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The Effects of Religious Beliefs on Preferences
Among Four Types of Christian Counseling

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ABSTRACT

Forty-five participants from Protestant denominations completed surveys designed to investigate the effects of religious beliefs on preferences among four types of Christian counseling. The proponents of the counseling theories were Clyde M. Narramore, Jay E. Adams, Lawrence J. Crabb, and Andre Bustanoby. Participants read a case history of a fictitious client, and four short treatment plans which represented each Christian counselor's approach. Then, they completed questionnaires designed to assess their preferences for the counseling approaches, as well as completing other measures, including a religious fundamentalism scale, the Religious Orientation Scale (ROS), and the Rokeach Value Survey (RVS). It was found that Crabb was viewed by participants as having an approach which most closely paralleled their own religious beliefs. On almost all other measures, Crabb, yoked with either Bustanoby or Narramore, lead participants' preferences. Adams was viewed as relying most on the authority of Scripture, but he was frequently the least preferred. Other findings indicated that for Christians, especially conservative Christians (as determined by the ROS, RVS, and self-ratings), there is a reluctance toward seeking secular psychological help, and a preference for counseling theories which are perceived as being congruent with their own religious beliefs. Implications for research and counseling with Christians are discussed.

Chapter 1

INTRODUCTION

A large proportion of the population who seek help for emotional problems go to clergy and other religious leaders (Gurin, Veroff, & Feld, 1960). Christians, more than many other religious groups, have expressed reluctance to seek secular professional help (Bergin, 1980; Fisher & Cohen, 1972; King, 1978). In fact, Christians who agree most strongly with the doctrinal statements of the church are least likely to obtain help from professional mental health workers (King, 1978).

As evidenced by the recent emphasis on teaching psychotherapeutic skills to seminary students, pastors spend a great deal of time providing direct counseling services. Consequently, Christian counselors have developed theories of counseling with a special Christian emphasis. The proponents of Christian counseling theories have often claimed that traditional psychological theories are not compatible with Christian values (Adams, 1978; Crabb, 1977).

The theories of Christian counseling are diverse, some paralleling traditional psychotherapy more than others. Research which compares the various approaches is virtually nonexistent. Although there is a small body of research which has examined conservative versus liberal pastoral counseling, and directive versus nondirective styles among pastors (Burns, 1972; Cavanaugh, 1962; Malony, 1977; Mannoia, 1962; Pacella, 1966), approaches to Christian counseling differ on many more dimensions than conservatism and directiveness. Further, the various Christian populations to whom each theory might appeal has not been examined.

The preference for a counseling theory by religious people could depend on

a number of variables. Considerable research has explored the characteristics of religious believers. Christians have been found to differ from both fellow Christians and from non-Christians in a number of ways. Allport (1954), noting a relationship between Christian belief and prejudice, proposed that those people with the most intense religious beliefs who attend church frequently, and those individuals who hold few Christian beliefs and attend infrequently, would both be the least prejudiced Christians toward ethnic groups. Moderate believers, Allport thought, might be the prejudiced people, attending church more for social support and comfort than from an internal desire to seek God's will. Allport and others designed scales to assess extrinsic and intrinsic religious orientations (Allport & Ross, 1967; Feagin, 1964; Wilson, 1960), and findings have generally supported Allport's original hypothesis. In addition, other research has found that a number of personality characteristics are associated with the intrinsic-extrinsic scales. For example, positive mental health indices have been associated with intrinsic religiosity, and authoritarianism and dogmatism with extrinsic orientation (Kahoe, 1974; Rice, 1971). Self-defensive stances (Kahoe, 1975) and irrational thinking (Baither & Saltzberg, 1978) have also been associated with an extrinsic religious orientation.

Rokeach (1967) developed another method of assessing the intensity of Christian beliefs. People who complete the Rokeach Value Survey rank order two sets of 18 values in order of importance in their lives. The ranking of two values, "Salvation" and "Forgiveness" have significantly differentiated Christian believers from nonbelievers. Also, the rank ordering of the value "Salvation" highly predicts church attendance (Rokeach, 1969).

The work of Allport and Rokeach is important. Previous research has not

examined how types of religious beliefs are associated with attitudes toward psychotherapy or with preferences for approaches to Christian counseling.

The present study examines whether individuals' characteristic approaches to religion are related to a preference for one particular type of Christian counseling versus another, and whether individuals' approaches to religion influence their decision to seek counseling, either secular or Christian.

Chapter 2

REVIEW OF THE LITERATURE

Expectancies, Preferences and Correlates of Attitudes Toward Seeking Help

Attitudes Toward Help-Seeking

Some populations seek professional help more readily than others, given a stimulus of emotional stress. Querying a large stratified random sample of the American population, Gurin, Veroff, and Feld (1960) have offered a comprehensive account of help-seeking attitudes. According to the authors, people who seek help for a personal problem are those who have a more psychological orientation to life and who are more introspective and self-questioning. Women, younger people, and the more educated manifested these characteristics, and they have also had the highest self-referral rates in the sample by Gurin, et al. Rural populations were less likely to seek help than urban ones, as well. In addition, the less educated sought therapy less often than the more educated. Gurin, et al. accounted for this finding by stating that the data suggested that this was not a function of lack of distress among these people. Rather it seemed to be a function of two factors: 1) the distress that they experienced was less often defined in psychologically-relevant terms and 2) even when distress was defined

psychologically. This need was less often translated into actual use of help.

Calhoun, Dawes, and Lewis (1972) investigated the correlates of attitudes toward help-seeking in a sample of outpatients. Of the 36 subjects, 33 indicated that the problem was within themselves. The authors concluded that mental health professionals may be more likely to be sought for help by persons who see their problems as the result of internal causes, because mental health professionals are regarded as experts on internal factors. Fisher and Turner (1970) developed and standardized a measure of attitudes toward seeking professional help. As in many other studies, women's help-seeking attitudes were found to be consistently much more positive than men's. Through factor analysis, it was discovered that there were four dimensions of the attitude: recognition of need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals. The authors stated that authoritarianism and external locus of control variables correlated with a negative attitude toward help-seeking for both sexes. Need for approval and interpersonal trust measures correlated with males' attitudes. In a study of patients failing to attend a clinic after referral, Raynes and Warren (1971) found that patients who were male, black, or under 40 years of age were least likely to seek counseling after referral. It was surprising to the authors that previous psychiatric treatment did not positively influence attendance, nor did marital status.

Korobow (1957) matched groups of counseling-avoidant and counseling-adherent (pro-counseling) college students to determine characteristic differences between the groups. She found that perceived peer and family attitudes toward counseling were related to the acceptance of counseling, especially for females. Males held a more favorable attitude if they showed a tendency toward

seeking assistance from others in their daily lives.

There is an abundance of research on the relationship between social class and counseling-seeking. Often researchers have concluded that lower classes are less suited for psychotherapy. For example, Redlich, Hollingshead and Bellis (1955) concluded that lower class people are less psychologically minded. Brill and Storrow (1960) analyzed data collected at initial interviews and concluded that lower class people lack understanding about the psychotherapeutic process, have lower intelligence, see their problems as having a physical origin, and seek only symptomatic relief. Jones (1974) criticized Brill and Storrow (1960) noting that the study suffered from circular thinking. Evaluations were determined by intake interview ratings which may have been made by the therapists, and no checks on the reliability of the evaluations were reported, which suggests that probably only one interviewer rated each client. Jones stated that this type of research method is vulnerable to the subjectivity, misperceptions, and biases of the raters, and may represent a manifestation of the self-fulfilling prophesy phenomenon which results from therapists' negative attitudes toward lower class clients. Overall and Aronson (1964) presented questionnaires to clients before and after their initial interview with a therapist. They found that lower socioeconomic people tended to expect a medical/psychiatric interview and expected the therapist to take an active but permissive role. When such a medical conception of the psychotherapeutic process was held, these clients were least likely to return for a second interview.

Goin, Yomomoto, and Silverman, (1965) studied class-related expectancies about counseling. The researchers hypothesized that lower-class patients would expect help in the form of active advice and reassurance, and in just a few

sessions rather than the more introspection-encouraging, long-term insight therapy. The patients' therapy preferences were noted and they were given counseling either consistent or inconsistent with their wishes. The results surprised the researchers. Of the lower class patients, 52% wanted to solve their problems by talking about their feelings or past life (i.e., insight therapy) and 48% wanted direct help in the form of advice or medication. Most of the patients (60%) expected that they would be helped in 10 sessions or less. More patients (72%) who expected advice and received it said they had been helped by receiving counseling, compared with those who expected direct help and did not receive it (57%). Goin et al. hypothesized that many lower SES clients wanted insight therapy because of the growing popularization of psychotherapy portrayed in mass media.

Korobow (1957) used matched groups of counseling-avoidant and counseling-adiant subjects. She found no differences between the differential group responses to counseling based on socioeconomic status. Additional evidence which found unclear or no differences in counseling expectancies between social classes has come from a study by Lorion (1974). Outpatients matched by age, marital status and religion ($n=90$) were divided into three groups: middle class, working class, and an unskilled and unemployed class. At their screening interview, the subjects completed a scale designed to measure attitudes toward seeking help along five dimensions: (a) confidence in mental health treatment; (b) stigma tolerance; (c) recognition of need for help; (d) appropriateness of therapy and (e) interpersonal openness. Results indicated no significant effects for socio-economic status. The author stated that the findings suggested that prior assumptions concerning differences in help-seeking attitudes and treatment expectations among socio-economic status

groups must be carefully reevaluated. Since the subjects from all social classes reported similar expectations about the technical aspects of treatment and they did not anticipate a highly active, supportive, problem-solving therapist, the findings suggest that low-income patients do not necessarily have more negative pre-treatment attitudes and expectations than upper socio-economic applicants. Significantly, Lorion's sample consisted of clinic applicants. It is possible that the differences between socio-economic group expectations on his five dimensions became irrelevant to those already in the process of seeking help. Help-seeking necessarily implies a degree of confidence in mental health treatment, recognition of a need for help, etc.

To summarize, researchers have generally found that women, younger people the educated, and urban dwellers have more positive attitudes toward psychotherapy. These groups also have been found to approach life more psychologically-oriented, and therefore, more often seek a psychological explanation to solve their problems through counseling. Research on the relationship between social class and help-seeking is unclear. While many researchers have found the lower classes to be unreceptive or simply not "good candidates" for psychotherapy, contradictory results continue to be generated.

Preferences for Approaches to Psychotherapy

Recently, there has been a plethora of outcome studies comparing the relative efficacy of various forms of psychotherapy on specified client populations. However, only a few studies examined clients' preferences for one approach over another prior to treatment. In one such experiment, Francher and Gutkin (1971) assessed attitudes toward two kinds of insight therapy

(psychoanalytic and client-centered therapies) and two kinds of behavior therapy (Wolpe's systematic desensitization and Stampfl's implosive therapy) in a group of college students. The researchers attempted to measure the receptivity of the general public to the relatively new behavior therapies as compared with the more traditional and better known insight therapies. In addition, the study attempted to determine via a questionnaire whether attitudes toward science acted as a moderator variable regulating attitudes toward the therapies, i.e., whether therapies rated as scientific would be more attractive to subjects who valued science. Subjects were given written descriptions of the therapies (which had been read and approved prior to the experiment by practicing clinicians) and were asked to rank order their preferences. Results showed that the insight therapies were vastly preferred, with psychoanalytic and client-centered therapies receiving almost identical ratings. Systematic desensitization was preferred over implosive therapy, but it was far behind the insight therapies. Attitudes toward science were not related to preferences for therapies, even though the therapies could clearly be discriminated from one another with respect to how scientific they were perceived to be. The researchers concluded that the behavior therapist starts out at a disadvantage relative to the insight therapist with respect to the attitude he or she is met with by the general public.

In another experiment, Holen and Kinsey (1975) found that the behavioral approach was preferred over the client-centered or the psychoanalytic approach. Believing that preference for a worded description of a theoretical approach might be only tenuously related to preference for the approach, the researchers had subjects rate their preferences after listening to tape recordings which the authors stated were "...made by highly qualified, nationally respected

therapists and proponents of the particular theory" (p. 22). The presentation order of the tapes was altered randomly to counterbalance possible order effects. Subjects were undergraduate and graduate students with no training in counseling or experience as clients. Results showed that the behavioral therapy tape was more highly preferred and was believed more effective than both the client-centered and psychoanalytic therapies for both the undergraduate and graduate students. However, such a result must be viewed cautiously, as taped interview techniques differ even among highly regarded therapists as to therapists' attractiveness and charisma. It is important to note that subjects do in fact feel differently about the behaviors integral to the varying counseling approaches.

In a study which investigated the relationship between client evaluations of the counseling situation and client evaluations of the outcome or success of the therapy, Grigg and Goodstein (1957) sent a follow-up questionnaire to 288 terminated clients who had been seen for two or more counseling interviews at a college counseling center. Clients reported the technique employed by their counselors, their feelings while being counseled, and what particular feature of counseling they felt had helped most. The results showed that clients reported that they obtained what they wanted from counseling when their counselors played an active and directive role.

Some experiments have shown that clients have different expectancies or preferences for counseling, depending on the clients' characteristics. For example, Tinsley and Harris (1976) administered an 82-item questionnaire to a large sample of undergraduates regarding their expectations of counseling. Generally, the subjects' strongest expectations were of seeing an experienced, genuine, expert, and accepting counselor whom they could trust. Expectations

that the counselor would be directive or understanding were somewhat lower. Significant sex differences were noted. The females in the sample expected the counselor to be non-judgmental and accepting, while the males anticipated a counselor who was more analytic, directive and critical. Cashen (1979) hypothesized that since females had a greater expectancy for acceptance by a therapist, and males had a greater expectancy for directiveness, this expectation would be manifested in their preference for a particular approach to counseling. Cashen hypothesized that females would prefer a client-centered approach, while males would prefer a more directive approach. Ninety undergraduates were divided in two groups to watch videotapes prepared by the researcher representing client-centered and behavioral approaches. The tape order presentation was reversed to control for order effects. Males and females did not differ in preference for a counseling approach. Both males and females preferred the behavioral approach. Unfortunately, questions must be raised pertaining to the validity of Cashen's findings. He did not verify his portrayal of the two approaches. It would not be unwarranted to wonder if the counselor felt most comfortable in the role of the behavior therapist.

Besides gender, other subject characteristics might contribute to a preference for an approach to psychotherapy. Baird (1977) administered the MMPI to 50 undergraduates. The subjects then read summaries of both therapist-directed approaches to counseling (behavior modification, chemotherapy and rational-emotive therapy) and patient-directed approaches (client-centered therapy and psychoanalytic therapy). Results showed that subjects with more neurotic profiles chose therapist-directed therapies, and those with more characterological profiles preferred patient-directed approaches. The authors concluded that the more neurotic person may have

desired a therapy in which the therapist will be a "magic helper" who will "fix everything." The more characterologically disordered person may wish to feel in control of his therapy.

Knudson and Carskadon (1978) examined personality variables and therapy preferences by using Harvey's (1961) conceptual system construct which designated four levels of conceptual abstractness. Harvey (1970) asserts that people who use concrete systems acquire their central beliefs more through conditioning, while people who use more abstract systems acquire their central beliefs through inductive or insightful learning. Knudson and Carskadon (1978) postulated that behavioral approaches to therapy, which stress the conditioning of concrete, observable behaviors, might be preferred by individuals in the more concrete systems, while an approach such as client-centered therapy, which stresses more inductive self-exploration in search of personal insight, might be preferred by individuals in the more abstract systems. One hundred-forty undergraduates were administered Harvey's test for conceptual systems and completed a therapy preference questionnaire consisting of worded descriptions of client-centered and behavior therapies. Two weeks later, half of the subjects listened to a demonstration tape of their preferred therapy, while the other half listened to a tape of their nonpreferred therapy. Afterwards, they took the therapy preference questionnaire again. Results showed that only about 10% of the subjects changed their initial therapy preference, and also strongly supported the hypothesis that subjects' conceptual or belief systems would be related significantly to their therapy preference. Thus, there was a strong preference for the behavioral approach among subjects in the more concrete systems and a strong preference among those in the more abstract system to find the insight-oriented, client-centered approach to the preferable therapy.

Hospitalized psychiatric patients and normal college undergraduates were administered tests of dogmatism, locus of control and trait anxiety in a study of therapy preferences by Helweg and Gains (1977). The subjects then watched movies of nondirective (Carl Rogers) and directive (Albert Ellis) therapies. The analysis showed that individuals who preferred the Ellis presentation were more dogmatic and externalized than individuals who preferred the Rogers presentation. Trait anxiety was only related to therapy preference for the patients, with the Ellis presentation being the choice of the more anxious patients. In both groups, preferences for Rogers was associated with the interpersonal value of independence, being younger and having a higher education level than those who preferred Ellis.

In an experiment by Steuhm, Cashen, and Johnson (1977), undergraduate students classified as either Internals or Externals on Rotter's Locus of Control Scale viewed videotapes of initial counseling sessions illustrative of the humanistic (Rogers and May), psychoanalytic (Freud), and behavioristic (Ellis and Krumboltz) approaches. The results indicated that Internals and Externals did not differ in their preference for a counseling approach. However, the behavioral approach was much preferred by both Internals and Externals. As in some previously reviewed research in this paper (e.g., Cashen, 1979; Holen & Kinsey, 1975), the tapes were not validated by practicing clinicians nor was there agreement by anyone that the tapes were indeed an unbiased portrayal of the various approaches. Rather, Steuhm made the tapes himself.

The relationship between field dependence and independence and preferences for client-centered or rational behavioral therapy was investigated by Cofield (1979). Undergraduates were classified as either field dependent, neutral, or

field independent based on their results from the Group Embedded Figures Test. Subjects indicated their preferences for audiotaped sessions representing the approaches. No significant differences were found between the three groups in their perceptions of or preferences for either therapy approach. However, 82% of the subjects preferred the rational behavioral approach, regardless of level of field dependence.

In conclusion, studies assessing preferences for approaches to psychotherapy have suggested a number of findings. Researchers have shown that participants' gender (Tinsley & Harris, 1976), MMPI profiles (Baird, 1977), conceptual systems (Knudson & Carskadon, 1978), and locus of control and dogmatism scores (Helwig & Gaines, 1977) may affect their preference for therapies. Further, although several studies were methodologically flawed, there was clearly an overall preference for directive therapies (Cashen, 1979; Cofield, 1979; Grigg & Goodstein, 1957; Holen & Kinsey, 1975; Steuhm, Cashen, & Johnson, 1977). Researchers have found that potential consumers of psychotherapeutic services often have definite preferences for a theoretical approach which they find most appealing. Research continues to be aimed at discovering what characteristics predispose individuals to make a choice. Such research might prevent large numbers of early dropouts from therapy. Early client termination not only represents a waste of professionals' time but deters the individual from seeking further help. Riess and Brandt (1965) report that only from 8% to 32% of early dropouts from psychotherapy seek treatment elsewhere. If clients are matched with therapists who practice the clients' preferred approach, perhaps they will continue longer in treatment.

