An Investigation of "Spirituotherapy": An Approach to Christian Counseling

Robert Q. Hendershott
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations

Part of the Counseling Commons, and the Student Counseling and Personnel Services Commons

Recommended Citation
https://scholarworks.wmich.edu/dissertations/2638

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.
AN INVESTIGATION OF "SPIRITUOTHERAPY":
AN APPROACH TO CHRISTIAN COUNSELING

by

Robert Q. Hendershott

A Dissertation
Submitted to the
Faculty of the Graduate College
in partial fulfillment of the
requirements for the
Doctor of Education
Department of Counseling and Personnel

Western Michigan University
Kalamazoo, Michigan
August 1980
ACKNOWLEDGEMENTS

The investigator wishes to acknowledge the assistance of the following persons who have contributed so generously of their time, talents and support without which the study could not have been completed.

To Dr. Thelma Urbick, committee chairman, whose involvement, editing and encouragement contributed so greatly to the completion of this research.

To the late Dr. L. Dale Faunce, my first committee chairman and advisor, who contributed so much to my early graduate education and professional growth.

To Dr. Otto Grundler and Dr. James Lowe for serving as members of my doctoral committee.

To Dr. Paul Griffeth, Dr. William Morrison and Dr. Robert Betz for their interest and assistance toward the completion of this research.

To Drs. Charles Solomon, Harry Beers and the staff at Grace Fellowship International and Dr. Paul Kaschel, psychiatrist, for their advice and suggestions regarding the development of the questionnaire.

To Anne Marie Sutka for her typing.

To my family for their continued interest, support and encouragement over the years.

To my children, Staci, Kari and Timothy for their understanding and patience, and especially to my wife, Kristi, for her assistance and encouragement.

Robert Q. Hendershott
INFORMATION TO USERS

This was produced from a copy of a document sent to us for microfilming. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help you understand markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure you of complete continuity.

2. When an image on the film is obliterated with a round black mark it is an indication that the film inspector noticed either blurred copy because of movement during exposure, or duplicate copy. Unless we meant to delete copyrighted materials that should not have been filmed, you will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed the photographer has followed a definite method in "sectioning" the material. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For any illustrations that cannot be reproduced satisfactorily by xerography, photographic prints can be purchased at additional cost and tipped into your xerographic copy. Requests can be made to our Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases we have filmed the best available copy.
HENDERSHOTT, ROBERT QUENTIN

AN INVESTIGATION OF "SPIRITUOTHERAPY": AN APPROACH TO
CHRISTIAN COUNSELING

Western Michigan University

University Microfilms International
300 N. Zeeb Road, Ann Arbor, MI 48106

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark ✓.

1. Glossy photographs 
2. Colored illustrations 
3. Photographs with dark background 
4. Illustrations are poor copy 
5. Print shows through as there is text on both sides of page 
6. Indistinct, broken or small print on several pages ✓
7. Tightly bound copy with print lost in spine 
8. Computer printout pages with indistinct print 
9. Page(s) lacking when material received, and not available from school or author
10. Page(s) seem to be missing in numbering only as text follows
11. Poor carbon copy 
12. Not original copy, several pages with blurred type 
13. Appendix pages are poor copy 
14. Original copy with light type 
15. Curling and wrinkled pages 
16. Other ____________________________
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .................................................. ii
LIST OF TABLES ................................................... v
LIST OF FIGURES .................................................... vi

Chapter

I. THE PROBLEM AND ITS BACKGROUND ........................................ 1
   Rationale For The Study ............................................. 1
   Statement Of The Problem ......................................... 12
   Definition Of Terms ............................................. 16
   Scope And Limitations .......................................... 18

II. "SPIRITUOTHERAPY" (CHRIST-CENTERED COUNSELING) .................. 20
   A Review And Comparative Study .................................. 20
   Case Study .................................................. 38

III. DESIGN AND METHODOLOGY ........................................... 46
   Procedures .................................................. 46
   Instrumentation ............................................... 47
   Population And Sample ......................................... 50
   Hypotheses And Data Analysis .................................. 53

