees have an impact on the other dimensions of that person.
5.	Health Education	Health Education in this study refers to a planned progression of educational exposures designed to assist the individual in forming positive health behaviors and attitudes as they pursue optimum levels of personal, family, and community wellness.
6.	Local Church	That group of people who worship together from week to week as an organized entity within the Seventh-Day Adventist church.
7.	Local Conference	The first level of leadership provided by the Seventh-Day Adventist church to organize, coordinate, and administer the local churches and pastors.
8.	Minister	Synonymous with pastor
9.	Parishioner	Those persons who are baptized members of a local church of Seventh-Day Adventists or dependents of baptized members.

8. SUMMARY

Because of the nature of a pastor's position in a church and the community, often times he has the unquestioned confidence of many people, this confidence brings with it a tremendous responsibility. Whether it be spiritual counseling or health-related counseling, or other forms of counseling, the pastors education, experience and personality may determine the quality of the visit. Because of this potential, this study sought to reveal the areas where pastors have the greatest potential as health counselors.

CHAPTER II

REVIEW OF RELATED LITERATURE

1. INTRODUCTION

Being holistic in nature humans must be thought of as complete, integrated, total beings, that don't have separate physical, mental, social and spiritual aspects. As a need arises in one aspect of a person, success and or failure related to that need can and will effect the total person. Thus a pastors main thrust may be toward the spiritual, but he/she must be aware of the total needs of the other dimensions of a person and deal with those within the context of his/her abilities and the seriousness of the problems.

Many of the problems and needs that people have experienced throughout history have been related to religious matters or in a spiritual context and pastors, clergy, priests and rabbis have been turned to in these times of crisis and need. Kulka stated that his studies of pastoral counseling have revealed that approximately 40% of people seeking counsel look to there pastor first. As a result of the parishioner's usual confidence in their pastor, the pastors are placed on the front lines of counseling opportunities (Kulka 1961). Because of the holistic nature of man, all problems are health related, or have the potential of becoming health related.

Willgoose put it this way, referring to the report form the President's Committee on Health Education, that it is, and will continue to be imperative to inform people in all aspects of healthful living if we are going to turn the tide of human illness and suffering. Improving medicine can't do it any more, prevention is the password for future health in the world (Willgoose 2). The potential that pastors possess in this area is enormous. What a challenge to all pastors everywhere.

So we see both a tremendous need and also a great potential for the pastor to minister to the total needs of parishioners, which includes the physical, mental, social and spiritual aspects. According to John Patton, pastoral counselors know the proper language now, they have learned how to provide "good patient care" and they are no longer thought of as a place to get cheap psychiatric care for those who cannot afford better trained helpers (Patton 1981). But, does this pertain to the average pastor who has not received the special counseling training? No.

The American Association of Pastor Counselors (AAPC) has been very much involved in the process of preparing pastors for a qualified place in the pastoral profession as a counseling, nurturing professional with a spiritual tie. Thus bringing values and eternal principles into focus throughout the nurturing process. But, there is confusion as to the true function of a pastor who counsels (Ashby 1981).

2. THE ROLE OF COUNSELING PASTORS

The following writers express their differing views related to the role of pastor counselling. Howard Clinebell sees the distinguishing features of pastoral counselor's as, his/her setting, the social and symbolic roles, the definite emphasis on spiritual growth, along with their training and the tools used (Clinebell 1966). Seward Hiltner wrote that the "context" of pastoral counseling sets it apart. The setting, the expectations, the potential for a counselor-counselee relationship, and its limitations are the distinguishing factors in pastoral counselor (Hiltner 1961). It is Paul Tillich's belief that the distinguishing factor of pastoral counseling is its focus on ontological anxieties related to the nature of being and of existence which he believed were in opposition to the nature of being and of existence which he believed were in opposition of the pathological anxieties that the medical practitioner focused on (Tillich 1952). David Switzer relates the uniqueness of pastors counseling in terms of the pastors prior relationships with parishioners, his/her symbolic power as a pastor, and the value of the community of faith (Switzer 1972). Possibly the one who comes closest to defining pastoral counseling in terms of concrete and overt spirituality is Thomas Cavanaugh. He puts it this way "It (pastoral counseling) differs from other methods of counseling in that instead of the counselor-counselee

approach of the directive--non-directive counselor, it specifically includes God in the counseling relationship" (Cavanaugh 1962).

After looking at some of the descriptions of pastoral counseling it is quite evident that a concept of what is unique about the role of the pastor as a counselor is lacking. What is it that sets the counseling pastor apart from other mental health professionals is a question that doesn't seem to bother pastors individually, but does seem to be a burning issue with professional organizations dealing exclusively with pastoral counseling, like the AAPC. The AAPC has been and is currently concerned about the trend of pastoral counseling to limit its focus and emphasis to the discipline of psychology (Ashby, 1981).

It was interesting to realize that, Carl Rogers, a fore-runner in the area of pastoral counseling in the 1940's and 50's joined secular psychology because he found his religious experience to be a negative one. Roger's saw religion as a limiting force that restricted freedom of thought and created a suppressed atmosphere. So he searched for a field of study where his thoughts would not be limited and he could be part of a profession without having to profess a set of beliefs (Rogers, 1961).

What is the relationship between religion and psychoanalysis or are these two compatible? Erich Fromm sees psychoanalysis as being able to go in at least two directions in relating to this question. The first is seen

as leading toward social adjustment, fitting into a culture, acting like most people act, etc. The other is seen as leading to a cure for the soul, aiding a person in achieving their potentials, along with the realization of his/her individuality. Thus the psychoanalytic cure of the soul is aimed at a person being able to acquire an attitude that can be termed religious. Fromm agrees that man must have principles and norms to give him guidance as he seeks self-realization and that these may be religious in their origin. He believes that the psychoanalytic search for truth, within these confines, must be humanistic in nature and provide little, if any, room for the purely moral inquiry or concern (Fromm, 1950).

Talcott Parsons views religion as a somewhat necessary and positive influence in the developmental process of man within a society, while affirming the pastoral role as being a moral standardbearer. He points out that the pastor should be one who possesses expert knowledge and exercises leadership regarding moral topics, but at the same time he must refrain from enforcing a religio-ethical criterion in either the assessment and/or treatment of his clients. Parsons then suggest that a profession of spiritual counselors be established that would be totally and distinctly separate from that of the pastoral ministry. They would function as an auxiliary to the pastor enabling

them to have the proper ethical and psychological framework to best meet the needs of their clients (Parsons, 1964).

Parson's statements seem to give a basis for a need in the area of specialists in pastoral counseling. Although Parsons does not encourage the pastoral counselor to define the moral context in which his counseling is done, it does seem that pastoral counselors need to become more explicit and tangible relative to the "moral integrity" of which they must be apart. The absence of clarity regarding this issue has added to the confusion in the minds of pastors and parishioners as to the role and function of the pastoral counselor (Ashby, 1981).

As a result of the psychology profession insisting that the pastoral counselors must refrain from moral and ethical judgments, it has been observed that today's pastoral counselors are not unique and in reality differ little, if any, form the psychologists and psychiatrists of today. So what then is the role and uniqueness of the pastoral counselor as compared to the psychology of today?

Don Browning is and advocate of the pastoral counselor and promoter of their place in our society. He states that because man has a spiritual component and because this component is real and not segregated (we are integrated) that the pastoral counselor can and should be able to relate better to the holistic or total person (Browning, 1976).

Then, this moral context should be viewed as a filter through which the pastoral counselor and client explore the

cognitive, effective, spiritual and physical realities of the client. While conceding that moral issues should not be disregarded completely, Browning makes a strong case for their consideration in the counseling session. And so it is imperative for the pastoral counselor to listen for and respond to both the moral and the intrapsychic issues that are brought to him/her.

Historically it seems that there have been many conflicts between pastors and those trained in psychiatry. Traditionally, psychiatrists have been critical of those that mix spiritual values, God and religion, into their counseling. They failed to see and appreciate the emotional support that pastors can and have provided. The opposite is also true, in that the clergy have traditionally failed to recognize both their own limitations and the value of the psychiatrist as a helper in the Christian community (Greenspan, 1978).

Norman Clemens states that

> "No matter what anyone wants to believe, pastors are front-line workers when it comes to mental health problems. People turn to pastors because of their position, both in the church and the community, regardless of their lack of formal training, each skill in the areas of therapeutic approaches, lack of intervention skills and a lack of a proper appreciation for the value of

referrals. Because of the nature of a pastor's job and the way they just fit into the critical points in a person's life such as births, deaths, weddings, baptisms, illnesses and other highs and tragedies, the pastor is in a position to nurture, build, restore and encourage emotional stability and growth" (Clemens, 1978).

What a challenge for both the untrained as well as the trained pastoral counselor, as they seek to minister to the tremendously wide range of potential needs that are a part of their parishioners reality.

3. PASTORAL COUNSELING IN SPECIFIC TOPICS

Much of the literature related to pastoral counseling deals with specific areas of need that is common to the pastoral counseling has been heading related to the following areas; suffering, abortion, grief, marriage and family, pre-marital counseling, divorce, mental health, alcohol, drugs, and holistic health.

Suffering

Suffering is a phenomenon that few people, if any, will escape, and McCandless approaches the topic from a dual perspective. First, he believes it is valuable to develop a Christian philosophy for coping with their own suffering, and to assist laymen in developing skills that would allow them to minister to others who are suffering from physical

and emotional pain. McCandless points out that many church-going people find themselves hurting emotionally from depression or other fears and then feel like they have no one to turn to. Going to a psychiatrist is believed to be related to a lack of faith and Christian commitment, telling a friend might scare them off or turn them off, while they are sick of hearing people say, "Pray about it" or "Pull yourself together." If their pastor or a trained layman had the skill to help, then these people have a better chance of getting through the suffering and back to a stronger state.

Suffering is worth discussing for several reasons.

> First, in Judaeo-Christian thought, as well as in medical observation, man is a unity. That is, physical, emotional, and spiritual experiences are interrelated. For instance, a brick accidentally falling onto my head could give me a headache big enough (physical pain) to make me feel depressed enough (emotional pain) to wonder if God loves me (spiritual pain). Or maybe the reverse, wondering if God or anyone else loves me could make me feel tense and depressed enough to get a headache! Thus concern for emotional aspects of physical pain has spiritual relevance (McCandless, 1978).

Thus it is evident that pain and suffering are isolating, they separate people from people creating loneliness which can be thought of as the inability to find someone to understand. At a time of suffering, people need

someone to listen, or to just "be there." This results in support, and a sharing of the burden which enables and enhances the healing process. The sufferer does not need someone to give them advice, use cliche's, such as "cheer up", "it will all work out," or "tomorrow will be better" (Ibid, 1978).

Listening and trying to understand are the basic skills that McCandless sees as helpful and he thinks the layman can develop these skills and help sufferers through troubled times. He is quick to point out the need for intelligent listening, and this is discussed at length.

Abortion

Abortion is an issue that will never be totally agreed upon by the masses whether they are spiritually inclined or not, and yet it is an issue that has a tremendous potential for emotional pain, anguish, and doubt. Rzepka (1980) points out that many personal problems are related to religious issues and therefore may require a religious figure to resolve them and that throughout history crisis and distress have been the concern of the clergy. It seems that because abortion has become so common place today that it is no longer seen as a traumatic experience by most social professionals. Abortion counseling is becoming increasingly methodical and systematic. Rarely does an abortion client receive the warm, caring, personalized

counseling that a pastor would deem necessary in these areas and in areas of social and religious problems (1980).

Clebsch and Jaekle point out that there are pastoral functions as they work with clients they are: healing, guiding, reconciling and sustaining (1964).

Healing is that which is aimed at overcoming conditions that disrupt wholeness, and it goes beyond this and should aid a person in achieving an even higher state than had be achieved prior to the disruptive condition. Guiding is that element that helps people find wisdom and direction during difficult times, it attempts to shed light in hard times. Reconciling is realizing that in spite of all the problems, pain and sorrow in a person's life, that self-acceptance and fitting back into society are possible. As this reconciliation takes place, a person should realize a dynamic sense of completeness emerging from within, a conviction that the pieces of life are fitting together, and it is this wholeness that unites reconciliation with religion (Ibid, 1964).

It is pointed out by Robert Wilson, (1973) that secular unwanted pregnancy counseling focuses on the decision to be made, not on therapy for the parent. He then states that the spiritual aspect of this type of counseling is very important because it would include a strong support and encouragement aspect, along with striving to increase her self-understanding as she seeks a solution to her dilemma. What a challenge in such a time of need.

Grief

Much of the culture in the United States lends itself to turning to a church and the clergy in times of death, and grief associated with death. For this reason pastors are many times the source of strength, comfort and hope for the parishioners in times of loss. It is pointed out by Jeff Kisner (1980) that the ability of a pastor to help with the grief process depends, to a large extent, on his or her own attitude toward death. The pastor's own anxiety, unresolved grief and uncertainties about death are potential barriers as he attempts to help in this time of loss and need. In a 1983 study done by Spilka, half of all pastors felt inadequate to deal with death and the remaining families (Spilka, 1983). What a sad commentary on those who people turn to most in times of loss.

In a study by Selby, he found that there is a positive relationship between age and seeking pastoral assistance thorough the grief and loss. The higher the income the more favorable people were to utilize pastors in grief situations and the more closely associated they were with a church, the more they turned to the pastor for assistance. In this study it was pointed out that it was apparent that people seeking help with grief from pastors had different attitudes than people that choose help form mental health professionals, and pastors should be aware of why people chose them (Selby, 1978).

A model for grief counseling with a faith approach developed by Vogelsang that accounts for the variables which affect grief and a person's faith orientation. 1. Recognize that grief is a natural process. 2. Express and work through their feelings. 3. Accept the death. 4. Reorganize their lives (Vogelsang, 1983). This model is not meant to be a short-term helping tool, but rather to be used over a period of time. Because grief affects people differently and at different paces, they should be allowed their own pace. The six-month and one-year anniversaries can be crisis times and pastors should make it a point to remember these times.

Van Meter says that pastors often times are needed to interpret death from the perspective of faith, while they are interpreting the relative's reaction the the death crisis so as to facilitate their readjustment (Van Meter, 1982).

Marriage and Family Counseling

Reverend John Patton sees "pastoral" counseling as a very appropriate term to identify counseling that is an effort to help people, couples or a family, find meaning and destiny in their life and live more effectively. "Pastoral counseling involves both a recognition of the reality of sin, understood as alienation from God and from one another, and the possibility of redemption, understood as growth toward wholeness in spite of sins bondage" (Patton, 1979).

The problems presented may be infidelity, role conflict or sexual frustration, but to a "pastoral" counselor the focus must not be on solving these specifics, but rather a response to the human situation, a predicament to be lived, not a problem to be solved through a caring relationship (Patton, 1979). It is Patton's idea that the marriage is a type of the commitment and covenant that God has made to mankind. It involves affirming another person in spite of their problems, and a desire to struggle together through a future which only God knows (Patton, 1979).

In a systems approach to family counseling, Sandholm describes three central themes to address. 1. Wholeness. The idea that the whole is greater than the sum of its parts is not a new one but is seen as very important to a successful relationship. The wholeness results from dynamic interaction between two people. So in this context a counselor will get a distorted picture if he/she looks at only one person. If change is going to be permanent, the system (husband and wife) must be dealt with. 2. Relationship. This focuses on the responsibility they share to the relationship and if they choose to change what they do for and to each other, growth may be possible. 3. Equifinality. This relates to the here and now of the relationship. This focuses on what is happening now, not what has happened in the distant past. What are the issues at hand, attention must shift from what has happened in the past to the present and its realities. If the present can

be dealt with and accepted, the future may have hope and stability (Sandholm, 1982).