How Clients Perceive Professional Helpers

This section will broadly examine experiments that have investigated how people perceive the attitudes of therapists (prior to and while in therapy) and where individuals go for help in the event of emotional stress. Lorr (1965) said of his study that in view of the importance of client perception of the therapist, it would be of considerable value to determine the major ways in which clients view their therapists. Accordingly, his study was designed to identify some of the principal dimensions of client perception of therapists. An inventory of statements was administered to 523 patients in individual therapy. Responses to the statements were intercorrelated and ordered into a matrix on the basis of eight hypothesized clusters. Five distinguishable orthogonal factors emerged. Patients viewed their therapists along these dimensions: (1) understanding of the client's communications; (2) acceptance, i.e., interest, nurturance and equalitarianism; (3) authority, i.e., direction, assistance and control, (4) independence-encouraging and (5) critical or hostile. It is clear then, that those who purchase the services of a psychotherapist also judge them (when asked to judge them by an experimenter).

Even from the onset, clients form an impression of counselor competence (Spiegel, 1976). This impression is crucial in determining the client's involvement in counseling. In Spiegel's experiment, the effects of two levels of counselor similarity and expertness and two types of clients' problems on perception of counselor competence were tested. Expertness was defined as the counselor's training and experience. Client-counselor similarity variables were age and student status. Undergraduate students were given one of eight biographical sketches on the counselor's background and then they heard part of

a taped interview. Spiegel expected that suggestions of client-counselor similarity would facilitate a judgment of competence for personal problems, and that suggestions of counselor expertness would lead to perceptions of competence for academic problems. Results showed that suggestions of expertness led to higher evaluations of counselors for both types of problems. According to Spiegel, the findings suggested that expert credentials are an essential component of perceived counselor competence. Apparently, when a counselor acts ambiguously, the client is more likely to assume that the expert knows what he or she is doing.

Several studies have investigated expectancies or preferences for the age and sex of therapists, and results, although mixed, often have shown that people prefer therapists who are older and male (e.g., see Fuller, 1964; Holman, 1955; Levy & Iscoe, 1963; Koile & Bird, 1956). Boulware and Holmes (1970) showed male and female students slides of the faces of potential therapists who were older males, younger males, older females and younger females (while controlling for the relative attractiveness of the potential therapists). The students indicated how much they would like to talk with each individual if they had a personal or vocational problem. Older males were the preferred therapist in all cases except for women with personal problems who tended to prefer older women. The authors stated that therapy is facilitated by interpersonal attraction, that attraction to an unknown individual is a function of expectancies about that individual, and that individuals use the physical characteristics of age and sex as cues to what to expect about the unknown person.

Christensen and Magoon (1974) examined the perceived help sources of college students. Students ranked 12 help sources for two categories of

problems--emotional and education-vocational. For emotional problems, students chose a peer first, an old friend second, and parents third. For educational-vocational problems, students ranked faculty advisor first, faculty member second and peer third. Sex of student and problem type did not discriminate between rankings.

Strong, Hendel, and Bratton (1971) compared college female views of counselors, advisors, and psychiatrists. The students completed a survey in which they were asked to describe the helpers on 100 adjectives and to indicate how likely they would be to talk about nine topics with them. Results showed that the students viewed counselors and advisors similarly as more friendly and warm than psychiatrists who were considered critical, analytic, intellectual and cold. Counselors and advisors were considered to be most appropriate sources of help with vocational and educational problems as well as helpful for achieving personal development. Psychiatrists were viewed as appropriate sources of help for specific personal problems.

In contrast to experiments soliciting verbal preferences, Gurin, Veroff, and Feld (1960), in their stratified random sampling of American mental health practices, examined where people actually go for help. Of their large sample of people who actually sought professional help, 42% went to clergy. The next most frequented source of help (29%) were doctors (i.e., physicians not specifically designated as psychiatrists). The rest of the group went to a mental health practitioner, i.e., psychiatrist, psychologist, marriage counselor, or to a lawyer. Gurin et al. noted that those institutions explicitly created for this function alone (such as psychiatry, clinical psychology, social work) were less often consulted than those for which psychological guidance is not a major function - clergymen and physicians in general, and that the greater use of nonpsychiatric specialists may indicate a

lack of readiness in the general population to consult mental health professionals in times of crisis, or a lack of knowledge about the availability or effectiveness of such professionals. Further, it was found that clergy were sought to an unusual extent by people who perceived their problems as arising either from a defective relationship or an unspecified locus. People who had seen a psychiatrist more often attributed their problems as arising from defects within themselves. The authors said, "It is reasonable to assume that people who perceive their problems as arising from personal defect and who choose to seek assistance in solving them are the ones most willing to effect some internal personal change (through psychiatric treatment)...In contrast, people who do not localize their problems in a personal defect or in a deficit in another person may be seeking help in order to establish the locus of the defect...(and not) prescribe some change in personality organization. Religious counsel would be most likely to fulfill this requirement." (p. 313)

In an analysis of referral sources, it was found that people who saw doctors or clergy almost inevitably had no source of referral but themselves. Psychiatrists, social agencies and clinics were usually reached through some referral agent.

To summarize, there have been surprising findings by researchers who have examined the population's preferences and perceptions of help-givers and their sources of help. The public has been capable of viewing their therapy in a critical light and of rating therapists along dimensions of helpfulness. They have shown preferences for certain therapist attributes and physical characteristics such as age and sex. In addition, it was found that people often seek assistance from persons whose primary function is something other than a psychotherapist.

Clergy and Religious Clients

Given that a significant portion of the population seeks assistance from clergy and religious leaders for emotional difficulties, a question may be raised concerning how help seekers perceive these sources and their effectiveness. Gurin et al. found that 65% of their sample felt that going to either clergy or a doctor had "helped a lot," while only 46% of those who had seen a psychiatrist felt that their visit had helped. Gurin et al. said that clergymen were appreciated for their ability to offer comfort, and for their capacity to give advice. Both of these benefits were ascribed to clergymen proportionately more often than to either physicians or psychiatrists. It was found that the more highly educated and urban groups had made greater use of psychiatrists than those having lower income and rural residences.

A study by King (1978) addressed the reluctance of evangelical Christians to seek professional counseling. Subjects were from the San Diego County and were active members of churches in an evangelical association. Most of those who sought help outside family or friends first saw their pastor. Of those Christians who were dissatisfied with professional counseling services, 89% were concerned that their Christian faith would be unappreciated or misunderstood. In addition, they thought that such counseling was expensive and were unsure about the efficacy of secular psychological theories. It was noted that evangelical Christians in the sample had experienced emotional problems at comparable rates to the rest of the population. Those who agreed strongly with the doctrinal statements of their church were least likely to seek professional counseling. Women and higher education and income persons

were most likely to consider professional counseling as compatible with Christianity. Age and job classifications were unrelated to attitudes toward secular counseling services. Of those who had sought counseling, most had seen either a pastoral counselor or professional counselor who was a Christian, and reported that their faith had been either supported or strengthened by the experience. Further, a substantial majority of evangelical Christians believed that providing or supporting professional counseling would be a viable ministry of their church.

Posavac and Hartung (1977) conducted research on the reasons why people choose a pastoral counselor instead of another type of psychotherapist. Two groups of subjects, clients at a pastoral counseling center and undergraduates at a university were utilized. Results showed that only 58% of the clients came to the center for expressly religious reasons or because of a referral by clergy. The college student sample, when polled on their perceptions of various psychotherapists, made no distinctions among psychologists, social workers or pastoral counselors in terms of length of counseling and the severity of their clients' problems. However, the students expected improvement in 4.88 sessions with a psychiatrist versus 6.66 sessions with the other counselors. The authors concluded that discussions of the special meaning of pastoral counseling are probably mainly for the benefit of the practitioner, not the client, since many times it is not of primary interest to the person who actually comes for counseling. Although this result is seemingly at odds with the findings of King (1978), it must be remembered that the former study utilized evangelical Christian participants.

A study by Selby, Calhoun, and Parrott (1978) investigated attitudes toward seeking pastoral help in the event of the death of a close friend or relative.

Half of the subjects were undergraduates and the rest were adults from Jewish, Catholic and Protestant congregations. The following groups had the most positive attitudes toward seeking pastoral help: women, older individuals, those with higher income, married subjects, religious subjects and Catholics and Protestants as compared with Jewish and nonaffiliated subjects.

Fisher and Cohen (1972) examined the relationship between help seeking attitudes and demographic variables such as social class, educational level, religion and college major in a large sample of undergraduates and high school students. An interesting result was found showing that Jewish subjects had more favorable attitudes toward seeking help than did Catholics and Protestants. Although at first glance, this result seems to be in contrast with the previous study by Selby et al, it must be remembered that attitudes toward seeking professional, not pastoral help, were being investigated in this study.

Gurin, Veroff, and Feld (1960), in comparing rates of seeking professional help among Catholics and Protestants, found that given a definition of a problem in mental health terms, religious Catholics more often went for help. Among the highest church attending groups, only 53% of the Protestants who felt they had a mental health problem went for help, while the majority (84%) of the Catholics who felt that they had such a problem went for help.

It is apparent that pastoral counselors and Christian counselors (i.e., those who believe that Christianity is an important consideration in the practice of psychotherapy) are sought frequently for help with individuals' personal problems and are usually perceived as being at least as effective as other types of counselors. In addition, differences among the population and even among faiths have been noted in help seeking attitudes toward both pastoral and professional counselors.

Religious Psychotherapists

Nix (1978) found in a survey of 240 psychotherapists from all parts of the United States that psychotherapists are less religious than either the general population or others with similar levels of education. However, it is the aim of this section of the paper to examine what research has found concerning counselors who hold religious viewpoints.

A study by Dohrenwend, Bernard, and Kolb (1962) suggests how clergy may view mental illness. Eighty-seven community leaders in a district in New York city were administered structured interviews asking them to respond to case descriptions of six fictitious persons, each illustrating a particular type of psychiatric disorder. In the final analysis, educational, religious, political-legal, and economic leaders were compared to one another on their orientations to mental illness. The authors hypothesized that the religious leaders would show orientations compatible with a psychiatric frame of reference, that is, they would show a high tendency to judge the cases as mentally ill, regard the disorders as serious, and recommend help from mental health professionals. However, it was found that the religious leaders had a relatively low tendency to see mental illness in the cases even though they regarded the disorders as serious. Also important, religious leaders had a very low tendency to advocate referral to mental health professionals. This is consistent with Gurin et al (1960) who noted that clergy don't often consider psychotherapeutic professionals to be the next logical step for clients with persisting problems.

Correctly or not, pastoral counselors have sometimes been accused of having a deficit in therapeutic skills, being intolerant and dogmatic, and too

committed to doctrine to be effective counselors (e.g., Arbuckle, 1970; Cavanaugh, 1962; Pacella, 1966; Wolberg, 1967). Williams and Kremer (1974) tested 90 secular graduate students in counseling classes, and 58 pastoral students in counseling classes to determine their degree of religious belief, dogmatism and acceptance of counselees. It was found that in addition to their stronger Christian religious beliefs, the pastoral counseling students were more dogmatic or less open and flexible in their beliefs than the secular counseling students. However, the assumption that these factors would influence pastoral counselors to be more demanding toward and less accepting of their clients was not supported. Pastoral students selected significantly more responses indicative of understanding and acceptance of clients than did the secular students who chose more evaluative and interpretive responses. Burns (1972) investigated the behavior of religious and nonreligious group therapists. It was hypothesized that the religious person would be more authoritarian, intolerant, conservative, suspicious, group dependent, and therefore be a less effective therapist. Findings indicated, however, that the religious therapists differed only by being more conservative and group dependent with regard to their religious practices. No differences were found on the dimensions that constituted amount, style, and content of the leader's participation. It was concluded that their performances as group leaders did not differ from the secular therapists.

Some research has also examined the differences in style of pastoral counseling as a function of religious belief. Mannoia (1962) had ministers select directive or nondirective answers to sixteen hypothetical parishioner problems. He used contrasting denominational groups and found a relationship between preference for nondirective counseling responses and a liberal

theological orientation, and for those with a conservative orientation, to select directive responses. Malony (1977) utilized the same sixteen hypothetical statements with a modification of the procedure. Open ended, rather than forced choice responses were elicited, and the answers were evaluated according to how closely they approximated a previously defined ideal pastoral counseling response. Results showed, contrary to prediction, that there was no relationship between a tendency to have responses rated like the ideal and a tendency to view God as accessible and loving. Also there was no relationship between their responses and the tendency to view man as weak, sinful and in need of salvation. However, a relationship was noted between the tendency to have responses to the hypothetical situations rated more like the ideal and an optimistic view of human nature. Therefore, Malony's finding that a view of human nature was related to counseling style fails to confirm previous research which found a relationship between religious beliefs and counseling ratings. As Malony pointed out, such discrepant results can only be resolved by replication of the two approaches on the same sample.

In summary, religious leaders are less likely than other groups to define emotional difficulties in terms of mental illness (Dohrenwend, Bernard, & Kolb, 1962), and have been found to be more dogmatic in counseling, but show no differences in behaviors when compared to secular counselors (Burns, 1972; Williams & Kremer, 1974). Results are less clear in studies which have examined the differences in style of pastoral counseling as a function of religious belief (Malony, 1977; Mannoia, 1962).

FOUR CHRISTIAN COUNSELORS

In the present study, participants' preferences for differences in styles of Christian counseling were examined. Four published Christian counselors were asked to respond to a fictitious case study and provide treatment plans. The treatment plans were structured so that differences in the counselors' styles would be as apparent as possible. Narramore, Adams, Crabb, and Bustanoby were the selected counselors. A summary of their approaches will be presented.

NARRAMORE

The Nature of the Problem

According to the dynamic theory proposed by Clyde M. Narramore in his books, The Psychology of Counseling (1960) and the Encyclopedia of Psychological Problems (1966), most problems brought to counselors have taken a long time to develop, and will take a long time to resolve. Words and phrases that figure prominently in Narramore's approach include "unconscious" and "repressed" material; "symptoms," "true," "underlying" and "hidden" causes; the "real" problem; "roots" of a difficulty; "insight" and "catharsis." Narramore holds that many problems have origins dating to childhood experiences. Present difficulties are usually deeper than manifested behaviors and symptoms. Consistent with the medical model, Narramore believes that mental illness is a sickness. Our primary needs are for love and acceptance, and if we have been

denied these and suppress our feelings, Narramore says that we are likely to become ill or nervous.

The Nature of Therapy

For persistent problems with deep roots, therapy may be a long-term process. The counselor's role is that of a catalytic agent. He or she allows the client's concerns to emerge naturally and without prompting from the counselor. The promotion of insight is one of the most basic goals of therapy. Narramore says, "(A counselor) can draw (clients) out, help them to discuss their problems, find release, think things through, sift their ideas, clarify their thinking, gain new insights, rid themselves of impulses, trust in the Lord and become well adjusted. THIS IS COUNSELING." (1960, p. 45) Clients respond most favorably in an atmosphere of nonjudgmental acceptance. When clients are allowed to explore their feelings without criticism, they will develop new attitudes and behaviors. Narramore believes that when clients feel differently, they will act differently. Ideally, and with a minimum of guidance from the counselor, clients will progress from airing feelings, to gaining insights, to uncovering sources of problems, tracing these to the present result, to seeing alternative solutions and finally, to initiating a course of action. Counselors encourage growth in their clients by helping them to talk freely while restating and reflecting their comments and refraining from censoring or judging anything they might say.

Healthy adjustment is the degree to which people are successful in meeting physical, emotional and spiritual stresses. Clients in therapy may need to work through and release some of their more turbulent feelings before they can

address spiritual matters. For those who are able to assimilate God's Word, Narramore advocates initiation of a structured program including daily Bible reading and use of small portions of Scripture during the counseling session.

Evaluation

At first glance, Narramore's approach to counseling is purely psychodynamic. Whether he finds it difficult to integrate psychoanalysis with Christian counseling, or whether a pure Freudian approach doesn't explain all that he seeks to explain, is not clear. What is apparent, though, is that there are problems with Narramore's theory.

It is difficult to determine Narramore's view on the causes of psychological problems. Depending on where one chances to open up his book, The Psychology of Counseling, causes of problems may arise variously: early in childhood from parental mistakes (a psychodynamic approach), from a pattern of learned responses which are initiated to avoid stressful situations (a behavioral approach), from current faulty patterns of interaction with important others (a systems approach) or because a close relationship with the Lord is lacking (a Christian counseling approach).

Narramore's conception of the solution for emotional problems is equally hard to assess. He stresses that promotion of insight is the most basic goal of therapy; that insight and insight alone is sufficient to bring about a cure; and yet he rather uneasily tags on a behavioral program of daily Scriptural reading for those clients who are finally ready or who are able to assimilate The Word. He neatly explains that there are two types of guilt. "Real guilt" is the feeling experienced by clients who have violated the absolute standards

of God. "Pseudo guilt" is the feeling of sinfulness which arises out of inadequate childhood experiences. The solution offered by Narramore for "real guilt" is simply to ask forgiveness from Christ, and seek repentance; that is, clients should just stop sinning if they are experiencing "real guilt." "Real guilt," however, is not Narramore's foremost concern. "Pseudo guilt" is where he believes therapy is most useful.

Although Narramore's books are probably read most often by clergy, he suggests frequently that pastors should become adept at spotting emotional problems in their parishioners so that appropriate referrals to "professionals" can be made. The implication, of course, seems to be that clergy are not competent counselors.

The two books which were reviewed, The Psychology of Counseling and the Encyclopedia of Psychological Problems have great merit as introductions to the comprehensive nature of emotional disorders. However, that very comprehensiveness, combined with Narramore's lack of clarity and structure in presentation, may leave beginning Christian counselors more confused than enlightened about the actual techniques of counseling.

ADAMS

The Nature of the Problem

According to Jay Adams (1970) in his book, Competent to Counsel, people with emotional problems are not sick, they are sinful. Their problems are "autogenic" or in themselves. The fundamental bent of fallen human nature is away from God, Adams says, and people will attempt various sinful dodges in an

attempt to avoid facing up to their sin. Varying styles of sin will be utilized to the short-term successes or failures of the particular sinful responses. An unusual symptom and behavior therefore is interpreted as a learned device intended to divert attention away from the real problem which is a sinful lifestyle. Adams has termed this behavior "...hiding behind the guise of illness..." (p. 32) Visceral discomfort, depression, anxiety, guilt and other emotional problems are God's way of telling humans that they have violated His standards. Mental illness indicates irresponsible behavior. The cure for a guilty conscience is not catharsis; it's a change in behavior based on Biblical standards.

