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Distinctive Components and Perceived Sources of Gain in Christian Counseling

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This article describes the results of two survey studies designed to assess Christian practitioners' perspectives regarding both the distinctive components and undergirding sources of gain in Christian counseling. Both studies utilized members of the Christian Association for Psychological Studies (CAPS). Study 1 employed a convenience sample of 17 CAPS members, while Study 2 obtained a sample of 161 CAPS psychologists. Results of the studies were congruent and offered support for a multi-dimensional model of Christian counseling. Respondents were most likely to endorse God's active involvement in counseling and the counselor's faith as the most distinctive components of Christian counseling. The most highly endorsed active ingredient leading to change was the activity of God, Jesus Christ or the Holy Spirit.

Since the publication of Adams' book, *Competent to Counsel* (Adams, 1970), there has been dramatic growth in interest in Christian counseling. However, there remains considerable disagreement regarding the nature of Christian counseling. Worthington and his colleagues (Worthington, Dupont, Berry, & Duncan, 1988), for example, noted "clients and others should not mistakenly group all Christian therapists together as if they are equally effective or conduct psychotherapy similarly" (p. 292). More sobering was Collins' (1980) observation that Christian counseling is in "conceptual chaos and in a technical psychological denominationalism" (p. 332). It seems that few authors agree as to what makes Christian counseling unique or particularly distinctive in character and quality.

In recent reviews, Bufford (1995, 1997) concluded that a number of different criteria have been proposed as defining characteristics of Christian counseling. Although there is considerable variety in what different theorists emphasize, some agreement was noted among theorists regarding what they imply "should" characterize Christian counseling. Bufford (1997) proposed a *consecrated counseling* model which reflected this realm of consensus. Consecrated counseling is characterized primarily by the personal faith and calling of the counselor, and secondarily by what the counselor does. Consecrated counseling is marked by an acknowledgement of the involvement of God and the ministry of the Holy Spirit, is committed to Christian values, and has the goal of service to God and fellow humans. Specifically, Bufford (1997) identified four salient dimensions of Christian counseling which included (a) the context or setting of counseling, (b) the intervention techniques or topics approached, (c) the goal of therapy, and (d) characteristics of

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the counselor. He noted that each was an important component of consecrated counseling.

Collins (1988) has suggested that Christian counseling is based on four distinctives including: (a) unique assumptions, (b) unique goals, (c) unique methods, and (d) unique counselor characteristics. Counseling may be Christian if it is done in a Christian setting, such as a church (Worthington, 1986). Christian intervention techniques may be based on Scripture or on Christian issues (Worthington, Dupont, Berry, & Duncan, 1988). Christian counseling may have goals of helping clients change in the direction of Christlikeness or Christian maturity (Crabb, 1977). However, the heart of Christian counseling appears to be direct and intentional involvement of the Holy Spirit and scriptures (Bufford, 1997; Collins, 1988).

It is possible that disagreement among theorists about what is essential to Christian counseling likely parallels and reflects disagreement among pastors, lay persons, and professional counselors such as psychologists regarding the distinctives of Christian counseling—or at least about their relative importance (Bufford, 1997). In particular, it appears likely that failure to distinguish Christian spiritual counseling from Christian mental health counseling may underlie much of this disagreement.

Perceived Sources of Gain in Christian Counseling

The assumptions a therapist holds concerning how a client grows and changes will directly and indirectly guide psychotherapeutic practice. These assumptions are often based upon personal belief and experience, rather than empirical data (Paul, 1967). The therapist's theoretical assumption(s) regarding what causes change generally guides selection of treatment methods. The major psychological orientations hold distinct conceptions and theoretical perspectives regarding change processes in psychotherapy. Through transference and insight, psychoanalysts expect inner conflicts to be overcome. Behaviorists believe that modification in motor movement through corrective learning experiences brings about change in attitude and affect. Cognitive theorists declare that changes in thinking give rise to changes in feeling and behavior. Humanists or experientialists contend emotions propel an individual's thought and action (Mahoney, 1991). Regardless of the primary theoretical orientation, several factors have been proposed as contributing to effective psychotherapy, including relationship factors, time, and non-specific treatment factors (Bergin & Garfield, 1994; Bergin & Lambert, 1978; Lambert, 1991; Lambert, Shapiro, & Bergin, 1994).

Assumptions regarding how clients change are critical to explicitly Christian counseling as well. Jones and Butman (1991) challenged Christian counselors to, "think with Christian clarity about the theoretical approaches to understanding and changing people, which provide the background for all counseling practice" (p. 415). All theories and approaches to psychotherapy and counseling are rooted in beliefs regarding how people change. A salient question for Christian counselors is how to approach major theories and methods in the field with careful consideration of their world view.

