The world, though fallen, is not all sorrow and misery. In nature itself are messages of hope and comfort. There are flowers upon the thistles, and the thorns are covered with roses.

—Ellen G. White

The Seventh-day Adventist Church dates from the Millerite movement of the mid-1800s. Conservative on most matters of morality and ethics, it is one of the few Christian denominations to have begun in North America. Also, it is one of the few denominations to have a woman as one of its founders. With its belief in the Protestant tradition, Seventh-day Adventism has conservative standards and practices concerning dress, dietary habits, abstinence from sex outside marriage, smoking and drinking alcohol, and in selection of certain types of entertainment.

The 1998 Yearbook published by the General Conference of Seventh-day Adventists notes that the worldwide membership of the Church is 9,470,718 people and 4,682 churches. With 865,187 members in North America, the largest concentration of Seventh-day Adventists (SDAs) is in California, Nevada, Utah, Arizona, and Hawaii. The second largest concentration is in Tennessee, Mississippi, Alabama, Georgia, and Florida, and the third largest in the District of Columbia, Virginia, Maryland, Pennsylvania, New Jersey, Delaware, and Ohio. A smaller number of SDAs reside in New York, Connecticut, Rhode Island, Maine, and Bermuda (General Conference of Seventh-day Adventists, 1998).
The world conference of Seventh-day Adventists, the General Conference, is in Silver Spring, Maryland. The General Conference president meets with and advises church leaders from the 12 divisions of the Church (such as the North American Division), unions (made up of conferences or fields within a larger territory), and local conferences (comprised of churches within various cities). Traditionally, the Church governance has been male-dominated and male-controlled (C. S. Rochester, personal communication, June 26, 1998).

The SDA Church has an extensive educational system consisting of hundreds of elementary and secondary schools, as well as many colleges and universities throughout the world. There are 10 colleges and universities in the United States. The extensive hospital system, better known outside of North America, includes every facet of health care. Loma Linda University Medical Center, in California, has gained worldwide prominence in medical research and treatment. Andrews University, in Berrien Springs, Michigan, boasts the major theological seminary for SDAs.

BELIEFS AND TRADITIONS

Millerism and Its Influence

William Miller, a Protestant preacher of the mid-1800s, taught that Christ would soon be returning in regal glory to claim those who believed in him and take them to their heavenly abode for 1,000 years. This was to occur on a specific day and year. Members of the Millerite group sold all of their earthly possessions in preparation for their relocation to heaven. The 1,000-year period described in the Book of Revelation involves the battle between Jesus and Satan, the defeat of Satan and thus of evil, the destruction of the world, and its purification and rehabilitation by the faithful.

Because the end of the world predicted by William Miller did not come about, the Millerites had to do much prayerful rethinking. They decided that the specific date predicted by Miller was actually the time that Jesus as Priest of the heavenly temple entered the temple to go over the Book of Life. Ellen G. White, then a member of the Methodist Church, began prophesying and writing prolifically to elucidate scriptural writings. SDAs regard such a corpus of literature not as new scripture but as commentary on scripture (though some non-SDA writers have misinterpreted this position). Ellen G. White is regarded by most SDAs not only as a founding pioneer of the SDA Church but as a prophet of Seventh-day Adventism.
Seventh-day Sabbath Observance

The Millerites ultimately became known as Adventists because they anticipated that Christ would soon come again. However, it was not until another Methodist woman, Rachel Oakes Preston, became interested in the seventh-day sabbath that emphasis on sabbath observance on the seventh day was brought into the Adventist Church. Preston became a Seventh-day Baptist, and she finally was successful in convincing Adventists of the importance of observing the sabbath on the seventh day rather than on the first day of the week. (First-day Adventists, also influenced by Miller, worship on Sunday.) Thus, the denomination became known as Seventh-day Adventism: anticipation of the advent of Christ and worship on the seventh day being the two most prominent distinctions for SDAs.

The sabbath is set aside for worship activities from sundown Friday to sundown Saturday. During this time, there is a prohibition against working and against “buying and selling” (exchanging money or bartering other goods); church members also refrain from “doing one’s own pleasure” (which has been interpreted in a variety of ways). Medical work, however, is an exception, because this may involve life and death issues or at least very urgent health concerns. David Reile (1997) noted that what is considered to be acceptable for sabbath observance varies significantly from one individual to another and may seem inconsistent or contradictory within the belief system of one individual.

Gift of the Spirit of Prophecy

Seventh-day Adventists believe in the gift of prophecy in post-biblical times, as described in scripture, particularly as this is associated with the last days of earth before the Second Coming of Christ. Ellen G. White is considered to have been such a prophet, as her visions about religious and spiritual matters provided guidance to the newly formed Adventist Church. Many believers have taken these visions and White’s writings as being truth for the latter days of the church of Christ.

State of the Dead

SDAs believe that the dead know nothing but are in a state of “sleep” until they are awakened at the Second Coming of Christ. The righteous dead will be resurrected to immortality; the unrighteous dead will return to life temporarily with the same diseases and corruption that they had at the time of the first death. These unrighteous will die a second death and be completely destroyed after the battle between good and evil.
Baptism by Immersion

SDAs dedicate infants in a church ceremony by a blessing and laying on of hands. Generally, only adolescents and adults are baptized, however. This symbolic going down to a watery grave with Christ and rising with the victorious Lord are carried out by immersion in a baptistry or a body of water. Pouring and sprinkling cannot substitute for immersion.