The Nature of Therapy

Adams believes that it is not merciful to be nonjudgemental. Counseling should be confrontive. When counselors consider clients victims rather than violators of their conscience, it only increases their guilt and lies. Adams calls his particular style of counseling "Nouthetic Counseling" based on the Biblical word, "nouthesis" which means to confront, teach or admonish. The goal of Nouthetic counseling is to correct sinful behavior and bring about conformity to Biblical principles.

How do Nouthetic counselors bring about change? Unlike Freudian or Rogerian counselors, Nouthetic counselors do not wait until all the information is in before tackling a problem. Their emphasis is on "what" and not "why" as they gather information about the client's behaviors and feelings. They believe that a change in behavior leads to changes in emotions; that is, feelings flow from actions. Nouthetic counselors gather evidence to persuade

clients that their sinful lifestyles must become Biblical-like lifestyles. Counselors are to be evangelists who impose not their own standards, but God's standards, on clients.

Mouthetic clients who are persuaded to seek God's will are instructed to turn to God in repentance, assume responsibility and blame, admit their guilt, confess their sin and seek forgiveness in Christ. Adams says that the goal is love, i.e., love toward God and man through conformity to the commandments of God. This is God's purpose for peoples' lives, and should be for their own lives as well.

Evaluation

Adams assumes that the admonishing of clients to repent and change their behavior (in order to conform to Biblical principles) is sufficient to bring about constructive change. Indeed, this may be true for a portion of clients. However, some clients may be genuinely guilty and confused about their actions, and feel unable to stop cycles of unproductive or harmful behavior (for example, persons who gamble compulsively). For these clients, it can only be imagined how frustrated they feel when such a counselor tells them to stop their sinful behaviors, and do what they clearly already know they should be doing.

Even though Adams focuses on behaviors, he has no clear structured or behavioral techniques. Further, it is assumed that clients have conservative Christian beliefs or he would not successfully appeal to concepts of "sin," being pleasing to God, or "salvation." Borderline and liberal Christians might find these concepts unappealing or not appropriate sources of motivation to

initiate changes in behavior. It may be ventured, then, that Adams' confrontive and directive approach is perhaps most effective with the portion of conservative Christians who are capable of gaining control of their problems with relative ease and who just need a boost to do so.

CRABB

The Nature of the Problem

People require a sense of personal worth, according to Lawrence J. Crabb, Jr, (1977) in his book, Effective Biblical Counseling. Feelings of significance and of security are necessary if one is to feel worthwhile. Crabb defines "significance" as purpose, importance, adequacy for a job, meaningfulness and impact. "Security" is defined as unconditional and consistently experienced love and acceptance. Problems develop when these two needs are threatened. Crabb says that people pursue irresponsible ways of living as a means of defending against these feelings of insignificance and insecurity. Most often they have arrived at a wrong idea as to what constitutes significance and security. These false beliefs are at the core of their problems, that is, wrong patterns of living have developed from wrong philosophies of living.

For example, if a mother and wife believes that her fundamental security and significance depend on her son's abstinence from drugs and her husband's loving her, she's likely to feel worthless unless she obtains those goals. Further, when her plans to achieve personal worth go awry, she may develop symptoms of emotional disorders to keep from feeling worse about herself.

A true sense of purpose and complete unconditional love and acceptance are

possible only from a personal relationship with God. Crabb believes that when the resources of God are not available because of unbelief, the individual is left with no hope for genuine significance and security. People then develop alternative strategies for learning to feel worthwhile. For example, if a young executive believes that his significance depends on great financial success, he may begin working fourteen hours per day to meet that goal. If he doesn't succeed, he may become depressed or anxious.

The Nature of Therapy

In order to change clients' incorrect assumptions about how to feel worthwhile, counselors must strive to change clients' cognitive beliefs. Criticizing psychoanalytic counseling, Crabb says that this counseling often amounts to an effort to help people let go, do their own thing, or whatever feels good. On very directive therapists, he says that directive therapists tend to believe that if a person will just behave responsibly, everything will be all right. Such counseling is little more than the identification of irresponsible patterns of behavior and exhortations to behave responsibly.

Obedience to Scripture is only one part of helping a person. Attitudes must also change. Crabb advocates using a variety of techniques to encourage change in clients' attitudes and in the sentences they may unconsciously tell themselves. Empathy, confrontation, support and clarification all may be used at different times. The counselor must understand what need is motivating the client's behavior, the person's ideas about what would meet that need, and his or her success or failure at meeting that need. It is necessary to show the client that his or her needs will inevitably fail to be met without a

relationship with Christ. Crabb states that as one learns that God's love is sufficient to meet needs and then puts that unfelt belief into practice, the solution is found. Clients may be told to repeat to themselves, "This situation is painful but not devastating. I know I can work it through if I trust God." Then it is necessary to secure a commitment from the client to plan and carry out a positive new behavior, regardless of how he or she still feels. Clients must behave consistently with Biblical patterns of behavior in order to progress from merely assenting with the truth to deeply agreeing with the truth.

Satisfaction in life, therefore, depends greatly on changing our cognitive beliefs concerning what will satisfy our needs. Crabb says that transformation depends on renewing not our feelings, not our behavior, not our circumstances, but our minds.

Evaluation

The approach presented by Crabb in Effective Biblical Counseling is clear and consistent. The solution and treatment plans for clients' problems follow naturally from Crabb's conceptualization of the causes of emotional difficulties. That is, if the problem is that people don't believe that God can satisfy their needs, then the answer is to change these beliefs, and that is just what Crabb proposes to do. His book contains many drawings and schematic diagrams delineating the processes involved in changing client cognitions.

In spite of Crabb's careful efforts to outline his theory, it is unclear how constructive change in clients actually occurs. Only a few general and

sketchy case histories are given as illustrations of the process of therapy. More demonstrations and dialogues with therapist and client who are engaged in this approach to counseling are needed to make his theory more useful to beginning Christian counselors. Further, as with all four of the theories which are being reviewed in the present study, empirical data to support Crabb's theory are lacking. Research which shows the efficacy of Crabb's approach is needed. However, despite these problems, Crabb's theory is well thought out and appears a viable approach to Christian therapy.

BUSTANOBY

The Nature of the Problem

God provides opportunities for change and chastises those who refuse the offer, according to Andre Bustanoby, author of You Can Change Your Personality: Make It a Spiritual Asset (1977). Bustanoby's approach is based in part on the theory of Timothy Leary, who proposed that personalities may be typed according to the manner of interpersonal interactions that people employ to ward off anxiety and preserve self esteem. Like Leary, Bustanoby sees all personalities as fitting into one of eight types, each with potential adaptive and maladaptive expressions. Leary developed the system of typing personality by creating a four-quadrant system with dominance and submissiveness on one continuum, and affection and hostility on the continuum orthogonal to the first. These personalities are as follows (the adaptive expression is listed first in each case): the managerial-autocratic personality, the competitive-exploitive personality, the blunt-aggressive personality, the

skeptical-distrustful personality, the modest-self effacing personality, the docile-dependent personality, the cooperative- overconventional personality and the responsible-hypernormal personality.

Bustanoby believes that both Christians and non-Christians have God-given resources for both sinful and truly good intentions and actions. He also holds that practically all behavior is learned and that God provides opportunities (sometimes arduous ones) for people to change their personalities to healthy, more spiritual personalities.

"Security operations" are the behaviors which people employ to reduce anxiety as they interact with others. Bustanoby says that a great impediment to one's spiritual life is the maladaptive expression of a personality-type. We are responsible for changing our personalities if our typical reactions are often counterproductive. If we find ourselves repeatedly in a social situation where our usual aggressive reaction does not pay off (i.e., is not reinforced), we may be forced to learn new ways to cope. God provides just such growth-producing tribulation, and Bustanoby proposes to help God by guiding clients into more adaptive coping styles.

The Nature of Therapy

There are three things which a counselor may do to facilitate the growth process. These are: directive counseling, learning contracts, and group experiences. Directive counseling is a general orientation in counseling which provides the client with information and education. Bustanoby uses a number of tests initially with clients, including a test which categorizes client personality types and helps pinpoint maladaptive behavior patterns. A learning

contract is an agreement between a monitor (often a family member) and a client. The monitor agrees to tell the client, in a non-threatening way, each time he or she displays a behavior which the client seeks to change. Group therapy, too, is a helpful way to encourage clients to change ineffective interpersonal styles. Bustanoby calls his Christian groups "communication workshops."

Bustanoby emphasizes that change is not optional for the Christian. He states that God will allow the ultimate punishment, death, if people repeatedly refuse to change the way they handle their lives.

Evaluation

Bustanoby's approach to counseling is less internally-consistent and based somewhat more on conjecture than the thorough approach of Lawrence J. Crabb. The majority of the book, You Can Change Your Personality: Make It a Spiritual Asset, is exclusively devoted to descriptions of each personality type (e.g., docile-dependent personality). Much less space (one small chapter) is used to explain techniques for changing the personalities from the maladaptive to adaptive expressions.

Bustanoby urges clients to examine their characteristic method of handling stress, and this is most likely a viable approach for the encouragement of clients' self-awareness. He neatly turns this approach into a Christian counseling theory, since it is stressed that God gives people opportunities to change their personalities for the better. In fact, after reading Bustanoby's book, one may be reminded of the time-worn Christian saying, "What we are is God's gift to us, and what we make of ourselves is our gift to God."

It is likely that more liberal than conservative Christians will find Bustanoby's approach worthwhile. It is an interesting and provocative theory, though less dogmatic than some other approaches to Christian counseling.

Research Related to Allport and Rokeach

Introduction

The characteristics and personalities of Christian believers have been thoroughly researched. Such research has shown an unclear but interesting array of findings. For example, Hunt and King (1975), while doing research on the dimensions of religious belief, found that people with more years of schooling were less religious on several scales except Knowledgeability. Kahoe (1977) also found that education was related to increasing liberalization of religious beliefs. Fukuyama (1971) defined four dimensions of religious beliefs. He found that women were more religious on all dimensions except the cognitive (or knowledge) dimension. Higher socio-economic groups scored higher on cognitive and cultic dimensions (i.e., they knew more intellectually about Christianity and attended church more often).

In a study comparing differences among beliefs in Protestant denominations by Thomas (1963), subjects completed questionnaires in which affirmative responses indicated tradition-oriented or conservative beliefs. The author stated that it became evident at once that the Baptist bodies were by far the most conservative of the Protestant groups. On every item of belief recorded in the table, the percentages of their affirmative responses were consistently

higher than for any other group. The Methodist, Lutheran and Presbyterian bodies were roughly similar in basic beliefs. The Episcopal and Congregational bodies were the least conservative of all the Protestant denominations. These results were obtained after polling the subjects on such topics as belief in eternal life, the existence of Heaven and Hell, and in the Trinity.

Other interesting findings concern personality characteristics of believers. Cowen (1953) found that subjects who scored highly on measures of a self-concept inventory held less intense religious beliefs than those with low self-concept scores. Gladding (1977) reported that those adolescents who reported positive feelings about school and/or religious belief had significantly lower anomie (scores indicating alienation) than adolescents who reported negative feelings about these factors. In a study by Williams and Cole (1968), the subjects took a security-insecurity inventory, the MMPI, a physical measure of anxiety (GSR) to word items, and a measure of religiosity. Results showed that high religiosity subjects manifested the least anxiety on all dimensions, and the low religiosity group the greatest generalized insecurity. The intermediate group yielded the highest scores for the physiological assessment of general anxiety, though not to a significant degree. Gilbert (1972) studied the differences between Pentecostal college students and students on other campuses. He tested freshmen with 15 religious scales and 17 personality scales and found significant differences between the two groups. The Pentecostal students tended to be more orthodox in religious beliefs, more altruistic, more practical in outlook, more feminine, less scholarly, more anxious, and less impulsive than the other group of students. Joubert (1978) found that church-attending males endorsed significantly more of Ellis' irrational ideas than did non-attending males or females, or

church-attending females. In research by Bock and Warren (1972), subjects were exposed to a modified version of Milgram's obedience procedure in which they were instructed to administer shocks to victims for supposed errors on a learning task. Although the authors hypothesized that subjects scoring in the midrange of religious belief scales would be less obedient than the extremes, it was found that moderate believers administered significantly more punishment than either the religious or nonreligious extremes. Josefowitz and Marjoribanks (1978) found support for the hypothesis that religious affiliation and church attendance are related to social conservatism. Students who were religiously affiliated and attended church regularly had more conservative scores on factors such as disrespect for authority, political activism and sexual freedom (see Table 1 for a summary of findings on the correlates on high and low religiosity).

In a comprehensive study by Fehr and Heintzleman (1977), subjects were administered the Allport-Vernon-Lindzey Study of Values, a modification of the Thouless Test of Religious Orthodoxy, the Manifest Anxiety Scale, a version of the California F Scale, the Lovibond Humanitarian Scale and a version of the Coppersmith Self-Esteem Inventory. Nonsignificant correlations were obtained for the two religious measures (Study of Values and Religious Orthodoxy) and the Manifest Anxiety Scale. Further, only a minimal nonsignificant negative correlation was obtained for the religious measures and self-esteem scores. However, a significant positive correlation was found to exist between the measures of religious orthodoxy and authoritarianism. There was no relationship between orthodoxy and the Study of Values measure of religious beliefs. The authors stated that it is logical that the orthodox individual would have respect for authority and that a person who scores high on the Study

of Values religious measure, which purports to be indicative of our ability to get along with our fellow man, would score highly on the humanitarianism scale. Further, they said that this should serve to alert researchers to the inadvisability of using measures of religiosity interchangeably. A profile of the religious individual based on a consideration of correlates of the Thouless Test would lead to the conclusion that the "religious" individual is authoritarian in nature, while correlates of the Study of Values religious measure would lead us to that the "religious" individual is a humanitarian. Hicks and Wright (1970) also compared scales frequently used to assess characteristics of religious people. They confined their research, however, to five popular scales of liberalism-conservatism (L-C) which were intercorrelated with seven discriminant validation scales. Factor analysis of the matrix of intercorrelations revealed that none of the L-C scales was found to be a comprehensive measure. Four independent L-C dimensions were discovered: economic, political, religious and esthetic. Three of the measures were useful only as measures of economic L-C. None of the scales was fully adequate in measuring the other specific dimensions. Therefore, researchers who have chosen such scales to measure religious conservatism, for example, may have results which are not adequately generalizable.

Figure 1

Summary of the Research Comparing High and Low Religiosity

High Religious Participants

Are more likely to be women (Fukuyama, 1971); have lower scores indicating alienation (Gladding, 1977); have less anxiety (Williams & Cole, 1968); if male, are more likely to endorse a greater number of irrational ideas (Joubert, 1978); are likely to be socially conservative (Marjoribanks, 1978).

Low Religious Participants

Are more likely to have high than low education (Hunt & King, 1975; Kahoe, 1977); have high self-concepts (Cowen, 1953).

In conclusion, a broad overview of research on religious individuals has revealed an interesting but inconclusive array of findings. Indicative of the difficulties, the last two studies (i.e., Fehr & Hintzelman, 1977; Hicks & Wright, 1970) were presented to illustrate the problems in religious research. Measures of religiosity should not be used interchangeably and various measures of religiosity may provide discrepant profiles of religious persons. With this in mind, the research of Allport and Rokeach may now be presented.

Allport

Research on Prejudice

A large body of early research has examined the strong association between "religious" people and prejudice (e.g., Adorno, Frenkle-Brusnick, Else, Levinson & Sanform, 1950; Allport & Kramer, 1946; Levinson, 1954; Pettigrew, 1959; Rosenblith, 1949; Stouffer, 1955; Turbeville & Hyde, 1946). Gordon Allport (1954) noted the association between prejudice and religiosity. Allport reasoned that people who come to church for social support and for relief from personal problems might also be insecure enough to blame "outgroups" for their troubles, and to feel threatened by social change. If so, they would not be the most frequent attenders, the ones who seek most seriously to expend all their energies on a truly religious life. There should be a subset of churchgoers who attend very frequently, attempt to "apply" religion in all their social dealings, and thus exhibit great tolerance for others (Robinson & Shaver, 1973). Allport and Ross (1967) reviewed the literature and concluded that most church-goers were prejudiced toward ethnic groups, but that the relationship was curvilinear; that is, they found a U-shaped relationship between frequency of church attendance and prejudice. Those individuals who attended church two or more times a week and nonattenders were significantly less prejudiced than those who attended only a few times a month. As the result of Allport's early hypothesis, Wilson (1960), Feagin (1964) and Allport and Ross (1967) developed scales measuring the proposed extrinsic and intrinsic religious orientations. The Feagin Scale is identical to the Allport and Ross Scale, except that Feagin's has one additional item.

Wilson's scale measures only extrinsic orientation. In both the Allport and Ross (1967) study and the Feagin (1964) study, respondents who showed an extrinsic orientation were more racially prejudiced than those with an intrinsic orientation. Allport and Ross found that some people they labelled "indiscriminantly proreligious" endorsed all the scale's items and were the most prejudiced of all. Later research (e.g., by Hood, 1971) has shown a fourth type of person, the "indiscriminantly antireligious" who endorses few or none of the items on the scale. Although the intrinsically-oriented individuals are by far the most tolerant of all church-attending individuals, they comprise only a minority.

Allport's original hypothesis and the Religious Orientation Scale (ROS) have generated much research and some criticism. In support of Allport, Shields (1970) found among six Presbyterian churches that subjects classified as highly extrinsic in their religious orientation were significantly more prejudiced against Negroes than those with low extrinsic orientations. Further, extrinsic subjects tended to be more orthodox in their beliefs, and the more orthodox beliefs were found to be associated with greater prejudice.

Other researchers have noted a relationship between religiosity and prejudice. Gray and Revelle (1974) found that negative racial attitudes were associated with an extrinsic religious orientation; however, racial attitudes did not correlate significantly with the internalized orientation. A liberal-conservative distinction did not relate to racial attitudes. While researching proposed dimensions of religiosity, King and Hunt (1972) found a tendency toward tolerance of ethnic groups among active and knowledgeable church members. Allen and Spilka (1967) provided evidence for two kinds of

religious orientation which were differentially associated with prejudice: committed religiosity and consensual religiosity. Individuals showing committed religiosity were less prejudiced, had an abstract, philosophical perspective and were more open and flexible in outlook than those with consensual religiosity, who were more prejudiced and had a concrete, rigid outlook on religion.

Some researchers have found no association between prejudice and religiosity (e.g., Cygnar, Noel, & Jacobson, 1977; Liu, 1961; Martin & Westie, 1951), and others have found fault with Allport's Religious Orientation Scale. For example, Thompson (1975) criticized Allport for maintaining a "Bible-oriented view" and a "Southern Baptist ideology." Thompson said that Allport assumed that the intrinsically oriented person would prefer a Bible study group to a social group. Because what it means to "live one's religion" (Allport, 1967:434) varies by religious tradition and even changes with the times, Allport's items should not be taken as a valid measure of living one's religion for all Christians. He concluded that researchers must examine critically the content validity of the ROS before applying it beyond the confines of conservative and moderate mainline Protestantism.