There now appears to be little doubt that therapists' beliefs and values, especially religious values, are conveyed to clients (Beutler, 1979). In fact, one of the common fears among highly religious clients is that of having their values changed (Worthington, 1986). Beutler (1981) reported that across over 50 studies in his literature review, there was a high correlation between adoption of the therapists' belief system and success in therapy. Also, the more dissimilar the belief systems

at the onset of therapy the more convergence occurred. It is clear that values change whether value change is intended or not (Goldsmith & Hansen, 1993).

What are the values or beliefs of Christian therapists? Collins (1988) has written, "Despite variations in theology, most counselors who call themselves Christian have (or should have) beliefs about the attributes of God, the nature of human beings, the authority of Scripture, the reality of sin, the forgiveness of God, and hope for the future" (p. 17). These beliefs are the basis of the world view which the Christian counselor brings into a counseling situation, and influence all that he or she thinks, says or does. Prior to evaluating the efficacy of religious and particularly Christian psychotherapy, we must begin by scrutinizing the presuppositions of these perspectives. Whether acknowledged by the counselor or not, assumptions shape and direct the counselor's thoughts and actions in therapy. An explicitly Christian approach will ideally align with the therapist's Christian faith or world view (Collins, 1988).

Despite the widespread practice of Christian counseling, it has so far received little empirical study. Since Worthington's review several years ago (Worthington, 1986), some preliminary studies have examined Christian counseling training (Jones, Watson, & Wolfram, 1992; Moon, Bailey, Kwasny, & Willis, 1991) and practices (Moon, Willis, Bailey, & Kwasny, 1993; Worthington, Dupont, Berry, & Duncan, 1988), and investigated outcomes of Christian interventions (Johnson, Devries, Ridley, Pettorini, & Peterson, 1994; Johnson & Ridley, 1992a; Pecheur & Edwards, 1984; Propst, 1980; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992).

Of the five psychotherapy outcome studies, only Propst (1980) and Propst et al. (1992) found religious psychotherapy to be more effective than nonreligious psychotherapy. Nonetheless, proponents of uniquely Christian therapies often imply that specific components of Christian treatments are unique and lead to positive client change. However, the primary assumptions among leading Christian practitioners have yet to be researched and clarified. Proponents of Christian therapies articulate their assumptions in several ways with varying levels of clarity. Distinguishing the various assumptions regarding change among Christian authors should help draw distinctions among these theorists in order to clarify their assumed sources of therapeutic gain (Johnson & Ridley, 1992b).

Christian authors have typically stated or implied one, or a combination of, assumptions regarding the unique or active ingredient in Christian counseling and therapy. Johnson and Ridley (1992b) classified major Christian authors and theorists according to one of four salient assumptions in order to operationalize these categories in hopes of furthering research on the efficacy of these approaches.

The Accommodation Assumption

Accommodating secular therapy techniques to the religious faith surround of clients serves as a means of invigorating an individual's faith along with lessening distress (Worthington, 1986). Traditional psychotherapies have been explicitly or implicitly modified to be more in line with Christian client's beliefs and values to enhance treatment (Wahking, 1984). Research has supported the value of integrating client values into the therapeutic process (Bergin, 1980; Kelley & Strupp, 1992; Martinez, 1991). A number of current Christian approaches to therapy were clearly developed from secular systems for which biblical rationale has been found. Many have adopted cognitive or cognitive-behavioral approaches (Collins, 1980; Crabb, 1977; Johnson & Ridley, 1992a; Minirth & Meier, 1978; Pecheur & Edwards,

1984; Propst, 1980; Worthington, 1982), along with transactional analysis (Malony, 1980), logotherapy (Tweedie, 1963), and hypnotic suggestion (Finney & Malony, 1985a, 1985b).

The Hope Assumption

“One hopes with, through and sometimes for someone else. Hoping is basically a shared experience. Hence, also the contagiousness of hoping ... the point is that hoping is generated in the relation” (Pruyser, 1963, p. 95). It is in relationship that hope is offered as available to the client (Vande Kemp, 1984). Hope is assumed by many to be a unique source of gain in psychotherapy (Guntrip, 1957; Marcel, 1951; Pruyser, 1963; Vande Kemp, 1984). Hope for God’s healing may be a factor or unique source of gain which distinguishes Christian psychotherapy from secular therapy (Vande Kemp, 1984).