Tithing

Many SDAs give the Church one tenth of their earnings before they deduct anything for their expenses. This money is considered to be God's money. There has been a dispute by some ethnic minority SDAs because proportionately they give more money to the Church than ethnic majority members, but they get less back when the Church redistributes the funds. Tithing is given in addition to contributions to be used in the local church.

Healthful Living and Modest Dress

Abstaining from alcohol and other drugs and not smoking, maintaining a kosher or even a vegetarian diet, getting adequate sleep and rest, and exercising regularly are espoused by the Church for keeping the body—the temple of God—pure, holy, and healthy. Modesty in dress is also taught, because use of jewelry (often including wedding rings) and very elaborate clothing is held to be worldly, wasteful, and ungodly. The wearing of cosmetics is also frowned upon by very conservative SDAs. Bringing attention to oneself is not viewed as good or wise. However, these restrictions are gradually declining; using cosmetics tastefully and wearing wedding bands (especially by non-North American SDAs) are more widely acceptable now, as is wearing pins and some semiprecious stones. These differences reflect generational and geographical variations. For instance, the West Coast and the East Coast of the United States may differ in the ways in which SDAs live their faith. Reile (1997) has observed that some younger and new SDAs may accept moderate drinking. Case (1996a), in a very large study of SDAs, commented that there is a trend of increased wine usage by younger Adventist adults: SDAs over 65 years of age have a ratio of 1 in 20 who used wine, whereas those 18–29 years of age have a ratio of 1 in 4 who have used wine.

Prohibition Against Dancing

Any type of dancing, even square dancing, is viewed by many SDAs as unacceptable and sinful, especially among older and non-North American SDAs. This prohibition is based on the belief that improper sexual
intimacy for a couple and even married couples may occur while they engage in dancing. Although less of a concern among younger SDAs, for older members (over 60 years of age) and for those in conservative regions, the belief may still be strong. In the Value-Genesis Study of the SDAs, Dudley (1992) reported that 58% of the SDA youths in Grades 6–12 disagreed with the Church standard on dancing.

Avoidance of Movies, Theaters, Nightclubs, and Circuses

This is the belief that any form of entertainment might distract individuals from the strictly spiritual pursuits of Bible study and church activities. Although this belief is still held by many conservative SDAs, it is beginning to lessen among the more liberal and younger members. SDAs have performances of plays such as The Diary of Anne Frank in their schools and Barbra Streisand movies such as What’s Up, Doc? at Andrews University, the university that houses the only full seminary in Seventh-day Adventism. In Berrien Springs, Michigan, the home of the seminary, more liberal SDA teachers and professors, the university bookstores, and film programs often lean more toward liberal thinking. However, Takoma Park, Maryland, former home of the General Conference and local conference, has far more conservative members in general. Nonetheless, the main SDA bookstore in Takoma Park now sells items of jewelry, such as religious pins and refrigerator magnets of angels. Initially, conservatives frowned upon anything that would present a vaudeville or circus thrill, tempting the saints of God from their first love: reflecting the love and spirit of Jesus Christ to other believers and to the world.

Case (1996c) found that, although the SDA Church maintains its official stance against movies, most SDAs watch movies regularly in theaters and in their homes and that they may even go to movies more often than do their secular counterparts. He suggested that values related to central SDA theological issues may be believed and well-kept, whereas those reflecting more popular culture tend to be less maintained. Dudley (1992) found that 64% of SDA youths disagreed with the Church standard on attending movies in theaters. Furthermore, 55% of these youths disagreed with the Church about listening to rock music.

Avoidance of Premarital Sexual Intimacy

Although not necessarily observed by all SDAs, strict sexual abstinence before marriage is observed by conservative members. Indeed, not only sexual intimacy but excessive masturbation (any masturbation for conservative members), pornography, and obsessions about sexual activities might be deemed sinful and unacceptable. Knott (1996) reported that youths in SDA schools are far less likely to be involved in sexual practices.
Dudley (1992) found that two thirds of SDA students in Grades 6–12 agreed with their Church’s standards on sexual morality, but 18% (almost one fifth) disagreed on this, and 14% was not sure; SDA youth, surrounded by the cultural sexual revolution, may be turning away from the SDA traditional ideal of sexual purity. Corea (1996), studying the nonvirgin status of SDA youth, reported an increase in sexual activity with increasing age and, among those who indicated that they were not virgins, there was a higher percentage in the SDA group than in “mainstream Protestant churches” of those who had been sexually intimate before marriage.

Ordinance of Humility (Foot Washing)

The Ordinance of Humility or Foot Washing was mentioned in the Old Testament as a rite of hospitality and in the New Testament as an ordinance done just before the feast of Passover. Jesus washed the feet of the disciples and instructed them to wash each other’s feet. A woman is described in all four Gospels as washing Jesus’ feet. SDAs believe that this ordinance teaches people to come into a holy union with one another and to help and bless one another. It is not intended as anything degrading, but rather it is a demonstration of kindness and tenderness toward one another.

Ellen G. White spoke of the biblical example of women washing male believers’ feet, but not of brethren washing women’s feet (White, 1882). In practice, however, pairs of same-gender individuals wash each other’s feet before the service of the Lord’s Supper. In the more conservative SDA churches, even husbands and wives may not wash each other’s feet. The justification given for this segregation is that it would be immodest for women to take off their stockings in front of men or for men to have to kneel before a woman’s skirt or undergarments (Rayburn, 1993).

The Trinity

The Trinity is a basic belief of the SDA Church. There is one God, a unity of three coeternal persons of the Godhead: “God the Father, Son, and Holy Spirit.” For a fuller overview of this and other SDA beliefs, please refer to the “Fundamental Beliefs of Seventh-day Adventists” (General Conference, 1998).