Further criticism for Allport's concept of intrinsic-extrinsic (I-E) orientation has come from Hunt and King (1971). They conducted a comprehensive review and evaluation of the pertinent literature and suggested that although the concept has stimulated fruitful theoretical and empirical study, there are some difficulties in its research utility. They noted that I-E (intrinsic-extrinsic) has not been operationally defined as one bipolar continuum: it contains several component variables. I and E are not opposites. Although E is well operationalized as a selfish, instrumental approach to religion; I has not been operationally defined. Hunt and King

recommended that more specific components should be identified and that the general labels of I and E be abandoned. In addition, they suggested that the phenomena involved may be persistent personality variables which affect both religious believers and nonbelievers, and therefore study on the secular population is advised.

In spite of some very real problems with the concept of intrinsic-extrinsic religious orientation, researchers have found it a viable concept, for studies on prejudice as well as for research on religious dogmatism, authoritarianism and conservatism. Its contribution to understanding of many aspects of religiosity has proven it a useful tool.

Research Generated by the RGS Unrelated to Prejudice

In a study by Strickland and Shaffer (1971), the researchers investigated the relationship between intrinsic-extrinsic religious orientation and belief in an internal versus external source of reinforcement, and authoritarianism. Two Presbyterian congregations, one liberal and one conservative, were tested. It was found that religiously intrinsic subjects were significantly more likely to be female, older, better educated and more frequent church attenders. Intrinsic subjects were also significantly more likely to believe in internal control of reinforcement. No relationship was found between membership in the liberal or conservative church and religious orientation or belief in internal-external source of reinforcement. However, members of the conservative church were significantly more likely to be rated highly authoritarian on the Fascism Scale. In addition, the conservative church members were less educated and more frequent church attenders than were the

liberal church members. In a similar study by Shrauger and Silverman (1971), female college students who participated more frequently in religious activities expressed more attitudes indicative of an internal locus of control. The tendency was reversed for males but didn't reach significance. Protestants were significantly more internal than Jews, while Catholics scored in between these two groups. Locus of control was not significantly related to socio-economic status. Kahoe (1974) has concluded that extrinsic motivation and extrinsic religious orientation tends to be correlated with authoritarianism and dogmatism. In a study of former students from a conservative religious college, he found that the intrinsic orientation was related to several indices of positive mental health, responsibility, internal control, academic achievement and intrinsic motivation. In another study (Kahoe, 1975), he suggested that the extrinsic religious orientation was related to self-defensive stances.

Several other studies have examined religious orientation and personality variables. Baither and Saltzberg (1978) found that extrinsically-oriented subjects were significantly less rational thinking than intrinsic subjects as indicated on two scales based on Ellis' theory of Rational-Emotive Therapy. The Ellis scale has been shown to be significantly correlated with the California Psychological Inventory, Eysenck's Neuroticism Scale and the Taylor Manifest Anxiety Scale. Females were significantly more intrinsically oriented than males in the study. Digenan and Murray (1975) also found that women were more intrinsic on the ROS, less dogmatic and less prejudiced than men in their study of religious commitment. Rice (1971) tested Allport's hypothesis that an intrinsic religious orientation is conducive to mental health, while an extrinsic orientation is not. A large sample of male subjects completed

several inventories of emotional adjustment. Results showed that intrinsic subjects were different from extrinsic subjects on the criteria, and significantly so on social adjustment.

A few studies, although not utilizing measures of intrinsic-extrinsic orientation, have paralleled the findings of the previous studies. That is, it has often been reported that very frequent and very infrequent church attenders show better subjective adjustment on many measures than do marginal attenders. For example, Dean (1968) found that on attendance, the extremes ("twice or more per month" and "never") showed lower scores of powerlessness than those reporting attendance once a month or a few times per year (i.e., marginal goers felt less power in their lives). In addition, although the results did not reach significance, those reporting moderate religiosity scored highest in normlessness and social isolation measures. Fisher (1964) found that acquiescence, or the tendency to say "yes" was positively related to frequency of church attendance and self-reported religiosity. Fisher stated that is one of the goals of most religions to instill in the individual a sense of respect for, and devotion to, a power greater than himself. Thus, marginal attenders may be most susceptible to authority. Gurin, Veroff and Feld (1960) found in their survey of a sample of the American population that frequent church attenders report greater happiness than infrequent attenders. The authors concluded that the findings on church attendance have presented a fairly clear picture: low church attendance is associated with a somewhat higher level of distress in the general adjustment measures, a more negative self-precept, less happiness on the job, and less marital happiness.

Thus, Allport's original hypothesis, that individuals with the most frequent church attendance would not show prejudicial attitudes toward out

groups, has stimulated the development of a large body of research on the commitments of religiosity. Some studies have found no relationship between prejudice and religiosity, while a few studies have found fault with Allport's Religious Orientation Scale. However, a large number of studies have concurred with Allport, and additional evidence has suggested that indeed, some people may "use" their religion to their own ends, while others may "live" their religion (Allport, 1967).

Rokeach

Milton Rokeach has done pioneering work in the field of human values. His key instrument in the measurement of values, the Rokeach Value Survey, has been used extensively to assess value similarities and differences among a multitude of various populations. The survey consists of separate lists of 18 alphabetically arranged terminal values (end-states of existence) and 18 instrumental values (modes of conduct) which subjects rank order in importance. For example, respondents must decide which of the terminal values are their highest priorities, i.e., "salvation," "mature love," "wisdom," "an exciting life," etc., and which of the instrumental values are most highly valued, i.e., "helpful," "forgiving," "logical," "honest," etc. Rokeach (1969) found on the basis of a national survey that two values, "salvation" and "forgiveness," stand out as distinctly Christian values. In 1973, he provided a useful synopsis of his research on the value similarities and differences among religious and nonreligious persons. All religious groups considered "freedom," "family security," and "a world at peace" as important terminal values, and "an exciting life," "social recognition," "pleasure," and "a world of beauty" as

the least important values. Religious and nonreligious individuals all ranked the instrumental values "ambitious," "honest," and "responsible" the highest, while values ranked lowest in importance were "imaginative," "logical," "intellectual," and "obedient." Christians placed a higher value on being "clean," "obedient," and "polite" than did Jews and nonbelievers who gave higher rankings to "equality," "family security," "pleasure," "wisdom," "inner harmony," and "capable," "independent," "intellectual" and "logical." Two key values, "salvation" and "forgiveness," accurately pinpointed the Christians. Jews and nonbelievers ranked "salvation" last, while Christians ranked it from third place (for Baptists) up to fourteenth place (for the remaining Christian groups).

In his national sample, Rokeach found that the value, "salvation," ranked third for those who attended church every week and dropped linearly to last place for those Christians who never attended. The value, "forgiving," ranked second for those who attended church weekly, and decreased to eleventh place for those who never went to church. In addition, those who reported church as being very important to them ranked "salvation" in first place, while those who felt it to be unimportant ranked it last. Rokeach (1976), in a sample of college students, also found that rank ordering of the value "salvation" highly predicted church attendance. Those students who attended church once a week or more often ranked salvation first on the average, while those who attended once a month or less ranked it last. Rokeach (1973) also has reported that despite the fact that Christianity teaches love and charity, there is no evidence from the national sample that being "loving" and "helpful" are distinctly Christian values.

Shoemaker and Boit (1977) administered the Rokeach Value Survey and Allport

and Ross' (1967) Religious Orientation Scale to students from a conservative Protestant college. Instead of directing the students to rank order their value preferences, the instructions on the value survey were modified so that the subjects arranged them in order of how they believed Christians should rank the values. That is, the modified instructions were used to measure what subjects viewed as Christian ideals. It was found that "salvation" was ranked first in place, without exception. Other results indicated an extremely high degree of agreement in the perception of the ideal Christian's values. In addition, no significant differences were found in the perception of Christian values between the extrinsics and intrinsics in the sample.

Tate and Miller (1971) also employed Rokeach's Value Survey and the Religious Orientation Scale of Allport and Ross. Subjects, all members of the United Methodist Church, were classified as intrinsic, extrinsic, indiscriminantly proreligious or indiscriminantly antireligious on the ROS and were compared for value differences. All three religious groups placed a high value on "salvation," and the antireligious group ranked it lower. Lesser value was attributed by the religious groups than the antireligious group on the values of "freedom," "mature love," "pleasure" and being "imaginative," while the religious groups placed greater emphasis on "true friendship," "being clean," "courageous," "obedient," and "a world of beauty" than did the antireligious group. Of the three religious groups, the intrinsically religious ranked "equality" higher than did the proreligious group, and the extrinsics ranked its importance in between the two other groups. The value of equality has been shown to be related to racial tolerance. Tate and Miller's findings provide further evidence that intrinsics are the most tolerant, while the proreligious are the least tolerant of all three religious groups. Also

congruent with past research, the antireligious orientation group rated "equality" equally with the intrinsics, indicating the greatest racial acceptance among those of the most and least religious groups.

Further findings of Tate and Miller are less clear. The intrinsics ranked "imaginative" higher, and "a comfortable life," "happiness," "ambitious" and "clean" lower than did the extrinsics and proreligious group. "Salvation" was ranked equally high by the intrinsics and proreligious group and differed significantly from the ranking given to it by the extrinsically religious. Thus, it may be seen that the religious orientations differ significantly from one another on some of Rokeach's values.

To summarize, the work of Milton Rokeach has provided a reliable tool that has measured differences between and among the religious. Many values separate the groups, but two values, "salvation" and "forgiveness," are especially noteworthy for their ability to differentiate among religions, intensity of belief and frequency of church attendance. In addition, the value placement of salvation differentiates between individuals of intrinsic and extrinsic religious orientations.

Summary

Research has shown that some people more readily seek psychological help for emotional problems than others. Women, younger people, and more educated people, as well as Christians who are more liberal than conservative have sought professional help with greater frequency than other groups (Gurin, Veroff, & Feld, 1960; Fisher & Turner, 1970). Christians, more than many other religious groups, have expressed reluctance to seek secular professional help (Bergen, 1980; Fisher & Cohen, 1972; King, 1978). Evangelical Christians are the least likely to obtain help from professional mental health workers (King, 1978). Structured treatment plans which emphasize organized behavioral change are generally preferred to insight-enhancing therapies in studies which have examined therapy preferences prior to treatment (e.g., Cashen, 1979; Grigg & Goodstein, 1957; Kinsey, 1975; Steuhm, Cashen & Johnson, 1977). However, some people may prefer insight-encouraging therapies, for example, women (Tinsley & Harris, 1976), abstract thinkers (Knudson & Carskadon, 1978), open-minded people, those with an internal locus of control, young subjects and those with higher levels of education (Helwig & Gaines, 1977).

The theories of Christian counseling are diverse, some paralleling traditional psychotherapy more than others. Research which compares the various approaches is virtually nonexistent. There is some research which compares the techniques of conservative versus liberal pastoral counselors, and directive versus nondirective counselors (Burns, 1972; Cavanaugh, 1962; Malony, 1977; Mannoia, 1962) but some of the results are inconclusive and contradictory.

Christians have been found to differ from fellow Christians and

non-Christians in a number of ways. Allport (1954) proposed that non-Christians and Christians with very frequent church attendance would be the least prejudiced toward ethnic groups. The Religious Orientation Scale (ROS) (Allport & Ross, 1967) measures intrinsic (tolerant toward outgroups) and extrinsic (intolerant toward outgroups) religiosity. Studies which have utilized the ROS have generally found it to be a viable measure.

A number of personality characteristics may be associated with the ROS. Positive mental health indices have been associated with intrinsic religiosity, and authoritarianism, dogmatism, self-defensive stances, and irrational thinking have been associated with extrinsic religious orientation (Baither & Saltzberg, 1978; Kahoe, 1974; Kahoe, 1975; Rice, 1971).

Rokeach (1967) developed another method of assessing Christian beliefs. On the Rokeach Value Survey, two values, "Salvation" and "Forgiveness," significantly differentiate Christian believers from nonbelievers, and rankings of "Salvation" predict church attendance (Rokeach, 1969).

Chapter 3

STATEMENT OF THE PROBLEM

Research indicates that some populations seek psychological help for emotional problems more readily than others. Specifically, women, younger people, and more educated persons, as well as Christians who are more liberal than conservative have sought help with greater frequency than other groups (Gurin, Veroff, & Feld, 1960). However, evangelical Christians are far more likely than other Christians to see a pastor when obtaining help (King, 1978). The present study sought to replicate some of this previous research.

Studies which have examined participants' therapy preferences prior to treatment have generally found that structured treatment plans which emphasize organized behavioral change are preferred over more insight-enhancing therapies (Cashen, 1979; Grigg & Goodstein, 1957; Kinsey, 1975; Steuhm, Cashen & Johnson, 1977). However, insight therapies may be more often preferred by women (Tinsley & Harris, 1976), more abstract (than concrete) thinkers (Knudson & Carskadon, 1978), more open-minded individuals, those with an internal locus of control, younger participants, and those with a higher level of education (Helwig & Gaines, 1977). The four Christian counseling approaches included in the present study differ along dimensions of structure and emphasis on behavioral change. Participants' preferences for the counseling styles were investigated.

Women are likely to score higher than men on measures of religiosity (Fukuyama, 1961). Higher socio-economic status and higher education are more often associated with liberal religious beliefs (Hunt & King, 1975; Kahoe, 1977). This information was valuable for making predictions in the present study.

In research which has utilized Allport's Religious Orientation Scale (ROS), (Allport & Ross, 1967), it has been found that religiously intrinsic individuals are more likely to be female, older, better educated, and frequent church attenders. However, no relationship has been found between membership in liberal or conservative churches and religious orientation (Baither & Saltzberg, 1978; Digenan & Murray, 1975; Strickland & Shaffer, 1971).

On the Rokeach Value Survey (Rokeach 1967), ratings by participants of the value "Salvation" drop linearly in ranking as church attendance decreases. In addition, those people who feel that church is very important rank "Salvation" higher than those who feel that it is unimportant (Rokeach, 1969).

This experiment investigated the relationship among preference for one of four approaches to Christian counseling to the degree of fundamentalism of participants' Christian beliefs. In addition, the effects of subject variables such as religious orientation as measured by the ROS, ranking of the value "Salvation" on the Rokeach Value Survey, and personal data, on preferences for the approaches to counseling were also examined. Based on the findings of the aforementioned research, several hypotheses were investigated.

Briefly, it was expected that: (1) participants who are high in fundamental religiosity would show greater expectation of effectiveness for all of the Christian counselors than will participants who are low in fundamental religiosity, (2) participants would expect some counseling approaches to be more effective than others, (3) there would be an interaction between preference for an approach to counseling and fundamentalism of the participants, (4) participants with scores indicative of an intrinsic religious orientation would show a greater preference for all four of the Christian

counselors than would participants who have scores indicative of an extrinsic religious orientation, (5) participants with high rankings of the value "Salvation" would show a greater preference toward all of the Christian counselors than will those who have low rankings of the value "Salvation," and (6) there would be an interaction between participants' ranking of the value "Salvation" and preference for a counseling approach.

Chapter 4

METHOD

Participants

Adult volunteers ($N=45$) who were associated with Christian churches were selected through contacts with clergy in the Richmond area. Twenty males and 25 females completed the surveys. Their average age was 33 years old. Twenty-three participants identified themselves as Presbyterians, eight were Lutherans, seven were Baptists, four were Episcopalians, and three belonged to other denominations. Three people indicated that they had completed high school, six had some college, 17 had college degrees, 15 had masters degrees, and three had doctorates. The average income of participants was about \$21,000 per year. Their average church attendance was 2.3 times per week.

Participant Variables

Variables that were examined included (a) religious fundamentalism (from conservative to liberal Christian beliefs) as measured by participants' scores on the Religious Fundamentalism Scale (Martin & Westie, 1959) and self ratings by participants of their degree of fundamentalism; (b) participants' scores on the Religious Orientation Scale (Allport & Ross, 1967) which indicate intrinsic, extrinsic, and proreligious orientations; (c) participants' ranking of the value "Salvation" on the Rokeach Value Survey (Rokeach, 1967); (d) assessment of participants' attitudes toward counseling, including whether they

have ever obtained counseling from a Christian or secular counselor, a rating of the importance of seeing a counselor who is identified as Christian, and how much money they would be willing to pay per hour to see each of the counselors who presented their approaches in the treatment plans included in the survey.

Independent Variables

The overall design was a 4 X 2 factorial design to determine the relationship among (a) four approaches to Christian counseling which were obtained from the treatment plans of published Christian counselors who responded to a fictitious case presentation, and (b) a number of participant variables which were considered individually. For example, the main hypothesis examined the relationship between counseling approach and religious fundamentalism as measured by a fundamentalism scale and participants' self ratings of their degree of conservative, religious beliefs. Other hypotheses examined the relationships between (a) counseling approach and religious orientation (intrinsic or extrinsic); (b) counseling approaches and the ranking of the value "Salvation" high or low ranking on the Rokeach Value Survey; and (c) counseling approaches and participants' attitudes toward counseling as measured by whether they have ever obtained counseling from a Christian or secular counselor, their ratings of the importance of seeing a counselor who is identified as being Christian, and how much money they would pay to see both types of counselors.

Dependent Measures

Participants were asked to indicate on an eight-point scale the following items after reading each treatment plan presentation of an approach to counseling: (a) the degree of positive change that the therapy would produce in the client (i.e., perception of effectiveness of the approach); (b) how closely the counselor relies on Biblical principles; (c) the degree of similarity between the participant's and the counselor's religious viewpoints; and (d) the degree of appeal which each approach contains (i.e., liking for the approach).

After participants read all four approaches, they were asked to (a) rank order the effectiveness of the four counseling approaches, (b) rank order their preference (i.e., liking) of the approaches, (c) rank order the counselor's reliance on Biblical principles, (d) rank order how much each counselor adheres to the authority of Scripture, and (e) rank order their likelihood of referring a friend to each counselor.

Procedure

Soliciting Participation of Counselors

Telephone calls were made to each of the four published Christian counselors requesting their participation in the study. Upon their acceptance, a packet was sent to each of them, containing the following: (a) an introduction explaining the general nature of the study, (b) a case study devised by the experimenter, and (c) two pages containing eleven questions

which structured their responses in the treatment plans (see Appendix A). The case study described a 39-year old, recently divorced woman who was experiencing a number of problems including anxiety, depression, some use of alcohol and marijuana, some transient sexual affairs, and recent suicidal thoughts. One of the counselors, (Clyde Narramore), requested that his responses be filled in, based on the experimenter's research and knowledge of his approach, to be edited afterwards by him. Another counselor, Jay Adams, made helpful changes in the structure of the surveys, and then chose not to provide a treatment plan to be used in the study. His responses were drawn, therefore, out of his books by the experimenter.