The Truth Assumption

Proponents of the truth assumption hold that practicing Scriptural truth can help a client in Christian therapy achieve emotional health (Johnson & Ridley, 1992b). Edwards (1976) attributed change to scriptural truth based on two Bible passages. “All Scripture is given by inspiration of God and is profitable for reproof, for correction, for instruction in righteousness; that the man of God may be perfect, thoroughly furnished unto all good works” (2 Tim. 3:16, 17). “The Word of God living and active and sharper than a two edged sword, piercing as far as the divisions of soul and spirit, of both joints of marrow and able to judge the thoughts and intents of the heart” (Heb. 4:12).

Christian authors, expounding the truth perspective as a foundational source of change and growth, have asserted that scripture may powerfully change attitudes, behavior, and perceptions (Capps, 1984; Seamand, 1981). Biblical truths and exhortations serve to challenge clients to consider new perspectives and adopt different attitudes and behaviors (Adams, 1973; Capps, 1984). Here, “truths of God’s perception of reality” (McAllister, 1983, p. 50) guide the Christian client to change.

The Divine Agent Assumption

The salient source of gain for those holding a divine agent assumption is God, Jesus Christ, or the Holy Spirit intervening to bring about change and growth in the client’s life (Adams, 1970; Hart, 1990; Sanford & Sanford, 1982). Most proponents of this assumption view counseling as a process for inviting divine intervention or spirit directed inner healing of emotional hurts. From this perspective, the task for the Christian therapist is cooperation or collaboration with God in the healing process” (Adams, 1970; Hart, 1992).

These common assumptions among leading Christian authors require more detailed articulation and investigation. Outcome research quality will depend upon the extent to which assumptions regarding gain are explicated. In order to provide the best service for Christian clients, it is essential to identify and clarify both important components of religious psychotherapy and its effects on clients. To this end, it is essential to understand Christian therapist’s beliefs and practices, including their undergirding assumptions theoretical constructs, and applied methods.

The purpose of the current research was twofold. First, we attempted to explore what Christian therapists regard as the most salient features of Christian psychotherapy. Second, we investigated what these practitioners believe undergirds

the change process in Christian psychotherapy. To achieve these ends, we conducted two exploratory survey studies using members of the Christian Association of Psychological Studies (CAPS) as subjects. The first study utilized a convenience sample of CAPS members at a regional convention and was limited to exploration of the components or distinctives of Christian counseling. The second study was a large scale national survey of CAPS psychologists and was designed to address both the distinctives question and primary assumptions regarding sources of gain in Christian counseling.

Study 1

Method

Participants. The study used a convenience sample of members of CAPS who were attending the Western Regional meeting in Fresno in June of 1995. A total of 17 persons responded to the survey; 8 (47%) identified themselves as male, 6 (42.9%) as female, while 3 did not specify gender. Among respondents, 8 (47%) were psychologists, 3 licensed clinical social workers, 2 clergy, 2 marriage, family, and child counselors, and one respondent each identified himself or herself as professor, educational psychologist, tutor, and administrative faculty (several respondents indicated more than one professional identification).

Instrument. Thirteen items measuring views of Christian counseling were included in the survey (see Table 1 for item contents), which was developed for this study. Each item was rated on a 6-point continuum from Strongly Disagree (-3) to Strongly Agree (+3), with no neutral point (blank items were coded 0). In addition, three items of demographic information were collected from respondents: age, gender, and professional identity. A coefficient alpha was computed to assess the degree to which the thirteen items measuring Christian counseling were consistent with each other. Alpha was .67 with all items included. Alpha increased to .78 without the item which said that counseling is Christian if a Christian receives it. Corrected item-total correlation data shows that this item correlates at -.49 with the aggregate of the other twelve items. Internal consistency was not improved by deletion of any of the other twelve items. Corrected item-total correlations are presented in Table 1.

Results

Means and standard deviations for each of the 13 items are presented in Table 1. The results indicate that in this sample strong agreement is expressed for the view that Christian counseling is performed by a Christian and entails a Christian world view ($M \geq 2.76$). Slight agreement was expressed with statements that the Bible is used as a resource, the counselor uses techniques based on scripture, religious issues and topics are addressed, excellence is emphasized, and the counselor uses techniques drawn from religious traditions and practices ($M = .88$ to 1.18). Considerable variability was observed, with the mean indicating that neither agreement nor disagreement was consistently expressed with the statement that the counselor prays with the client ($M = .35$). Disagreement was expressed with the statements that a primary goal is discipleship, that a Christian receives the counseling, and that the primary goal is evangelism ($M = -.82$ to -1.53). Stronger disagreement was expressed with the statements that Christian counseling is done in a religious setting and that the counselor is a pastor ($M = -2.18$ to -2.35).