Glasser and his eight (8) steps to helping people seem to fit this concept very nicely. They are: 1.) First, make a friend, 2.) Ask: what are you doing now? 3.) Ask: is it helping? 4.) Make a plan to do better. 5.) Get a commitment. 6.) Don't accept excuses. 7.) Don't punish but don't interfere with reasonable consequences. 8.) Never give up (Glasser, 1980).

Pre-Marital Counseling

Many of the marriages of today are performed by pastors, and for this reason the pastor has built in opportunity to become involved in pre-marital counseling. Thirty years ago, couples that got pre-marital counseling typically had one session while today's couples receive three sessions (Write, 1977). The typical pre-marital sessions today involve discussions on roles, kin, finances, sexuality, and how these interact with a couple's spiritual commitment (Bader, et, al, 1980).

As Champion pointed out, "Every marriage is happy, it's the living afterward that's difficult" (Champion, 1982). Ward put it this way "Marriage is the only time where you sleep with the enemy" (Ward, 1982). And so it seems that with the divorce rate around 50% and with so much unplanned misery in marriages today, that some planned help before the

fact would be quite appropriate. If not for all, at least for those that utilize their pastor of the wedding service.

Rolfe reviewed pre-marital counseling in America in 1977 and found that they were aimed at three ingredients: informing, an awareness of values or priorities, and relationship skills (Rolfe, 1977). It was Rolfe's concern that this type of counseling didn't give any skills needed to make the information useful, nor did it allow for time for couples to examine their shared priorities about the information received. It was his desire that more time be spent (20 or 30 hours) and that small groups be used in order to get good couple interaction and focus.

In an article "You Must Leave Before You Can Cleave" it was pointed out that a very important aspect of pastoral pre-marital counseling is the focus on the families of the couple. This approach sees the new family as a corporate merger, where both has their loyal following and support. Thus coming to a realization of the role the family has played in both of their lives and how to best cope and merge with and into those in the future is of great importance. Methods used to aid in this process are: house tours, photo albums, discussions of traditions, and rules in each other's home life. Hopefully this background would give understanding and enable a smoother leaving and a more complete cleaving (Mitchell, 1982).

Divorce and Marriage Counseling

The high rate of divorce in America today brings us to a critical area of need and a topic of great concern to church leadership and pastors across the country. Stout points out that in one year in one county in Florida there were 6,548 marriages and 5,043 divorces in 1977. "Seventy percent bought happiness and took delivery on failure" (Stout, 1980). Is this a place for pastoral counseling? It certainly seems like it. For decades the churches have seen the need and have encouraged pastors to get involved and be of assistance. The problem seems to be in parishioners perception of the pastor and his/her ability and or desire to help.

Some of the comments that reflect attitudes towards pastors are: "My pastor seems too busy . . . ", "I was afraid I'd be given a sermon instead of support . . .", "I tried to talk to him but he just wouldn't listen . . .", "He wouldn't understand my problem, he's not qualified to deal with sexual problems . . .", "I don't think he'd be interested . . .", "He's not trained as a therapist" (Stout, 1980).

In a survey by Harvard's Divinity School, it was found that people didn't seek pastoral counseling for the following reasons: "Ministers are too moralistic, and I couldn't talk to them", "You'd get more hell than help", "Ministers don't know anything about counseling people", "I wouldn't want anyone to find out I had those kinds of

problems" (Morris, 1965). So it does seem that there has been a lack of confidence and availability of pastors for counseling in the past. This seems to be changing for the better.

Emily Mudd defines marriage counseling as "the process through which a professionally trained counselor assists a person or persons to resolve the problems that trouble them in their interpersonal relationships. The focus is on the relationship . . ." (Mudd, 1985). A couple of important concepts in this definition are, professionally trained and the focus being on the relationship. Both of these ideas would add much to the quality of assistance received.

It is the idea of Gilbert Beeson, Jr. that a pastoral counselor, if he/she is to be successful, must first get them to halt the destructive processes so as to establish an environment of cooperation. And in this cooperative setting require positive interaction and through this, build a future of love, trust, caring, giving and respect. What a challenge where hostility is the password (Beeson, 1982). This is a tremendous challenge in a society where divorce is so easy and so accepted.

In order for a pastor to relate honestly with the divorced or those contemplating it, the pastor must know his own mind on the subject (Flatt, 1980). Flatt sees this as an individual matter that must come from personal study of

the scripture and that an open mind must be kept at all times to insure additional understanding and growth. Once a couple has reached a state of incompatibility or they are not interested in improving the relationship or they feel their spouse can never meet their needs, the separation occurs. This separation can bring on shock equal to that of a death of a husband or wife. They feel alone, rejected, guilty, abandoned, angry, low, and frustrated. It may take from six months to two years to recover from this (Edwards, 1974).

Mental Health

Mental health is such a delicate topic and carries with it tremendous emotional ramifications for relatives and friends making it one of the areas where pastors must show a lot of professionalism. It is the leading filler of hospital beds in America where over 50% of the patients problems have been mental health related (LaPlace, 1985).

It seems that the pressures of the 1980's are making it more and more difficult to maintain an acceptable level of mental health in all three areas: feel good about self, feel good about others, and able to meet life's demands. What a challenge today (Ibid).

It was pointed out by Pitamber that the "church" has always been concerned about the mental health of its parishioners and that the "church" has not always taken the right direction regarding mental health. There is a healing

power in the true Christian message, but it can become a source of mental ill-health when the message is distorted. The "church" has made some serious mistakes in the past, but *in spite of the mistakes it has continued to make significant contributions in promoting the cause of mental health (Pitamber, 1979).

Love must be experienced in order for mental health to be a reality, both the love of God and of man, and it is empty, without meaning, only seeking mental health, and cannot experience the fullness of life (Ibid).

Clinebell writes,

> Counseling aims at helping a person increase his ability to love God, his neighbor,and himself more fully. Understood in this way, pastoral counseling techniques are recognized as invaluable methods for implementing the basic purpose of the church (Clinebell, 1966).

Because of the church's ability to be more effective in the area of prevention rather than healing in this area of mental health, the pastors have a tremendous challenge. One of the basics for positive mental health is a values system, and without a values system, both the community and the individual are unable to escape uncertainty. Uncertainty creates anxiety and anxiety contributes to mental ill-health. Stable values must not be interpreted as rigidity, if values become rigid they will produce mental ill-health (Pitamber, 1979).

Thus a basic pastoral goal in the pursuit of mental health for parishioners is to build a community where loving relationships are experienced by individuals. Love is the basic ingredient in overcoming mental ill-health (Ibid).

In the President's Commission on Mental Health (PCMH) it was projected that 15% of our population are in need of some form of mental health service, which probably makes this the United States' number one public health problem (PCMH, 1978). The Commission went on to suggest that community networks of support should be utilized to strengthen this weak link. It is believed that families, religious institutions, and self-help groups can be both supportive and preventive in working with this serious problem (Ibid).

Research has shown that the mentally ill utilize other medical services about twice as much as those not suffering from mental illness (Mental Disorders, 1979). And thus the tremendous challenge is before the churches and pastors to make a contribution both to the prevention of mental illness and assisting those with mental disorders (Reynolds, 1982).

In the area of mental illness Toelke points out that "good referral is good pastoral counseling" (Toelke, 1977). He goes on to point out that the way a pastor goes about making a referral is very important to how the counselee will relate to this referral and what this referral will imply to the counselee. "Maybe I am really crazy if the

pastor can't help" or "Maybe this pastor is crazy" or they may think both (Ibid).

The literature is very direct in its stand that pastors and churches can and should play a major role both in the prevention of mental illness and in the assisting of the mentally ill.

The problem of alcohol and drug dependency is not a new one, but it seems to be on the rise with incredible haste. This condition progressive, fatal, and worst of all it is self-inflicted. The term "disease" is used to describe it's condition, and although it has physical and psychological characteristics, it also has a spiritual dimension (Wean, 1982). Wean believes that this dependent state originates with a response to some form of physical, mental, social, or spiritual pain. The person doesn't cope through adjusting and adaptation which would be constructive methods, rather they cope in a "destructive" manner, through alcohol and drugs. Thus the downward spiral progresses, decreased ability to adapt and adjust brings on more chemicals and more chemicals result in lesser abilities to adapt and adjust. All of this results when one chooses to cope through chemicals (Ibid).

Dependents will always deny and place blame and responsibility on others; "My back, by dog, my wife, the war, the job, the police, the family, etc." Progress is next to impossible until the dependent places blame on

himself. He must say, "I am powerless over alcohol/drugs and my life has become unmanageable." This is the first of 12 steps in Alcoholics Anonymous (Ibid). Where does a pastor fit into this problem? Wean says, first you listen, then you refer, and you always love and accept--never reject.

Gary Anderson says that because the pastors are perhaps the most visible, accessible, and trusted caregivers in the community, that they are looked to for help more often than other helpers. He went on to say that within many of the churches today dependency is not looked at as a fatal disease but as a problem of the will. It is thought that adequate will-power is all that is needed. The church needs to take action and develop understanding. It needs to realize that God's love, grace, and forgiveness is just as much a reality for the dependent person as it is for the pastor. It means taking the risk of confronting in a caring way as you reach out in love. Always aware that the church is a community for loving, sharing, caring, and bearing each others burdens not only in a crisis, but especially then (Anderson, 1982).

Warner sees pastors helping alcoholics and their families as spiritual, humanistic, and a therapeutic challenge. It is a shared opinion that the family has contributed many times to these behaviors that result in dependency and that the family needs therapy along with the alcoholic. The family system approach is what Warner

expounds on and he expounds on Kerb's model to say pastors could appropriately evaluate, support, refer, and support (Warner, 1982).

Wholistic Health

John Florell, PhD in an article on Wholistic Health and Pastoral Counseling first defines holistic as being that which is concerned for the total care of an individual. This approach combines the physician, a nurse, a pastoral counselor and a psychiatrist in an attempt to meet the physical, mental, spiritual and emotional needs of persons (Florell, 1979). Because of the integrated nature of people it is further stated that dealing with the "whole" person brings about desired results more readily and completely, and that it is through the combined efforts of the team, in a holistic model that enhances this potential. Each branch adds an extra dimension and broadens the base of support and help. This concept depends on referrals, confidence, and commitment to the total person.

In the holistic approach each caregiver asks the question. Is there more that can be done to help this person than what I am doing? Then with a strong referral system, an extensive base of community support is available. This can build confidence in areas where doubt once existed as patients see the various professions working together for their best interest (Florell, 1979).

4. SUMMARY

The literature today is quite emphatic both as to the need for pastoral counseling and to the value of pastoral counseling in a community. The tremendous number of persons who are impacted by pastors form week to week opens the door for a helping ministry in counseling areas that cannot be equals.

Several studies by (Bell, 1979: Dalton, 1978: Wylie, 1981) showed similar needs as seen by the pastors and parishioners related to pastoral counseling. Typical areas of need that pastors were asked to assist with were: anxiety, depression, marriage problems, pre-marital problems, faith and spiritual matters, drugs, grief, physical problems and aging.

Because of increased interest in and need for pastoral counseling in recent years, the Seventh-Day Adventist Seminary at Andrews University, Berrien Springs, Michigan has developed a counseling segment for the purpose of training pastors in the helping profession of counseling. Many other seminaries are also involved in counseling preparation of pastors which should enhance this aspect of their ministry.

It has been pointed out by Dayringer that record keeping is a part of pastoral counseling that is often overlooked, but that should get a great deal of attention and emphasis. He relates to the Problem-Oriented Record,

developed by Dr. Lawrence Weed and referred to as the (POR), as a tremendous way of keeping records for several reasons: 1. the counselor doesn't have to rely on his/her memory about history and details; 2. provides accurate records of treatment; 3. a source of information for research; 4. for peer evaluation; and 5. as a legal document (Dyringer, 1978).

And then the final question, raised by Warnsworth, is the pastoral counselor trying to identify too much with the counseling profession and in so doing losing the spiritual aspect that has given them their uniqueness and in many cases their strength? It is Farnsworth's opinion that pastoral counselors can maintain total professionalism and be uniquely Christian. If this combination and balance is maintained, it would appear that pastoral counseling will only grow and improve (Farnsworth, 1980).

Evans put it this way "the goal of the Christian counselor is not to help people become merely "normal." In this context Evans sees weakness as a blessing in drawing a person to God (Evans, 1986).

This then brings us to the final, sobering thought identified in the article "Clergy Malpractice Goes to Court" by Thomsen, are pastors and or should pastors be liable if they counsel and fail? As of now no consensus has been arrived at, but it is a serious question needing attention (Thomsen, 1985). And so, because 80% of the counseling needs of average people can and are being met by pastors

(Hart, 1985), and if those pastors are comfortable with referrals and use them properly, it would seem that pastoral counselors are here to stay and that they must continue to upgrade and strive for growth as a counselor. Evaluation must take place in order to assess what is happening and this would make it possible to determine if progress is being made (Propst, 1980).

CHAPTER III

METHODOLOGY

1. INTRODUCTION

The major thrust of this study was threefold, first to determine what health and health-related counseling skills should be possessed by Seventh-Day Adventists pastors in the Southeastern United States. Second, was to determine the actual level of health and health-related counseling skills of those pastors. And third, to make recommendations to the church leadership as to how they could meet the health-related counseling needs that were discovered in the study. Enabling the SDA pastors to be more effective and professional in their counseling activities.

It has been stated by (Willgoose, 1977) and others that no amount of medical technology, facilities and treatments will be able to stem the tide of illness and the rising costs of health care in the United States. It is his prediction that the answer to this dilemma lies in prevention through education, and that all must join in the process if it is to succeed. There is much evidence as (Wylie, 1981) has summarized it, to indicate that the church is a logical place to deal with this topic. The pastors have unlimited opportunities to make contributions to vast ranges of people in the area of health and health related topics.

Some pastors are doing a good job in this area but the majority of them have not had adequate training to give them the confidence needed so they will be able to fulfill this need of their parishioners (Wylie, 1981).

2. SAMPLE SELECTION

The subjects that were used for this study were all of the pastors currently employed by the Southern Union of Seventh-Day Adventists as local church pastors. This includes the Florida Conference (Florida), the Georgia-Cumberland Conference (Georgia and East Tennessee), the Carolina Conference (North and South Carolina). the Alabama-Mississippi Conference (Alabama and Mississippi), the Kentucky-Tennessee Conference (Kentucky and West Tennessee), South Atlantic Conference (North and South Carolina, Georgia), the South Central Conference (Alabama, Mississippi, Kentucky and Tennessee), and the Southeast Conference, (Florida). Combined, these conferences make up the Southern Union of Seventh-day Adventists and the pastors within the Union totaled 502 in number (SDA Yearbook, 1987).

Because of the interest of the leadership of the Southern Union in this study, all of the pastors were used in the study making the sample 100% of the population. This Union was selected because it was believed that the pastors in this Union were, for all practical purposes, a typical representation of all the pastors that have received their formal training in the SDA pastoral training institutions.

The Southern Union of Seventh-day Adventists is made up of the union officers headquartered in Atlanta, with a president and other personnel responsible for various duties as they relate to the coordination and direction of the local conferences within the union. Next, each of the local conferences has a president and other personnel to coordinate and direct the duties, and of the local pastors in the churches and districts across their particular conference. The local pastor is the one that meets with the church boards and deals with the local parishioners' needs and needs of the congregation as he attempts to achieve the goals and objectives established both from the church organization and the local parishioners.

3. INSTRUMENTATION

After a thorough search of the literature it was concluded that an instrument would have to be constructed for the collection of the type data needed. It was necessary to construct an instrument that would reflect both the demographics and general aspects of the pastors, while also addressing the counseling needs, counseling skills and counseling preparation of the pastors (Appendix A).