IV. FINDINGS ............................................................. 56
   Spirituotherapy Questionnaire .................................. 57
   Hypotheses ................................................... 97

V. CONCLUSIONS AND RECOMMENDATIONS ................................. 112
   Conclusions ................................................ 112
   Recommendations ........................................... 114
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Number</th>
<th>Table Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Continuation of Treatment in Psychotherapy</td>
<td>28</td>
</tr>
<tr>
<td>2.</td>
<td>Summary of Responses to STQ Distributed to Selected Past Clients of Grace Fellowship International (not adjusted)</td>
<td>51</td>
</tr>
<tr>
<td>3.</td>
<td>Summary of Responses to STQ Distributed to Selected Past Clients of Grace Fellowship International (adjusted)</td>
<td>51</td>
</tr>
<tr>
<td>4.</td>
<td>Comparison of Recipients Responding to the STQ</td>
<td>52</td>
</tr>
<tr>
<td>5.</td>
<td>Satisfaction Totals</td>
<td>92</td>
</tr>
<tr>
<td>6.</td>
<td>Uncertain Totals</td>
<td>92</td>
</tr>
<tr>
<td>7.</td>
<td>Dissatisfaction Totals</td>
<td>92</td>
</tr>
<tr>
<td>8.</td>
<td>Rank Order Value</td>
<td>93</td>
</tr>
<tr>
<td>9.</td>
<td>Summary of scores of individuals free from presenting symptoms indicating how beneficial Spirituotherapy was in bringing the desired change in relationship to their prominent problem</td>
<td>94</td>
</tr>
<tr>
<td>10.</td>
<td>Summary of the statistical analysis showing percentage of total subject sample levels attained when comparing descriptive scores of a random sample of GFI past clients completing the STQ</td>
<td>109</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Directive-Permissive Continuum</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Spirituotherapy: A Brief Treatment Approach</td>
<td>28</td>
</tr>
<tr>
<td>3.</td>
<td>Man - a Tri-unity</td>
<td>31</td>
</tr>
<tr>
<td>4.</td>
<td>Secular Therapy</td>
<td>33</td>
</tr>
<tr>
<td>5.</td>
<td>Comparison of Secular and Religious Counseling Approaches</td>
<td>34</td>
</tr>
<tr>
<td>6.</td>
<td>Comparison of Psychotherapy and Spirituotherapy</td>
<td>36</td>
</tr>
<tr>
<td>7.</td>
<td>Question 1 - Present Age</td>
<td>57</td>
</tr>
<tr>
<td>8.</td>
<td>Question 2 - Age at Beginning of Counseling</td>
<td>58</td>
</tr>
<tr>
<td>9.</td>
<td>Question 3 - Years Since Counseling</td>
<td>58</td>
</tr>
<tr>
<td>10.</td>
<td>Question 4 - Sex of Client</td>
<td>60</td>
</tr>
<tr>
<td>11.</td>
<td>Question 5 - Present Marital Status</td>
<td>61</td>
</tr>
<tr>
<td>12.</td>
<td>Question 6 - Marital Status Beginning of Counseling</td>
<td>62</td>
</tr>
<tr>
<td>13.</td>
<td>Question 7 - Who Referred Client to GFI</td>
<td>63</td>
</tr>
<tr>
<td>14.</td>
<td>Question 8 - Past Psychological Counseling</td>
<td>64</td>
</tr>
<tr>
<td>15.</td>
<td>Question 9 - Number of Therapists</td>
<td>65</td>
</tr>
<tr>
<td>16.</td>
<td>Question 10 - Most Recent Therapist</td>
<td>65</td>
</tr>
<tr>
<td>17.</td>
<td>Question 11 - Length of Past Therapy</td>
<td>67</td>
</tr>
<tr>
<td>18.</td>
<td>Question 12 - Number of Counseling Sessions</td>
<td>68</td>
</tr>
<tr>
<td>19.</td>
<td>Question 13 - Comparison of Spirituotherapy with Other Forms of Treatment</td>
<td>69</td>
</tr>
<tr>
<td>20.</td>
<td>Question 14 - Identify Presenting Problem</td>
<td>70</td>
</tr>
<tr>
<td>21.</td>
<td>Question 15 - Freedom from Symptoms</td>
<td>72</td>
</tr>
<tr>
<td>Number</td>
<td>Question</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>22</td>
<td>Question 16 - Benefit of Counseling at GFI</td>
<td>72</td>
</tr>
<tr>
<td>23</td>
<td>Question 17 - What Prevented the Resolution</td>
<td>74</td>
</tr>
<tr>
<td>24</td>
<td>Question 18 - Length of Counseling at GFI</td>
<td>76</td>
</tr>
<tr>
<td>25</td>
<td>Question 19 - Number of GFI Sessions</td>
<td>77</td>
</tr>
<tr>
<td>26</td>
<td>Question 20 - Return to GFI for Counseling</td>
<td>78</td>
</tr>
<tr>
<td>27</td>
<td>Question 21 - Reason for Returning for Counseling</td>
<td>79</td>
</tr>
<tr>
<td>28</td>
<td>Question 22 - Belief in God</td>
<td>80</td>
</tr>
<tr>
<td>29</td>
<td>Question 23 - Are You Saved</td>
<td>81</td>
</tr>
<tr>
<td>30</td>
<td>Question 24 - Did &quot;Identification&quot; Become a Reality</td>
<td>82</td>
</tr>
<tr>
<td>31</td>
<td>Question 25 - When did &quot;Identification&quot; Occur</td>
<td>83</td>
</tr>
<tr>
<td>32</td>
<td>Question 26 - Did You Seek Counseling Elsewhere</td>
<td>84</td>
</tr>
<tr>
<td>33</td>
<td>Question 27 - Received Therapy From Whom</td>
<td>85</td>
</tr>
<tr>
<td>34</td>
<td>Question 28 - Your Personal Life</td>
<td>87</td>
</tr>
<tr>
<td>35</td>
<td>Question 29 - Your Married Life</td>
<td>87</td>
</tr>
<tr>
<td>36</td>
<td>Question 30 - Your Spiritual Life</td>
<td>88</td>
</tr>
<tr>
<td>37</td>
<td>Question 31 - Your Family Life</td>
<td>89</td>
</tr>
<tr>
<td>38</td>
<td>Question 32 - Your Employment Life</td>
<td>90</td>
</tr>
<tr>
<td>39</td>
<td>Question 33 - Your Social Life</td>
<td>90</td>
</tr>
<tr>
<td>40</td>
<td>Question 34 - Your Overall Life</td>
<td>91</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
CHAPTER I