Table 1
Means, Standard Deviations, and Corrected Item-Total Correlations
for Individual Items

	<i>Mean</i>	<i>SD</i>	Corrected Item-Total Correlation
A Christian performs it (1)	2.82	.39	.32
The counseling is done from the framework of a Christian world view (13)	2.76	.56	.12
The Bible used as a resource (4)	1.18	1.78	.64
The counselor uses techniques based on Scripture (8)	1.06	1.89	.64
Religious issues and topics are addressed (12)	1.06	1.64	.43
Excellence is emphasized (10)	1.00	2.50	.13
The counselor uses techniques drawn from religious traditions and practices (9)	.88	1.76	.64
The counselor prays with counselee (5)	.35	1.97	.61
A primary goal of counseling is discipleship (6)	-.82	1.78	.14
A Christian receives it (2)	-1.00	2.06	-.49
The primary goal is evangelism (7)	-1.53	1.77	.64
The counseling is done in a religious setting (3)	-2.18	.88	.37
The counselor is a pastor(11)	-2.53	.93	.37

Note: N = 17; numbers after items indicate ordinal position in the survey questionnaire.

Discussion of Study 1

Because the sample was small and not representative of any specific professional group, caution must be used in applying the present findings. However, several tentative conclusions may be drawn. First, for this sample there is consistency in responding to 12 of the 13 items ($\alpha = .78$), suggesting that they may possibly form a meaningful scale to measure attitudes regarding Christian counseling. However, the view that the client was a Christian was negatively related to the sum of the other 12 items; internal consistency increased when this item was deleted. In the present sample, those who agreed with this statement responded differently to the remaining items than those who expressed disagreement. Thus the view that the Christian counseling client is a Christian seems, at least for the present sample, to be a pivotal issue around which very different opinions about Christian counseling cluster.

Second, the variability of some of the items was quite small. These results suggest that within the present sample there was considerable agreement among respondents that Christian counseling is performed by a Christian, is carried out within a Christian world view, but need not be conducted in a religious setting or by a pastor. These results are largely consistent with the views of Bufford (1995, 1997), who advocates for consecrated counseling and proposes that Christian counseling is defined primarily by the personal Christian commitment of the counselor. Conversely, there was considerable disagreement, manifested by a large degree of variability in responses, regarding whether Christian counseling utilizes Scripture, uses techniques based on Scripture, addresses religious issues and top-

ics, emphasizes excellence (or perhaps is not unique in this), uses techniques adopted from religious traditions and practices, involves the counselor praying with the counselee, has as its goal discipleship or evangelism, or is exclusively practiced with Christian clients.

Study 2

Method

Participants. Participants in this study were Ph.D. or Psy.D. psychologist members of the Christian Association for Psychological Studies (CAPS). Data included in the analysis were obtained from 164 respondents: 112 males and 52 females. Participants' ages ranged from 26 to 80 years ($M = 46$; $SD = 8$). The mean number of years of professional employment since completing a professional degree was 13.5 years, ($SD = 8$, range = 1-46) with an average of 25.5 hours per week devoted to direct clinical/therapy services. Respondent's primary employment setting was private practice (58%). More than 90% of the respondents may be represented by the following four of eleven theoretical orientations reported: cognitive-behavioral, eclectic, psychodynamic, and systems. One hundred and fifty nine of the 164 respondents (97%) were licensed.

Measure. Respondents completed The Christian Psychologist Survey, which was constructed for this study. The second page requested essential demographic information: age, gender, type of graduate program, highest degree earned, years of professional employment, hours per week of therapy, primary theoretical orientation, and other characteristics. The first page contained questions asking: how clients change in psychotherapy; what "ingredients" make therapy effective; what components make counseling "Christian"; and which sources (accommodation, God ordained world view, hope, truth, or divine agent) of gain, or active ingredients in Christian therapy, contribute to or produce change or growth. The list of important components of Christian counseling was drawn from the work of Bufford (1997), while the list of unique "sources of gain," or active ingredients in Christian therapy, was drawn from Johnson and Ridley (1992b).

A pilot study was completed with doctoral student participants at a Northwest clinical psychology graduate program to evaluate a preliminary version of the survey. The Christian Psychologist Survey was administered to 30 doctoral students. Results were used to refine the survey and improve readability.

Procedure. A Christian Association for Psychological Studies (CAPS) computer search for all practicing psychologists with Ph.D.'s and Psy. D.'s was solicited and resulted in a list of 410 names. All 410 of these members were mailed copies of the survey. One hundred and sixty-four surveys were returned, for a response rate of 40%. Of these, three were excluded from data analysis because the respondents were retired from professional activity or not currently engaged in clinical work.