The preliminary content of the instrument was agreed on by the dissertation committee, SDA church personnel, and the researcher. Suggested formats were agreed upon by professionals in the respective areas (counseling, health,

behavioral science, ethics, pastors, and computer analysis personnel). The final instrument was juried by pastors, counselors, health educators, and the Church leadership of the Southern Union. Before its final state, the instrument was revised three times as a result of valuable input from jurors. The jurors are listed with their position and degrees in Appendix A.

The instrument was then piloted with eight SDA pastors, and it was concluded that the instrument was in fact capable of gathering the type of data needed to complete the study.

After the final instrument was approved, a pilot was run on eight SDA pastors in the local area. After careful examination and evaluation of these instruments, the construction, face, and content validity of the instrument was determined to be acceptable, and the process proceeded.

The counseling skills analysis portion of the instrument, (Appendix B) used a three level modification of the five levels of response (Carkhuff 1973, 1981) method of ranking and rating the counseling skills of the pastors. In Carkhuff's model, levels one and two represented negative or hurtful responses, level three, neutral responses, and levels four and five represented positive or helpful responses. After consulting counseling professionals, the consensus was to combine both of the positive into one level, leave the neutral, and combine both of the negative levels into one level, thus eliminating multilevel positive and/or negative possibilities, making the possibility of

error virtually nonexistent. Further details of this modification are given under the heading of Data Processing and Analysis later in this chapter. While the remainder of the instrument consisted of items aimed at determining the quantity of health and health-related counseling done by the SDA pastors, and what other things impacted their health counseling so as to help determine if there was need for more specific counseling training of pastors in health-related topic areas. Also what areas of need were most often sought, and what course or courses of study had prepared the pastors to meet these needs from an academic setting during their preparation for the ministry.

4. DATA COLLECTION

The instrument was mailed to every pastor in the Southern Union. Included with the instrument was a cover letter from the investigator explaining the process and urging the pastors to assist the study by responding. Another letter from the President of the Southern Union expressing his desire for the pastors to participate and return the completed instruments was also sent attempting to create a greater awareness of the personal importance of the study. A self addressed, stamped envelope was provided for the return of the instruments so as to increase the return rate.

All instruments were mailed and returned to the investigator anonymously and complete confidentiality was maintained, in that there was no attempt to mark, code or identify in any way any item sent to the pastors or any item received from the pastors.

It was suggested that it could prove very helpful to the study to know which responses were from which conference. After consulting with committee members it was decided to identify the instruments by Conference before sending them out to the pastors, making it possible for data to be tabulated by Conference, thus making this study even more valuable to the church leadership.

5. DATA PROCESSING AND ANALYSIS

After the instruments had been completed by the pastors and returned to the investigator the first step was to analyze and categorize the pastors' typical responses to the three hypothetical counseling problems presented on the instrument for the pastors responses. This analysis was done by the investigator using a modification of the five levels of responses established by Carkhuff in a condensed 3 level format. The 3 levels were 1. Hurtful, 2. Neutral, 3. Helpful. By having only one person rate all of these responses it was felt that it would yield more accurate data. Another Counselor independently evaluated each response and then both ratings were compared and it was concluded that the tallies used were in fact correct. As a

result of tabulating the number of ratings agreed upon by the two evaluators, an agreement ratio of 97.4 percent was acquired using the following formula:

$$R = \frac{\text{Agreements}}{\text{Agreements} + \text{Disagreements}}$$

$$R = \frac{596}{596 + 16} = 97.4 \text{ percent}$$

Disagreement was evident on only 16 items out of 612.

The method used to rate the responses was a modification of Carkhuff's model. Carkhuff's model used five levels broken down in the following manner:

Level 1 - tendency to deny a person's feelings. For example, "If you think you have a problem, listen to this one."

Level 2 - messages of advice giving. For example, "You need to stop drinking, or you need to spend more time with your kids."

Level 3 - these are door openers that create more communication. For example, "You say you're feeling out of control with the alcohol."

Level 4 - reflects an understanding of where the person is and where he or she would like to get to. For example, "You're feeling out of control with the alcohol, and you would like to get control of this situation."

Level 5 - assist counselee in making a plan to achieve his or her goal. For example, "You are feeling like alcohol is controlling you, and you would like to change this. Let's look at some options you think might be of help in making this change."

According to Carkhuff's levels, 1 and 2 are non-helpful or hurtful. These were combined in this study for level 1. Carkhuff's level 3 is a break-even response or a neutral response. It became level 2 in this study. And, Carkhuff's levels 4 and 5, which are helpful in nature, were combined and became level 3 in this study. Thus, the three-level modification of Carkhuff's five-level model was developed.

It should be kept in mind that these are all opening remarks that were evaluated and that some advice might need to be given along the way in a longer term counseling setting. The remaining responses from the instruments were assigned a variable and a tally was entered for each in a computer program. The data were run and the descriptions of each variable were ready for analysis.

A section was provided for the pastor to make personal comments relative to any aspect of the instrument or any other pertinent data. This proved to be most helpful.

The 12 Null Hypotheses and their relationship to various sample sub-categories were selectively examined by means of frequency distributions, descriptive statistics, chi-square (X^2) and correlation using Walonick Associates' StatPac, statistical software for the IBM and IBM-

compatibles. StatPac, a complete statistical analysis package, provided for the characterization and labeling of each of the 24 variables, keyboard entry of both alpha and numeric data for the 211 subjects, and analyses control files for enumerating, describing, and comparing data results. The various procedures are described below:

1. Frequency analysis is the simplest of all statistical procedures, but one particularly useful in comparative studies. It is ideal for the enumeration of data which has been coded into groups or categories.

2. Descriptive statistics are usually the first step in the analysis of interval or ratio data. They reveal both central tendency and the shape of the distribution. Although a wide variety of descriptive statistics are available, the best known are the mean, median, and mode. The mean, or average, is the most popular, and is found by adding the values for all the (non-missing) cases and dividing by the number of (non-missing) cases.

3. The X^2 statistic is used where a comparison of observed and theoretical frequencies is required. In other words, it is used to test whether two variables are independent of each other. Do the observed frequencies in the cells deviate markedly from the frequencies that would be expected if the two variables were not related to each other?

Using the X^2 distribution and its requisite degrees of freedom, investigators may calculate the probability that the differences between the observed and expected frequencies occurred by chance. The formula employed was:

$$X^2 = \sum \frac{(O - E)}{E}$$

The X^2 distribution is used in tests of significance in much the same way that the normal, t, or the F distributions are used. The null hypothesis (that no actual differences exist between the observed and expected frequencies) is assumed. If the value of X^2 is equal to or greater than the critical value required for significance at an accepted level for the appropriate df, the null hypothesis is accepted.

4. Correlation is a measure of association between two variables. A correlation coefficient can be calculated for ordinal, interval, or ratio-type data. Spearman's rank-difference correlation coefficient and Pearson's product-moment correlation coefficient were used in this study: The Spearman for ordinal data, and Pearson's product-moment for interval or ratio-type data. The formulae for these analyses can be found in most reputable statistic texts.

6. NEEDS ASSESSMENT

The counseling related needs of the pastors were determined by the results of: determining how much

education they had had relative to counseling, realizing the quantity of counseling the pastors reported doing, tabulating the pastors' responses to desiring seminar and/or workshops in counseling skills, the quality of the pastors' typical responses to typical parishioners' problems, and the unsolicited comments of the pastors regarding their own felt confidence or lack of confidence in providing counseling. Other aspects of the instrument such as Section II, columns D and E added valuable data regarding the pastors' perceived needs.

By determining the perceived health and health related counseling strengths and weaknesses of the pastors it was then possible to develop a plan to meet their needs. The seminary now offers courses in counseling to future pastors, but only one is a required part of the curriculum. It is a very general, introductory type course in counseling theory and not oriented to the health-related topics or needs of parishioners. Practical skills and techniques are what is needed. But because they can opt to take further counseling courses at the seminary, the thrust of meeting the pastors' needs would be in the direction of inservice training, workshops and seminars on counseling that would strengthen this aspect of the pastor's ministry. It would also be helpful to expose some of those needed skills and techniques to the seminary students as part of the required curricula. As a result of this study a recommended, systematic approach to the scheduling of seminars, workshops and inservice

programs to fill the voids that were identified in the study will be made available. Each of the Conference presidents will be furnished information that will enable them to deal with the issues at hand. The Union president will also be sent a master plan and a summary of the completed study.

7. SUMMARY

The president of the Southern Union of SDA gave his approval to this study and made available any help needed to collect and analyze the data.

After the instrument was juried, revised, and piloted the data were collected from each of the responding pastors in the Southern Union and it was then analyzed and synthesized for the results. These results gave guidance in the formation of a conceptual health and health related counseling program of inservice, workshops and seminars that were designed to meet the needs of the pastors as they sought to enhance their preparation for pastoral leadership in the SDA churches of the 80's and 90's.

CHAPTER IV

ANALYSIS OF THE DATA

1. INTRODUCTION

This chapter presents the analysis of the data collected. The main purpose of this study was to determine the level of health and health-related counseling skills of these pastors, while also seeking to determine if their seminary training provided adequate preparation in health-related counseling areas, and to determine what the pastors' wishes were concerning improving their counseling skills.

Included in this chapter are (1) an introduction, (2) a description of the sample, (3) the presentation of the data collected regarding health-related counseling skills and needs as perceived by the sample, and (4) the summary of the analysis of the data.

2. SAMPLE DESCRIPTION

Sample Return

The total population of SDA pastors in the Southeastern United States were the recipients of the April, 1987, mailing. After the initial responses were in, the investigator hand carried instruments to each of the conference's regional meetings held each summer in the respective conferences and attended by all of the pastors.

Table 1 shows the rate of responses to each of the data collection attempts.

All 211 forms returned were used in the analysis of the data. Table 2 shows the frequency of survey returns by conference. The Florida and Georgia-Cumberland Conferences had the highest return percents (24.0 and 22.7. respectively). The lowest response occurred in the Gulf States Conference, with a 6.6 percent return rate.

Description of respondents. The ages of the pastors, their years of service, how long they tended to stay at a given church location, and the highest education degree earned are presented in Table 3. Since some of the respondents left items unchecked, totals for the individual variables were not always equal.

Question five on the survey dealt with the educational level and subject area degrees of the pastors. In determining what education pursuits led to pastoral work in the SDA Church, the data revealed that the majority of pastors had a degree in Theology. Because ten pastors had high school diplomas or associate degrees as their highest level of formal preparation, Table 4 (which displays the breakdown of higher education degrees) do not reflect those. Apparently, pastors in the SDA Church have been called from many walks of life.

Questions six and seven on the survey focused on the populations of the church community and the number of residents in the communities where the pastors labored.

Table 1. Return Rate of Usable Instruments from Conference Pastors

Date of Exposure*	Number Sent Out	Number Returned	Percent Returned
April 27	502	168	33.5
August 1	334	43	9.0
Total	502	211	42.0

*All data were collected during the 1987 calendar year.

Table 2. Return Breakdown by Conference

Conference	Returns	Percent
Carolina	36.0	17.0
Florida	50.0	24.0
Georgia-Cumberland	48.0	22.7
Gulf States	14.0	6.6
Kentucky-Tennessee	24.0	11.2
South Central	23.0	10.9
South Eastern	16.0	7.6
Total	211.0	100.0

Table 3. Descriptive Data of the Pastors

Variable					Total
Age	(20-30)	(31-40)	(41-50)	(51+)	
Frequency	20	74	52	57	203
Years as Pastor	(01-05)	(06-10)	(11-20)	(21+)	
Frequency	38	46	58	61	203
Average Stay at Church	(1 yr.)	(2-3 yrs.)	(4-5 yrs.)	(6+ yrs.)	
Frequency	13	98	85	5	201
Highest Degree	(High Sch.)	(A.S.)	(B.S.)	(M.S.)	(Ph.D.)
Frequency	3	7	84	90	16	200

Table 4. Subject Areas Reflected in Pastors' Educational Degrees

	Subject Areas of Degrees				
	Business	Education	Pub/Health	Religion	Theology
Freq.	4	8	5	40	130

Table 5 presents the membership of the local churches, while Table 6 indicates the community populations where the churches are located.

3. DATA PRESENTATION

In this section independent variables, sample factor characteristics, and current pastoral counseling demands are explored in further detail. Along with providing for the enumeration of the various pastors' working situations and conditions, the data generated by the questionnaire also enabled the assessment of their counseling knowledge and skills. The latter was accomplished through a three-level response scoring (rather than the five-level system used by Carkhuff), as explained earlier. The remainder of the survey solicited responses by the pastors on 20 problem areas as to columns checked: A. The most common problems, B. Those for which they personally were aware of adequate referral procedures and agencies, C. Ones with which the pastors felt sufficiently trained to deal, D. Those problems for which they felt special seminary training is needed for future pastors, and E. Those issues most needing further in-service seminar/workshop treatment.

Various statistical procedures were employed in order to respond to the five primary questions and the 12 Null Hypotheses severally divided and presented in Chapter One, predominate of which were frequencies, descriptive

Table 5. Membership of Pastors By Church District

District Membership	Frequency	Percent
1-150	80	38
151-350	74	35
351-500	24	12
501-1000	27	13
1001-plus	4	2
Total	209	100

Table 6. Community Population Where Districts Are Located

Size of Community	Frequency	Percent
1-5000	13	6
5001-20,000	37	17
20,001-50,000	50	24
50,001-100,000	44	21
100,0001-plus	67	32
Total	211	100

statistics, Chi-square (X^2), and correlation. In all instances the investigator was concerned to restrict the number of separate analyses in order to reduce the likelihood of chance findings. Throughout the statistical evaluations, a 0.05 significance level was employed to reject or accept the Null Hypotheses. A final descriptive section presents tabular data with pertinent discussion of the 20-problem checklist.

Independent Variables

There were four independent variables of particular concern, especially as they impacted on such dependent variable behaviors as counseling time involvement, and interest in upgrading counseling skills. The actual independent variables examined were: (1) The Pastor's Age, (2) the Type and Level of Education of the pastor, (3) Years of Experience, and (4) the unique influence of the Seventh-day Adventist formal pastoral training and ongoing in-service.

Research Question One. How do various characteristics of SDA pastors relate to counseling skill levels according to the Carkhuff scale?

Null Hypothesis-1: There is no relationship between age and counseling skill levels.

Null Hypothesis-2: There is no relationship between years of professional experience and counseling skills levels.

Null Hypothesis-3: There is no relationship between level of education achieved and counseling skills levels.

The Null Hypothesis-1 of no relationship between age and counseling skills scores was confirmed by correlational analysis between the various levels of the independent variable age and actual counseling skills composite scores for each pastor. Null Hypothesis-1 was accepted. The correlation coefficient between Age and Counseling Skills Scores was -0.07, with a $p > 0.05$. Table 7 below displays the Age levels along with Counseling Skills means (out of a possible score range of 3 to 9). In as much as the lowest possible composite score is 3 (a 1 on each of the three situations), the investigator noted the negative trend of very low scores on the part of most pastors in the research sample on the Counseling Skills test. An analysis of the score variance between the four age-level groups underscored the lack of relationship between age and counseling effectiveness.