THE PROBLEM AND ITS BACKGROUND

Rationale for the Study

"Christian counseling has a long and distinguished history. One of the first Christian counselors was Saint Paul, who sought to bring the healing power of Christ to bear on the lives of the first Christians" (Strong, 1977, p. 89).

Christian counseling or pastoral counseling as spoken of by Strong does, from a practical point of view, have a long and distinguished history, but the background from which the practice emerges has changed.

"The experimental groundwork in pastoral counseling has come almost exclusively from psychology and psychiatry. This has made for a shift in emphasis in pastoral care. Whereas the counseling of earlier days was related to theology, today it centers more in psychology. As Hulme correctly suggests, 'The impetus for the new movement has come more from the laboratories of the psychological sciences than from the scholarship of theologians'" (Peters, 1969, p. 4).

A review of the literature of Religion, and Christianity in particular, indicates what we now call Christian counseling or pastoral counseling was not recognized until recent times. Historical reviews of Christianity (Latovietti, 1953; Olmstead, 1960; Shaft, 1972) omit any reference to any psychological or counseling approaches within Christianity. Omission of this subject in these comprehensive studies emphasizes the fact that this area was not recognized until recently as a critical area within the Christian church. Within the past fifty years the need within the Christian church has been identified. Peters (1969) concludes:
"that many of the older men in the ministry today would readily admit that they heard very little, if anything, about counseling in their seminary days. Today the movement has established its own literature and has become quite popular in the church. Centers for clinical training of theological students are readily available as are also courses in counseling in almost all seminaries" (p.3)

Authorities agree (Collins, 1975; Minerth, 1977; Peters, 1969) what we now know as the Clinical Pastoral Education movement was begun about fifty years ago by a group of pastors and physicians. Perhaps the best known of the founding fathers was Anton T. Boisen. Beginning with only a few students, he started a loosely organized training program for seminarians at Worcester State Hospital in Massachusetts. From this simple beginning "clinical pastoral education" (CPE) has developed into a highly organized movement.