Unity in the Body of Christ and the Role of Women

One of the fundamental beliefs of SDA is the unity in the body of Christ: The Church is one body with many members, a new creation transcending distinctions of culture, gender, ethnic identity, nationality, edu-
cation, and socioeconomic level. All people are equal in Christ; SDAs are to serve and to be served without reservation or partiality.

There is a growing concern and displeasure among some SDAs, particularly some women, who do not believe that the traditional role of women in the SDA Church reflects such unity in the body of Christ. This is especially painful to some SDA women in light of the vital roles that women such as Ellen G. White and Rachel Oakes Preston played in the development of the Seventh-day Adventist Church. Furthermore, women such as Charlotte Elizabeth Poor and Harriet Livermore were of crucial importance to the Millerite and Adventist movements, writing significant religious literature. Some SDAs do not think that women of more current times have been given responsibilities and leadership positions commensurate with those of men. During the Millerite movement, women were more concerned about religious issues on average than were men, and women played important roles in public and in private (Rayburn, 1997b).

Today, educational pursuits are encouraged for all SDAs, and many roles outside the ecclesiastical structure are open to women. Nonetheless, women are denied full participation within the governance of the Church itself. In fact, for the most part, women who have limited ministerial roles are not even called minister or pastor but rather associates in pastoral care. They do not have the professional status of clergy, nor do they receive the salary and other clerical job opportunities that male clergy do. The effect of such limitations for preaching, administering, and performing the sacred roles in the Church is sweeping. Girls and women have no adequate female ecclesiastic role models at the highest level of participation. Men as well as women may need to choose between their dreams of equality and shared roles in the Church and the reality of a church with male dominance and control (Rayburn, Natale, & Linzer, 1982).

The importance of the role of girls and women is one to which both SDAs themselves and therapists who work with SDAs should not take lightly nor dismiss as tangential to the SDA faith experience as it is lived in everyday existence. Adventist writers such as Gillespie (1996) and Dudley (1992) have shown laudable sensitivity to this grave concern. They are concerned that denying women an ordained ministerial role may lead to a schism and to people leaving the SDA Church. Speaking of values concerning women and social justice, Dudley sees the role of women in ministry as one of the most widely debated current issues in the SDA Church. Young people are as badly split on this issue as their parents and church leaders, with 54% somewhat or strongly favoring having women ordained as local church elders, 47% favoring having women pastors, and 42% favoring having women ordained as pastors in the SDA Church governance (not just limited to the local church). No gender differences were reported by Dudley. Furthermore, loving and serving other people was weakly related to favoring women in ministry.
Divorce and Remarriage

The SDA position is that divorce is not part of God’s plan. However, the Church recognizes that in the current day, with its problems of disobedience toward God and disrespect for self, others, and God, divorce will occur. The most accepted reason to allow divorce is adultery. In practice, one person is usually considered to be primarily responsible for the dissolution of the marriage, with the other seen as being relatively innocent. Both the divine and civil aspects of divorce are recognized by the Church.

Remarriage is also not looked upon as God’s plan. Marriage is not dissolved except for infidelity, adultery, and fornication (including a homosexual partner). The estate of marriage has both divine and civil aspects. According to the church discipline, individuals have no right to remarry if the “innocent” party is living, unmarried, and chaste. Should the non-innocent person remarry before the innocent partner, the noninnocent individual would most likely be disfellowshipped by the Church.

Birth Control

The SDA Church supports birth control through the methods of abstinence, protective devices, and birth control pills. Abortion is not an approved method of birth control.

Abortion

Seventh-day Adventists believe that all life is sacred. Abortion for gender selection, birth control, or convenience is not condoned. Nonetheless, in cases of rape, incest, or danger to the health of the woman, abortion can be condoned. Thus, there is a limited, conservative position on prochoice, but a predominant position held by the Church authorities supports probirth or prolfe. This position of probirth, however, is not unilaterally supported by all SDA women and men.

Homosexuality

The official position of the denomination on homosexuality is that the behavior and lifestyle are not condoned, but the homosexual person is
to be loved and accepted. This acceptance is encouraged with the goal of changing the gay men and lesbians, however. There is a serious question of whether a person is allowed to be SDA and gay. This is not a position held by all SDAs, however.

Corporal Punishment

In disciplining children, the SDA position accepts spanking a child within reason: A very mild application of the biblical injunction, “Spare the rod, spoil the child.” Certainly, no abusive situation would be acceptable (C. S. Rochester, personal communication, June 26, 1998).

While attending seminary for a Master of Divinity degree, I was called upon to give counsel on a matter involving a minister who was also attending the seminary. The minister disciplined his children harshly by beating them when they disobeyed him. He was warned by church and seminary authorities to discontinue such behavior. He excused himself, saying that he was from the West Indies, and that this form of discipline was a cultural matter. Nonetheless, he was instructed that such behavior would not be permitted in North America. Church leaders required him to accept counseling and to stop this maltreatment of his family. He appeared to comply with this requirement, and counseling was also arranged for the children and their mother.