Obtaining Participants

Pastors representing liberal and conservative churches were contacted and their participation requested in the study. The mode of distribution of surveys was left to the discretion of the volunteering pastors. At times, the experimenter attended various meetings in the churches, such as administrative meetings and Bible study groups, described the general nature of the study, distributed questionnaires, and returned to the meetings the next week to pick up the completed questionnaires. The surveys took an unexpectedly large amount of time to complete (sometimes taking participants over three hours). Possibly due to this extensive time requirement, only a small percentage of the participants who were given the forms actually returned them.

Administering the Treatment and Measures

After completing a consent form (see Appendix B), participants responded to a number of measures. First, they read a version of the fictitious case history of the client (Appendix B-1). The four published Christian counselors, Clyde Narramore (Appendix C), Jay Adams (Appendix D), Lawrence J. Crabb (Appendix E), and Andre Bustanoby (Appendix F), were asked to provide a proposed treatment plan for the client, written within the confines of two typewritten pages. Eleven questions designed to highlight their differential counseling strategies were sent to them to structure their responses. In varying order (to control for order effects), the treatment plans were read by participants following the case history. At the end of each treatment plan, participants were asked to indicate, on eight-point scales, the aforementioned dependent measures (Appendix G).

In addition, personal data information was requested which included the following items: marital status, age, sex, approximate income level in the household, church denomination, frequency of church attendance, number of children, and a self-rating of their degree of liberal or conservative belief along an eight point scale (Appendix G-1).

To assess participants' attitudes toward counseling, several more items followed. It was asked whether they had ever gone for counseling from either a secular or Christian psychologist. Also, they were asked to rate in value the importance of seeing Christian counselors versus equally competent counselors who do not identify themselves as Christians, how much they would be willing to pay to see those counselors per hour, as well as how much they would pay to see the counselors which they read of previously.

In the next section, participants completed a packet of surveys which included the three measures of religiosity (Appendix H). The first self-report inventory completed by participants was the Religious Orientation Scale (Allport & Ross, 1967). The instrument identifies participants who have a meaningful and highly personal approach to religion (an intrinsic orientation) and those people who have a more utilitarian approach, attending church primarily for comfort, security, and social support (an extrinsic orientation). All items on the scale are worded so that a score of "one" indicates the most intrinsic response, and a score of "five" indicates the most extrinsic response.

A second measure, the Rokeach Value Survey (Rokeach, 1967) has been shown reliably to differentiate Christians from non-Christians, predict church attendance, and it also correlates with individuals' self-rated belief of the importance of religion in their daily lives (Appendix I). The survey consists of lists of 18 alphabetically arranged terminal values (end-states of existence) and 18 instrumental values (modes of conduct) which participants are instructed to rank order in importance to them. The terminal value "Salvation" and the instrumental value "Forgiveness" are typically ranked as having far greater importance to Christians than to other groups.

Another measure, the Religious Fundamentalism Scale (Martin & Westie, 1959) is a short, nine-item scale designed to assess religious conservatism. Individuals are asked to rate their agreement with the items along a five-point scale (Appendix J). In the past, use of the scale has shown a strong relationship between fundamentalism and bigotry. However, previous research with this inventory has found no relationship between bigotry and frequency of church attendance, Bible reading, and praying.

Analysis of Preferences of Different Participants for Differing Counseling Approaches

Several hypotheses were investigated.

Analysis 1: A multivariate analysis of variance was used to determine the effects of fundamentalism on participants' (a) preferences for the approaches, (b) perception of the effectiveness of each approach, and (c) perception of the counselors' reliance on Biblical principles. Participants provided this information both (a) after reading each approach and rating their answers on an eight-point scale, and (b) after reading all the approaches and rank ordering the counseling approaches. Then, a univariate analysis of variance was used to determine the effect of each variable. There were several expected results.

Hypothesis 1

It was assumed that participants who are high in fundamentalism as indicated by the Fundamentalism Scale (Martin & Westie, 1959) and self-ratings, would show greater expectation of effectiveness for all of the Christian counselors than would participants who are low in fundamentalism.

Rationale: Conservative Christians show greater reluctance to obtain secular psychological help than do liberal Christians (Bergin, 1980; Fisher & Cohen, 1972; King, 1978).

Hypothesis 2

It was expected that participants would prefer some counseling approaches more than other approaches. Specifically, it was expected that a Duncan's test would show that participants would expect the greater structure in the approaches of Adams and Crabb to be more effective than the less structure in the approaches of Narramore and Bustanoby.

Rationale: Previous studies have indicated greater preference by participants for structured treatment plans which emphasize organized behavioral change than for more insight-enhancing therapies (Cashen, 1979; Grigg & Goodstein, 1957; Kinsey, 1975; Steuhm, Cashen, & Johnson, 1977).

Hypothesis 3

It was expected that there would be an interaction between preference for an approach to counseling and the fundamentalism of participants (as determined by the Fundamentalism Scale).

Specifically, a Duncan's test was expected to show that:

- 3(a) high fundamentalism participants would expect the conservative, directive approach of Adams to be more effective than would the low fundamentalism participants;
- 3(b) high fundamentalism participants would expect the less conservative, directive approach of Crabb to be more effective than would low fundamentalism participants;
- 3(c) high and low fundamentalism participants would not differ in their

expectations for the dynamic approach of Narramore; and
3(d) low fundamentalism participants would expect the approach of
Bustanoby to be more effective than would high fundamentalism
participants.

Analysis 2: An analysis of variance was used to determine the effects of
religious orientation (intrinsic or extrinsic), and rankings of "Salvation"
(high or low) on ratings and rankings of the participants' (a) perception of
the effectiveness of each approach, (b) perception of the counselors' religious
similarity, and (c) perception of the counselors' reliance on Biblical
principles.

Hypothesis 4

It was assumed that participants with a low ranking of the value
"Salvation" would show a greater expectation of effectiveness for all the
Christian counselors than would those with a high ranking of the value
"Salvation."

Hypothesis 5

It was expected that participants who had scores indicative of an intrinsic
religious orientation would show a greater expectation of effectiveness for all
the Christian counselors than would the participants who had scores indicative
of a less intrinsic religious orientation.

Rationale: Intrinsic people show a greater willingness to attribute personal difficulties to internal factors than do extrinsic people who are more likely to attribute difficulties to factors outside of themselves (Kahoe, 1974; Strickland & Shaffer, 1971). People who assume personal responsibility for their emotional problems are more likely to seek professional counseling than those who believe that situational factors are the causal agents (Calhoun, Dawes, & Lewis, 1972; Fisher & Turner, 1970; Gurin, Veroff & Feld, 1960).

Hypothesis 6

It was expected that there would be an interaction between participants' ranking of "Salvation" and their expectation of effectiveness of the counseling approaches.

Specifically, a Multiple Duncan was expected to show that

6(a) participants with high rankings of "Salvation" would expect Adams to be more effective than would participants with lower rankings;

6(b) those with high rankings also would expect Crabb to be more effective than those with lower rankings;

6(c) participants with high rankings and those with lower rankings would not differ in their expectations for the effectiveness of Narramore's approach; and

6(d) those with low rankings would expect Bustanoby to be more effective than those with higher rankings.

Chapter 5

RESULTS

A 2 X 4 repeated measures factorial design was used to examine the participants' rankings of the four counselors with the following seven independent variables: (1) religious fundamentalism as measured by the scores of participants on the Fundamentalism Scale, (2) religious conservatism as measured by their self-ratings, (3) extrinsic religious belief as measured by Allport's Religious Orientation Scale (ROS), (4) intrinsic religious belief as measured by the ROS, (5) proreligious belief as measured by the ROS using the mean difference between participants' intrinsic and extrinsic scores, (6) proreligious belief as measured by the ROS using Allport's (1967) criteria for proreligious attitude, and (7) fundamentalism as measured by their rankings of "Salvation" on the Rokeach Value Survey.

In the first series of analyses, three dependent measures were employed. After reading each approach, participants gave the following responses: (1) ratings of expected change that the treatment plan of each counselor would effect in the fictitious client's case which was presented to them, (2) ratings of perceived religious similarity of the counselors when compared with the participants, and (3) ratings of their perceptions of each counselor's reliance on Biblical principles.

In the second series of analyses, five new dependent measures were employed. After reading all of the counseling approaches, participants were asked to rank order the following: (1) the effectiveness of the four

approaches, (2) their likelihood of referring a friend who has asked for help to each of the counselors, (3) their liking for the approaches to counseling, (4) their perception of the weight each counselor gives to the authority of Scripture, and (5) their perception of the counselors' reliance on Biblical principles. (See Appendix K for a listing of the raw data obtained from participants on these measures.) Additional analyses, which will be addressed last in this section, were also performed in order to investigate some specific questions. The results of the first series of analyses are as follows.

RATINGS OF COUNSELORS

Fundamentalism and Counselor Preference

A multivariate analysis of variance (MANOVA), using expected change, religious similarity, and the use of Biblical principles as dependent variables (rated by participants after reading each approach) was performed. Pillai's (1965) trace was used to approximate the multivariate F ratio. There was no multivariate main effect for fundamentalism (as determined by scores on the Fundamentalism Scale), $F(3,41) = 1.56$, n.s. There was a main effect for counselors, $F(9, 381) = 7.03$, $p < .0001$. The interaction was not significant, $F(9, 381) = 1.17$, n.s. To determine the locus of the significant multivariate effect for counselor, separate analyses of variance (ANOVAs) were performed on each dependent variable. For expected change, there was a significant effect for counselor, $F(3, 127) = 13.20$, $p < .0001$. A Duncan's test was used to determine the relative expected effectiveness of the counselors. Participants expected Adams to produce significantly less productive client change than the

other three counselors, who did not differ from each other. For religious similarity, there was a significant effect for counselor, $F(3, 127) = 10.17, p < .0001$. The Duncan's test determined the relative perceived religious similarity of the counselors when compared with the participants' approaches to religion. Participants viewed Crabb's approach as most closely paralleling their own. No distinctions were made between the approaches of Narramore and Bustanoby. Adams' approach was seen as least paralleling their own religious belief. For use of Biblical principles, there was also a significant effect for counselor, $F(3, 127) = 4.30, p < .007$. The relative reliance of counselors on Biblical principles was determined via the Duncan's test. Participants thought that Crabb's reliance on Biblical principles was greater than that of Adams or Bustanoby, but did not differ from Narramore. Narramore, Adams, and Bustanoby did not differ significantly from each other. On no individual ANOVA was there a significant main effect for fundamentalism or an interaction. The results of the main effect found for counselors is summarized in the first half of Table 1 (see following page).

Self-Rated Conservatism and Counselor Preference

In a second MANOVA which utilized the same dependent measures, a multivariate main effect was found for the participants' self-ratings of religious conservatism, $F(3, 41) = 5.20, p < .004$. Because the same participants rated the same counselors as in the previous analysis, the same effect for counselors was found, as it was in all the MANOVAs. The interaction was not significant, $F(9, 371) = .96, n.s.$ To determine the locus of the significant multivariate effect for self-ratings of conservatism, separate

TABLE 1

Duncan's Results for Main Effect of Preferences for Counselors

Ratings after Reading Each Approach *

Counselor	Expected Change	Religious Similarity	Reliance on Biblical Principles
Narramore	3.6 ^b	3.6 ^b	3.5 ^{ab}
Adams	5.1 ^a	5.0 ^a	3.8 ^a
Crabb	2.8 ^b	2.7 ^c	2.7 ^b
Bustanoby	3.5 ^b	3.9 ^b	4.1 ^a

* Ratings were on an eight point scale: in each case a rating of "1" was equal to the highest or most preferred rating for that dependent measure, and a rating of "8" was the lowest, or least desirable rating.

Rankings after Reading All the Approaches *

Counselor	Expected Effectiveness	Likelihood of Referral	Liking for the Approaches	Weight Given to the Authority of Scripture	Reliance on Biblical Principles
Narramore	2.4 ^b	2.4 ^b	2.5 ^b	2.4 ^b	2.4 ^a
Adams	1.9 ^c	1.9 ^c	1.9 ^c	3.3 ^a	2.5 ^a
Crabb	3.1 ^a	3.0 ^a	3.0 ^a	2.6 ^b	2.9 ^a
Bustanoby	2.5 ^{ab}	2.5 ^{ab}	2.6 ^{ab}	1.7 ^c	2.2 ^a

* Rankings were from 1-4: in each case a ranking of "4" was equal to the highest or most preferred ranking, and "1" was the lowest or least preferred ranking.

a,b,c: means with the same letter are not significantly different from each other at the .05 level.

ANCOVAs were performed on the dependent variables. For expected change, there was a significant effect, $F(1, 43) = 11.71, p < .002$. A Duncan's test was performed to determine how participants' self-ratings of conservatism affected their expectations of change produced by counseling. It was found that participants who rated themselves as very conservative expected more change than those who rated themselves as less conservative. For religious similarity, there was a significant effect for self-ratings of conservatism, $F(1, 43) = 5.24, p < .03$. Participants who rated themselves as very conservative believed that all of the approaches more closely paralleled their own religious beliefs than did those who rated themselves as being less conservative. For use of Biblical principles, there was no significant effect for self-ratings of conservatism, $F(1, 43) = .34, n.s.$ On no individual ANOVA was there a significant interaction of self-ratings of conservatism and counselors.

Extrinsic Religiosity and Counselor Preference

A third MANOVA examined the participants' ratings of the counseling approaches with extrinsic religious belief as measured by the ROS. No multivariate main effect was found for extrinsic religious belief, $F(3, 41) = .95, n.s.$ The interaction was not significant, $F(9, 38) = 1.59, n.s.$

Intrinsic Religiosity and Counselor Preference

Intrinsic religious belief (as measured by the ROS) and counseling approaches were examined in a fourth MANOVA. No multivariate main effect was found for intrinsic belief $F(3, 41) = 1.22, n.s.$ No significant interaction was found, $F(9, 38) = .93, n.s.$

A fifth MANOVA examined proreligious belief as measured by the ROS (using Proreligious Belief and Counselor Preference

the mean difference between participants' intrinsic and extrinsic scores) with counselors on the three dependent measures. No multivariate main effect was found for proreligious belief as measured by the mean difference between intrinsic and extrinsic scores, $F(3, 41) = .89$, n.s. The interaction was also not significant, $F(9, 361) = .36$, n.s.

Proreligious belief as measured by the ROS (using Allport's criteria) was examined in a sixth MANOVA. No multivariate main effect was found for proreligious belief as measured by Allport's criteria, $F(3, 41) = .88$, n.s.

Rankings of "Salvation" and Counselor Preference

In a seventh MANOVA, participants' rankings of "Salvation" on the Rokeach Value Survey and counseling approaches were examined. No multivariate main effect was found for rankings of "Salvation", $F(3, 41) = 2.63$, n.s. However, the interaction of counselors and rankings of "Salvation" was significant, $F(9, 381) = 2.60$, $p < .007$. Separate ANOVAs were performed on each dependent variable. It was found that the locus of the significant interaction was for expected change, $F(3, 127) = 2.72$, $p < .05$, and for religious similarity, $F(3, 127) = 3.98$, $p < .01$. A Duncan's Multiple Range Test was performed on the two dependent variables in order to determine how participants' rankings of "Salvation" (more or less conservative) and their rankings of counselors interacted. (A "high" ranking of "Salvation" was found to be a ranking of "one" in the list of 18 values; that is, it was the most important value. A "low" ranking was any value greater than "one.") As can be seen in Table 2 (following page), for expected change, participants who were more conservative expected that Adams would effect more change in the client than did the less conservative participants. For religious similarity, participants who were

TABLE 2

Counselor Ratings based on High or Low Rankings of "Salvation" on
the Rokeach Value Survey

	Counselor	Expected Change	Religious Similarity
More Conservative (n=34)	Adams	4.71 ^b	4.56 ^b
	Narramore	3.59 ^{cd}	3.50 ^{cd}
	Crabb	2.73 ^d	2.71 ^d
	Bustanoby	3.73 ^c	4.27 ^{bc}
Less Conservative (n=11)	Adams	6.36 ^a	6.36 ^a
	Narramore	3.63 ^{cd}	3.91 ^{bcd}
	Crabb	3.18 ^{cd}	2.91 ^{cd}
	Bustanoby	2.90 ^{cd}	2.82 ^{cd}

Note: means are on an eight point scale. 1=complete client recovery, 8=worse prognosis than before seeing the counselor, for participants' ratings of expected change; and 1=very similar, 8=very dissimilar for participants' ratings of their perceived religious similarity with the counselors.

a,b,c,d : means with the same letter are not significantly different from each other at the .05 level.

more conservative viewed the religicus approach of Adams as having greater similarity to their own religious views than did the participants who were less conservative.

RANK ORDERING OF COUNSELORS

In the second series of analyses, five new dependent measures were employed. After reading all of the counseling approaches, participants were asked to rank order (1) the expected effectiveness of the four approaches, (2) their likelihood of referring a friend who wants help to each of the counselors, (3) their liking for the approaches, (4) their perception of the weight each counselor gives to the authority of Scripture, and (5) their perception of the counselors' reliance of Biblical principles.

As in the last series of analyses, Pillai's (1965) trace was used to approximate the F ratio. Because this analysis utilized rank ordering, no main effects could be found for the independent blocking variables used in the preceding analysis, i.e., (1) fundamentalism (as measured by the Fundamentalism Scale), (2) conservatism (as measured by self-ratings), (3) extrinsic religious orientation (ROS), (4) intrinsic religious orientation (ROS), (5) proreligious belief using the mean difference between intrinsic and extrinsic scores (ROS), (6) proreligious belief using Allport's criteria (ROS), and (7) fundamentalism as determined by rankings of "Salvation" (on the Rokeach Value Survey). No significant interactions were found. However, there was a multivariate main effect for counselors, $F(15, 336) = 4.49, p < .0001$. To determine the locus of the significant multivariate effect for counselor, separate ANOVAs were performed on each dependent variable. For expected

effectiveness, there was a significant effect for counselor, $F(3, 114) = 6.64$, $p < .0005$. A Duncan's test was used to determine the relative expected effectiveness of the counselors. Participants expected that Crabb would be more effective than Narramore and Adams, but they did not expect him to differ in effectiveness from Bustanoby. Narramore and Bustanoby were not expected to be differentially effective. Adams was expected to be least effective. For likelihood of referral, there was a significant effect for counselor, $F(3, 114) = 5.58$, $p < .002$. Participants said that they would be significantly more likely to refer a friend who wanted help to Crabb than to Narramore or Adams (in that order). The likelihood of referral to Bustanoby was not significantly different from Crabb or Narramore, but was greater than the likelihood of referral to Adams. For liking (or appeal), there was a significant effect for counselors, $F(3, 114) = 6.26$, $p < .0008$. Participants liked Crabb's approach significantly more than the approaches of Narramore and Adams (in that order). There was not a significant difference in their liking for the approach of Bustanoby when compared with Crabb and Narramore, who were better liked than Adams. For use of the authority of Scripture, there was a significant effect for counselor, $F(3, 114) = 15.71$, $p < .0001$. Participants viewed Adams as relying the most on the authority of Scripture; Crabb and Narramore did not differ from each other. Bustanoby was seen as relying least on the authority of Scripture. There was not a significant counselor effect for perceived reliance on Biblical principles, $F(3, 114) = 2.15$, $p < .097$. These results have been summarized in the second half of Table 1.