Null Hypothesis-2 of no relationship between years of professional experience and counseling skills scores was accepted through correlational analysis. The correlation coefficient between years of experience and counseling scores was -0.17, or with $p > 0.05$. Note that the coefficient is negative, however, indicating a relationship in the opposite direction. In Table 8 experience categories are presented with the attended counseling means. The

Table 7. Pastors' Age Levels and Counseling Skills Composite Score Means

Age Levels	Frequency	Counseling Skills Means
Group 1 = Ages 20-30	20	3.80
Group 2 = Ages 31-40	74	3.81
Group 3 = Ages 41-50	52	3.87
Group 4 = Ages 51+	57	3.60

Table 8. Pastors' Tenure in Years Along with Counseling Skills Composite Means

Years Experience	Frequency	Counseling Skills Means
Group 1 - 0-5	38	4.00
Group 2 - 6-10	46	3.98
Group 3 - 11-20	58	3.62
Group 4 - 21+	61	3.61

reader will note from the tabular display that the fewer the years of pastoral experience, the higher the counseling skills means. But, this negative correlation was not statistically significant.

Null Hypothesis-3 of no significant relationship between level of education achieved and counseling skills composite scores was accepted, with a correlation coefficient between the target variables of 0.12, $p > 0.05$. The lowest education level identified was high school (N=3), and the highest education level was the doctor's degree (N=16). In this sample slightly more claimed their highest degree as the Master's (N=90) then the Bachelor's (N=84). This is shown in Table 9. Although the counseling means consistently increase as the level of education increases, there was so much variance within educational levels that the variances between the educational level means was not significant statistically.

Research Question Two. How seriously do SDA pastors perceive counseling as a worthwhile and needed aspect of their pastoral duties?

Null Hypothesis-4: The SDA pastors do not perceive counseling as an important facet of their pastoral work.

Null Hypothesis-5: The SDA pastors do not feel a responsibility to work with parishioners in a counseling setting.

Table 9. Pastors' Highest Educational Levels and Counseling Skills Means

Education Level	Frequency	Counseling Skills Means
Group 1 - High School	3	3.00
Group 2 - Associate	7	3.29
Group 3 - Bachelor's	84	3.73
Group 4 - Master's	90	3.83
Group 5 - Doctor's	16	3.88

Null Hypothesis-6: The SDA pastors feel no need for upgrading their counseling skills.

The Null Hypothesis-4 projecting no perceived need for SDA pastors to utilize counseling as part of their pastoral ministry was rejected for observed frequencies of 4, 26, 98, and 81 with a X^2 of 113.62, which equalled $p < 0.0001$. These data resulted from the pastors' responses to question 8 on the instrument, which asked the pastors how they perceived their roles as health-related counselors. Their response frequencies are displayed in Table 10, along with the respective frequency percents.

The data revealed that the overwhelming majority of the pastors believed there was a place for health-related counseling as a part of the ministry of the SDA Church. Significantly, only two percent indicated that they believed it was not important.

Null Hypothesis-5 of no felt responsibility to provide counseling for their parishioners was rejected with observed frequencies of 10, 13, and 187 with a X^2 of 293.4, equaling a $p < 0.0001$. With 187, or 89%, of the respondents feeling that they were indeed responsible to provide counseling for their parishioners, it was evident that SDA pastors have a positive mind set towards the counseling needs of their parishioners. Table 11 shows the breakdown and percents of the responses to the pastoral counseling responsibility issue.

Table 10. Pastors' Perceptions of Their Roles as Health-Related Counselors

Importance of Pastoral Counseling	Frequency	Percent
Not Important	4	2
Relatively Important	26	12
Somewhat Important	98	47
Very Important	81	39
Total	209	100

X^2 of 113.62 = $p < 0.0001$

Table 11. Pastors' Felt Responsibility to Provide Counseling for Parishioners

Pastors' Felt Responsibility	Frequency	Percent
No	10	5
Uncertain	13	6
Yes	187	89
Total	210	100

X^2 of 293.40 = $p < 0.0001$

This yes response would appear to indicate a deep felt sense of responsibility on the part of a majority of these pastors to provide for the counseling needs of their parishioners.

Null Hypothesis-6 of the SDA pastors responding, no perceived need to upgrade their counseling skills was rejected at the 0.05 level ($p < 0.0001$) with an X^2 for frequencies of 7 and 200 equaling 179.95. Question 16 on the instrument asked the pastors to indicate if they thought it would be helpful if they could attend a seminar or workshop on improving their counseling skills and knowledge. Only three percent (or seven pastors) indicated that they felt no need to upgrade, while 97 percent (or 200 pastors) responded in the affirmative, indicating a tremendous desire for help with the counseling aspect of their ministry. The data indicate, therefore, that the great majority of Seventh-day Adventist reporting pastors in the Southern Union would participate in a process to improve their health related ocunseling skills.

Table 12 shows the pastors' responses to the value of attending seminars or workshops on counseling. Ninety-seven percent of the reporting pastors thought counseling seminars and workshops were needed ($p < 0.0001$), with only seven of the 207 pastors responding in the negative. These data reflect the fact that the pastors have a sense of their own lack of skill and knowledge relative to counseling. It also

Table 12. Pastors' Perceived Needs for Counseling Seminars and Workshops

Counseling Seminars and Workshops Needed?	Frequency	Percent
Yes	200	97
No	7	3
Total	207	100

X^2 of 179.95 = $p < 0.0001$

indicates that the pastors see a genuine need for quality counseling in their work.

Research Question Three. How do pastors view advice giving to counselees, and what methods are used to resolve disagreements with counselees?

Null Hypothesis-7: The SDA pastors do not favor advice giving to counselees.

Null Hypothesis-8: SDA pastors are not more likely to disagree directly with counselees than to allow for personal differences and choices.

Null Hypothesis-7 of the pastors not being in favor of advice giving was rejected as a result of X^2 frequency analysis of 14, 81, and 114 which yielded 74.54 with $p < 0.0001$. Table 13 shows the responses of the pastors to survey question 14 dealing with the pastors' attitudes regarding advice giving in a counseling relationship. Most of the reporting pastors were in favor of advice giving as a modality of counseling services to parishioners. One hundred fourteen pastors out of the 209 reporting on this item favored advice giving as a counseling procedure. And, if this total is added to those checking "Sometimes." then fully 195 (or 93 percent) of the pastors were in favor of advice giving.

Of the 209 pastors responding to this item, fully 195 (or 93 percent of the respondents) indicated that they practiced advice giving during counseling. Of course, advice giving is a form of counseling that tends to be

Table 13. Advice Giving Within the Context of Counseling

Give Advice	Frequency	Percent
No	14	7
Sometimes	81	39
Yes	114	54
Total	209	100

X^2 of 74.54 = $p < 0.0001$

counter-productive. The giving of advice is, in fact, one of Gordon's (1974) "dirty dozen" counseling techniques. (See Appendix G.)

Null Hypothesis-8 of being no more likely to disagree directly with counselees than to allow for personal differences and choices was accepted as a result of an X^2 of only 2.07. Thus, the reporting pastors were no more likely to disagree than to allow for personal choices with clients in the counseling process. The observed frequencies are presented in Table 14. Notable portions of the sample selected two ways of dealing with counselor-counselee disagreements: "Deal with it doctrinally" (40 percent) and "Allow for personal differences" (42 percent). Only 29 of the 211 pastors reporting suggested that the counselor should press for clear-cut conclusions, and only three pastors signified that they would support the individual in any (reasonable) choice he or she made.

This issue of dealing with disagreements seems to be one of significance relative to the counseling atmosphere maintained by the counselor. When it was seen that only two percent could and would support the individual in his or her choice, it was quite evident that the term counseling may be the wrong term to use for these SDA pastors' attempts to guide; maybe the term dictate fits better. The positive aspect of this item was that 42 percent of the pastors that

Table 14. How Pastors Deal With Counselor-Counselee Disagreements

Ways of Dealing With Disagreements	Frequency	Percent
Deal with it doctrinally	85	40
Seek clear-cut conclusions	29	14
Allow for personal differences	90	42
Support individual in any choice	3	2
No response	4	2
Total	211	100

X^2 of 2.07 = $p > 0.05$

responded they would allow for personal differences. It does seem harsh that they cannot support the person in their choices. It was encouraging to see this Null Hypothesis rejected and to know that the pastors are not more likely to disagree than to allow for personal differences when disagreeing with a counselee.

Research Question Four. What levels of skills (according to the modified Carkhuff's model) do the SDA pastors exhibit in responding to the three hypothetical counseling problems presented on the instrument.

Null Hypothesis-9: The scores SDA pastors earn on the hypothetical problems will not vary significantly from the neutral or average level of counseling skill.

The Null Hypothesis-9 of the SDA pastors' typical responses to hypothetical problems not varying from a neutral level was rejected for composite observed frequencies 464, 140, and 8, with X^2 of 539.76 resulting $p < 0.0001$. Table 15 shows the pastors' responses to problems on a scale of Helpful, Neutral, or Hurtful. Each had three different responses to give, thus making a total of 612 responses for the 204 pastors that responded to this item. Each problem situation is represented by a letter (A, B, or C) in the far left column. In each instance, the vast majority of the pastors indicated "Hurtful" opening counseling responses: Problem Situation A = 86 percent; Problem Situation B = 75 percent; Problem Situation C = 67 percent. Overall, only eight helpful responses were

Table 15. Counseling Skills Score Frequencies for Pastors

Problem Situation	Hurtful	Neutral	Helpful
A	176	28	0
B	153	48	3
C	135	64	5
Total	464	140	8

X^2 of 539.76 = $p < 0.0001$

obtained out of a 76 total of 612 choice possibilities on the three problems, or less than two percent.

The hypothetical situations the pastors were asked to respond to with a typical opening response were as follows:

Situation A. 36 year old friend: "My husband told me last night he is leaving the children and me. What can I do?"

Situation B. 44 year old male: "I've seen all the inconsistency in the church I can take. I want my name taken off the books."

Situation C. 18 year old girl: "I've been using marijuana for a couple of years. Now my friends are trying to get me to use some really hard stuff and I'm scared."

It seemed beneficial and appropriate to modify Carkhuff's five levels of responses to three levels. Carkhuff's first two levels were of a harmful or hurtful nature; here they were combined into the first level of response. His third level was a neutral level, becoming level two in this study. For level three of this study Carkhuff's fourth and fifth levels were joined because they were both in the helpful category. Thus, three situations to respond to had a low of 1 for each and a high of 3 for each response. Each pastor's possible composite counseling skills score ranged from 3 to 9.

The mean response of all pastors to each one of the three situations was 1.25 (out of a possible score of 3), with 1 being Hurtful, 2 being Neutral, and 3 Helpful. Out of a total of 612 counseling skills responses, only 8 were Helpful.

Research Question Five. Are SDA pastors adequately trained to meet the health-related counseling needs of their parishioners?

Null Hypothesis-10: SDA pastors will not have a minimum of two courses.

Null Hypothesis-11: SDA pastors perceive their counseling competence as not significantly different from the average.

Null Hypothesis-12: No more SDA pastors have upgraded their counseling skills than have not upgraded such skills.

Null Hypothesis-10 of SDA pastors not having had a minimum of two counseling courses during their formal training was not accepted. An inspection of the data revealed that the pastors averaged only 1.9 counseling courses which was less than the 2 courses projected. Table 16 presents the various training categories reported by the pastors. Of the 205 pastors responding to this item, 27 (or 13 percent had taken no counseling courses, while 30 (or almost 15 percent had taken but one). Since the 46 pastors reporting four or more courses taken were not asked to name the courses they had in mind, the investigator had no way of

Table 16. Frequency of Counseling Courses Taken by SDA Pastors

Number of Courses	Number of Pastors	Percent
None	27	13
One	30	15
Two to Three	93	45
Four or More	46	22
Counseling Degree	9	5

Mean = 1.9

knowing whether or not they had in mind bona fide counseling studies. It is possible that they may have confused "soul-saving" instruction with counseling courses. The data presented in Table 15 would seem to reinforce such a view.

Null Hypothesis-11 that SDA pastors would perceive themselves to be no different than the average was accepted. Table 17 shows the frequencies of the pastors' responses to this item. Data examination revealed that the subjects averaged 2.67 in their counseling competence self-assessments. slightly above the midpoint between a possible self-assessment range of 1 to 4. Table 17 elaborates the frequency distribution of the pastoral responses. The reader will note that the preponderance of pastoral confidence in their counseling competence runs in the opposite direction to their assessed counseling skills (as per Carkhuff's scale). Nevertheless. 79 (or 38 percent) of the reporting pastors saw themselves deficient to some degree in counseling competence. Only four pastors were very confident of their counseling competence.

Null Hypothesis-12 that no more pastors upgraded their counseling skills than those who had not was rejected for frequencies 90 (not having upgraded) and 121 (having upgraded) with a X^2 of 4.55 equaling $p < 0.05$. Fully 57 percent of the pastors had taken advantage of the opportunity to seek improvement on their counseling skills. Although 72 percent of the pastors had taken at least two

Table 17. Self Assessment of Counseling Competence

Counseling Competence	Frequency	Percent
Very Deficient (1)	7	3
Somewhat Deficient (2)	72	35
Somewhat Confident (3)	115	55
Very Confident (4)	16	8

Mean = 2.67

counseling courses, a majority of them were still sufficiently concerned to wish to continue their counseling study.

Descriptive Data Related to Research Question Six

Question Six. What are the descriptive data for SDA pastoral identification (by instrument column) of:

Column A. Most common problems with which they dealt?

Column B. Topics for which they reported having an adequate referral system?

Column C. Problems for which the pastors felt adequately trained as counselors?

Column D. Counseling topics for which future pastors need seminary training?

Column E. Most common counseling topics for which seminars are desired?

The final section of the instrument presented a list of 20 health-related, potential problem areas that parishioners may seek (or require) pastoral counseling on periodically. Each item had five columns that were related to the five issues listed above. For the purposes of brevity, as well as meaningfulness, only the top five topics (in most instances) will be presented under each heading. The complete data on all 20 items may be found in Appendix F.

Table 18 displays the top five health related counseling items that the pastors considered to be the most common areas of need within their districts. The items frequencies accrued from the

Table 18. The Five Most Common Topics for Which SDA Pastors Give Counsel

Topic or Problem	Frequency	Rank
Diet and Nutrition	55	1
Spiritual Matters	53	2
Marital Problems	52	3
Divorce	48	4
Weight Control	40	5

opportunity of each pastor to check the five most common counseling problem they deal with. It is observed then that each item had a maximum tally potential of 203 (one for each pastor). It was interesting to see that the top five topics were so clesely ranked and that spiritual matters was number two. Also, if you combined divorce and marital problems, this problem would almost doubele its closest rival.

Table 19 deals with the referral process that the pastors have developed for counseling situations with which they might be confronted but do not feel qualified to assist. The pastors were asked to check all health-related topics for which they could make adequate referrals.

In interpreting Table 19 the "missing" or unstated numbers should be noted. Although 54 pastors were able to refer Substance Abuse problems, 157 pastors evidently did not have an adequate referral contact. Likewise, 172 pastors did not have Smoking referrals, nor 175 pastors for Abortion. Child Abuse and Suicide showed 176 and 178 pastors with no referral plans. This appears to be a situation that needs attention.

Table 20 shows the pastors' responses to Column C of the instrument: Check all items for which you feel you have been adequately trained as a counselor. Although not indicated by the data displayed below, only 30 pastors felt they had been adequately trained to deal with Spiritual matters in a counseling setting!

Table 19. Top Five Problems with Adequate Referral Systems

Topic or Problem	Frequency	Rank
Substance Abuse	54	1
Smoking	39	2
Abortion	36	3
Child Abuse	35	4
Suicide	33	5

Table 20. The Five Topics the Pastors Felt Best Trained for as Counselors

Topic or Problem	Frequency	Rank
Interpersonal Conflicts	40	1
Stress	40	2
Grief and Death	37	3
Mental Health	37	4
Divorce	36	5

The response results for Column D (see Appendix B) are presented in Table 21. This column gave the pastors the opportunity to check the topics or problems that they felt the seminary should provide adequate preparation for future pastors. Such training would better enable pastors-to-be to meet the needs of their parishioners in these topic areas. Because of the tremendous response to this section and the closeness of these tabulation, the top nine selected items are shown. All of the topics were considered important by more than 25 percent of those responding. Spiritual matters ranked 14th out of 20 by the pastors, with only 49 of the 211 respondents checking it.