IMPLICATIONS AND GUIDELINES FOR COUNSELING AND PSYCHOTHERAPY

Ellen G. White’s Guidelines to Mental and Spiritual Health

Ellen G. White, a founder and the recognized prophet of the Seventh-day Adventist Church, addressed matters of character, mind, and personality in many of her writings. These writings were much later put in a compilation, Mind, Character, and Personality: Guidelines to Mental and Spiritual Health (White, 1977). Some older and many conservative SDAs may be influenced by White’s early comments on Satan’s being able to work through the sciences, including psychology, phrenology, and mesmerism—psychology, to influence the mind. Her fear was that mind control could be used to delude unsuspecting Christians. White’s primary message here was that only through complete dependence upon Christ might people escape the snare of deception and evil. She warned others that, in the last days, Satan would work unceasingly to bring fanaticism among even SDAs and thus to bring extreme criticism and harsh treatment from the world.
on SDAs. Her remedy for dealing with the fanatical mind, with its unreasoning zeal, dazed self-importance, excessive pride, and combative ways, was to rely on Christ only and not on one’s own strength, not enter into controversy with the fanatic but to affirm everything about God with “It is written” and “Thus saith the Lord” (White, 1915). To White, mind control was a form of fanaticism. On the other hand, a healthy normal mind involved neither cold orthodoxy nor careless liberalism (White, 1977).

White urged that people control their impulses and emotions or, at least, control their will; this strength comes only from God. Feelings are often deceiving. At times, the Lord may disturb the mind with feelings of unrest or loneliness to teach dependence on God and turn people’s attention to eternal realities. She warned of the danger of becoming self-absorbed in self-study or emotions, but taking problems to God and occasionally to a pastor–counselor was urged.

Guilt or a sense of sinfulness put clamps on a truly happy life. Repentance, confession of sins, and true humiliation in asking God’s forgiveness for the sin, along with true forsaking of the sin, is needed to get the person back on the path to a sanctified and productive life. Worry kills and brings on unrest and anxiety. She urged that worries be taken to God and that people take each day at a time (“Sufficient unto the day is the evil thereof,” Matthew 6:34). “Let us not make ourselves miserable over tomorrow’s burdens” was White’s strong recommendation (White, 1902). Faith dispels anxiety (White, 1905).

Seeing the connection between mind and body functions, White (1891) wrote, “Those who are sick in body are nearly always sick in soul, and when the soul is sick, the body is made sick.” In counsel that would agree with much modern feminist therapy, White wrote in 1900 (White, 1977) that counselors can help those who have erred by telling them of the counselor’s experiences to show how others gave the erring person courage and hope by expressions of patience, kindness, and helpfulness. She instructed people not to talk of negative feelings lest they discourage both themselves and others (White, 1905). Although this might initially be viewed as a form of denial of one’s feelings, it is more a power of positive thinking, à la Norman Vincent Peale. In her most widely read book, Steps to Christ, White wrote in 1892, “Jesus did not suppress one word of truth, but he uttered it always in love.”

White (1880) wrote in a patriarchal structure of her times that a counselor be a man of sound judgment and undeviating principle, a person of moral influence who knows how to deal with minds, who possesses wisdom, culture, affection, and intelligence. Gentleness and unbending integrity in a counselor are needed to contend with prejudice, bigotry, and error of every form and description. A kindly approach without reproach is needed, with no blame or condemnation in coming close to a troubled
person's side to help him or her. Yet, in counsel to a minister (White, 1889a, 1977), she cautioned that private counseling on private matters concerning either families or individuals can become a snare for both the pastor and those counseled because people might turn in their dependence on another person and not on God. In 1915, she wrote that the work of the pastor-counselor is more important than that of the physician in dealing with sin-sick souls: Eternal life is more valuable than temporal existence.

Counselor–Client Relationship

Counselors and psychotherapists who are SDA themselves or who see SDA clients and patients have often reported being distrusted by older and more conservative SDAs concerning psychology, psychotherapy, and psychiatry. These individuals may experience difficulty in perceiving that anyone can be both a psychologist and a believer or a therapist and a Christian. Barbara Suddarth (personal communication, November 2, 1997), a fifth-generation SDA and a counseling psychologist, found such distrust curious in an organization that places much importance on health care but seems to overlook mental health, at least for more conservative members. Some may fear that psychotherapy will involve mind control, brainwashing, or hypnosis. Some more conservative SDAs may suspect psychotherapists and counselors who were not trained in SDA graduate schools or who are not “Christian counselors” (which would imply a specialty in Christian counseling). Because some SDAs may be very critical of themselves and of others, they usually respond well to a psychotherapeutic approach that is nonjudgmental.

Reile (1997) pointed out that SDAs are similar in many ways to “mainstream” conservative Christians: Usually fervent believers in prayer, they may fear that seeking mental health remedies would suggest that they doubt God’s power to overcome problems and show their lack of faith and good prayer life. As with all religious clients, therapists must support the client’s belief system at least initially and not challenge or label it (e.g., magical thinking). Because new clients may think that psychology and psychotherapy involve Freudian “obsession with sexuality,” hypnotizing people to do something against their will, and invasion into the more private facets of their lives, they need to hear from the therapist at the outset what type of therapy will be practiced and what results might be anticipated. Therapists need to recognize that there are many individual differences among SDAs and that SDA beliefs different from their own do not usually indicate bizarre or unhealthy conditions (R. Proctor, personal communication, September 2, 1997).
SDAs may be very selective as to which assessment tool they will tolerate. For instance, they may not react well to the Minnesota Multi-phasic Personality Inventory if they interpret it as being unsympathetic toward religious persons. The same may be true of the Thematic Apperception Test. The therapist may be able to use these instruments with more liberal SDAs, however. The more projective tools, such as the House–Tree–Person, Human Figure Drawings, Draw-A-Person-in-the-Rain, Kinetic Family Drawing, Self-Image Drawing, Sentence Completion, and Rorschach Inkblot Test may be seen as being safer by most SDA patients and clients. Also, they might be assessed with the Faith Maturity Scale (Benson, Donahue, & Erickson, 1993) and with other religiousness and spirituality measures, such as the Inventory on Religiousness (Rayburn, 1997a) and the Inventory on Spirituality (Rayburn & Richmond, 1997).