ADDITIONAL ANALYSES

Although formal hypotheses were not ventured on much of the data obtained from the participants, further analyses were conducted to investigate some questions of interest to the experimenter. The results are as follows.

Attitudes Toward Professional Help

It was found that 27 of the 45 participants had sought professional help for past difficulties. Of those who had received help, three indicated that they had been to a secular psychotherapist, five had seen a Christian psychologist, eight had visited a pastor, nine had been to more than one help source, which included a pastor or a Christian psychologist, and two went to more than one help source that did not include a pastor or Christian psychologist. When asked to indicate on an eight point scale (1 = very likely, 8 = very unlikely) their likelihood of seeking help in order to solve a difficult emotional problem in the future, participants as a whole indicated that it was somewhat likely that they would seek professional help ($m = 3.18$, $SD = 2.20$).

Rankings of "Salvation," Intrinsic Religiosity, and Attitudes Toward Psychological Help

Participants were asked to imagine that they were experiencing difficulties and to note how much they would pay to see each of the Christian counselors presented in the survey. An ANOVA was used to examine intrinsic religiosity and counselors as independent variables, and money as the dependent variable.

No main effects were found for intrinsic belief, $F(3,72) = .01$, n.s.; or for counselor, $F(3, 72) = 2.36$, $p < .08$. However, the interaction was significant, $F(3, 72) = 2.85$, $p < .05$. A Duncan's test was performed in order to determine how participants differed in the amount of money they would pay to each counselor. It was found that participants who were less intrinsically religious would pay significantly less money to Adams than was allotted by all the participants to any of the other counselors. For more extrinsically religious, there were no differences in how much money participants allotted to the counselors. An ANOVA was also performed on the same dependent variable using participants' high or low rankings of "Salvation" on the Rokeach Value Survey. There were no main effects found for rankings of "Salvation," $F(1, 27) = .23$, n.s.; or for counselor, $F(3, 72) = 2.22$, n.s. The interaction was not significant, $F(3, 27) = 1.25$, n.s.

Religiously intrinsic participants were found to attend church significantly more often than those who are less intrinsic, $F(1, 43) = 11.21$, $p < .002$. Also, those who ranked "Salvation" as their highest value attended church more often than did those who ranked "Salvation" lower, $F(1, 43) = 10.55$, $p < .003$.

Intrinsic religiosity and the importance of receiving help from a Christian counselor rather than a secular counselor was examined. It was found that intrinsic individuals placed significantly more importance on seeing a Christian versus a secular counselor when compared with those who were less intrinsically religious, $F(1, 41) = 11.12$, $p < .002$. Participants' rankings of "Salvation" and the importance of seeing a Christian versus a secular counselor was also significant. Participants who ranked "Salvation" as their highest value believed that seeing a Christian counselor was significantly more

important than did those who ranked "Salvation" lower in their hierarchy of values, $F(1,41) = 17.60, p < .0001$.

Participants were asked how much they would pay to see a Christian counselor and how much they would pay to see a counselor who did not identify himself or herself as a Christian. An ANOVA was used to examine intrinsic religiosity and money. No main effect was found for intrinsic religiosity, $F(1, 29) = .96, n.s.$ There was a main effect found for counselor, $F(1, 27) = 27.24, p < .0001$. That is, a significantly greater amount of money was allotted by all participants to Christian counselors ($m = \$25.50$) when compared with money allotted to secular counselors ($m = \$10.50$ per hour). The interaction was also significant, $F(1,27) = 6.21, p < .02$. A multiple Duncan's test was performed in order to discover how intrinsic religiosity and money allotted to counselors interacted. (See Table 3, following page.) As can be seen in Table 3, it was found that intrinsic individuals would pay significantly more to see a Christian counselor than they would pay for a secular counselor. The amount that individuals who were less intrinsic would pay to see a Christian counselor and what they would pay to see a secular counselor was not significantly different. An ANOVA was also performed on rankings of "Salvation" and counselors using the same dependent variable. No main effect was found for "Salvation," $F(1, 29) = 3.62, n.s.$ No interaction was found, $F(1, 27) = 3.40, p < .08$.

TABLE 3

Duncan's Results for Interaction of Money Allotted to a Christian Counselor and to a Secular Counselor, Based on Intrinsic Religiosity

Counselor	Religiosity	N	Mean
Christian	Intrinsic	18	26.67 ^a
Christian	Less Intrinsic	12	23.75 ^{ab}
Secular	Less Intrinsic	13	16.15 ^b
Secular	Intrinsic	17	6.17 ^c

a,b,c: means with the same letter are not significantly different from each other at the .05 level.

Chapter 6

DISCUSSION

Fundamentalism and Expected Change

There were several expected findings. The first hypothesis predicted that participants who were high in fundamentalism as indicated by the Fundamentalism Scale and self-ratings would show a greater expectation of client change from all the Christian counselors than those who were low in fundamentalism. Several studies have suggested that conservative Christians show greater reluctance to obtain secular psychological help than do liberal Christians (Bergin, 1980; Fisher & Cohen, 1972; King, 1978). Apparently, however, they are not adverse to help from explicitly Christian psychologists. Significant results in the expected direction were obtained for participants' self-ratings of religious conservatism. That is, those individuals who rated themselves as very conservative expected significantly more change to be produced by all of the Christian counselors proposed treatment plans than did individuals who rated themselves as less conservative. In addition, it was found that participants who rated themselves as very conservative believed that all of the counseling approaches more closely paralleled their own religious beliefs than did those who rated themselves as less conservative.

Participants who received scores indicative of a very fundamental religious outlook on the Fundamentalism Scale were not found to differ significantly in their expectations of change produced from the various counseling methods when compared with participants who were less fundamental. The most reasonable

explanation for this finding, which was contrary to predictions, is that the Fundamentalism Scale was not a good discriminator of high and low fundamentalism for participants in the present study. About half of all the participants answered affirmatively to all of the fundamental assertions on the inventory (e.g., "The Bible is the inspired work of God") and the other half disagreed almost exclusively with only one of the assertions (for which they frequently wrote notes disagreeing with the wording of that assertion). Therefore, it seems likely that because the sample as a whole was quite fundamental in religious outlook, they could not be divided adequately along the lines of the simply-stated assertions on this inventory.

Preferences Among Counselors

The second hypothesis predicted that participants would prefer some counseling approaches more than other approaches. Specifically, it was expected that they would expect the greater structure in the approaches of Adams and Crabb to be more effective than the less structured approaches of Narramore and Bustanoby. The rationale for this prediction was based on several previous studies which indicated greater preference by subjects for structured treatment plans which emphasize organized behavioral change than for more insight-enhancing therapies (Cashen, 1979; Grigg & Goodstein, 1957; Kinsey, 1975; Steuhm, Cashen, & Johnson, 1977). In the first analysis of this hypothesis, results were obtained from ratings by participants after reading each approach. It was found that three of the counselors did not differ significantly in the expectations of participants for their effectiveness. However, Jay Adams was expected to produce significantly less productive client

change than the other three counselors. In the second analysis of the hypothesis, participants were asked to rank order the counselors based on their expected effectiveness. Here, it was found that participants expected Crabb to be significantly more effective than Narramore and Adams, but they did not expect him to differ in effectiveness from Bustanoby. Narramore and Bustanoby were not expected to be differentially effective. Adams was expected to be least effective.

It is clear, then, that in both analyses, Jay Adams was not among the preferred counselors in spite of his structured approach to counseling. It may be that the strong structure, high organization, and emphasis on behavioral change of the approach was not evident in the treatment plan presented to participants (as it is in his books). However, it is more likely that another factor was operating than can best explain the discrepant results. Other results from the present study can be used as support for the belief that a factor other than structure versus non-structure was operating to influence choices of counselors. From individuals' ratings after reading each approach, it was found that they viewed Crabb's approach as most closely paralleling their own religious views. No distinctions were made between Bustanoby and Narramore. Adams' approach was seen as least paralleling their own religious views. They also thought that Crabb relied significantly more on Biblical principles than did Adams or Bustanoby. (Narramore, Adams, and Bustanoby did not differ significantly from each other; this, in spite of the finding that they viewed Adams as relying most on the authority of Scripture. Therefore, participants noted a distinction between the counselors' use of Biblical principles and their use of the authority of Scripture, and supported by other findings, it seems that they prefer the former.)

Further, participants said that they would be significantly more likely to refer a friend who wanted help to Crabb than to Narramore or Adams (in that order). The likelihood of referral to Bustanoby was not significantly different from Crabb or Narramore, but was greater than the likelihood of referral to Adams.

Finally, it was found that participants liked Crabb's approach significantly more than Narramore's and Adams' (in that order); and again, there was not a significant difference in their liking for the approach of Bustanoby when compared with Crabb and Narramore (who was liked more than Adams). It is hypothesized that the factor which influenced preference for the counselors was not structure versus non-structure, insight versus behavior therapy, or directive versus nondirective as much as it was participants' evaluation of the counselors' religious similarity in outlook to their own. The structured format or directiveness of the approaches (although this factor, too, seems to have been operating) perhaps became less important with religious participants and religious counseling theories.

There may be another reason why this very religious sample (the average church attendance was 2.3 times per week) did not show a preference for the structured, directive approach of Jay Adams. Dean (1968) found that those individuals who attended church either very frequently or very infrequently showed lower scores of powerlessness in their lives than did marginal attenders; and Fisher (1964) found that marginal church attenders were also the most susceptible to acquiescence and authority. Since Jay Adams has a very directive and authoritative approach, his theory perhaps would be more appealing to a sample of individuals who attend church less frequently than those in the sample of the present study. It is likely that there are many

important factors operating to influence the counseling preferences for religious people. Since Crabb was preferred on many of the measures (often in combination with Bustanoby or Narramore), and since he is more directive and structure-oriented than Narramore's and Bustanoby's insight-oriented therapies, (but less so than Adams), the important issues of directiveness and structure most likely was still influencing choices, but it was doing so perhaps in combination with factors which are unique to religious theories and religious individuals.

Fundamentalism and Counselor Preference

The third hypothesis predicted that there would be an interaction between preference for an approach to counseling and the fundamentalism of participants as determined by the Fundamentalism Scale and self-ratings. This hypothesis was not supported. It is not surprising that there was no interaction between choice of counselors and the Fundamentalism Scale in light of the finding that the scale did not adequately discriminate between greater and lesser degrees of fundamental beliefs in the present sample.

Similar to the last hypothesis which predicted preferences for counselors based on the fundamentalism of participants (as determined by the Fundamentalism Scale and self-ratings), the fourth hypothesis predicted that individuals with a high ranking of the value "Salvation" on the Rokeach Value Survey would show a greater expectation of effectiveness for all the Christian counselors than would individuals who ranked it lower in importance in the values hierarchy. (Again, a "high" ranking was found to be a ranking of "one" in the list of 18 values; that is, it was the most important value. A "low"

ranking was any ranking greater than "one.") It was expected that religious Christians, defined here as those with a high ranking of "Salvation," would expect greater change over all than would the less religious individuals. This result was not supported by the findings.

However, there was an interaction found for rankings of "Salvation" (conservative or less conservative) and expected effectiveness of the counselors. This finding was predicted in the fifth hypothesis, which also predicted more specifically that: (a) conservative participants (those who rank "Salvation" high on the values hierarchy) would expect Adams to be more effective than would those who were less conservative (those who rank "Salvation" lower in importance), (b) those who were conservative would also expect Crabb to be more effective than would those who were less conservative, (c) conservative and less conservative participants would not differ in their expectations for the effectiveness of Narramore's approach, and (d) less conservative individuals would expect Bustanoby to be more effective than those who were conservative in their rankings of "Salvation." It was found that conservative individuals did expect that Adams would effect significantly more client change than did the less conservative people. (An interaction was also found for religious similarity and rankings of "Salvation." Conservative individuals perceived Adams as having significantly greater religious similarity than did those who were less conservative.) However, conservative and less conservative participants did not differ significantly in their expectations for the effectiveness of any counselor other than Adams. This result, which is contrary to predictions, may have been due to the clarity with which Adams differed from the other counselors in the treatment plans. Adams was clearly the most dogmatic and conservative of the counselors. It seems

logical that the conservative participants would perceive him as being more effective than would the less conservative participants. Probably the distinctions became more muddled as to conservatives' and less conservatives' perceptions of effectiveness of the other counselors who are more moderate in religious outlook than Adams.

Intrinsic Religiosity and Counselor Preference

The final hypothesis predicted that participants who had scores indicative of an intrinsic religious orientation would show a greater expectation of effectiveness for all of the Christian counselors than would participants who did not have such an orientation. This prediction was based on research which has shown that intrinsic individuals are more likely to attribute personal difficulties to internal factors than are extrinsic people who are more likely to attribute difficulties to factors outside of themselves (Kahoe, 1974; Strickland & Shaffer, 1971). Further, people who assume personal responsibility for their emotional problems are more likely to seek professional counseling than those who believe that situational factors are the causal agents (Calhoun, Dawes & Lewis, 1972; Fisher & Turner, 1970; Gurin, Veroff, & Feld, 1960). The predicted result was not found. Further analyses (to be explained later in this section) did find that intrinsic individuals differed in a number of ways from those who were not intrinsic; however, they did not expect the Christian counselors presented in the study to be more effective than did those who were not intrinsically oriented.

The additional analyses performed on the data place the aforementioned results in the proper perspective: namely, there is a part of the population

for whom the need for counselors who hold personal religious beliefs is critical. Gurin, Veroff & Feld (1960) found that the largest proportion of the population who seek help for emotional problems go to clergy and other religious leaders. Their finding was true for the present sample as well. Of the 45 individuals who completed the surveys, 27 had sought help in the past for emotional difficulties. Of these, only five had sought out the exclusive help of secular professionals. Eight had been to a pastor, five to a Christian psychologist, and nine had seen more than one source of help which included a pastor or a Christian psychologist. Over all, the respondents noted that they would be only somewhat likely to seek out help in the event of future difficulties, a finding similar to Gurin et al. who found that only 53% of the Protestants who felt they had a mental health problem went for help.

Christians, more than many other religious groups, have expressed reluctance to seek secular professional help (Bergin, 1980; Fisher & Cohen, 1972; King, 1978). King (1978) found that Christians who agree most strongly with the doctrinal statements of the church are least likely to obtain help from professional mental health workers. This, too, was true for the individuals in the present study. High religious individuals attended church significantly more often than the less religious participants. This finding is consistent with past studies which have utilized the Religious Orientation Scale or the Rokeach Value Survey (Allport & Ross, 1967; Rokeach, 1969 and 1976; Strickland & Shaffer, 1971).

Participants were asked to rate the importance of seeing a Christian counselor in the event that they sought help for a difficult problem. The intrinsic participants and those who ranked "Salvation" their highest value placed significantly greater importance on seeing a Christian counselor than

did those who were less intrinsic. When asked how much they would pay to see a counselor who did not identify himself or herself as a Christian, a much greater amount of money was allotted by all the participants for a Christian counselor. Further, an inspection of the interaction for intrinsic religiosity and money for both types of counselors showed not only that the "high" religious participants would pay significantly more to see a Christian counselor than they had allotted to a secular counselor, but also that there was not a significant difference in the amount of money that the less intrinsic would spend to see a secular or a Christian counselor. From these results, it can be stated, albeit cautiously, that for individuals who hold intense, personal religious beliefs, traditional secular psychotherapy holds little attraction and is perceived as not meeting their needs. In addition, if such people seek counseling, they are likely to seek out other individuals who hold similar views.

Why are some Christians reluctant to seek professional, non-Christian counseling? This issue was addressed by King (1978). Of those Christians who were dissatisfied with professional counseling services in his study, 89% were concerned that their Christian faith would be unappreciated or misunderstood. They said also that they were unsure about the efficacy of secular psychological theories. Of those who had sought counseling, most had seen either a pastoral counselor or a professional counselor who was Christian, and that their faith had been either supported or strengthened by the experience. It is likely that the religious Christians in the present sample responded favorably toward Christian counseling for similar reasons. Much of the research cited previously, as well as the results of this sample, suggest that Christians may feel distrust for the possibly conflicting values of a secular

society, of which psychotherapists are an integral, values-laden part (Bergin, 1980).

Religious people constitute 30-90% of the American population, according to the American Institute of Public Opinion (1978). Of those polled in the survey, 30% expressed strong religious convictions, while more than 90% expressed religious belief. Most psychotherapists are less religious than either the general population or others with similar levels of education (Nix, 1978; Ragan, Malony, & Beit-Hallahmi, 1976). This creates discrepant value systems between professionals and the general population. Every indication points to a tremendous need for more research and practice of theories of counseling and psychotherapy which do not ignore the religious and spiritual aspects of human beings. Bergin (1980) has stated that religion is at the fringe of psychology when it should be at the very center. He noted that value questions pervade the field of psychology; yet, discussions of values are dominated by viewpoints that are alien to the religious subcultures of most people whose behavior psychologists are trying to influence.

It is within this context, this apparent lack of serving the needs of a substantial proportion of the population, that the present research was undertaken. As evidenced by a review of some current and past literature, Christians have been compared with fellow Christians and non-Christians on a number of dimensions, and attitudes toward help-seeking and the efficacy of various forms of psychotherapy have been topics of interest to numerous researchers. Yet, research which compares the various approaches to Christian counseling is virtually nonexistent.

It was found, in the present study, that Christians do indeed differ along a number of dimensions; in particular, religious orientation (Allport & Ross,

1967) and rankings of "Salvation" on the Rokeach Value Survey (Rokeach, 1967) frequently were found to predict reflections of intensity of religious belief such as church attendance and the importance of seeing a Christian counselor rather than one who is not identified as a Christian. However, these dimensions were largely inadequate for predicting participants' preferences for counselors. There were preferences, but again, they were usually not related to the hypothesized underlying dimensions. The results did show that Crabt was viewed by participants as having an approach which most closely paralleled their own religious outlook. On almost all of the other measures, Crabt yoked with either Bustanoby or Narramore, lead participants' preferences. Adams was viewed as relying the most on the authority of Scripture, but participants frequently found his approach less appealing than the others.