The survey requested psychologists' views concerning how clients change in psychotherapy, what components make counseling Christian, and what characteristics of explicitly Christian treatment are causes for growth and change in their clients. Participants responded on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) concerning components of Christian counseling. Using a similar scale respondents evaluated five unique "sources of gain" in Christian therapy in terms of their overall contribution to producing change.

Table 2
Ratings of Important Components of Christian Counseling
in Thematic Categories

	<i>Mean</i>	<i>SD</i>
<u>Consecrated Counseling</u>		
God is primary healer and counselor is God's agent	6.72	.79
Personal faith of counselor	6.72	.64
Holy Spirit is present and active	6.67	.88
<u>Counselor Characteristics</u>		
Christian values to guide means, ends, motives	6.65	.83
Christian world view	6.51	1.05
Pursuit of Excellence	6.03	1.50
<u>Motivations or Goals of Counseling</u>		
Service to God and people	5.74	1.41
Personal calling of counselor	5.64	1.59
Conversion, discipleship/spiritual formation	4.79	1.75
<u>Interventions</u>		
Issues/topics of focus involve Christian faith	4.70	1.67
Techniques derived from Scripture (theology)	4.32	1.86
<u>Church-Oriented</u>		
Ecclesiastical role (i.e., pastoral)	2.64	1.69
Context of counseling (Church setting, Parachurch setting)	2.56	1.77
N = 164, 7-point Likert scale utilized for ratings (higher scores indicate greater agreement).		

Results

The first research question concerned how psychologists believe clients change in psychotherapy. These narrative responses were grouped into general categories. The most frequently mentioned (32% of participants) change mechanism was the therapeutic relationship between therapist and client. One respondent wrote, "Trust of and internalized sense of caring by the therapist on the part of the client (i.e., healing) is transmitted by and through the relationship." Another noted, "The experience of a caring relationship (affectively and cognitively) with God, self, and others (e.g., the therapist initially)." The second most commonly cited change factor was recognition of new options and applying newly learned skills, while the third most frequently cited change element was insight.

Next, participants were asked to rate the most important components of Christian counseling on a 7-point Likert scale. Table 2 provides means, standard deviations, and rank order, for each of the 13 components. As noted in Table 2, most participants agreed that the most salient component was "God is primary healer and the counselor is His agent." The second most salient component was the "personal faith of counselor." Other highly rated components (norm rating = 6.5 or higher of a possible 7.0) included: the presence and activity of the Holy Spirit; Christian values to guide means, ends and motives; and Christian world view. The "context

(church setting, parachurch setting),” however, was rated the lowest, with “Ecclesiastical role (i.e., pastoral)” the next lowest. Ratings of the 13 components of Christian counseling, by Christian psychologists in this sample, seem to fall into thematic categories as shown in Table 2. These ratings appear to offer a glimpse of the relative significance Christian psychologists assign to commonly discussed components of Christian counseling.

ANOVAs and *t*-tests were conducted for each of the 13 components and all demographic factors included in The Christian Psychologist Survey. Given the large number of analyses, a more stringent level of significance was established ($p < .01$). There were no significant relationships between ratings of Christian counseling components and the variables of gender, age, degree, secular or Christian program, primary theoretical orientation, years of professional employment, licensure, average length of treatment, and primary client population. Those participants from a doctoral program where identity and mission were clearly Christian were more likely to rate the personal faith of counselor, $F(1, 157) = 6.45, p < .01$, as an important component of Christian counseling, along with use of a God ordained world view, $F(1, 153) = 6.089, p < .01$. In addition, a higher number of hours per week devoted to clinical service was significantly related to endorsing motivation/goals of service to God and people as a critical component of Christian counseling, $F(30, 118) = 1.81, p < .01$.

The second focus of the survey was practicing Christian psychologist’s ratings of the unique “sources of gain,” or active ingredients in Christian therapy, in terms of overall contribution to producing client change. As noted in Figure 1, participants viewed “God, Jesus Christ, or the Holy Spirit brings about change,” to be the most salient source of gain in Christian therapy. This was followed by, “Instilling a sense of hopefulness or hope in God.” The lowest rated active ingredient in Christian therapy was “Accommodating traditional interventions to a client’s existing belief system.”

It is striking that all five sources of gain were rated as important ingredients in change by the current sample. Thus, Christian psychologists tend to agree that every factor is an important contributor to client change. ANOVAs and *t*-tests between sources of gain ratings and demographic data showed no significant relationships between ratings of critical sources of gain and age, gender, type of degree program, identity of degree program, years of professional experience, length of treatment, primary client population, percentage of clients for whom the clinician prays or theoretical orientation.