John Berecz (1998), a clinical psychologist in both private practice and academia, sees working with SDA clients as a unique experience in multiculturalism. He has found differences among SDAs to be as great as differences between Adventists and United Methodists. Berecz views California Adventists as being rather wry and stereotypical liberals and intellectuals who believe in the full equality of women, favor the ordination of women to the gospel ministry, and consider sexuality to be part of human functioning in both the procreational and recreational senses. Furthermore, California SDAs are generally more trusting of psychology and psychotherapy than SDAs from other regions of the United States. At the opposite pole, Berecz described Third World Adventists as insisting on the patriarchal view of the male person as the biblically ordained priest of the home, with the wife created to be subservient and to function as a helper to her husband; these SDAs think that sexuality is a very private matter, primarily for procreation. They do not think that women should ever function as ordained ministers or have equal rights.

Frederick Kosinski, Jr. (personal communication, January 3, 1998), a counseling psychologist in private practice and academia, notes that half of his clients are SDAs, ex-SDAs, or have been part of the SDA community. Having worked in several states in North America, he has observed that rather conservative SDAs in western Nebraska nonetheless ate beef and drank bitter black coffee. At an SDA college in Lincoln, Nebraska, however, the SDAs were more liberal. Michigan SDAs were more conservative than California SDAs but more liberal than SDAs in Nebraska, Maryland, or the District of Columbia. SDAs living around large Adventist institutions may be more conservative than those who work for those institutions and less conservative than SDAs living in small communities. SDAs seem to exist on a continuum, with most being centrist or moderate. It is important for therapists to determine what kind of Adventist an in-
dividual is, what the person believes, and how these beliefs affect and shape the individual’s personality.

COMMON CLINICAL ISSUES

Perfectionism

SDAs who believe that they can and should attain perfection on this earth during their lifetime are often quite critical of themselves and others and suspicious of the motives of others. They spend much time in avoiding blame, limit themselves to restricted areas of enjoyment in interpersonal relationships, and rarely allow others a broad range of enjoyment. E. Kosinski, Jr. (personal communication, January 3, 1998) reported that the theological perfectionism of SDA clients seems to contribute to their anxiety or depression. He encourages these clients to look at the compassionate side of God. Lovinger (1990), admitting that he had not worked with any Adventist clients, thought that they might be vulnerable to anxiety about making errors and giving in to evil temptations from which they cannot escape. Berecz (1998) noted that SDAs might get caught in a web of perfectionism and scrupulosity connected more to their upbringing and religious subculture than to any real behavioral misdeeds.

B. Suddarth (personal communication, November 2, 1997) remarked that some SDAs, like other religious people, have a highly developed and often rigid superego, with a splitting off or total denial of the id or pleasure principle. There are many shoulds, oughts, and musts in SDA clients, often with a failure to understand from where these strictures come. Although it will probably promote anxiety, these clients may need to question and explore these attitudes for the sake of their emotional growth. Authority issues are important because conservative SDAs tend to assign respect to hierarchy and authority figures. Therapists and their clients should explore what authority means to the client, stressing an open and questioning orientation. When clients insist that something is true because the pastor said so, the therapist may find it helpful to get clients to trust their own thinking and feeling more, to become more self-sufficient, and to develop a healthier skepticism toward “total authority.” To develop themselves as independent individuals who formulate their own values, clients need to be helped to gradually separate the cultural aspects of Adventism from their own religious beliefs. Additionally, individuation may be furthered by helping clients see past surface cultural meanings to understand deeper, underlying connections and symbolism. For example, a client might be encouraged to think more deeply about what is expressed by wearing jewelry or colorful clothing instead of automatically ascribing such behavior as being evil or sinful.
Sexuality

Some SDAs, including some SDA pastors, are not comfortable with their bodies, their own sexuality, or touching others, with the possible exception of a handshake. Resolving their sexual attitudes through counseling or therapy sessions would be most beneficial for such individuals.

Berecz (1998) believes that many SDAs might suffer from unintegrated sexuality, or compartmentalizing their sexual functioning into a secret, never discussed corner of the psyche. Repressing sexuality as advocated in the writings of Ellen G. White often leads to compulsive sexuality, sexual dissociation, sexual acting out, and other unhealthy sexual attitudes. Berecz noted that, with couples, such repressed sexuality may take the form of one partner being uninterested in sex while the other is overly interested or of the couple compulsively using sexual frequency as a measure of self-esteem or the status of the marital relationship. Modern updating on sexuality has not occurred for many SDAs. With growing numbers of Third World SDAs entering North America, a trend toward more conservatism on human sexuality is evident.

Suggesting that SDAs may have more guilt about masturbation than average individuals do, Berecz (1998) connects such attitudes and feelings to the influence of the writings of Ellen White on these SDAs. Whereas some persons may view masturbation as a “loser” position if it is the only means an individual depends on for sexual gratification, SDAs may rigidly follow the counsel of White and view the matter through Victorian eyes that see it as a secret vice, self-abuse, or self-murder, as well as a cause of physical or mental distress.

Projection and Anger

B. Suddarth (personal communication, November 2, 1997) recognized that many SDAs project id impulses onto a family member. In these instances, clients must normalize desires, wishes, and emotions as healthy dimensions of human activity rather than as sinfulness if they are to incorporate previously split-off parts of themselves into a holistic identity. Therapists need to proceed slowly to make such admissions less threatening. If the client thinks anger is an unacceptable emotion, the therapist should avoid saying that the client is enraged and instead comment that there is a part of the client that feels angry. Clients can often deal with this gradual admission more easily.