Collins (1975) suggests that during the 1930's and 1940's, when clinical pastoral training was being incorporated into many seminaries' curriculum, the conservative theological schools were hesitant and skeptical. He concludes as a result of this skepticism that many evangelicals viewed the clinical pastoral training as a theologically liberal movement and stayed away. According to Samuel Southard (1975), a new phase of clinical education began in 1947 when Wayne E. Oates became the first professor of pastoral psychology and psychology of religion at the Southern Baptist Seminary.

Solomon (1977) states best a conclusion that is drawn by various Christian authorities on the subject of Christian counseling. "In the last two decades there have been several approaches to Christian counseling or Christian psychology offered as scriptural methods of..."
integrating the disciplines of theology and psychology" (p. 15).

Within the past twenty years, there has been a substantial move towards new biblical approaches to Christian counseling. Before this interest in biblical approaches was realized there was a situation which Black (1977) identified, "In the past pastoral counseling often meant using the newest secular psychological approaches that appeared more or less compatible with current Christian theology" (p. 76). Early Christian counseling was not based upon the concepts or influence of the Christian heritage but upon models and approaches developed outside the framework of the Christian church.

Authorities agree (Collins, 1975; Hyde, 1971; Solomon, 1977; Strong, 1977) with Hubbard and Hubbard (1976) that

"interest has been stimulated by the increasing evidence that traditional mental health services do not meet the deepest needs of Christians. It has been recognized that God, through His Word, offers emotional and mental relief to troubled Christians. During the last decade God has been calling out qualified men and women, trained initially in the secular helping professions, to develop and define a uniquely Christian approach to counseling" (p. 5).

Today there are Christian psychiatrists, psychologists, counselors and theologians who are developing Christian approaches to psychology and writing about what they are learning.

There has been significant growth in the Christian counseling field over the last twenty years. There are findings of a survey made in the late fifties by the Joint Commission on Mental Illness and Health that indicate many turn to ministers for counsel.

"One out of four persons said that he had a problem at some time in which professional help would have been helpful; and one out of seven had actually sought such help, the largest number of those actually seeking help (42%) turned to clergymen, 29% went to
physicians in general, 18% to psychiatrists and psychologists,
and 10% to social agencies and marriage clinics" (Lake, 1966, p. 4).

It is of interest here that an eight-year study by the Academy of Religion
and Mental Health, an organization of 4,000 theologians, psychi-
atrists and professional workers, has revealed that only seven percent
of the country's 250,000 clergymen who have congregations have had
"sound and adequate technical psychological training to deal with the
serious questions which now come up". "Sound and adequate training"
as identified by the academy means some schooling plus service in a
clinic or a hospital under competent supervision (Peters, 1975 p. 4).

The joint commission also reported that one-third of the problems
which come to the attention of clergymen are believed to have "serious
psychiatric dimensions". The commission estimated that only between
8,000 and 9,000 members of the clergy are trained in clinical pastoral
counseling with an equal number having some formal training.

The clergy as a whole are not trained in pastoral counseling at
this time. The need has been recognized, "the timing is right for
Christians who take God seriously to develop a biblical approach to
counseling which asserts the authority of Scripture and the necessity
and adequacy of Christ" (Crabb, 1975, p. 15).

Several conditions are identifiable factors in recognizing why
growth in the Christian counseling field was retarded for so long.

Solomon (1976) identifies one factor restricting the Christian
counseling movement. "Since the organized church was not known for
having the power and resources to meet the needs of men questioning for
fulfillment and victorious life, the way was prepared for the philosophers

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
to study men instead of God" (p. 210). This led to the development of atheistic theories of man's origin and atheistic theories of the nature of man. The Christian church's efforts were divided by struggles with Darwinism and other highly critical issues which commanded major attention. "These battles did not go well and occupied much time and energy, thus attention was diverted away from the subtle inroads which were being made by the mental health movement" (Adams, 1975, p. 10).