Table 22 shows the data tabulated from Column E (see Appendix). Here the pastors checked the specific seminar or workshop counseling areas they would like to be able to attend in order to improve their counseling skills. Once again, the pastors could check as many topics as they felt would enhance their skills in meeting the needs of their parishioners.

The responses to the Column E point to a need for an ongoing program of assisting pastors acquire the proper skills needed to meet their parishioners' perceived health-related counseling concerns. The topics identified are things that affect most, if not all people at some point in their lives.

Table 21. Topics for Which Pastors Advised Increased Seminary Training

Topic or Problem	Frequency	Rank
Stress	67	1
Weight Control	65	2
Pre-Marital Counseling	60	3
Marital Problems	58	4
Substance Abuse	56	5
Child Abuse	55	6
STD's	55	7
Parenting	54	8
Aging	54	9

Table 22. Top Five Topics for Which Seminars or Workshops Were Desired

Topic or Problem	Frequency	Rank
Parenting	54	1
Aging	49	2
Diet and Nutrition	46	3
Mental Health	43	4
Sexuality	42	5

Descriptive Data Related to Questions in the Instrument That Were of a Descriptive Nature Relative to Health Related Counseling Skills and Practices

Question 11 on the questionnaire dealt with the percent of the pastors' work that he believed was spent in counseling.

The responses to this question are presented in Table 23. Almost one half of the pastors spend less than 15 percent of their time in counseling.

Question 18 on the instrument dealt with the issue of the pastor's self assessment of his being theologically conservative or liberal. There were four categories with the extremes being conservative and liberal. Table 24 shows how the pastors evaluated their own theological rating. Four of the pastors did not respond to this item, and none of those reporting, reported being liberal theologically. The somewhat conservatives outnumbered the conservatives by only 3 percent.

Because of the mobility of the pastors and the importance of continuity in pastoral counseling, record keeping is considered to be an important aspect of good pastoral counseling. Consequently, Question 19 (dealing with the record keeping practices of the pastors) was made a part of the instrument by recommendations from jury members. Table 25 displays the collected responses of the pastors relative to their record keeping practices.

When it became evident that only 10 percent of the reporting pastors were actively involved in regular record

Table 23. Percent of Pastors' Work Spent in Counseling Situations

Percent of Work Time	Frequency	Percent
1-15	95	49
16-30	58	30
31-50	30	16
51+	9	5

Table 24. Pastors' Self Evaluations of Theological Rating

Theological Rating	Frequency	Percent
Conservative	87	42
Somewhat Conservative	94	45
Somewhat Liberal	26	13
Liberal	0	0
Total	207	100

Table 25. The Record Keeping Practice of SDA Pastors for Counseling Activities

Keeping Records	Frequency	Percent
Always	20	10
Sometimes	91	43
Never	93	44
No Response	7	3

keeping of counseling sessions and that 44 percent never kept counseling records, the investigator realized that improvements in this area could prove to be helpful.

Pastoral Comments and/or Recommendations Concerning Their Health-Related Counseling

One of the most interesting--and potentially helpful--questions on the instrument was Question 21 inviting the pastors to make any open-ended comment or recommendation relative to their counseling needs or experiences. The following quotes were taken from the returned instruments, with a complete listing of comments in Appendix E.

1. "More emphasis needs to be given to teaching the practical skills of one-on-one counseling and marriage counseling (both pre- and post-marriage) to prospective pastors at both the college and seminary levels."
2. "[The] need for a series of seminars by competent, experienced, qualified practitioners is without doubt a must."
3. "Please! Classes and seminars on counseling."
4. "I believe that a pastor's role in the church is to #1. preach the gospel, #2. equip the saints for service and #3. win souls for heaven. It seems to me that many pastors spend too much time in counseling. For me, the extent of my counseling is to be an attentive listener. . . . Long hours

of counseling for a pastor are a waste of his time and a neglect of the role of the pastor."

5. "Need more education and experience in counseling."
6. "It would be helpful if cassette tapes were available for the pastor's use in the various areas of counseling."
7. "I feel I can do a fair job of reflective listening, but I do not feel competent, nor do I necessarily desire, to engage in a long-term counseling situation."

4. SUMMARY

This chapter presented the findings that were compiled from the instrument sent to all SDA pastors in the Southeastern United States. The questions addressed in this chapter were:

1. How do various characteristics such as Age, Years of Service, and Level of Education of SDA pastors related to counseling skill levels according to the Carkhuff scale?
2. How seriously do SDA pastors perceive counseling as a worthwhile and needed aspect of their pastoral duties?
3. How do SDA pastors view advice giving to counselees and how are disagreements with counselees resolved?

4. What levels of skill (according to Carkhuff's model) did the SDA pastors exhibit in responding to the hypothetical problems of counselees?

5. Are SDA pastors adequately trained to meet the health-related counseling needs of their parishioners?

6. What are the most common problems these pastors dealt with in a counseling setting?

7. Did the pastors have an adequate referral system to meet the needs of their parishioners?

8. What types of specific problems should the seminary provide counseling training?

9. What common seminar and workshop counseling topics would the pastors like to have for further training?

The pastors' open-ended comments were solicited regarding the topic of pastoral counseling. A number of these responses were selected at random as examples of what the pastors wanted to add to the topic. A complete compilation of the pastors comments can be found in Appendix E.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

1. SUMMARY

Purpose

The propose of this study was to determine if there was a need for health-related counseling by the SDA pastors in the Southeastern region of the United States and to find out what level of counseling skills these pastors possessed. A secondary purpose was to determine if their pastoral training for counseling had been adequate in areas related to health.

Importance of the Study

Pastors are being sought out more and more to fulfill the counseling needs of parishioners in many areas where troubles and conflicts are encountered. Since pastors are being called upon for counseling and because this is not a pastor's primary function, it was important to asses the level of counseling skills that were possessed by the pastors of the SDA church in Southeastern United States. It was also important to determine if the pastors were being trained adequately for the types and amounts of counseling that they were being asked to do. Because there has been no study of this nature done for SDA pastors, this study sought to fill this void.

The findings of this study can be used to give direction to both the seminary and the undergraduate programs as they continually strive to upgrade their programs to meet the needs of pastors in the local churches. Specifically this study sought to answer the following questions:

1. How do various characteristics of Seventh-day Adventist (SDA) pastors relate to counseling skills levels according to the Carkhuff scale?

2. How seriously do SDA pastors perceive counseling as a worthwhile and needed aspect of their pastoral duties?

3. How do SDA pastors view advice giving to counselees, and how are disagreements with counselees resolved?

4. What levels of skill (according to Carkhuff's model) do the SDA pastors exhibit in responding to the hypothetical problems of counselees?

5. Are SDA pastors adequately trained to meet the health-related counseling needs of their parishioners?

6. What are the descriptive data results for SDA pastoral identification of:

A. Most common problems with which they dealt?

B. Topics for which they reported having an adequate referral system?

C. Problems for which the pastors felt adequately trained as counselors?

D. Counseling topics for which future pastors need seminary trainig?

E. Counseling topics for which seminars are desired?

Methodology

Because the type of instrument needed for this study was not available, it was necessary to develop an instrument, have it juried, revise it, and pilot it before the final draft was ready for distribution. The total population of SDA pastors is South Eastern United States was the target of the study.

The questionnaire was mailed along with appropriate cover letters to all 502 SDA pastors in the 8 states of South Eastern United States in April of 1987. During the summer of 1987 a follow up program was carried on at each of the regional meetings where all of the pastors were in attendance. After the data was collected it was entered into the computer and the analysis was performed.

2. FINDINGS

The data collected by this study are as follows. The findings of this study are as follows.

Demographic Findings

1. Those pastors who responded reported their years of service as SDA pastors as follows: 38 pastors (19%) had served 1 to 5 years, 46 (23%) pastors had served 6-10 years.

58 pastors (28%) had served 11-20 years and 61 pastors (30%) reported having served more than 21 years.

2. In response to the question relative to the highest degrees held by the pastors, they reported their highest degree to be as follows: 3 reported high school, 7 reported associate degree, 84 reported Baccalaureate, 90 reported Masters degree, and 16 reported having a Doctorate.

3. The size of the congregation of the pastors who responded were as follows: 80 or 38% of the pastors had churches with memberships of 1 to 150. 74 or 35% of the pastors had congregations from 151 to 300 members. 24 or 12% of the churches were in the range of 301 to 500, 27 or 13% of the pastors had churches in the 501-1000, with 4 or 2% pastors reporting congregations over 1000 members.

Findings Based Directly on Research Findings and Hypothesis.

1. How do various characteristics of Seventh-day Adventist (SDA) pastors relate to counseling skills levels according to the Carkhuff scale?

Null Hypothesis - 1: There is no significant relationship between age and counseling skill levels. [Correlation coefficient between V2 and V24 = -0.07, $p < 0.05$. Null hypothesis 1 accepted.] This indicated that age could not be used as a factor to predict the counseling skill of the pastors.

Null Hypothesis - 2: There is no significant relationship between years of professional experience

and counseling skills levels. [Correlation coefficient between V3 and V24 = -0.17, $p > 0.05$, but in the opposite direction. Null hypothesis 2 accepted. It was interesting to note that the older the pastor the lower his score tended to be!] But, the age of the pastors did not significantly impact their ability to counsel.

Null Hypothesis - 3: There is no relationship between level of education achieved and counseling skills levels. [Correlation coefficient between V5 and V24 = 0.12, $p > 0.05$. Null hypothesis 3 accepted.] This revealed that the amount of education a pastor had was not significantly related to his counseling abilities.

2. How seriously do SDA pastors perceive counseling as a worthwhile and needed aspect of their pastoral duties?

Null Hypothesis - 4: SDA pastors do not perceive counseling as an important facet of their pastoral work. [Chi-square for observed frequencies 4, 26, 38, and 81 equalled 113.6220, with $p < 0.05$. Null Hypothesis 4 rejected.] This showed that the pastors did believe that counseling was important in their work.

Null Hypothesis - 5: SDA pastors do not feel a responsibility to work with parishioners in a counseling setting. [Chi-square for frequencies 10, 13, and 187 equalled 293.40, with $p < 0.05$. Null

Hypothesis 5 rejected.] This indicated the pastor felt a responsibility to provide counseling for parishioners.

Null Hypothesis - 6: SDA pastors feel no need for upgrading their counseling skills. [Chi-square for frequencies 7 and 200 equalled 179.95, with $p < 0.05$. Null 6 rejected.] This revealed that the pastors want and need to improve their counseling skills.

3. How did pastors view advice giving to counselees, and how are disagreements with counselees resolved?

Null Hypothesis - 7: SDA pastors do not favor advice giving to counselees. [Chi-square for frequencies 14, 81, and 114 equalled 74.54, with $p < 0.05$. Null Hypothesis 7 rejected.] SDA pastors seem to use advice freely in their counseling is what this indicated.

Null Hypothesis - 8: SDA pastors are not more likely to disagree directly with counselees than to allow for personal differences and choices. [Chi-square for frequencies of 114 and 93 equalled 2.07, with $p > 0.05$. Null Hypothesis 8 accepted.] The raw data tends to support the pastors' tendencies toward advice giving and their lack of ability to accept differences.

4. What levels of skill (according to the modified Carkhuff's model) did the SDA pastors exhibit in responding to the hypothetical problems of counselees?

Null Hypothesis - 9: The scores SDA pastors earn on the hypothetical problems do not vary significantly from the neutral or average level of counseling skill. [Chi-square for overall frequencies 464, 140, and 8 equalled 539.76, with $p < 0.05$. Null Hypothesis 9 rejected.] This data exposed a deficiency within the pastors' counseling skills. Probing and judgments were the most common errors made by pastors. It must be pointed out that fully 63 percent or 292 of the 464 hurtful opening responses to the hypothetical counseling situations could be considered break-even or neutral responses at some other juncture in the counseling process.

5. Are SDA pastors adequately trained to meet the health-related counseling needs of their parishioners?

Null Hypothesis - 10: SDA pastors will not have a minimum of two counseling courses. [The subjects averaged only 1.929 courses in counseling, which was less than two courses.] Even though the average is quite close to the two needed, the vast majority had only one. There were several pastors with degrees in counseling that brought the average up. Null Hypothesis 10 was rejected by inspection of the data.

Null Hypothesis - 11: SDA pastors perceive their counseling competence as not significantly different from the average of those possible. [The subjects averaged 2.67 in counseling competence perceptions, of

themselves, which is slightly above the midpoint between 1-4, which was possible. Null Hypothesis 11 accepted.] It was observed that the pastors did see themselves as slightly above average counselors in the reporting of their own status as counselors.

Null Hypothesis - 12: No more SDA pastors have upgraded their counseling skills than have not upgraded such skills. [Chi-square for frequencies 90 and 121 equalled 4.55, with $p < 0.05$. Null Hypothesis 12 rejected.] There has been an attempt by many pastors to fill the void in their counseling skills by seeking to improve them.

Descriptive Findings from Instrument:

1. What were the descriptive findings of the SDA pastors regarding:

A. Most common problems with which they dealt?

B. Topics for which they reported having adequate referral system?

C. Problems for which the pastors felt adequately trained as counselors?

D. Counseling topics for which future pastors need seminary training?

E. Counseling topics for which seminars were desired?

The areas the pastors reported being the most common problems they deal with are as follows: Diet and Nutrition was reported as the most common counseling topic by 55

pastors, Spiritual Matters was reported by 53 pastors, Marital Problems was third with 52 pastors reporting, 48 pastors indicated that Divorce was the most encountered counseling problem, and the fifth leading need was Weight Control. Other counseling problems that ranked close to the leading five were: Sexually Transmitted Diseases with 38, and Conflicts and Suicide, both with 35.

The counseling topics for which the pastors indicated they had an adequate referral system were reported as follows: Substance Abuse with 54 reporting adequate referral mechanisms, Smoking was next with 39, Child Abuse and Sexuality were tied with 35 reporting having adequate referral systems. Sex Education had 32 and STD's and Mental Health tied with 31 pastors indicating their referral system adequate in these areas.

Section II, Item C of the instrument dealt with counseling topics for which the pastors felt the seminary had adequately trained them as counselors. The following reveal those findings. Interpersonal Stress Conflicts and Stress received equal tallys of 40 each, Mental Health and Death and Grief tied for second with 37 each, next was Divorce with 36 pastors reporting they felt adequately trained, then came Sex Education with 33, Smoking with 32 and Spiritual Matters received only 30 tallys indicating that of the 211 pastors who responded, 86 percent did not feel adequately trained to counsel in Spiritual Matters.

Column D of Section II asked the pastors to check all topics they thought seminary training should prepare future pastors to deal with in a counseling setting. The results were as follows for the top 10: Stress-67, Weight Control-65, Premarital-60, Marital Problems-58, Substance Abuse-56, Child Abuse-55, STD's-55, Aging-54, Parenting-54, and Divorce-52. Once again, the absence of the perceived need for training in the counseling of Spiritual Matters was evident by its being 13th place and receiving only 49 tallys in this column.

The final column in Section II dealt with the pastors' desires for further counseling training in various topic areas. The pastors were to check all topics for which they would like to attend a seminar to enhance their counseling skills. The findings are as follows: Parenting with 54 tallys was the number one topic for needing professional assistance, number two was Aging with 49, number three was Diet and Nutrition with 46, Number four was Mental Health with 43, number five was Sexuality with 42, number six was Marital Problems with 38 tallys, numbers seven and eight were Suicide and Spiritual Matters both with 36, followed by numbers nine and ten, Stress and Weight Control both with 35 pastors indicating a desire for seminars in these areas.