Fear of Dependency

Adventists may fear becoming overly dependent on therapists and counselors and ending up so emotionally distraught that they regret ever
being in treatment. Such dependency might signal to SDAs that they have taken their eyes from their first love, God. Of course, they realize that they have not yet attained such a position of closeness to the divine, but they strive hard to reach this plane of faith and belief. Ellen G. White warned SDAs against allowing others to control any person's mind, as with hypnosis. Her warning has contributed to SDAs' excessive concern about becoming helplessly dependent on their counselors or therapists. Therapists need to reassure clients that the treatment will not undermine their emotional freedom or their religious beliefs (even if neurotic). Therapists and counselors should work within the clients' belief system and help them to function more effectively on their own. Ironically, SDAs who are most fearful of losing their independence in therapy are sometimes the ones most likely to become dependent on the clergy and to view this form of dependence as reverence for God's anointed representatives (Berecz, 1998).

Guilt and Shame

Many SDA clients may accumulate a lot of guilt and shame, not differentiating between the good guilt, which people feel after real wrong doing, and shame, which is the feeling of overall badness that is not actually rooted in real misbehavior. Therapy allows clients to examine why they sense guilt and to discern whether such a feeling is connected with misdeeds or results from seeking perfection to an unhealthy extreme.

Depression

Some SDAs become frustrated, angry, and even depressed when the ideals of the Church do not match the practice of the Church. Then they become angry with themselves for even experiencing any anger. They often need to be reminded that even Jesus Christ experienced anger and depression—or at least deep sadness. A serious and obvious source of depression for many SDA women and some men is the nonacceptance of women for ordination to the full gospel ministry. Some women have left the SDA Church, whereas others remain halfheartedly in the pews. Furthermore, for the growing number of religious feminists in the SDA Church and for those who belong to groups that favor ordaining women as full gospel ministers (there have been at least three such groups), there has been a tremendous inner struggle, anger, and depression in striving to be true to one's womanhood and one's denominational ties (Rayburn, Natale, & Linzer, 1982).

F. Kosinski, Jr. (personal communication, January 3, 1998) indicated that he had worked with ex-SDA clients who saw themselves as having been victimized by the Church and its restrictions. He encouraged such clients to find their own spiritual way and to give up the role of victim.
SDA women, however, often remain faithful to sabbath observance and are unwilling to join a church that observes Sunday as its day of worship. For these women, little in therapy can alleviate the pain of their intense struggle within the religious community and within themselves. They must deal continually with the problems of gender discrimination within sanctuary walls. Therapy might provide these women an opportunity to sort more fully through the religious, spiritual, and feminist values in their lives, however.

Another source of depression is illustrated by a case described by Ferris (1983). A married couple had been committed Christians, health conscious, careful in selecting their diet and in using vitamin supplements, and conscientious in exercising and in following the healthiest lifestyle possible. When they learned that the husband had a terminal malignancy, they were unable to accept this in light of their careful lifestyle. As the wife watched her husband grow weaker, she and he constantly voiced their regrets: "What if I had only...?" They felt helpless, followed by anger toward the diagnostican, the institution, themselves, and even God. The couple experienced frustration and guilt in having failed to deal as Christians with their own mortality.

To reduce the anxiety and depression level of such clients, the therapist needs to help them rephrase the basic question of "Have I made all of the right choices?" Reality must be faced in working through all of the concomitant feelings in the stress of the problem, remaining open to God, self, and others. Psychic and spiritual energy need to be focused upon lessening devastating pessimism, replacing this with healing optimism. This couple had an unspoken but strongly felt hope that healthy living would bring a reward of near immortality. They had assumed that if they followed divine plans for healthy living, illness and death would bypass them indefinitely. There was, then, a kind of bargaining of right living for immortality. Through therapeutic intervention, couples like this can be helped to see that their careful lifestyle might have warded off diseases more effectively than an unhealthy one, but it could not guarantee against all physical problems and weaknesses. Therapists who are nonjudgmental, warm, and caring can help such a couple to accept the reality of the husband's mortality and help the wife to anticipate her reunion with her husband at the resurrection.

Clergy depression and burnout are important matters to work with in counseling and psychotherapy. The few women who work as ministers are actually called associates in pastoral care. Furthermore, when Dudley and Cummings (1982) studied SDA pastoral morale, they found that a substantial minority of male ministers desired to be relieved of administrative minutiae of the Church, to have more meaningful continuing education to develop their abilities and talents, and to have a more equal relationship as pastors with conference administrators. Related to pastoral morale was
the pastor–spouse relationship. The women associates in pastoral care of-
ten are depressed because they are rarely given pastoral responsibilities or
authority but usually are assigned jobs that the male clergy do not want to
have. They are understandably resentful, although they may express their
feelings in more passive than assertive ways.

Clergy in general have trouble setting priorities and saying “no” to
the requests of others. But when there is little time for themselves or for
their families, they become frustrated, anxious, angry, and depressed. In
counseling or therapy, they can learn to deal more effectively with their
frustration and anger. Admitting that they have a problem is a first step.
They may need to overcome their tendency toward perfectionism to set
priorities, to refuse to respond to all or most requests when time and energy
are limited, and to make sure that they get enough rest and relaxation. A
need to see themselves as superclergy on a clerical pedestal is an unhealthy
position that must be resolved in treatment. The health consciousness of
SDAs proves to be helpful because they tend to refrain from drinking and
smoking, and to have strict kosher or vegetarian diets. These health mea-
sures have been shown to lower stress levels in general.