One-hundred-twenty-nine of 161 respondents (80%) acknowledged praying with clients. Praying with clients was not significantly linked to endorsement of specific components of Christian counseling as important. Those who prayed with clients gave significantly higher rankings to one of the “sources of gain” or active ingredients in Christian therapy: “Biblical truth offers life-changing standards of conduct and guidelines for cognitive, behavior, attitude, perception, and emotional change,” $t(36, 7) = 3.30, p < .01$.

Of those who prayed in session with clients ($n = 129, 80\%$), prayer occurred with an average of 32% of their clients. Thirty-two respondents (20%) stated that they do not pray with clients. Several of these noted that they prayed “for” their clients outside of sessions. For example, one respondent noted, “I don’t see it as fair to charge insurance companies for praying. I pray for clients, however—100%.” Another participant stated, “I do pray for my clients and God’s guid-

ance each morning.” Respondents indicated that prayer was a critical component of uniquely “Christian” counseling. Respondents commented that silent intercessory prayer for each client and for the therapy process was important, and that seeking the wisdom of God and intervention of the Holy Spirit were important reasons for prayer.

Discussion

Christian psychologists responding to this survey viewed the activity of God and the Holy Spirit as well as the faith of the counselor as the most essential components in Christian counseling. Christian characteristics of the counselors and motivations of service to others and God were also seen as critical elements in explicitly Christian counseling. This corresponds with the perspectives of both Buford (1997) and Collins (1988) that the heart of true Christian counseling includes the influence of the Holy Spirit.

The least important components of Christian counseling, according to the current sample, include the context (Church setting, parachurch setting) and the “Ecclesiastical role” (i.e., pastoral). Bufford (1995) and Worthington (1986), in explorations of previous definitions of Christian counseling, found some authors who viewed these components as essential. Apparently, the practicing psychologists in our sample did not.

That nearly all components, except context and role, received high ratings may indicate that the surveyed psychologists believe Christian counseling is a multidimensional change process. Other research findings have shown counseling to be multi-dimensional (Lambert et al., 1994). As individual clients are unique, change or growth is difficult to predict and no single approach or component can be expected to alter a Christian client’s problem (Kanfer & Schefft, 1988). Overall, these findings are consistent with those from Study 1. Though the wording of items in the studies was somewhat different, participants in both studies appear to agree that the character and activity of the counselor are substantially more relevant to descriptions of Christian counseling than the context or evangelical goals.

The second area of interest in the survey concerned five “sources of gain” in Christian therapy (Figure 1). Pursuing Johnson and Ridley’s (1992b) discussion of four common primary assumptions (accommodation, hope, truth, and divine agent) of major Christian theorists regarding change, this exploratory survey added a new assumption, that a God ordained world view and principles of human functioning promote change. This assumption was the third most frequently endorsed of the five assumptions.

In this survey “God, Jesus Christ, or the Holy Spirit brings about change,” followed closely by “instilling a sense of hopefulness or hope in God” were the most highly supported active ingredients in Christian therapy. God ordained world view and biblical truth were also rated highly. According to Johnson and Ridley (1992b), several Christian authors hold to an exclusive divine agent perspective that assumes the direct intervention of God, Jesus Christ, or the Holy Spirit in the counseling session. Results of the survey suggest that the majority of practicing Christian psychologists rely directly on God to bring about change during counseling and psychotherapy. Regardless of what other assumptions are held by the practitioner, there is a strong presupposition that God, Jesus Christ, and/or the Holy Spirit guides and directs healing or growth. Psychologists in this sample also view this assumption as congruent with other sources of therapeutic gain.