2. The comments that were made by the pastors ranged from very positive in favor of more help and resources so they could do a better job of meeting their parishioner's health related counseling needs, to those that said counseling was

none of a pastor's business. The number of comments for a stronger counseling program with assistance from seminars, workshops, and materials available on a loan basis was 192 or 91%. On the other side of the issue seven pastors (3%) remarked that this should not be a priority of the pastors, leaving 12 pastors or 6% with no comment.

3. CONCLUSIONS

The following conclusions were the result of analyzing the data and findings.

1. Age, level of education, and years of experience are not good predicters of counseling skills of SDA pastors.
2. SDA pastors view counseling as an important part of their responsibility to their parishioners and feel a need to improve their counseling skills.
3. SDA pastors tend to give advice freely during counseling and do not generally accept differences of opinions between themselves and their counselees freely.
4. SDA pastors tend to have a limited counseling skills.
5. More health-related counseling skills are needed by SDA pastors. The pastors indicated a desire for more counseling training in many topic areas.
6. SDA pastors tend not to keep records of their counseling activities.

4. RECOMMENDATIONS

1. Further study should be done to address whether SDA pastors are or should be expected to do counseling as a part of their job.

2. The educational institutions that provide the pastoral training for SDA pastors need to asses their curriculum and implement some specific counseling education experiences aimed at developing specific counseling skills, possibly exposing them to some methodologies that would build their confidence as prospective counselors and also provide the pastors with some basic tools for counseling in general. Examples: Reality therapy and involve them in the eight steps of Reality therapy.

   a. Build a good relationship with the client.
   b. Examine present behavior.
   c. Evaluate what is happening in their lives.
   d. Look at positive options as to where the client wants to be.
   e. Explore ways of achieving their goals.
   f. Assess the results of prior commitments.
   g. Accepting the consequences/actions, whether positive or negative.
   h. Never give up - keep on - be patient (Thompson, 1983).

Also, expose the pastors to three phases of this type of counseling which are:

a. Where are you now (the client)?

b. Where would you like to be (the client)?

c. Making plans on how to get from where you are to where you want to be (Thompson, 1983).

3. The freedom and extent of advice giving within the counseling setting needs to be addressed.

4. The pastors need to be made aware of what constitutes hurtful, neutral, and helpful responses within a counseling setting so more helping interaction can result.

Examples of these responses are as follows:

Hurtful responses:

a. Tell me more brother, or give me some history of this situation.

b. If you think you have a problem, listen to this. . . . . .

c. Why don't you do _____, or you need to _____.

Neutral responses, neither helpful nor hurtful:

a. You are afraid because of . . . . . .

b. You say you are feeling discourage because . . . .

c. I hear you saying your depression is . . . . . .

Helpful responses:

a. You are hurting because . . . . . and you want to turn this around. Let's explore some possibilities.

b. This has been a rough . . . . and you don't want this to happen again. So, what can be done to make sure it doesn't?

5. The concept of support for the individual should be impressed upon the pastors to enhance the caring concepts of pastoring.

6. Many of the SDA pastors in South Eastern United States should attend quality workshops and or seminars where they can be exposed to concepts, develop skills and learn specific techniques for counseling.

7. The concept and practice of record keeping needs to be explored for the pastors, so as to enhance continuity and enable long term goals to be evaluated and followed up on.

8. There needs to be some type of referral system presented to the pastors so the best possible counseling can be secured for the parishioners. This will also make a crisis situation easier to deal with if a plan has been set up in advance.

CHAPTER VI

EPILOGUE

In reflecting on the processes, interactions and impressions that were a part of this study it seemed fitting to include some of those seemingly significant events and feelings in an epilogue. One of the first steps in getting this project underway was to find out how the leadership of the SDA Church in Southeastern United States would feel about collecting and reporting on data the health-related counseling skills of the pastor there. It was with relief and joy that the concepts of this study were not only welcomed, but enthusiastically endorsed by the president of the Union Conference of SDA in this area. With this support and encouragement the task of creating an instrument took on new meaning. The jurying and revising of the instrument were met with enthusiasm and willing assistance by all who were asked to provide professional and expert analysis to its birth. It was a pleasure mailing those 502 instruments to all of the pastors in the Southern Union, but soon it was obvious that the response was not satisfactory. Therefore, instruments were taken to the summer retreats of each Conference and made available to each pastor who had not responded earlier. With 211 (42%) completed instruments, the processing of the data began. The suspense was unbelievable. What would the outcome be? Would these men, who had been "called" to the important task of

ministering to parishioners, be capable of adequately meeting the health-related counseling needs of their parishioners? How would they view the needs and benefits of counseling as a part of their role as pastors?

What type of counseling responses would they use to typify their responses to typical counseling problems? Would the comments that they were given an opportunity to make be pro or con toward counseling. Would they be seeking assistance in their counseling, or would they appear smug in their confidence relative to counseling?

A colleague assisted me with the computer work and as a result, the results were tallied and computed and the questions and suspicions were answered. What a relief it was to actually be able to begin analyzing, writing, and rewriting.

Some of the positive findings that emerged were as follows:

1. By far the majority of the pastors had at least a College degree and many of them had an advanced degree.

2. There was a wide range of both age and years of experience represented by the pastors that did respond so that a good gross section was achieved.

3. So many (86%) of the pastors indicated that they felt that health-related counseling had a place in their work as a pastor.

4. Regarding the upgrading of counseling skills, 200 pastors indicated they would like to attend a seminar or workshop on counseling skills. Only 7 said no.

5. Fifty seven percent of the pastors had been able to be involved in some form of upgrading of their counseling skills since completing their education.

6. It was great to see the tremendous potential for counseling to benefit parishioners because 54% of the pastors reported spending over 40 percent of their work in counseling settings.

Some of the disappointments were as follows:

1. No more than 42% of the pastors were willing to take the time to respond.

2. There were so few pastors who possess the counseling skills needed to make helpful or at least neutral responses to the typical counseling problems.

3. Virtually none of the pastors had record keeping mechanisms established in his counseling. Only 10% indicated they always kept records of counseling.

4. Their referral systems were practically non-existent.

5. When dealing with disagreements over issues such as movies, caffeine, and jewelry the pastors found it harder to support individuals in their conclusions than to give advice.

6. In light of the amount of time pastors reported spending in counseling it was unfortunate that there

wasn't more counseling preparation required in their seminary training. With 90% of the pastors reporting spending more than 30% of their work in counseling situations, counseling skills are needed.

It is important that this study not be the last study on the topic. It would be helpful if further study could be given to the counseling aspect of the pastors work. A wider base would be helpful in future studies. The "holistic" approaches to life needs to become common place for pastors to be on the cutting edge of meeting the needs of their parishioners as they consider the total man and women of today and not merely the spiritual component. Americans are on the wellness march today, and knowledge is available. A major obstacle today is what one professor termed the "Health Action Gap" which is that gap between what people know and what they practice regarding health. It seems that this gap is a natural target for pastors who are committed to the "total" wellbeing of their parishioners. Pastors have the potential for impacting people in a positive way regarding their "total" wellness.

The fact that many encouraging comments were made gave the researcher both added energy and a commitment to do all that was possible to make this study meaningful. It should also be pointed out that some of the comments to the effect that "the pastors time should not be wasted in counseling," created frustrations that were not easily dealt with.

Because the SDA church leadership in the Southeastern United States has expressed an interest in the results of this study, the researcher is optimistic that the issues, strengths and weaknesses reported in this study will be challenges, and that the church leadership will seek to address these important issues in the very near future. There is no quick fix solution, but if goals could be established, and if objectives could be created, if programs could be implemented to meet these needs, followed with quality evaluation, the future could look bright for the quality of health-related counseling by SDA pastors in the Southern Union.

It would seem that the leadership of the Seventh-day Adventist Church would want to establish some criteria for hiring prospective pastors regarding their health-related counseling skills. This seems to be a minimal endeavor in attempting to meet the needs of the parishioners in the future.

BIBLIOGRAPHY

BIBLIOGRAPHY

Anderson, Gary W. "Candid Concern: The Church's Ministry to the Chemically Dependent Person." Engage/Social Action. 10 (1982): 15-19.

Ashby, Homer, Jr. "Values and the Moral Context of Pastoral Counseling." Journal of Religion and Health. 20.3 (1981): 176-185.

Bader, Edward. et al. "Do Marriage Preparation Programs Really Work? A Canadian Experiment." Journal of Marital and Family Therapy. 6.2 (1980): 171-179.

Bureau of the Sciences. U. S. Dept. of Commerce Statistical Abstract. (1982-83). 55.

Beeson, Gilbert W. "Pastoral Response to Marital Alienation." Pastoral Psychology. 30.4 (1982): 185-192.

Bell, R. A. "The Clergy as a Mental Health Resource." The Journal of Pastoral Care. 20.2 (1976): 103-115.

Browning, Dan. The Moral Context of Pastoral Care. Philadelphia: Westminster Press, 1976.

Carkhuff, R. Human Achievement, Educational Achievement, Career Achievement: Essential Ingredients of Elementary School Guidance. Paper presented at the Second Annual National Elementary School Guidance Conference. Louisville, Kentucky: 1973.

---. Creating and Researching Community Based Helping Programs. Paper presented at the American Personnel and Guidance Association Convention. St. Louis, Missouri: 1981.

Cavanaugh, Thomas. Fundamental Pastoral Counseling. Milwaukee: Bruce Publishing Co., 1962.

Champion, Michael A. "Premarital Sexual Counseling Suggestions for Ministers and Other Counselors." Journal of Psychology and Christianity. 1.4 (1982): 53-60.

Clebsch & C. Jaekle. Pastoral Care in Historical Perspectives. Englewood Cliffs, New Jersey: Prentice Hall, 1964.

Clemens, Norman. "The Parish Clergy as a Mental Health Resource." Journal of Religion and Health. 17.4 (1978): 227-232.

Clinebell, Howard. Basic Types of Pastoral Counseling. Nashville: Abingdon, 1966.

Collins, Donnie C. Pastoral Counselors and the Crying Woman: A Study of Differences in Responses Between Male and Female Pastoral Counselors. Diss. U. of California. Berkeley, 1980. 8021201.

Collins, G. R. "Psychology is not a Panacea but . . . ." Christianity Today. 23.26 (1979): 22-25.

Croxton, Tom A., Churchill, and Fellan, Phillip. "Counseling Minors Without Parental Consent." Journal of the Child Welfare League of America. 67.1 (January/February 1988): 3-14.

Dalton, R. "Clergy Interest in Relating to the Mental Health System: A View from the Pulpit." Unpublished manuscript. Arizona State U., 1978.

Dayringer, Richard. "The Problem-Oriented Record in Pastoral Counseling." Journal of Religion and Health. 17.1 (1978): 39-47.

Edwards, Marie. The Challenge of Being Single. New York: The New American Library, 1974.

Evans, Stephen C. "The Blessings of Mental Anguish." Christianity Today. 30.1 (1986): 26-29.

Farnsworth, Kirk E. "Christian Psychotherapy and the Culture of Professionalism." Journal of Psychology and Theology. 8.2 (1980): 115-122.

Flatt, Bill. "Divorce Counseling by Ministers." Restoration Quarterly. 23.3 (1980): 129-142.

Fromm, Erich. Psychoanalysis and Religion. New Haven: Yale UP, 1950.

Glasser, W. M. "The Basic Concepts of Reality Therapy." Chart.

Gordon, T. "Teacher Effectiveness Training," New York: Wyden, 1974.

Greenspan, Herbert. "The Rabbi and the Psychiatrist: Effective Counseling for Youth." Journal of Religion and Health. 17.1 (1978): 70-74.

Harrison, Clifford L. The Relationship of Unresolved Grief to Crises in Marriage: Help for the Pastor Counselor. Diss. Lancaster Theological Seminary, 1979. 7923190.

Hart, Archebald D. "Pastoral Counseling: Who, Whom, How?" Ministry. 85.1 (1985): 8-10.

Hiltner, Seward, and L. G. Colston. The Context of Pastoral Counseling. New York: Abingdon, 1961.

Kisner, Jeffery A. "A Family Systems Approach to Grief." Pastoral Psychology. 28.4 (1980): 265-276.

Kulka, R. A., J. Veroff, and E. Douvan. Joint Commission on Mental Illness and Health, Action for Mental Health. New York: Basic Books, 1961.

LaPlace, John. Health. 4th ed. Englewood Cliffs, New Jersey: Prentice Hall. 1984.

Lehr, John F. Helping People Understand and Manage Their Stress: A Pastoral-Educational Approach. Diss. Drew U., 1982. 8219973.

Long, Thomas J. and Long, Lynette. "Hotlines for Children, What Makes Them Effective?" Children Today. 17.2 (March-April 1988): 22-25.

Lukens, Horace C. "Training Paraprofessional Christian Counselors: A Survey Conducted. Journal of Psychology and Christianity. 2.1 (1983): 51-61.

Lunn, Harold R. A Survey of the Counseling Function of Ministers. Diss. Eastern Baptist Theological Seminary, 1980. 8020444.

Matthews, Stephen D. Clinical Judgement In Parish Ministers, Pastoral Counselors and Clinical Psychologists. Diss. Adelphi U., 1976. 77-4330.

McCandless, Bardaroh J. "Deabrig Creativity with Suffering the Living Death." Journal of Religion and Health. 17.1 (1970): 19-30.

Miller, Janet L. and Whittaker, James K. "Social Services and Social Support: Blended Programs for Families at Risk of Child Maltreatment." Journal of the Child Welfare League of America. 67.2 (March/April 1988) 161-174.

Mitchell, Kenneth R. "You Must Leave Before You Can Cleave." Pastoral Psychology. 31 (1982): 71-88.

Morgan, Dennis D. "Needs Assessment in Churches: A Christian Community's Need for Professional Counseling Services." Journal of Psychology and Theology. 10.3 (1982): 242-249.

Morris, Kenneth J. Marriage Counseling. Englewood Cliffs, New Jersey: Prentice Hall, 1965.

Mudd, Emily H. Marriage Counseling: A Case Book. New York: Association P., 1958.

Parsons, Talcott. Social Structure and Personality. New York: Force P., 1964.

Patton, John. "A Pastoral Perspective on Marriage and Family Counseling." The Journal of Pastoral Care. 23.1 (1979): 38-43.

---. "Pastoral Counseling Comes of Age." The Christian Century. March 1981: 229-231.

Pitamber, Dayanand D. "Mental Health and Pastoral Counseling." Religion and Society. 26.2 (1979): 21-33.

Propst, Rebecca. "A Comparison of the Cognitive Restructuring Psychotherapy Paradigm and Several Spiritual Approaches to Mental Health." Journal of Psychology and Theology. 8.2 (1980): 107-114.

Report to the President from the President's Commission on Mental Health. 1 (1978): 7-8.

Rogers, Carl. On Becoming a Person. Boston: Haughton Mifflin, 1961.

Rolfe, David J. "Techniques with Pre-Marriage Groups." British Journal of Guidance and Counseling. 5.1 (1977): 89-96.

Russell, R. Health Education. Connecticut: National Education Association, 1975.

Rzepka, Jane. "Counseling the Abortion Patient: A Pastoral Perspective." Saluda, North Carolina: Family Life Publications, 1973.

Sandholm, Gayle L. "A Systems Perspective to Marriage Counseling." Pastoral Psychology. 31.2 (1982): 118-124.

Selby, James W. "Attitudes Toward Seeking Pastoral Help in the Event of the Death of a Close Friend or Relative." American Journal of Community Psychology. 6.4 (1978): 399-402.