Authorities agree that these events left the church vulnerable. Sigmund Freud's development of psychoanalytic theory and the further growth of modern psychiatry were significant developments. Adams (1970) suggests, "the weakening of the church due to liberal evidences, natural apathy and a general willingness to 'let George do it', combined to pave the way for a psychiatric takeover. It was easy for an exhausted church to step aside and make room for others who so willingly offered a helping hand" (p. 10). The secular psychiatrist and psychologist offered the assistance willingly and what is popularly known as the medical model was further developed.


"I soon became disillusioned with the standard books and was tempted to fall into the common practice of referring nearly all counselees with serious problems to psychiatrists or state mental institutions. After all, that was what the mental health propaganda advised. As a matter of fact, stern warnings against counseling anyone with difficulties more serious than psychic scratch studded the pages of books and pamphlets published by the Mental Health Association. Pastors were threatened with
the possibility of doing serious harm to people if they did not refer" (p. 7, introduction).

Blank (1977), Crabb (1975) and Solomon (1976) concur with Adams (1970) in his conclusion that secular psychology and psychiatry did sell the Christian church on the notion that emotional problems were results of psychological malfunctions and require the expertise of trained psychological specialists.

The psychological communities' view of the clergyman is reflected by: the American Handbook of Psychiatry,

"a clergyman is expected, when he encounters true mental illness or when he suspects mental illness, to refer the patient for diagnostic study and such treatment as may be indicated. It is to be hoped that, as a result of his training in pastoral psychiatry, he will be that much sharper in detecting mental illness and that much quicker in referring for psychiatric help" (Arieti, 1959, p. 1, 798).

Thomas Szaaz (1960), in the "Myth of Mental Illness" has traced the history of what in recent years has come to be called the Medical Model. He indicts Freud and Charcot for declaring individuals "mentally ill" who before this time of labelling would have been considered only in trouble as a result of failing to deal with life's situations. The medical model was accepted by many who were very willing to refer and remove themselves from the situation.

The second factor which restricted the development in the Christian counseling field was the acceptance by the Christian church of mental illness and the medical model of treatment. Christian counselors built upon these principles and perpetuated their acceptance. Carroll A. Wise (1951), in his book Pastoral Counseling, declared that some individuals were not suitable for counseling and may not be suitable for psychoanalysis.
He concluded that the pastor should not try to make that decision, but should refer the client to a psychoanalyst. Witherington (1955) viewed the pastor as a person who should know enough about psychology to recognize mental illness. Additionally, White (1955) criticized some clergy for not referring to a practice of psychiatric treatment which was using such valuable healing methods to treat nervous disorders. The acceptance of mental illness was widespread in the 1950's. As suggested earlier, there developed a situation in psychiatry during the early 1960's which has had a profound effect upon the Christian Counseling Movement. The rejection of the medical model within the Christian church and by influential others outside the Christian church has allowed, during the past decade, numerous Christian counseling approaches being developed based on the Word of God.

"It is no surprise then, that personal counseling by ministers so readily was supplanted by psychiatrists. Yet in recent years the failures of psychiatry have occasionally caused persons both within and without the discipline to take a second look at the problem. O. Hobart Mowrer, William Glasser, F. Fuller, Torrey and others have been exploring the fundamentally non-medical nature of the psychiatric enterprise for more than a decade and have awakened even many sleepy members of the church to the reasons for the growing disenchantment and disillusionment with psychiatry" (Adams, 1975, p. 10).

Some highly respected members of the mental health field have rejected the notion of mental illness which has contributed to a new awakening among clergymen in the Christian church. The re-evaluation of the medical model from which the concept mental illness was derived has created two distinctive camps. The distance between the non-Christian clinical mental health profession and the biblically based mental health profession should broaden as new Christian approaches to
the counseling field are refined. The biblical principles which are underlying these Christian counseling approaches are generally conflicting with accepted methods of secular counseling (Adams, 1975).