 Forgiveness

Berecz (1998) found the concept of forgiveness useful in treating even
very conservative SDAs. Because forgiveness reflects the expectation that
weak humans make mistakes, SDAs can be reminded that forgiveness in-
volves reframing mistakes as feedback and proceeding with one’s life. The
SDA culture of shame and guilt stresses right living, right doing, and right
attitudes. When members of this culture fail in achieving the degree of
perfection that they expect of themselves and that they perceive to be
expected of them by their Church and other believers, they become de-
pressed. For many SDAs, tolerance for ambiguity is low.

 TREATMENT AND INTERVENTION ISSUES

For SDAs suspicious of psychology and psychotherapy, the tendency
toward perfectionism, the patriarchal attitudes toward women, and the crit-
ical outlook in general may hinder optimal psychotherapeutic processes.
Potential healing properties, on the other hand, for this religious culture
may be the genuine motivations to seek goodness and truth, to be healthy,
to be close to God, to help other struggling beings, to be more acceptable
in the eyes of God, and to prepare themselves for better living and better
service to others. These motivations and values will facilitate the process
of therapy.

Relaxation training for SDAs can be very helpful, as can Rogerian
Therapy, Transactional Analysis, cognitive behavioral therapy (emphasizing thinking and feeling elements with equal importance), and any other modalities that focus on the realistic and the logical with both feeling and thinking components. Thus, a psychotherapeutic approach that appeals to the client's reasoning abilities and does not prematurely get into possibly threatening emotional areas would be best in working with SDAs. With very conservative SDAs, Freudian psychoanalysis might be less acceptable and less appropriate because of the perceptions of these SDAs that psychoanalysis dwells on sexual subject matter and has less than accepting attitudes toward organized religion; hypnosis might also be linked with Freudian psychoanalysis in their thinking.

Reile (1997) offered some further guidance in providing psychological services to SDA institutions, organizations, and individuals: Because SDAs observe sabbath from sundown Friday to sundown Saturday, no business meetings or appointments should be scheduled at that time. Facilities and treatments in the medical and related fields, including psychology, are exceptions to this guideline as these are deemed necessary services to life, even on the sabbath. A general rule is to schedule only emergency vital sessions of therapy on the sabbath.

As with other denominations, SDAs usually prefer to deal with “one of their own” whenever possible. If this is not possible, they at least want to work with a therapist or counselor who understands and appreciates their value system. Networking, especially in large SDA communities that are usually very insular, is quite important.

Psychological services may be viewed with suspicion outside the medical community, especially, by very conservative SDAs. Therapists need to explain their credentials, therapeutic orientation, and therapy goals very clearly, and they should avoid references or terms that might be misinterpreted. Child, marriage, and family counseling, as well as individual counseling and therapy, are fairly acceptable among SDAs.

A therapist should consider dressing modestly when meeting with SDA clients for the first time, not smoking during sessions, and making sure that there is no smoke odor in the room. Often perfectionistic and sensitive to criticism, often feeling more guilty about not having achieved perfectionism, SDAs benefit most from working with a very nonjudgmental, accepting therapist whose tolerance extends to being criticized by the client.

CASE EXAMPLE

Matthew, a 38-year-old convert to the Seventh-day Adventist faith, a former Southern Baptist, had married Lilly, a 35-year-old fourth-generation SDA. Their three children were ages 5, 7, and 13. Matthew had diabetes,
serious allergies, and asthma. Both he and Lilly were depressed. They were living on the West Coast of the United States until Matthew was laid off when his company was downsized. He reported that he was a good worker. Lilly worked in a day-care center, but this was not enough to support their family. After looking for work for almost a year, they reluctantly went on welfare.

At this point, Lilly decided that they were going to live with her mother and unmarried sister (age 32) temporarily. Lilly's mother, Rose, and her sister, Jean, wanted to have Lilly home with them in Tennessee, but they did not want Matthew to stay with them. They had always opposed his marriage to Lilly. Lilly's family was much more well-to-do than was Matthew's family. This financial advantage and the fact that they were fourth-generation SDAs and Matthew was just a convert led Lilly's family to be less than accepting of him. Nonetheless, Lilly and Matthew and their three children moved in with Rose and Jean. However, the agreed upon division of labor was not carried out to the satisfaction of Rose and Jean, who had lived together since the death of Rose's husband 10 years earlier. They were used to an orderly, quiet, immaculate home. Rose gave Lilly a job in her nursing home, but she found only odd jobs there for Matthew. With his medical and emotional traumas, Matthew was fatigued much of the time and rarely went out of the house when he did not have some job to do. Rose and Jean accused Matthew of being lazy and complained that the children made messes around the house.

The fact that Matthew was of the same faith and followed the same religious traditions as Lilly and her family was one significant strength for Matthew's and Lilly's relationship. In addition, Lilly and Matthew had several years of college training. However, they were suffering from unresolved anger, guilt, perfectionistic goals, blame avoidance, and depression. Lilly felt intense anger at her mother's demeaning attitudes toward Matthew, but she denied her own anger toward Matthew and secretly thought that he could do better. Though Lilly sympathized with his physical and emotional problems, she blamed him for having such difficulties at all and for not being more healthy and perfect. Lilly was getting criticism from Rose and Jean: They criticized her appearance and objected to her allowing Matthew to just sit or lie around the house. They pressured her and Matthew to do the major part of the cleaning and cooking. Lilly reminded them that the husband is the priest or head of the home, as she had been taught as a child by her mother. Changing her earlier view, mother Rose now argued that woman and man share the responsibilities for the home and that they control life together.