Stalcup, Gordon E. A Study of Relationships Between Academic Counseling Preparation, Perceived Value of Counseling Activities, and Time Spent in Counseling. Diss. Memphis State U., 1977. 77-19,210.

Stout, Robert J. "Clergy: Counseling/Therapy." Trinity Seminary Review. 2.1 (1980): 12-19.

Switzer, David. The Minister as Crisis Counselor. Nashville: Abingdon, 1974.

Thompson, Charles L. Counseling Children. Monterey: Brooks/Cole Publishing Company, 1983.

Thompson, Garth. Telephone interview. Nov. 4, 1986.

Thompson, Marilyn, "Clergy Malpractice Goes to Court." Liberty. 80.6 (1985): 13-17.

Tillich, Paul. The Courage to Be. New Haven: Yale UP, 1952.

Toelke, Carl H. Jr. "Referral in Pastoral Mental Health Counseling." Currents in Theology and Mission. 4 (1977): 39-42.

U.S. Dept. of Commerce and Bureau of the Census. Statistical Abstracts of the United States. 106th Edition. (1986). 50.

Van Meter, Mary Jane S. "The Death Crisis and Pastoral Counseling." Journal of Religion and Health. 21.3 (1982): 235-243.

Vogelsang, John D. "A Psychological and Faith Approach to Grief Counseling." The Journal of Pastoral Care. 37.1 (1983): 22-27.

Ward, C. M. "Should Adam Have Discovered Eve?" Charisma. February, 1982: 18-21.

Warner, Michael D. "Pastoral Counseling with Alcoholics and Their Families." Pastoral Psychology. 31 (1982): 26-38.

Wean, Ronald H. "Statement on Alcohol/Drug Dependency and Outpatient Pastoral Care." Trinity Seminary Review. 4.2 (1982): 38-44.

Weed, Lawrence L. Medical Records, Medical Education and Patient Care. Cleveland: Case Western, 1969.

Willgoose, Carl E. Health Teaching in Secondary School. Philadelphia: W. B. Saunders, 1977.

Wilson, R. Problem Pregnance and Abortion Counseling. Saluda, North Carolina: Family Life Publications, 1973.

Wright, H. N. Premarital Counseling. Chicago: Moody Press, 1977.

Wylie, Wayne E. Needed Health Counseling Competencies of Ministers. Diss. U of Tennessee, 1981.

Young, M. "A Look at Sexual Moves in a Church-Related College." Health Education. 10.1 (1979): 2022.

APPENDIXES

APPENDIX A

ENLISTED EXPERTS TO JURY THE INSTRUMENT

ENLISTED EXPERTS TO JURY THE INSTRUMENT

Dr. Gordon Bietz	Pastor - Collegedale SDA Church Doctor of Ministry - Andrews University
Dr. Gerald Colvin	Professor - Southern College Chair of Education Department Ed.D. - University of Arkansas - Education Ph.D. - University of Georgia - Psychology
Dr. Garland Duland	Ph.D. - University of California Professor of Sociology - Oakwood College, Huntsville, Alabama
Dr. Jerry Gladson	Ph.D. - Vanderbilt University Professor of Religion - Southern College
Dr. Laura Gladson	Ed.D. - Vanderbilt University Counseling Psychologist and Teacher - University of Tennessee at Chattanooga
Dr. Lorenzo H. Grant	Ph.D. Doctor of Ministry - Howard University Pastor - Maryland SDA Church
Mr. Ed Lamb	MSW - U.T.K. Associate Professor - Southern College
Dr. Lin Robertson	Ed.D. Doctor of Ministry - Christian Theological Seminary Marriage and Family Therapist - Chattanooga, Tennessee
Dr. Garth Thompson	Ph.D. - University of Florida Professor of Pastoral Care and Counseling - Andrews University, Berrien Springs, Michigan
Mr. Ed Wright	Master of Divinity - Andrews University Pastor - Collegedale SDA Church

APPENDIX B

THE INSTRUMENT

The Garver Inventory
of
Pastoral Health Counseling Skills

Section I

1. What is your age?
   A._____ 20-30 B._____ 31-40 C._____ 41-50 D._____ 51 or over

2. How many years have you been a pastor?
   A._____ 0-5 years B._____ 6-10 years C._____ 11-20 years D._____ 21 or more years

3. What has been your average length of stay with a church?
   (Divide total number of years as a pastor by number of churches served)
   A._____ 1 year B._____ 2-3 years C._____ 4-5 years D._____ 6 or more years

4. Check your highest degree in preparation for pastoring.
   A._____ A.S.
   B._____ B.S. _____ B.A.
   C._____ M.S. _____ M.A. _____ M. Div. _____ M.A. Min.
   D._____ Ph.D. _____ Ed.D. _____ D. Min. _____ Other

5. What was your highest degree in?
   A._____ Religion B._____ Theology C._____ Education D._____Psychology
   E._____ Other_____

6. What is the total membership of your current district?
   A._____ less than 150 B._____ 151-350 C._____ 351-500
   D._____ 501-1,000 E._____ 1,001 and up

7. What is the approximate size of the combined communities you serve?
   A._____ 1-5,000 D._____ 50,001-100,000
   B._____ 5,001-20,000 E._____ 100,001 or larger
   C._____ 20,001-50,000

8. What is your perception of the role of a pastor as a counselor of health related problems?
   A._____ Very important C._____ Relatively unimportant
   B._____ Somewhat important D._____ Not important
   E._____ Other_____

9. What formal counseling training have you had?
   A._____ 1 course D._____ A degree in counseling
   B._____ 2 or 3 courses E._____ No counseling courses
   C._____ 4 or more courses

10. Which of the following would best describe your counseling competence:
   A._____ Very deficient
   B._____ Somewhat deficient
   C._____ Somewhat confident
   D._____ Very confident

11. What % of your work with parishioners is in a counseling setting?
   A._____ 1-15% B._____ 15-30% C._____ 30-50% D._____ 50% or more

12. Do you have an adequate referral system for your counseling?
   A._____ Yes B._____ No

13. Do you feel a responsibility to provide counseling for your parishioners?
   A._____ Yes B._____ No C._____ Not sure

14. Do you feel comfortable giving advice within the context of counseling?
   A._____ Yes B._____ No C._____ Sometimes

15. Have you been able to update and/or upgrade your counseling skills by attending workshops or seminars?
   A._____ Yes B._____ No

16. Do you think it would be helpful if you could attend a seminar or workshop on counseling skills?
A._____ Yes B._____ No

17. Please write your typical opening response to each of the following hypothetical problems of parishioners:

A. 36 year old female: "My husband told me last night he is leaving the children and me, what can I do?"

B. 44 year old male: "I've seen all the inconsistency in the church that I can take. I want my name taken off the books."

C. 18 year old girl: "I've been using marijuana for a couple of years. Now my friends are trying to get me to use some really hard stuff and I'm scared."

18. How would you rate yourself theologically within the framework of the S.D.A. church?
A._____ Conservative
B._____ Somewhat conservative
C._____ Somewhat liberal
D._____ Liberal

19. Do you keep records of your counseling sessions?
A._____ Always B._____ Sometimes C._____ Never

20. In disagreeing with a parishioner on issues such as movies, caffeinated drinks, and jewelry, you would tend to:
A._____ Deal with it doctrinally
B._____ Seek clear-cut conclusions
C._____ Allow for personal differences
D._____ Support individuals in any choice

21. Any helpful comments or recommendations related to your counseling needs or experiences: "

Section II

With the term "counseling" meaning, aiding others in the decision making process, and/or aiding others in problem solving, check the appropriate boxes for each item.

Health in the wholistic sense refers to the total person including the physical health, mental health, social health, and spiritual health.

In column A check the 5 most common problems you deal with.

In column B check all items for which you have an adequate referral system.

In column C check all items for which you feel adequately trained as a counselor.

In column D check all items you think seminary training should provide preparation for future pastors.

In column E check items you would like to be able to attend a seminar so you could become better prepared to meet your parishioner's needs.

Health Related Counseling Problem	Column A	Column B	Column C	Column D	Column E
22. Abortion (Pre & Post)					
23. Substance Abuse					
24. Aging					
25. Pre-marital					
26. Marital Problems					
27. Divorce					
28. Stress					
29. Diet & Nutrition					
30. Weight Control					
31. Parenting					
32. Spiritual Matters					
33. Suicide					
34. Death & Grief					
35. Child Abuse					
36. Sexuality					
37. Sexually Transmitted Disease					
38. Mental Health					
39. Smoking					
40. Sex Education					
41. Interpersonal Conflicts					
42. Others					
43.					
44.					
45.					

THANK YOU FOR YOUR TIME AND HELP.

APPENDIX C

COVER LETTERS TO THE INSTRUMENT

Southern Union Conference of Seventh-day Adventists

Office of the President

January 5, 1987

Dear Pastor:

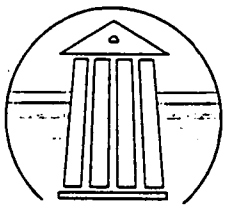
It would be most helpful if you could spare a few moments of your time to provide information on the enclosed questionnaire in order to assist one of our Southern College professors who is gathering data on health-related counseling as he does work on a dissertation. We believe that Phil Garver is engaged in some valuable research and greatly appreciate your assistance.

Very sincerely,

A. C. McClure
President

bp

Post Office Box 849 / 3978 Memorial Drive / Decatur, Georgia 30031 / 404 299-1832



SOUTHERN COLLEGE
OF SEVENTH-DAY ADVENTISTS

DEPARTMENT OF HEALTH,
PHYSICAL EDUCATION,
AND RECREATION

Dear Southern Union Pastor:

I need YOUR help!

My doctoral dissertation is on the health counseling skills of the pastors in the Southern Union.

In order to complete this study, I need your honest response to the enclosed questionnaire.

This will be totally anonymous, and all questionnaires will be kept in strictest confidence. I do not want to know who thinks what; I do want and need to know what is happening, what would help, what is needed, etc.

Please use the self-addressed stamped envelope that has been provided for your convenience and return this questionnaire to me.

Thank you for your honest and immediate response.

Sincerely,

Phil Garver

Phil Garver
Associate Professor
Southern College

rd
Enclosures

P.O. Box 370 • Collegedale, Tennessee 37315-0370 • 615/238-2111

APPENDIX D

CORRESPONDENCE

SOUTHERN COLLEGE
OF SEVENTH-DAY ADVENTISTS

DEPARTMENT OF HEALTH,
PHYSICAL EDUCATION,
AND RECREATION

Dear Juror;

I am needing your expert and candid opinions about the instrument I am planning to use to collect the data for my dissertation. I'm not asking you to fill this out, but rather look it over carefully and make comments as to the appropriateness or inappropriateness, the value of, the wording of, etc. of each item.

My topic is "The Health Related Counseling Skills of the Pastors in the Southern Union".

My desire is that the results of this study will give cause for some seminars, inservices and training in the areas of weakness and that we can have a higher confidence in those areas of strength.

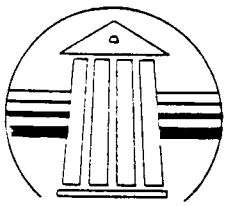
Thank you for your time in my behalf. Your help is very valuable to me!

Sincerely,

Phil Garver

Phil Garver

P.O. Box 370 • Collegedale, Tennessee 37315-0370 • 615/238-2111



SOUTHERN COLLEGE
OF SEVENTH-DAY ADVENTISTS

DEPARTMENT OF HEALTH,
PHYSICAL EDUCATION,
AND RECREATION

October 10, 1986

Elder Al McClure
Southern Union Conference
3978 Memorial Drive
Decatur, GA 30031

Dear Elder McClure;

As I proceed with my dissertation on "The Health Related Counseling Skills of Pastors in the Southern Union", I find myself nearing the point where I will need to send an instrument to each pastor in the union enabling me to collect my data for analysis. In talking with you earlier about this project you showed both an interest in the study and a desire to assist if possible.

I would at this time appreciate a letter from you stating your approval of this study, and another letter that could be used as a cover for the instrument when I send it to each pastor. These would help me greatly, both in the collection of the data and in hurdling any snags that may arise.

It is my desire to make this study a meaningful one that could assist the pastors and leadership in meeting the counseling needs of their parishioners.

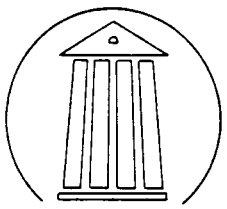
Thank you for your help.

Sincerely,

Phil Garver

Phil Garver

P.O. Box 370 • Collegedale, Tennessee 37315-0370 • 615/238-2111



SOUTHERN COLLEGE
OF SEVENTH-DAY ADVENTISTS

DIVISION OF NURSING

December 19, 1986

Alfred C. McClure, President
Southern Union Conference
P.O. Box 849
Decatur, GA 30031

Dear Elder McClure;

In discussing my dissertation with you I have been pleased with the support and enthusiasm you have shown. I am now at the point of needing to send my questionaire to each of the pastors in the Southern Union in order to collect the data needed to complete the dissertation. I plan to send the questionaires in January, and I think it would be very helpful if I had a cover letter from you indicating your support for this research, and you hope that each of the pastors would respond so as to broaden the base of the study.

I am very excited about this study, and am looking forward to the results in hopes that it will have a positive impact on the future of health related counseling by the pastors here in the Southern Union.

Thank you for your support and help.

Sincerely,

Phil Garver

Phil Garver, Associate Professor
Southern College

PG:km

P.O. Box 370 • Collegedale, Tennessee 37315-0370 • 615/238-2111

Southern Union Conference of Seventh-day Adventists

Office of the President

December 23, 1986

Mr. Phil Garver
Southern College
Department of Health, Physical Education
Collegedale, TN 37315

Dear Phil:

Please find enclosed the cover letter which you have requested. I hope it will serve to assist in the collection of the necessary data.

We are pleased that you are pursuing information that will be helpful in health-related counseling and anxiously await your findings.

Best wishes for you and your family for a very pleasant Holiday Season and a great New Year.

Very sincerely,

A. C. McClure
President

bp

Enclosure

Post Office Box 849 / 3978 Memorial Drive / Decatur, Georgia 30031 / 404 299-1832

APPENDIX E

COMMENTS MADE BY PASTORS

COMMENTS MADE BY PASTORS

Comment 1

"There are three things which have been very useful in my counseling. First of all, listening. It's been a difficult thing for me to do. But I've learned to simply listen to the counselee after my initial question. Secondly, I often asked the counselee whether they know if God's word can offer any help to the problem. If they make a suggestion, I work with them on it. Thirdly, prayer has been very helpful."

Comment 2

"I want to see more focus as to when to refer a person for additional supportive counseling."

Comment 3

"I feel I can do a fair job of reflective listening, but I do not feel competent, nor do I necessarily desire to engage in a long-term counseling situation."

Comment 4

"It would be helpful if cassette tapes were available for the pastors' uses in the various areas of counseling."

Comment 5

"I am not convinced of the wisdom of establishing a 'counseling dependency' in most cases, but rather be able to encourage a faithful christian experience that avoids and meets its own problems well. The root of every marriage and youth problem that I have has been attributable to weakness

in the Christian experience. Even the more common problem of a believing spouse married to a non-believing partner has its roots in that beginning problem."

Comment 6

"I don't have a naturally warm, people oriented personality. I'm more analytical and task oriented. This has limited my perception as a counselor to parishioners."

Comment 7

"We need key pastors in conferences who can do counseling. Most pastors don't have time or knowledge to deal with deep-seated problems."

Comment 8

"Keep your counselee 'Christ-centered.'"

Comment 9

"Even the people are coming for counseling to help them change their behavior. They are always reluctant to change."