The question as to why preferences for counselors were not adequately predicted by the scales is a muddled one. Perhaps an underlying dimension was left untapped which contributed to the choice of counselors. Or, the scales may have been adequate for samples more heterogeneous in scope of religious belief. One confounding variable was certainly operating in shaping participants' preferences for the approaches. The counselors used in the study had only two pages (single spaced) in which to represent their theories. Possibly, due to this constraint, all four counselors appeared to be at least fairly conservative in religious outlook and directive in their counseling practice--a result which differed somewhat from the theories as explained in their books. Further, although two pages were too brief to represent well each of the four theories, reading eight pages of counseling approaches was quite a lot for participants who then had to distinguish among them. Also, it was hoped that by soliciting structured responses in the treatment plans, much of

the variation in presentation style would be controlled. However, how much factors such as writing styles, "charisma," etc. operated to influence participants' choices is unclear. These factors, named above, may have influenced the sometimes unclear distinctions made by participants among the counselors, and/or may have influenced the lack of clear predictions of counseling preferences by the scales.

There was a tremendous amount of data obtained in this study. Many interesting questions are temporarily unanswered. Future analyses using the data obtained from this sample will investigate some of the questions that follow. Who might seek counseling (sex, SES, religious belief, income, etc.)? What are the differences in people who say they would seek help from different sources (pastor, traditional therapist, etc.)? Would they go again? What are the differences, religiously and otherwise, between those who went for help (or would go) and those who haven't (or wouldn't)? Other researchers have investigated these questions, but only infrequently with a Christian sample.

The need for further research in the area of Christian counseling is apparent. Why have some people named pastors and other religious leaders as their most likely source of professional help in times of distress (Bergin, 1980; Fisher & Cohen, 1972; Gurin et al, 1965, King, 1978)? How do they perceive sources of help and theories of helping? What approaches are most helpful? These are questions which pastors, psychotherapists, and the Christian population at large would profit from having answered.

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APPENDICES

APPENDIX A

Psychology Department
Virginia Commonwealth University
810 West Franklin St.
Richmond, Virginia 23220

Dear

Thank you for being a participant in our study of current approaches to Christian counseling. Through our research, we hope to find whether different types of people have preferences for certain approaches to counseling. We want to know what kinds of people respond to your method. We will also be examining some other approaches.

We have enclosed a case study describing a person named "Joanne." Admittedly, Joanne has a multitude of problems and many areas of her life are disturbed. Since we are interested in what difficulties you consider to be her worst problems, we have devised the case study so that there are many problems that you may choose. In addition, we would like to know which areas you would choose to work with in Joanne's counseling, what might happen over the course of successful therapy, what you will try to accomplish and how you will determine whether you have succeeded.

There are several questions on the following two pages. If possible, please type your answers within the space provided. We realize that we have asked you to consider a lot within your two page response. It has been structured in this way so that we can compare several approaches with responses that are roughly equal in length and complexity, and differ primarily in content.

Thank you for helping us with this project. It is our belief that this research can help pastors better decide what type of counseling is preferred by members of their congregation.

Everett L. Worthington, Jr., Ph.D.

Suzanne R. Gascoyne

Case Study

Joanne came to see you today because of her depression and recent suicidal thoughts. She was referred by a local pastor, Pastor Walker. She is an attractive, thirty-nine year old woman. During the course of the interview, the following information was obtained. For the past several months, Joanne has felt lethargic and apathetic instead of having her usual feelings of energy and optimism. Now, she has to force herself to go to work, and most evenings when she gets home, she can barely get the dinner for her 11 year old son, Timmy. She feels exhausted all the time. Sometimes, too, while she is driving in her car, her heart starts racing, her hands shake and she feels out of breath, almost like she might choke.

Joanne was separated three years ago after her husband lost his job and he began drinking. The marriage had been mostly satisfactory until that time. She obtained a divorce two years ago, and received custody of Timmy. At present, Joanne and Timmy live in a small apartment just a short distance from her part-time job as a teacher's aide. Since the divorce, Joanne has been dating several men. She's especially fond of two of the men, Joe and Frank. Frequently, she has sexual relations with one or the other of the two men, and she reports that she feels guilty afterwards.

Joe has introduced Joanne to a group of his friends who regularly use marijuana and alcohol. In fact, Joanne has developed a liking for the relaxing effects of marijuana and social drinking. She says that these help her to forget the tension which she always seems to have now.

A third man named Dave sees Joanne infrequently. Joanne describes Dave as being very supportive and understanding, although she says that he's somewhat less exciting than other men that she is seeing. Because Dave is easy to talk with, Joanne has expressed some of the confusion about her life to him. She even told him that sometimes she wonders whether she did the right thing by obtaining a divorce: did she abandon a husband who needed her, and deny her son a father? She says that life has no real meaning for her anymore, and that nobody really cares for her. Dave became concerned about Joanne, and he convinced her to see his pastor.

When Joanne saw Pastor Walker, she told him about feeling depressed. Later, she commented that he had helped her and that she had even considered going back to church regularly. Yet, a month went by, and she neither went back to Pastor Walker nor to church.

When Dave saw Joanne last week, he gave her your name, saying that Pastor Walker had suggested that you might be able to help her. She made the decision to see you shortly after she began thinking that it would be better not to live than to keep feeling as she has been recently.

1. What is Joanne's worst problem(s)? What would you try to change first?

2. What do you think are the causes of her problems?

3. Ideally, what is the solution? How long might therapy take before this success is achieved?

4. What techniques might be used to arrive at a solution?

5. Would you use the Scriptures in helping Joanne? If so, try to be as explicit as you can about how they would be used.

6. What would happen over the course of successful therapy?

How would you want Joanne to think about her problems?

8. What would you want Joanne to do about her problems?

9. What goals would you have for her therapy? Would these differ from the goals you might explicitly agree upon with Joanne?

10. How would you determine whether Joanne's therapy was successful?

11. Is there anything else you wish to add?

CONSENT TO PARTICIPATE

We are conducting a study which will examine people's preferences for various approaches to Christian counseling. We hope to see whether certain types of people prefer one approach over another.

You will read four counseling approaches and answer questions about them. Then, you will be asked to answer a few questions about yourself. The last section will include three questionnaires.

Your participation is voluntary. All information is confidential and your answers will not be reported in such a way that there is a connection with your name.

We will be glad to answer any questions you may have about the study. If you like, you may receive a summary of the results when the study is over. Thank you for your participation.

Understanding the above, I give
my consent to participate.

Subject

Date

We asked four Christian counselors who have published books to respond to the case study that follows here. We are interested in your opinion about how effective each counselor's approach is in helping the woman who is presented in the case study. Please read the case study carefully. Then, read each counselor's approach to helping her and answer the questions which follow each approach.

Case Study

Joanne is an attractive, 39 year old woman. For the past several months, she has felt lethargic and apathetic instead of having her usual feelings of energy and optimism. Now, she has to force herself to go to work, and most evenings when she gets home, she can barely get the dinner for her 11 year old son, Timmy. She feels exhausted all the time. Sometimes, too, while she is driving in her car, her heart starts racing, her hands shake and she feels out of breath, almost like she might choke.

Joanne was separated three years ago after her husband lost his job and he began drinking. The marriage had most been satisfactory until that time. She obtained a divorce two years ago, and received custody of Timmy. At present, Joanne and Timmy live in a small apartment just a short distance from her part-time job as a teacher's aide. Since the divorce, Joanne has been dating several men. She's especially fond of two of the men, Joe and Frank. Frequently, she has sexual relations with one or the other of the two men, and she says that she feels guilty afterwards.

Joe has introduced Joanne to a group of his friends who regularly use marijuana and alcohol. In fact, Joanne has developed a liking for the relaxing effects of marijuana and social drinking. She says that these help her to forget the tension which she always seems to have now.

A third man named Dave sees Joanne infrequently. Joanne describes Dave as being very supportive and understanding, although she says that he's somewhat less exciting than the other men that she is seeing. Because Dave is easy to talk with, Joanne has expressed some of her confusion about her life to him. She even told him that sometimes she wonders whether she did the right thing by obtaining a divorce: did she abandon a husband who needed her, and deny her son a father? She says that life has no real meaning for her anymore, and that nobody really cares for her. Dave became concerned about Joanne, and he convinced her to see his pastor.

When Joanne saw Pastor Walker, she told him about feeling depressed. Later, she commented that he had helped her and that she had even considered going back to church regularly. Yet a month went by, and she neither went back to Pastor Walker nor to church. Recently, she began thinking that it would be better not to live than to keep feeling as she has been lately.

1. What is Joanne's worst problem(s)? What would you try to change first?

Joanne has an immediate need for help in allaying her suicidal thoughts. It is not clear that she would actually attempt to take her life. Whether she merely threatens suicide or would actually carry it out, it indicates emotional disturbance which may require short-term, intense help before a long-term therapy program can be initiated.

2. What do you think are the causes of her problems?

Although the roots of Joanne's problems could be fully revealed only through long-term therapy, there may be several reasons for her anxiety and depression. If she showed adequate adjustment previously, it is possible that her childhood experiences were normal and the problem lies in her marriage difficulties and present reactions. Possible causes include guilt over past sins and an overly strict conscience. She may want sympathy and attention or may be expressing hostility through her illness toward herself or former husband. Depressed people feel insecure and unworthy, and their need for love has often gone unmet.

3. Ideally, what is the solution? How long might therapy take before this success is achieved?

Therapy with depressed people is typically a long-term process. Since Joanne's feelings of inadequacy have been years in formation, it would probably require several months to make lasting progress. The foundation of successful therapy with the depressed person is the counselor's reaction of love and acceptance. Joanne needs to understand the experiences which have caused her to feel unloveable; she needs to experience the love and concern of her counselor. Then she needs to recognize Scriptural teachings on the nature of God's love.

4. What techniques might be used to arrive at a solution?

A counselor may help Joanne discover and follow her own pattern by: encouraging her to talk and freely express herself while letting the problem emerge naturally; reflecting and restating what she says in order to promote insight; refraining from censoring and judging anything she might say, and encouraging her to discuss possible solutions to the problems.

5. Would you use the Scriptures in helping Joanne? If so, try to be as explicit as you can about how they would be used.

God's word is a powerful ally in counseling. The Bible's message is the foundation for every human adjustment. For those who are able to assimilate God's word, the counselor's discretion may be used in choosing any or all of the following techniques: 1) during the interview, the counselor may want to read a certain portion of the Bible; 2) the counselee may be asked to read certain portions or memorize a Bible verse; 3) the counselor may want to read a passage and ask the counselee to repeat or reread the passage after him; 4) the setting of the verses may be explained to the counselee; 5) the counselor may wish to analyze or personalize the verse for the counselee; 6) the counselor may wish to suggest a number of key verses be marked in the counselee's Bible; and 7) the counselee may find much blessing in reviewing certain Scriptures as a follow up to previous reading, memorization or marking.

6. What would happen over the course of successful therapy?

In successful therapy, unconditional acceptance from a counselor would enable Joanne to gain new insights and internalize them. Also important, she would come to realize that she is worthy of the Lord's love and forgiveness. Some counselees never have experienced a personal relationship with God. They may or may not be attending church, but they have not been born again. The counseling privilege that dwarfs all others is that of soul winning.

7. How would you want Joanne to think about her problems?

The counselor's role is that of a catalytic or furtherance agent. By allowing Joanne to talk freely, the counselor is allowing her to think things through, sift ideas, gain insights and discover solutions. As each insight is repeatedly touched upon, clients can internalize the new ideas into their emotional structure what was formerly intellectual thought.

8. What would you want Joanne to do about her problems?

It is important to distinguish between Joanne's real guilt and "pseudo guilt." Real guilt is the convicting power of the Holy Spirit for the transgressions of God's laws. "Pseudo guilt" is the feel of sinfulness which arises out of inadequate childhood experiences. Therapy is very helpful with the latter. For real guilt, Joanne must confess, repent and seek God's forgiveness. Also, a regular program of spiritual development would be of great benefit.

9. What goals would you have for her therapy? Would these differ from the goals you might explicitly agree upon with Joanne?

In addition to the goals alluded to previously, depressed people should be aided in reducing their heavy loads of "pseudo guilt." An overly strict conscience, or superego, causes these people to feel overly guilty and sinful. Further, the counselor must explore the dynamic of intropunitive hostility and help clients to understand that they are turning their feelings of hostility inward instead of releasing the anger.

10. How would you determine whether Joanne's therapy was successful?

Good mental health has many characteristics, including the optimum development of one's personality; an attainment of an appropriate level of maturity; the capacity for feeling right about oneself, others and the world; respect and caring for oneself and others. In addition, when depressed persons begin to accept the fact that God sees them as important people and objects of His love, they have made a significant step toward recovery.

11. Is there anything else you wish to add?

1. What is Joanne's worst problem(s)? What would you try to change first?

Joanne's behavior leads me to conclude that she is heading toward a nervous breakdown. However, what has collapsed is not her nerves but her very foundation for life. People like Joanne have reached a significant life impasse that they can't overcome since their lives have been oriented solely toward the attainment of short-term solutions (running away, blaming, etc.) which are of no use in solving the problems of ultimate meaning. Such people are not "out of touch," they are out of resources. They have come to the end of themselves.

2. What do you think are the causes of her problems?

There are, in the Scriptures, only three sources of personal problems in living: demonic activity, personal sin, and organic illness. Most often, pains and misery stem from personal sin. The problem is disobedience; what they need is usually not more faith, but simply to exercise the faith they have and stop making excuses. People who live their lives for short-term goals live wrongly and at length must reckon with the folly of such an orientation. They need to be confronted with the gospel of Jesus Christ.

3. Ideally, what is the solution? How long might therapy take before this success is achieved?

A good counselor must know Scripture and have an orientation toward God's solutions, not merely toward men's problems. Reconciliation with God must occur by: 1) confession of sin to God and to any others who have been offended; 2) forgiveness by God and by others who have been offended; 3) the establishment of a new relationship between the offended and God, and between the offender and the offended parties. Evident progress should be seen by the sixth month of therapy.

4. What techniques might be used to arrive at a solution?

Good counseling uses confrontation coupled with concern. The core of Biblical counseling has three elements: 1) discernment of wrongdoing in another that God wants changed; 2) verbal confrontation of another with the Word of God, in order to change attitudes or behaviors; and 3) confrontation of another for his or her benefit. Such counseling offers hope, warning, exhortation and encouragement to counselees.

5. Would you use the Scriptures in helping Joanne? If so, try to be as explicit as you can about how they would be used.

Biblical counseling is directive because it is authoritative. God's truth is in the Bible, all that is necessary to His children to live lives of Godliness. Prayer is used often in sessions. But the basic message to depressed people is found in Revelation 2:4,5: "Yet I hold this against you: you have forsaken your first love. Remember the height from which you have fallen. Repent and do the things you did at first. If you do not repent, I will come to you and remove your lampstand from its place."

6. What would happen over the course of successful therapy?

Counselees will come to realize that there is hope. First, from the message which is bound up with the coming of Christ: eternal life. Second, there is hope for a new, abundant life right now. Suicidal people are preeminently people with no hope. Taking them seriously about their sin is absolutely essential. From agreeing that such a life is not worth continuing, the counselor can show the possibility of a new and different sort of life in Christ.

7. What would you want Joanne to think about her problems?

Often people come to counseling only in order to obtain relief from the consequences of sinful life patterns and they do not think of the holy God whom they have offended by violating His will. They must be brought to a conviction of sin. They need to think about the Scriptures. The day-to-day activities in which humans are caught up have short-term meaning. Apart from meaning related to God, the apparent meaning that one finds in the pleasures of life soon evaporate.

8. What would you want Joanne to do about her problems?

Counselees must seek reconciliation and repent. Godliness is achieved through discipline. When someone is following a pattern other than God's, his or her behavior is wrong, and sinful behavior leads to unpleasant emotional experiences. The way to get relief is not by changing the feelings, but by changing (repenting of) the behavior. We may not repent merely for relief. We must repent because we have sinned against God.

9. What goals would you have for her therapy? Would these differ from the goals you might explicitly agree upon with Joanne?

The counselor must set goals which are not negotiated or compromised with the counselee; goals are to be determined by the word of God. Depressed counselees need meaning in their lives through Christ's message, and need to develop hope. Right action, not talk, brings hope. Counselors must teach duties, reprove and rebuke erring Christians, and correct and discipline them in righteousness.

10. How would you determine whether Joanne's therapy was successful?

Success is determined by behavior that is consistent with what God desires for His children. All of God's truth is in the Bible. Yet, the whole world is God's, too-- a great picture book from which we may learn, but not apart from the interpretation of the world by the written Word.

11. Anything else you wish to add?

Only Christian ministers have been set aside by God to do the special work of counseling by confronting and teaching. There are major differences between the minister and the free lance counselor. The minister has the opportunity to do the preventive work that preaching and regular pastoral care provide. Also, the processes of discipline, which are of utmost significance in Scriptural counseling, are not available to the counselor who operates outside the church. He opts, therefore, for only a part of the full resources that God has put at the disposal of the Christian minister; consequently, he can do but part of the full task of counseling.

1. What is Joanne's worst problem(s)? What would you try to change first? Joanne's worst problems (and those that need to be addressed first) are hopelessness and suicidal ideation. These feelings usually spring from a belief that nothing will really satisfy her deepest needs. Joanne needs straight feedback and someone to pinpoint exactly how she feels; i.e., guilty, hopeless, empty, and angry. She also needs to know how her present course of action will deepen her depression.

2. What do you think are the causes of her problems? She has wrong beliefs about how to become secure: somehow she picked up the idea that security comes from a pleasant setting. She needs to realize that events which occur in our lives do not control our feelings. Our mental evaluation of these events (the sentences we tell ourselves) affect how we feel. When we cannot have what we need to feel "significant" (having a purpose for living) and "secure" (having unconditional, enduring love from another) we may feel worthless.

3. Ideally, what is the solution? How long might therapy take before this success is achieved? Joanne needs to change her wrong assumptions to an understanding that real significance depends on her knowing who she is in Christ, and real security is knowing that she is completely loved and accepted by Christ. She is also accountable for her behavior, however. Therefore, the solution would be for her to recognize her foolish thinking, identify her deep need for love, develop a spirit induced conviction that Christ loves her, understand and accept the gospel, make efforts to be a good mother and responsible provider, etc. This would probably take 10-20 sessions.

4. What techniques might be used to arrive at a solution?

- (a) Empathetic discernment of real hurt beneath her despair
- (b) Gentle confrontation of ineffective behavior pattern
- (c) Isolation of wrong belief patterns (and identification of childhood events which shaped these beliefs)
- (d) Cathartic release of pain surrounding major rejections
- (e) Presentation of gospel
- (f) Invitation to believe and exhortation to repent
- (g) Direct education in restructuring her life.

5. Would you use the Scriptures in helping Joanne? If so, try to be as explicit as you can about how they would be used. Of course -- not in "rote quote" style, but sharing verses with explanation when the gospel is presented. I would likely not bring Scriptures in until techniques e, f, g above are used as counseling is more than listening until a sinful pattern of behavior is detected and then pouncing on it with Scripture. The best biblical counselor is one who draws on true knowledge wherever he can find it and ^u knows how to reach each unique client with that truth.