During therapy, I first asked Matthew and Lilly to focus on commonly held goals for their family and for individual members of their family. The goal of the family was to move to their own apartment or house as soon as possible. A reasonable timetable for achieving this was agreed upon.
also encouraged Matthew and Lilly to look for temporary and permanent jobs in Tennessee and elsewhere. Finally, I agreed to work on helping them to overcome patterns of negative thinking about themselves and others.

As therapy progressed, it became clear that Matthew and Lilly were experiencing much guilt and shame for having to depend so much on others during this period of their lives. Their children shared these feelings, along with anger and frustration that things were not better for them. Many “shoulds” needed to be worked through:

- A good Christian should be charitable all of the time and especially to other family members.
- A daughter should be listening more to her mother than to anyone else.
- A mother and sister should be more supportive and less critical of their own family members.
- Everyone should know how hard one is trying to do better.
- Everyone should show more love and respect for others.
- Everyone should know what others think and feel.
- People who practice healthful living should enjoy a perfectly healthy body, mind, and spirit.
- God should allow those who are following the divine plan of living to enjoy a happier and more rewarding life.

Both Transactional Analysis and cognitive-behavioral therapy (logical reasoning and feeling) were helpful in working with Lilly and Matthew. Helping them to examine their irrational thinking was beneficial; for example, it may be desirable for everyone at all times to show more love and respect to all others, but this might not be happening in reality. Those who practice healthful living may ward off diseases and other problems for a period of time, but they may still be susceptible to illnesses no matter how hard they are trying to fight the good fight. No guilt or shame is implied by having an illness; it is harmful to flog oneself for not being perfect. Practicing more “love thyself” as well as loving others in the spiritual sense is vital to good health.

Matthew revealed that he had been so depressed, he failed to take his medication regularly or in the recommended dosages. As therapy progressed and he worked through his depression, he went back on his medication. Then, he became less fatigued and more motivated to work around the house and to look for work more appropriate to his training. Therapy with the family—Matthew, Lilly, Rose, Jean, and the children—looking at the realities of having several physical problems as did Matthew and bringing about better understanding and empathy for Matthew was one major outcome. Matthew was encouraged to take better care of his health (including taking his medicines and maintaining a proper diet) and not allowing depression and anxiety to imprison him into a box of self-pity.
Matthew and Lilly realized that the two families could not live indefinitely in the same house. They looked for job opportunities even outside Tennessee. Matthew negotiated with Rose and Jean for his family to remain living with them for 6 months until they could establish themselves elsewhere. In therapy, he worked on being less passive, especially with strong women with whom he was particularly intimidated, and developing more self-esteem. Within 3 months, he heard of a job in a neighboring state that would be available 1 month later. He interviewed for the job and was hired. Although it was not just what he wanted, the job provided training opportunities to secure the desired type of position. Lilly too found suitable employment. They found a modest apartment. Most important, there was more respect that each of these persons gained toward other family members as well as toward themselves. All of them seemed to have gained a lot by being in therapy.

HEALING PRACTICES AND BELIEFS

SDAs have an active prayer life and find comfort in worship services in general. Rituals or ordinances, such as foot washing, the Eucharist, laying on of hands, and anointing with oil, are seen as healing practices and social supports of the ecclesiastical community for SDAs. Reading Scripture and inspired works of Ellen G. White and other inspirational religious and spiritual writers is also viewed as healing for many problems.

CONCLUSIONS AND RESEARCH RECOMMENDATIONS

Further research on SDAs would promote insight into how to work more effectively with SDA clients. The following are some of the issues that might be studied further for more effective therapy and counseling with SDAs:

1. Gathering and analyzing data on perfectionism and authoritarian tendencies in SDAs, especially with regard to gender, ethnic, and age differences.

2. SDA attitudes about sexuality might be examined in light of the embodiment of religious experience (Rayburn, 1995) and the interface of theology and biology (Rayburn & Richmond, 1998). Although the Valuegenesis studies (Case, 1996b; Dudley, 1992) have made a good start, a large part of the adult population, especially single persons, was not included to any real extent.

3. Because clergy in most denominations experience stress that is related to difficulties in setting priorities, wanting to please everyone, desiring to maintain a saintly image, and other such issues, an assessment of
such stress before doing therapy with clergy would be helpful. The Religious Occupations and Stress Questionnaire (Rayburn, Richmond, & Birk, 1997) could be used for this.

4. The SDA population has many individuals who strive to attain and maintain very high moral standards or values. Having a measure of comparison between the generally held moral values and those situationally held by the person (as might be measured by the State-Trait Morality Inventory by Rayburn, Birk, & Richmond, 1996) would be helpful in conducting therapy or counseling with SDAs.

SDAs are similar to mainstream Christians in many ways. However, as demonstrated throughout this chapter, in some very important ways, SDAs are rather unique or at least different from other Christian believers. Knowing these similarities and differences will allow the therapist to work more effectively with Seventh-day Adventist women, men, and children. In working with Adventists, it is necessary to take into account geographical and subcultural differences and the fact that subtle changes take place over time, that is, even the most homogeneous denomination or group experiences a fluidity of movement over time. Thus, as with many other group observations, greater within-group differences are sometimes more evidenced than between-group differences. It is hoped that this chapter will help to ease the transition of therapists into a new and challenging culture in the world of religion and spirituality and to lend to the enjoyment and success of the dialogue between client and therapist.

SUGGESTED READINGS


REFERENCES