Comment 10

"I have a number of counseling books in my library which have been a help to me."

Comment 11

"If the pastors would preach the word of God more than man's theories, many of the parishioners' problems would be solved."

Comment 12

"Wish I had a referral system."

Comment 13

"It would be nice to have a referral system . . .a listing of Christian counselors and psychologists in my area."

Comment 14

"I feel help along the lines of referrals would be best."

Comment 15

"I am not heavily into counseling--only short term. Beyond that, I refer."

Comment 16

"More education should be made available on the subject for theology students in training as well as in those already out in the field."

Comment 17

"It would certainly be appreciated if the denomination would provide at least annual counseling seminars for all workers, (pastors)."

Comment 18

"I think pastors should be more involved in counseling, and that their training should be slanted in such a way as to prepare them for dealing with human problems."

Comment 19

"I know I need additional training in dealing with drug dependent persons."

Comment 20

"I am a bit skeptical of counseling as a science unless the science of salvation, in Christ, is kept central."

Comment 21

"I feel extremely deficient in counseling skills. In college and seminary combined, I had only one counseling class. In that class I got an A (only 4 A's out of about 35 students) but learned almost nothing about counseling. One of the skills I need help with the most is listening. Related skills I need help on are not being defensive, not putting the other person on the defensive, etc. For pastors in the field, workshops that teach these skills (eg.--Savage Lab) and practice them are helpful. Also, helpful would be a list of 2-3 books in counseling areas (such as the ones listed questions 22-45). For me (and probably most pastors), reading many books on counseling isn't feasible, but a few choice books would help."

Comment 22

"Every minister ought to get his Masters degree in Public Health. I learned more about meeting my members' counseling needs and especially good referral organizations earning my MPH than in the four years of getting my B.A. in Theology. One need I still feel inadequate in is Biblical counseling."

Comment 23

"I don't know what I would say. I feel totally unprepared to deal with kids or drugs."

Comment 24

"I am certified to administer the 16PF and MAT. I have taken extensive courses from Dr. Chalmers at the seminary. Yet, in the smaller churches where I have pastored, my experience is limited. Most people do not seek counsel until a crisis."

Comment 25

"Need more information: books, seminars, etc. on counseling couples who plan to get married again (2nd. 3rd, etc. marriage)."

Comment 26

"Need access to: A tape-lending library with tapes on counseling techniques, youth counseling, how to help parents of teenagers, and discussions of how to help drug users, criminal involvement, etc."

Comment 27

"I'd recommend that more seminars on counseling be set up at workers' meetings."

Comment 28

"I know that there are no simple answers, but we need practical solutions in simple form. Sometimes I believe counseling has been presented as a very difficult task that only very well educated persons can handle. We need some counsel from one who has studied good methods and can put it in simple form to use."

Comment 29

"I feel capable in helping people with spiritual matters and during conflict. However, I feel very inadequate in being able to counsel members in matters pertaining to very deep emotional and personal problems. I think the church tends to bury its head in the sand by always promoting the ideal life style while ignoring the reality of what people must face in everyday life. Our doctrines may meet one need, but we are not addressing many of the other needs our people have. What is happening with many of our young people is a perfect example of this."

Comment 30

"Developing expertise in dealing with church conflict and/or individual emotional-mental problems was an area that was greatly lacking, both in undergrad and seminary graduate programs. From my experiences as a pastor, I feel those areas are as equally important as the study of theology and homiletics."

Comment 31

"I tend to become too involved with other people's problems. In this I lose my effectiveness. Please devote some time in your dissertation to this problem."

Comment 32

"I believe that ministers need to be helpful and encouraged in the area of counseling--etc."

Comment 33

"Would appreciate more educational help on an ongoing basis such as correspondence lessons or occasional seminars and/or discussion groups."

Comment 34

"More emphasis needs to be given to teaching the practical skills of "one-on-one" counseling and marriage counseling (both pre- and post- marriage) to prospective pastors at both the college and seminary levels."

Comment 35

"Need for series of seminars by competent. experienced. qualified practitioners is without doubt. Ongoing professional education and updating on developments in this field is almost mandatory for SDA ministers. Suggest coordination through Ministerial Department of Florida Conference."

Comment 36

"Because I become very personally involved with each case, I find I often back off from counseling. I do much less of it today in a formal way."

Comment 37

"Sad to say I do not make a practice of counseling as I should. Perhaps I do it in a more indirect manner rather than regular counseling sessions."

Comment 38

"I have noticed an increased incidence of marriage problems, i.e., divorce, incompatibility, sexual adjustment, role orientation, etc. in the church families. I do not have the data or statistical facts to back this statement, but I sense the moral condition prevalent in society has already made deep inroads into the church, affecting the family structure."

Comment 39

"I refrain from giving 'advice' to counselees but feel that my counseling to a large degree depends on clarifying the issue and leading a person or couple to see new aspects and dimensions of their behavior or situation and helping people make discussions based on principles . . ."

Comment 40

"I try to help people understand the Biblical teaching on the matter under discussion while making it known they are loved and accepted in holding to personal views."

APPENDIX F

COMPLETE TALLY OF SECTION II OF THE INSTRUMENT

COMPLETE TALLY OF SECTION II OF THE INSTRUMENT

I. Topic: Abortion

Results	Number	Percent
A. This is your most common counseling problem.	5	5.3%
B. Your referral system is adequate for this problem.	36	37.9%
C. You feel adequately trained to deal with this problem.	11	11.6%
D. You feel future pastors need training for this problem.	30	31.6%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	13	13.7%
Total:	95	100.0%

Number of pastors not responding to this item: 116

II. Topic: Substance Abuse

Results	Number	Percent
A. This is your most common counseling problem.	11	6.6%
B. Your referral system is adequate for this problem.	54	33.3%
C. You feel adequately trained to deal with this problem.	16	9.6%
D. You feel future pastors need training for this problem.	56	33.5%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	30	18.0%
Total:	167	100.0%

Number of pastors not responding to this item: 44

III. Topic: Aging

Results		Number	Percent
A.	This is your most common counseling problem.	23	13.3%
B.	Your referral system is adequate for this problem.	31	17.9%
C.	You feel adequately trained to deal with this problem.	16	9.2%
D.	You feel future pastors need training for this problem.	54	31.2%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	49	28.3%
	Total:	173	100.0%

Number of pastors not responding to this item: 36

IV. Topic: Pre-Marital

Results		Number	Percent
A.	This is your most common counseling problem.	27	14.8%
B.	Your referral system is adequate for this problem.	32	17.6%
C.	You feel adequately trained to deal with this problem.	29	15.9%
D.	You feel future pastors need training for this problem.	60	33.0%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	34	18.7%
	Total:	182	100.0%

Number of pastors not responding to this item: 29

V. Topic: Marital Problems

Results		Number	Percent
A.	This is your most common counseling problem.	52	27.4%
B.	Your referral system is adequate for this problem.	17	8.9%
C.	You feel adequately trained to deal with this problem.	25	13.2%
D.	You feel future pastors need training for this problem.	58	30.5%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	38	20.0%
	Total:	190	100.0%

Number of pastors not responding to this item: 21

VI. Topic: Divorce

Results		Number	Percent
A.	This is your most common counseling problem.	48	24.0%
B.	Your referral system is adequate for this problem.	31	15.5%
C.	You feel adequately trained to deal with this problem.	36	18.0%
D.	You feel future pastors need training for this problem.	52	26.0%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	33	16.5%
	Total:	200	100.0%

Number of pastors not responding to this item: 11

VII. Topic: Stress

Results		Number	Percent
A.	This is your most common counseling problem.	31	15.9%
B.	Your referral system is adequate for this problem.	22	11.3%
C.	You feel adequately trained to deal with this problem.	40	20.5%
D.	You feel future pastors need training for this problem.	67	34.4%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	35	17.9%
	Total:	195	100.0%

Number of pastors not responding to this item: 16

VIII. Topic: Diet and Nutrition

Results		Number	Percent
A.	This is your most common counseling problem.	55	28.2%
B.	Your referral system is adequate for this problem.	20	10.3%
C.	You feel adequately trained to deal with this problem.	24	12.3%
D.	You feel future pastors need training for this problem.	48	24.6%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	46	23.6%
	Total:	195	100.0%

Number of pastors not responding to this item: 1

IX. Topic: Weight Control

Results		Number	Percent
A.	This is your most common counseling problem.	40	20.9%
B.	Your referral system is adequate for this problem.	26	13.6%
C.	You feel adequately trained to deal with this problem.	25	13.1%
D.	You feel future pastors need training for this problem.	65	34.0%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	35	18.3%
		Total:191	100.0%

Number of pastors not responding to this item: 20

X. Topic: Parenting

Results		Number	Percent
A.	This is your most common counseling problem.	31	16.4%
B.	Your referral system is adequate for this problem.	25	13.2%
C.	You feel adequately trained to deal with this problem.	25	13.2%
D.	You feel future pastors need training for this problem.	54	28.6%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	54	28.6%
		Total: 189	100.0%1

Number of pastors not responding to this item: 22

XI. Topic: Spiritual Matters

Results	Number	Percent
A. This is your most common counseling problem.	53	29.0%
B. Your referral system is adequate for this problem.	15	8.2%
C. You feel adequately trained to deal with this problem.	30	16.4%
D. You feel future pastors need training for this problem.	49	26.8%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	36	19.7%
Total:	183	100.0%

Number of pastors not responding to this item: 23

XII. Topic: Suicide

Results	Number	Percent
A. This is your most common counseling problem.	35	19.6%
B. Your referral system is adequate for this problem.	33	18.4%
C. You feel adequately trained to deal with this problem.	27	15.1%
D. You feel future pastors need training for this problem.	48	26.8%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	36	20.1%
Total:	179	100.0%

Number of pastors not responding to this item: 32

XIII. Topic: Death and Grief

Results	Number	Percent
A. This is your most common counseling problem.	30	17.0%
B. Your referral system is adequate for this problem.	29	16.5%
C. You feel adequately trained to deal with this problem.	37	21.0%
D. You feel future pastors need training for this problem.	48	27.0%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	32	18.2%
Total:	176	100.0%

Number of pastors not responding to this item: 35

XIV. Topic: Child Abuse

Results	Number	Percent
A. This is your most common counseling problem.	28	15.6%
B. Your referral system is adequate for this problem.	35	19.6%
C. You feel adequately trained to deal with this problem.	27	15.1%
D. You feel future pastors need training for this problem.	55	30.7%
E. You feel your parishioners would benefit if you could attend a seminar on this problem.	34	19.0%
Total:	176	100.0%

Number of pastors not responding to this item: 32

XV. Topic: Sexuality

Results		Number	Percent
A.	This is your most common counseling problem.	28	15.8%
B.	Your referral system is adequate for this problem.	35	19.8%
C.	You feel adequately trained to deal with this problem.	28	15.8%
D.	You feel future pastors need training for this problem.	44	24.9%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	42	23.7%
		Total:177	100.0%

Number of pastors not responding to this item: 34

XVI. Topic: Sexually Transmitted Disease

Results		Number	Percent
A.	This is your most common counseling problem.	38	21.3%
B.	Your referral system is adequate for this problem.	31	17.4%
C.	You feel adequately trained to deal with this problem.	27	15.2%
D.	You feel future pastors need training for this problem.	55	30.9%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	27	15.2%
		Total: 178	100.0%

Number of pastors not responding to this item: 33

XVII. Topic: Mental Health

Results		Number	Percent
A.	This is your most common counseling problem.	22	12.2%
B.	Your referral system is adequate for this problem.	31	17.2%
C.	You feel adequately trained to deal with this problem.	37	20.6%
D.	You feel future pastors need training for this problem.	47	26.1%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	43	23.9%
	Total:	180	100.0%

Number of pastors not responding to this item: 31

XVIII. Topic: Smoking

Results		Number	Percent
A.	This is your most common counseling problem.	28	15.4%
B.	Your referral system is adequate for this problem.	39	21.4%
C.	You feel adequately trained to deal with this problem.	32	17.6%
D.	You feel future pastors need training for this problem.	51	28.0%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	32	17.6%
	Total:	182	100.0%

Number of pastors not responding to this item: 29

XIX. Topic: Sex Education

Results		Number	Percent
A.	This is your most common counseling problem.	24	13.9%
B.	Your referral system is adequate for this problem.	32	18.5%
C.	You feel adequately trained to deal with this problem.	33	19.1%
D.	You feel future pastors need training for this problem.	51	29.5%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	33	19.1%
	Total:	173	100.0%

Number of pastors not responding to this item: 38

XX. Topic: Interpersonal Conflicts

Results		Number	Percent
A.	This is your most common counseling problem.	35	20.7%
B.	Your referral system is adequate for this problem.	25	14.8%
C.	You feel adequately trained to deal with this problem.	40	23.7%
D.	You feel future pastors need training for this problem.	43	25.4%
E.	You feel your parishioners would benefit if you could attend a seminar on this problem.	26	15.4%
	Total:	169	100.0%

Number of pastors not responding to this item: 42

APPENDIX G

GORDON'S "DIRTY DOZEN" OF COUNSELING

GORDON'S "DIRTY DOZEN" OF COUNSELING

The "dirty dozen" as described by Gordon are all a part of levels one and two in Carkhuff's model. They are as follows and are all part of level one in this study:

1. Ordering or directing
2. Warnings, threatening, and stating consequences
3. Moralizing of shoulds and oughts
4. Advising and giving suggestions and solutions
5. Messages of logic, counterarguments
6. Judging, criticizing
7. Praising, buttering up
8. Name calling, ridiculing
9. Psychoanalyzing
10. Reassuring, giving sympathy, consoling
11. Probing; who, what, when, where, why
12. Humor; distracting, withdrawing

VITA

Philip George Garver was born in Pendolton, Oregon on September 25, 1945. He finished elementary school in Keene, Texas, and also completed high school there in 1963. He attended Southwestern Junior College where he received an A.S. degree in Business. He finished his B.S. in Health, Physical Education and Recreation in 1970 from Southern Missionary College in Collegedale, Tennessee. In 1972 he began a four summer program at Eastern Michigan University where a M.S. in Physical Education was earned.

Phil was drafted into the army in the fall of 1966 and served as a medic in Vietnam during 1967 and 1968. This experience changed the direction of his life and gave new meaning to the things that had been taken so much for granted.

In 1970 he accepted thc position of Health, Physical Education and Intramural director at Mount Vernon Academy in Mount Vernon, Ohio. His work with gymnastics there developed a love for that sport that has never wavered.

The summer of 1971 was spent at Camp Mohaven as the waterfront director and recreation coordinator.

Upon completion of his masters degree and six years of high school teaching, Phil had the opportunity to return to Collegedale where he assumed the responsibilities of health education instructor, intramural director, and gymnastics coach at Southern College. He is currently the

chairman of the Health, Physical Education and Recreation Department at Southern College and is actively involved in promoting and developing a campus-wide wellness program that he initiated in 1987.

During his work at Southern College, Phil began his Ed.D. in Health Education at the University of Tennessee in Knoxville which he will complete in December of 1988 with a major in Health Education and a collateral in Educational Psychology.

Phil is a member of the American Alliance of Health, Physical Education, Recreation, and Dance, Eta Sigma Gamman, Pi Lambda Theta, and the National Wellness Association.

His extra activities at Southern College include beginning the bi-annual Southeastern United States gymnastics clinics, hosting an annual triathlon, getting internships for wellness track majors, and numerous successful fund raising campaigns.

He also has interests in building, photography, water sports, camping, and collecting sports memorabilia.

Phil is married to Betty S. Thurber and they have a son Steven Kyle and a daughter Leah Renae. Family activities will always be the most important ones to Phil.