6. What would happen over the course of successful therapy? In addition to what was outlined in answer #4, ideally Joanne would come to know that true significance and security are available only to Christians and that life has neither real purpose nor unconditional love apart from the Lord. Alternate strategies to feel worthwhile apart from the Lord (drugs, sex, etc.) never work for long.

7. How would you want Joanne to think about her problems?

Joanne must come to realize that her present problems have resulted not from the circumstances of her life, but because of her ineffectual behavior pattern of avoiding stress based on wrong ideas about what brings security. As she learns that God's love is sufficient to meet her needs and puts those new, unfelt beliefs into practice, she will feel better. Christians are interested not only in reasonable, rational, and Biblical behavior, but also that those behaviors rest on a foundation in right thinking. Right behavior without right thinking produces a labored, pressured, and effortful brand of Christian obedience.

8. What would you want Joanne to do about her problems?

She needs to see herself as choosing to take hold of what she is doing; i.e., stopping the sex, drugs, etc. She must realize that although she has unconditional love and acceptance from God (security), Scripture also teaches that she is accountable for how she lives. If she understands the concept of accountability for behavior and also complete acceptance by God (regardless of her behavior), she will feel constrained to please the one who died for her.

9. What goals do you have for her therapy? Would these differ from the goals you might explicitly agree upon with Joanne?

My initial goal which I would perhaps not share in the initial session would be gospel presentation. Sometimes if Scripture is presented too soon in counseling, the result will be clients who "live right" without correcting a wrong understanding about how to meet personal needs, and may labor and struggle with Christianity - grinding out their responsible duty in a joyless fashion. People choose to do only what they understand to be sensible, and a biblical understanding often comes a little later in counseling. All other goals (reflected in #4) would be openly discussed.

10. How would you determine whether Joanne's therapy was successful?

By a change in Joanne's behavior; i.e., responsible living and an openness to reconciliation. The development of a sense of quietness, togetherness, and peacefulness is evidence of the Spirit's work in people's lives. Many Christians have had the experience of "feeling really good" when they are consciously abiding in Christ and the experience of feeling that "something is wrong" when they are out of fellowship. Success in therapy reflects that wonderful sense of improved adjustment that follows upon a renewed mind, commitment, and obedience.

What is Joanne's worst problem(s)? What would you try to change first?

The "worst" problem in terms of the management of the case is the client's suicidal thoughts. An assessment needs to be made before accepting her for outpatient care. Next, her depression and anxiety, which are probably coming from a depleted physical and emotional reserve, which in turn are coming from the causes listed in #2.

2. What do you think are the causes of her problems?

Her depleted physical and emotional reserve are probably the result of her feelings of guilt and abandonment, and the debilitating lifestyle (sleeping around, alcohol and marijuana).

3. Ideally, what is the solution? How long might therapy take before this success is achieved?

To become a whole person in her relationship with people and with God. The length of time might be seen on a continuum--she gradually feels better; and how long she stays in therapy will depend on her desire for the counselor's direct support. I would guess 6 months at least, but with a good support system from Dave and the church, she could be terminated much sooner.

4. What techniques might be used to arrive at a solution?

a) A therapeutic relationship with the therapist where she feels from him/her accurate empathy, non-possessive warmth and genuineness; b) a support network beginning with Dave and extending to wholesome friends like him, even though less exciting than Frank and Joe; c) education that involves an understanding of theological and psychological guilt, and education in dealing with the alcoholic (and probably manipulative) husband; d) weaning her from her debilitating lifestyle by providing a therapeutic relationship with the counselor and a support network. Exploring her relationship with God would be a normal part of 'c' and 'd.'

5. Would you use the Scriptures in helping Joanne? If so, try to be as explicit as you can about how they would be used.

Scripture would not be brought in immediately. As with any other "should, ought or must," it would make the counselor appear lacking in accurate empathy and non-possessive warmth. I have been repeatedly thanked by clients, Christian and non-Christian, for not making them feel judged by God. Scriptures I would use after establishing rapport are John 1:1-18 and First John 1:10.

6. What would happen over the course of successful therapy?

a) Increase in Joanne's physical and emotional stamina, b) elimination of alcohol and marijuana and the sleeping around (education in alcohol use might come later); c) development of more wholesome friendships like that with Dave, and d) for Joanne to seriously consider the claims of Christ. I am interested in her functioning on the metaphysical (or horizontal) level as a human being and on the ethical (or vertical) level as a child of God. A clear understanding of my theological orientation is needed here. All men are creatures made in God's image and because of common grace (God's) are able to live successful lives as human beings. Only by faith in the vicarious atonement of Jesus Christ can they become Children of God and enjoy their "creatureliness" not only in this life but also in the life to come. The Christian counselor is usually sought out for the help he can give first of all in this life. But he has an opportunity to show the client that there is more to come.

7. How would you want Joanne to think about her problems?

I want her to think in practical terms. She may not know God, but she needs to know how to function successfully in God's world. I want her to think realistically about her alcoholic husband and understand his manipulative guilt games with her (and probably an overdeveloped sense of responsibility on her part); to understand her motives in sleeping with Frank and Joe (probably a need to have someone care and hold her); to understand her release from depression and anxiety depends on a more constructive approach to the above problems.

8. What would you want Joanne to do about her problems?

I have indicated this as I have gone along. Specifically, with her alcoholic husband, she must "lovingly disengage" and let alcohol be his problem, and not try to solve it for him. If he wants to be a sober father to his son, he still can without her being married to the man. A strong alliance with the therapist and Dave should help dispel the feeling of abandonment and the attendant problems of depression and anxiety. The therapist (and others in the support network) have a very strong ethical responsibility in dealing with a woman who is sexually vulnerable.

9. What goals would you have for her therapy? Would these differ from the goals you might explicitly agree upon with Joanne?

The goals would involve disengagement from her husband and his games; stopping the "substance abuse" and sleeping around; establishment of a strong alliance with the counselor and new network of supportive, wholesome friends. My goals would not differ too much from what I would explicitly agree on with Joanne. I feel I have an ethical responsibility to agree on our goals openly (genuineness).. She might need to go at a slower pace than I would like to see. But that really doesn't have to do with goals. I would be very honest in my wanting to see her become a Christian, but I would do this only after we had solved the presenting problems.

10. How would you determine whether Joanne's therapy was successful?

I would have to rely on her report of relief from depression and guilt. I think an objective assessment would be possible by observing her and seeing if her lethargy and apathy were dispelled. I think that she would show it in her behavior in counseling sessions. I would also think that another sign would be new friends who were more wholesome--hopefully, Christian friends, although not necessarily so. I think that wholesome unbelievers can help her to be a well adjusted human being. This gets back to my concept of man the image of God and common grace.

11. Is there anything else you wish to add?

My theological orientation being Calvinistic shows up in my approach. God has made man in His image, capable of making a successful life on His earth. Even after the Fall, that image was retained, and through Common Grace, God has restrained the effect of evil in the world. Even though man is hopelessly lost without the saving grace of Jusus Christ (the ethical dimension), he is capable of successful living as a man (the metaphysical dimension). Man's problem is not that he does not know the truth or how to live successfully. His problem is "knowing God, he glorifies Him not as God but worships and serves the creature more than the creator." His problem is that he "holds the truth in unrighteousness." Man's great sin is that he attributes the success of his endeavors to himself rather to a gracious God who wants to show him yet more grace in the saving work of Christ. This "good life" need not end with death. Jesus Christ has made possible this good life for eternity--by God's grace.

Please answer the following questions about the approach to counseling which you have just read. Please circle your responses.

1. How would you rate the degree of change that this type of counseling would produce in the client, Joanne?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
she would be completely recovered				she would be very much worse			

2. How closely does this counselor's approach to religion parallel your own approach to religion?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
very similar				very dissimilar			

3. How appealing is this approach to counseling?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
very appealing				very unappealing			

4. Rate how much this approach to counseling relies on Biblical principles.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
relies greatly on the Bible				relies very little on the Bible			

Please rank order your preference for the four approaches to counseling Joanne that you have just read.

1. How would you rate the effectiveness of the four approaches to counseling?

Rank order: Most effective--4 3 2 1--least effective

- Approach 1 _____
 Approach 2 _____
 Approach 3 _____
 Approach 4 _____

2. If a friend were experiencing problems and asked you for the name of a Christian counselor, how likely would it be that you would refer him or her to each of the four counselors in these four approaches?

Rank order: Very likely--4 3 2 1--unlikely

- Approach 1 _____
 Approach 2 _____
 Approach 3 _____
 Approach 4 _____

3. How would you rate your liking for these four approaches?

Rank order: Most liked--4 3 2 1--least liked

- Approach 1 _____
 Approach 2 _____
 Approach 3 _____
 Approach 4 _____

4. How much weight does the counselor give to the authority of Scripture?

Rank order: Most weight--4 3 2 1--to least weight

- Approach 1 _____
 Approach 2 _____
 Approach 3 _____
 Approach 4 _____

5. Which approach relies the most on Biblical principles?

Rank order: Relies most--4 3 2 1--relies least

- Approach 1 _____
 Approach 2 _____
 Approach 3 _____
 Approach 4 _____

It will be helpful if we know a little about you. (Again, information is confidential)

- 1) Marital status _____
- 2) Age _____
- 3) Sex _____
- 4) Approximate income level of household _____
- 5) Church denomination _____
- 6) On the average, how many times do you attend church-related functions per week? _____
- 7) Number of children in household _____
- 8) Your education level _____

The following information will aid us in understanding beliefs toward counseling.

1) Have you ever sought counseling for a problem? Yes No
 If yes, please note the help source. Psychologist (secular) ,
 Psychologist (Christian) , Pastor , Psychiatrist , Medical
 Doctor .

2) If you had a difficult problem to cope with, how likely is it that you
 would seek counseling? (Circle number of your choice.)
1 2 3 4 5 6 7 8
 very likely very unlikely

3) If you decided to seek counseling because of a problem, how important would
 it be that this person be a Christian counselor, rather than another equally
 competent counselor who does not identify himself or herself as Christian?
 (Circle number of your choice.)
1 2 3 4 5 6 7 8
 very important being a Christian
 to be Christian not at all important

4) How much would you be willing to pay per hour to see a Christian
 counselor?

5) How much would you be willing to pay per hour to see a secular
 counselor?

6) How much would you be willing to pay to see the counselors in:
 Approach 1
 Approach 2
 Approach 3
 Approach 4

7) How conservative or liberal would you rate your religious beliefs?
1 2 3 4 5 6 7 8
 very conservative-moderate-very liberal

8) So that we may understand the differences which you may have noticed among the
 four approaches, please circle the counselor most likely to endorse each state

the counselor
 in approach-

- 1 2 3 4 a) To be effective, counselors should first examine clients'
 sinful behavior.
 1 2 3 4 b) To be effective, counselors should first examine the unhealthy
 expression of clients' personality types.
 1 2 3 4 c) To be effective, counselors should first examine clients'
 early experiences in life.
 1 2 3 4 d) To be effective, counselors should first examine clients'
 beliefs about what will satisfy their needs.

INQUIRY CONCERNING SOCIAL AND RELIGIOUS VIEWS

The following items deal with various types of religious ideas and social opinions. We should like to find out how common they are.

Please indicate the response you prefer, or most closely agree with, by writing the letter corresponding to your choice in the right margin.

If none of the choices expresses exactly how you feel, then indicate the one which is closest to your own views. If no choice is possible, you may omit the item.

There are no "right" or "wrong" choices. There will be many religious people who will agree with all the possible alternative answers.

1. What religion offers me most is comfort when sorrows and misfortune strike.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

2. One reason for my being a church member is that such membership helps to establish a person in the community.
 - a. Definitely not true
 - b. Tends not to be true
 - c. Tends to be true
 - d. Definitely true

3. I try hard to carry my religion over into all my other dealings in life.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

4. The purpose of prayer is to secure a happy and peaceful life.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

5. Quite often I have been keenly aware of the presence of God or the Divine Being.
 - a. Definitely not true
 - b. Tends not to be true
 - c. Tends to be true
 - d. Definitely true

6. It doesn't matter so much what I believe so long as I lead a moral life.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

7. My religious beliefs are what really lie behind my whole approach to life.
 - a. This is definitely not so
 - b. Probably not so
 - c. Probably so
 - d. Definitely so

8. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.
 - a. Almost never
 - b. Sometimes
 - c. Usually
 - d. Almost always

9. If not prevented by unavoidable circumstances, I attend church:
 - a. more than once a week
 - b. about once a week
 - c. two or three times a month
 - d. less than once a month

10. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.
 - a. Definitely not true of me
 - b. Tends not to be true
 - c. Tends to be true
 - d. Clearly true in my case

11. The church is most important as a place to formulate good social relationships.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

12. If I were to join a church group, I would prefer to join: (1) a Bible Study group, or (2) a social fellowship.
 - a. I would prefer to join (1)
 - b. I probably would prefer (1)
 - c. I probably would prefer (2)
 - d. I would prefer to join (2)

13. Although I believe in my religion, I feel there are many more important things in my life.
 - a. I definitely disagree
 - b. I tend to disagree
 - c. I tend to agree
 - d. I definitely agree

14. I pray chiefly because I have been taught to pray.
 - a. Definitely true of me
 - b. Tends to be true
 - c. Tends not to be true
 - d. Definitely not true of me

15. Religion is especially important to me because it answers many questions about the meaning of life.
 - a. Definitely disagree
 - b. Tend to disagree
 - c. Tend to agree
 - d. Definitely agree

16. A primary reason for my interest in religion is that my church is a congenial social activity.
 - a. Definitely not true of me
 - b. Tends not to be true
 - c. Tends to be true
 - d. Definitely true of me

17. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.
 - a. Definitely disagree
 - b. Tend to disagree
 - c. Tend to agree
 - d. Definitely agree

18. I read literature about my faith (or church).
 - a. Definitely disagree
 - b. Tend to disagree
 - c. Tend to agree
 - d. Definitely agree

19. The primary purpose of prayer is to gain relief and protection.
 - a. I definitely agree
 - b. I tend to agree
 - c. I tend to disagree
 - d. I definitely disagree

20. It is important to me to spend periods of time in private religious thought and meditation.
- a. Frequently true
 - b. Occasionally true
 - c. Rarely true
 - d. Never true

VALUE SURVEY

Name _____ Sex: _____

Birthdate _____ City and State of Birth _____

Below is a list of 18 values arranged in alphabetical order. Your task is to arrange them in order of their importance to YOU, as guiding principles in YOUR life.

Study the list carefully. Then place a 1 next to the value which is most important for YOU, place a 2 next to the value which is second most important to you, etc. The value which is least important, relative to the others, should be ranked 18.

Work slowly and think carefully. If you change your mind, feel free to change your answers. The end result should truly show how you really feel.

- _____ A COMFORTABLE LIFE (a prosperous life)
- _____ AN EXCITING LIFE (a stimulating, active life)
- _____ A SENSE OF ACCOMPLISHMENT (lasting contribution)
- _____ A WORLD AT PEACE (free of war and conflict)
- _____ A WORLD OF BEAUTY (beauty of nature and the arts)
- _____ EQUALITY (brotherhood, equal opportunity for all)
- _____ FAMILY SECURITY (taking care of loved ones)
- _____ FREEDOM (independence, free choice)
- _____ HAPPINESS (contentedness)
- _____ INNER HARMONY (freedom from inner conflict)
- _____ MATURE LOVE (sexual and spiritual intimacy)
- _____ NATIONAL SECURITY (protection from attack)
- _____ PLEASURE (an enjoyable, leisurely life)
- _____ SALVATION (saved, eternal life)
- _____ SELF-RESPECT (self-esteem)
- _____ SOCIAL RECOGNITION (respect, admiration)
- _____ TRUE FRIENDSHIP (close companionship)
- _____ WISDOM (a mature understanding of life)

BELIEF SCALE

SA = Strongly agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly disagree

Please circle the answer which indicates
your belief.

1. SA A U D SD The Bible is the inspired work of God.
2. SA A U D DS The religious idea of heaven is not much more than superstition.
3. SA A U D DS Christ was a mortal, historical person, but not a supernatural being.
4. SA A U D SD Christ is a divine being, the Son of God.
5. SA A U D SD The stories in the Bible about Christ healing sick and lame persons by His touch are fictitious and mythical.
6. SA A U D SD Someday Christ will return.
7. SA A U D SD The idea of life after death is simply a myth.
8. SA A U D SD If more of the people in this country would turn to Christ, we would have a lot less crime and corruption.
9. SA A U D SD Since Christ brought the dead to life, He gave eternal life to all who have faith.

Data Obtained from Participants after Reading Each Counselor's Approach to Treating the Fictitious Client

	Response:	Narramore	Adams	Crabb	Bustanoby
<u>(1) Frequency of Responses to Expected Change</u>					
She would be completely recovered	1	3	4	9	3
	2	7	3	12	13
	3	10	5	14	7
	4	16	5	3	9
	5	6	2	3	7
	6	1	12	2	1
She would be much worse	7	1	9	2	3
	8	1	5	0	1

(2) Frequency of Responses to Religious Similarity

Very similar	1	4	3	12	8
	2	8	8	14	6
	3	12	2	6	11
	4	10	3	5	3
	5	6	6	5	5
	6	0	10	1	4
	7	2	6	1	2
Very dissimilar	8	3	7	1	6

(3) Frequency of Responses to Liking for the Approaches

Very appealing	1	2	2	14	9
	2	7	3	13	7
	3	10	6	6	8
	4	12	1	3	3
	5	4	2	3	6
	6	6	10	4	4
	7	1	6	0	3
Very unappealing	8	3	15	2	5

(4) Frequency of Responses to Reliance on Biblical Principles

Relies greatly on Biblical principles	1	1	10	12	5
	2	16	8	13	6
	3	10	4	10	10
	4	8	3	2	7
	5	6	10	3	2
	6	0	4	2	7
Relies little on Biblical principles	7	1	3	0	3
	8	3	3	2	5

	Response:	Narramore	Adams	Crabb	Bustanoby
<u>(1) Frequency of Response to Expected Effectiveness</u>					
Most effective	1	8	5	18	13
	2	8	7	15	12
	3	23	9	9	9
Least effective	4	5	24	3	11

(2) Frequency of Response to Likelihood of Referral

Very likely	1	8	5	18	13
	2	10	8	14	11
	3	21	8	8	9
Unlikely	4	6	24	5	12

(3) Frequency of Response to Liking for the Approaches

Most liked	1	8	4	18	16
	2	11	9	14	8
	3	21	8	10	10
Least liked	4	5	24	3	11

(4) Frequency of Response to Weight Given to the Authority of Scriptures

Most weight	1	18	27	8	3
	2	15	4	14	7
	3	6	8	14	10
Least weight	4	3	3	6	22

(5) Frequency of Response to Reliance of Biblical Principles

Relies most	1	3	14	14	9
	2	18	2	12	7
	3	13	13	11	9
Relies least	4	7	12	4	16

VITA