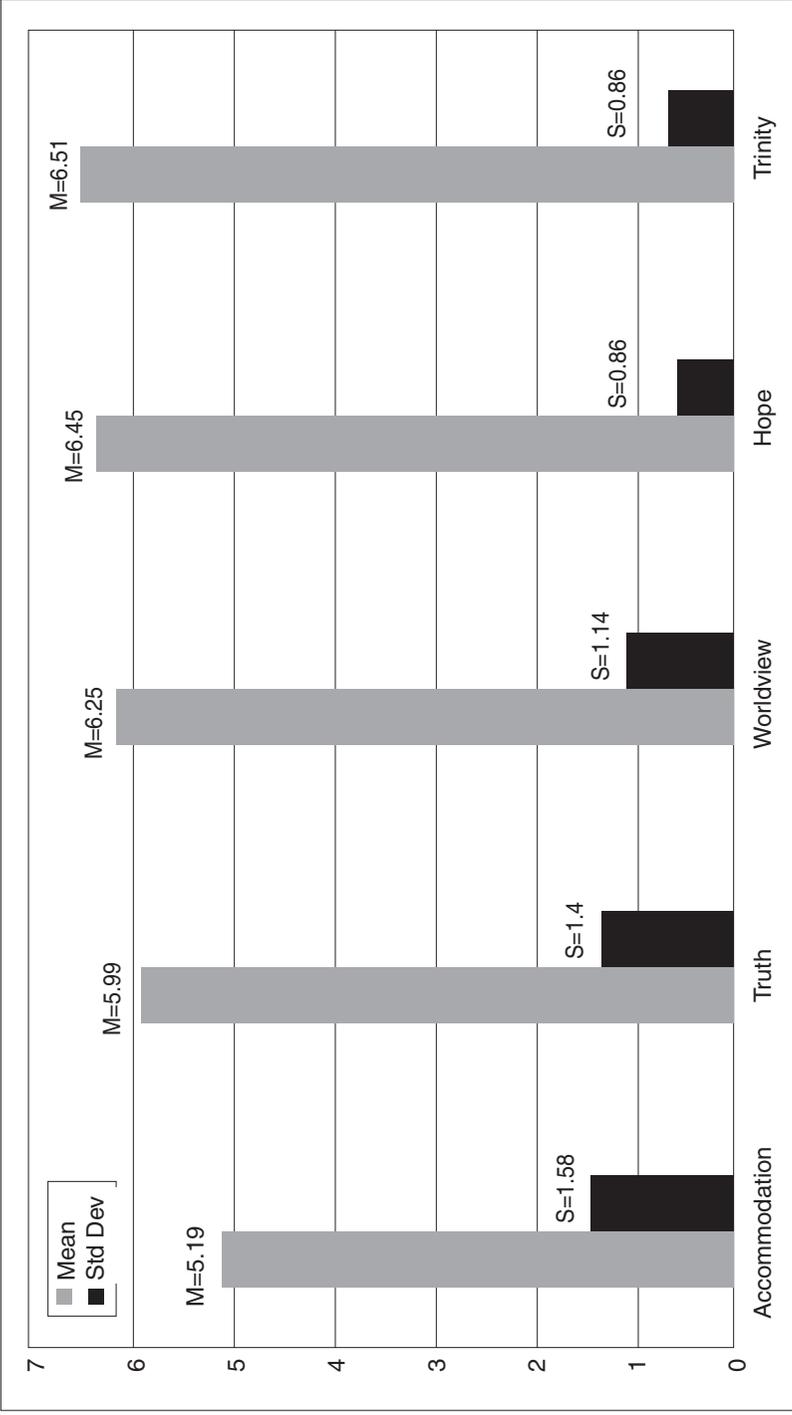


Figure 1. Ratings of Sources of Gain in Christian Therapy. Participants rating from strongly disagree (1) to strongly agree (7).

Growth was also viewed as promoted by a sense of hopefulness in God. This finding corresponds with Vande Kemp's (1984) belief that hope for God's restoration is a distinctive of Christian therapy. It is in the therapeutic relationship that hope is offered, which supports our survey's findings that the "relationship" is a powerful component of effective therapy.

The least endorsed active ingredient in Christian therapy was accommodation of traditional interventions to a client's existing belief system. Even so it received a mean rating of 5.19, which suggests most respondents agreed that to some extent it contributes to client change. Respondents seem to attribute less importance to this factor than the many authors and theorists, whose writings endorse incorporation of psychotherapy into a client's value and belief structure. It appears that respondents believe it is primarily important to rely on God's intervention, and secondarily to accommodate popular therapies to the client's Christian values (Johnson & Ridley, 1992b).

The findings of this survey indicate that Christian psychologists view the most salient critical component and source of gain in treatment to be God's active and real presence and involvement in the counseling process. This was true regardless of the respondents' gender, age, years in practice, theoretical orientation, or training in a Christian program.

Congruent with most theoretical perspectives regarding change processes in psychotherapy, CAPS members attribute the most active or powerful component of effective therapy to the therapeutic relationship. In response to a narrative question regarding how clients change in psychotherapy, Christian psychologists reported the therapeutic relationship between client and therapist as crucial to change. This view is consistent with several theoretical perspectives (Hobbs, 1962; Mahoney, 1991). It appears, however, that Christian psychologists believe the healing relationship extends beyond the client and therapist to God.

Eighty percent of the respondents in this survey stated that they prayed with clients. This finding may be deflated in light of the fact that many of the respondents worked in secular academic or other public settings (such as a county mental health agency or state hospital), in which explicitly religious techniques may be proscribed. The practice of prayer may depend on the psychologist's work setting, the situation, and the kind of client (Stratton, 1993). Psychologists who pray with their clients report they pray with an average of 32% of their clients. It appears that prayer is not a routine technique, but used selectively and with discernment. Prayer, as a technique in Christian counseling, may be understood differently by different Christian psychologists. Those who prayed with their clients were more likely to endorse biblical truth and as a unique ingredient in Christian therapy than those who did not endorse praying with clients. The use of biblical truth, along with a wide range of therapy tools, seems to fit with the manner in which Jesus interacted, counseled and healed people.

Another variable addressed in this survey was the Christian identity and mission of the respondents' graduate programs. Although Moon et al. (1991) found it rare to find instruction in the Christian disciplines, participants in this study who graduated from doctoral programs that were clearly Christian were more likely to rate the personal faith of the counselor as an important component of Christian counseling. This, of course, may have influenced their original decision to attend a religious doctoral program.

Finally, motivation to serve God was associated in this sample with a higher number of hours of weekly clinical service. It is not clear how to interpret this finding. One possibility is that those with service orientations simply work harder; another is that they are more likely to offer free or reduced rate services, thus work harder to maintain a chosen standard of living. This issue may warrant further study.

General Discussion

Although Christian counseling has proliferated, there has been conceptual chaos about its distinctives (Collins, 1980). The present research suggests a growing consensus regarding how best to conceptualize Christian counseling, and provides preliminary empirical support for a multidimensional model of Christian counseling such as that proposed by Bufford (1997). First, participants believed that meeting human needs is God's work and that their counseling is conducted in service to, and collaboration with, God. They deemed counselor characteristics, including personal faith, Christian values, Christian world view, and personal pursuit of excellence next in importance. While also important, spiritual techniques, topics, and goals were less emphasized. Finally, these Christian psychologists disagreed with statements that ecclesiastical role and church or parachurch setting were important to Christian counseling.

The present findings also support the notion that Christian practitioners hold unique assumptions regarding the processes of change or growth (Bufford, 1997; Collins, 1988; Crabb, 1977; Johnson & Ridley, 1992b; Moon et al., 1993; Worthington, 1986). Participants endorsed all the items on sources of gain favorable. They agreed, in descending order of strength, that: God, Jesus Christ, and the Holy Spirit; instilling hope in God; a Christian world view; using biblical truth; and accommodation of psychological theories to Christian world views are important factors contributing to change in Christian counseling. Clearly these components were viewed as important by participants. It seems likely that Christian psychologists also attribute effectiveness to the interventions derived from their preferred therapy modality. Since the present study did not address this question, however, only preliminary hypotheses may be made.

Spontaneous responses of participants introduced some new factors. When asked to respond spontaneously, participants most often indicated that the therapist-client relationship, new options and new skills, and insight, are important to counseling results. These factors sound similar to those emphasized by non-Christian theorists and counseling theories (Lambert et al., 1994). Thus it may be important to recognize that these more traditional processes are also considered important among Christian psychologists. Determining exactly where they fit will require further investigation. One possibility is that Christian psychologists believe that God heals at least in part through these processes.

Caution must be used in generalizing the present results. Study 2 was based on a sample of psychologist members of CAPS with Ph.D. or Psy.D. degrees who were largely licensed (97%). Given the modest response rate (40%), results may only be generalized cautiously to CAPS psychologists. Generalization to other groups, including Christian psychologists who are not CAPS members, is even more problematic.

Participants indicated that church orientation, including ecclesiastical role and church or parachurch settings, were not important to Christian counseling. CAPS psychologists in general may share their view. However, other groups—especially

pastors and pastoral counselors—may disagree. Adams (1970), for example, proposed that the Christian minister was best equipped to offer counseling. It is suspected that counselors who themselves work in church or parachurch settings are more likely to agree with Adams than with the present participants regarding the importance of church orientation.

Based on analysis of their writings, many pastors and pastoral counselors probably agree that Christian counseling depends on God's active involvement through the Holy Spirit, that the personal faith, world view, values, and commitment to excellence of the counselor are vital, and that Christian counseling is likely to include issues or topics related to Christian faith, and techniques drawn from the Bible. Perhaps they consider this last group of components more important than the present sample. They also seem to agree that evangelism and discipleship/spiritual formation are important goals, and thus may rate them higher than the present sample as well.

The present findings shed some preliminary empirical light on the nature of Christian counseling, yet much remains to be done. Hopefully, as such investigation continues, our theorizing about Christian counseling will be increasingly informed by data. Based on these preliminary findings, it appears that there are some important areas of agreement at least among subgroups of Christian counselors. It is also apparent that there is a tendency to view Christian counseling as a multi-faceted discipline in which several factors are more or less equally important. However, there is some evidence that among Christian counselors there is marked heterogeneity regarding the distinctives of Christian counseling. Given the small sample and the many unresolved issues, generalization of these preliminary findings must be approached with considerable caution.

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