Minerth (1977) in his book Christian Psychiatry discusses various professional views on religion and psychiatry. It is meaningful at this point to review some of these various thoughts regarding the differences between these two camps. Religion as seen by Freud was a "universal, obsessional neurosis", and he was unimpressed with any benefit arrived at from religion and/or Christianity. Carl Jung felt religion was important and wrote in the area of psychiatry as well as religion. Adler, another from the psychoanalytic camp, felt religion did play an important part in man's psychological makeup. Although Fromm's major contribution was in the field of psychiatry, he thought that religion played an important part in man's ego structure. Christensen and Allison felt that religious conversion might help a weakened ego. Pattison was one who felt that there might be some validity in the therapist's helping the patient work towards spiritual goals.

"And finally, recent papers by Wilson and Nicoli (Christian psychiatrists from Duke and Harvard respectively), have pointed out the positive benefits of religious conversion, citing improved impulse control, improved academic performance, and improved inter-personal relationships as evidence that religious conversion may be one of the most profoundly transforming of human experiences" (pp. 27-28).

The above discussion indicates that the value and usefulness of religious experience as interpreted by professionals in the fields of psychology and counseling is varied. Solomon (1976-1977) and Adams
(1975) agree on the point that psychotherapy is at odds with what biblical Christian counselors should be trying to communicate to their clients. Collins, Minerth, Adams, Solomon and Vitz are some of the authorities who have pointed out that Freud (psychoanalytic), Skinner (behaviorist), Rogers (humanistic) approaches have all attacked the very basis of Christianity. Vitz (1977), in his book *Psychology as Religion: the Cult of Self-Worship*, states "that Psychology has become a religion, in particular a form of secular humanism based on worship of the self". This self-psychology has been very influential in both secular and Christian writings, but is recognized by numerous Christian counselors as being at odds with basic Christianity.

Dr. Howard Hendricks of Dallas Theological Seminary defines Christian counseling as the "ministry of one individual seeking to help another recognize, understand, and solve his own problems in accordance with the Word of God". (Minerth, 1977, p. 30). Counseling may have many goals, and to address these goals various disciplines, counseling techniques and schools of psychotherapy have been developed. Enthusiastic proponents publicize the importance and benefit of their approach to meet the various needs of those seeking psychological treatment.

Collins (1977), by using a directive-permissive continuum (Patterson, 1972) was able to place and compare the various theoretical counseling approaches.
As with the secular systems, the backers of the Christian approaches (Tournier excepted) generally maintain that their approach and techniques are the most effective, and generally conclude that their approach is the most biblically sound. Many new approaches to Christian counseling do rely on biblical principles in seeking to assist clients in resolving their problems. There are differences between secular and Christian counseling techniques and practices. Also, there are variations of approaches within the Christian counseling field.

Gary Collins (1975) in an article in "Christianity Today", divides Christian counselors into five categories including the mainstream, the evangelical pastoral counselors, the Christian professionals, the theoretician-researcher, and the popularizers. A definition of these five categories would be helpful to better understand the Christian counseling field. Mainstream counselors make up the largest portion of current training in Pastoral Psychology and Counseling. This source is the Clinical Pastoral Education (CPE) movement, a movement which is highly organized and which has done much commendable work with counseling curriculum in hospitals and seminaries. The second category is Christian Professionals. Professionally trained
Christians in psychiatry and psychology who have interjected or
reflected the authority of God's Word in various degrees. The third
category is the Theoretician-Researcher. These men study and research
the field of theology and psychology and attempt to find biblical
answers for the attacks on Christianity. The fourth category is
the Evangelical Popularizers. These men usually have little train­
ing in psychology but have significant insight into helping people
and have become very popular. The last category, Evangelical Pastoral
Counseling, is a group made up of Evangelical ministers who see the
profound importance of basing their counseling on the Word of God.

From the above discussion it would appear that the Christian
counseling field is growing, is highly complex with various components
and there are a multitude of approaches which make up the Christian
counseling field.

Christian counseling practice, when compared to its counterpart,
secular counseling, does not have a long and significant history.
Research and exploratory studies have examined psychotherapy in general
and specific psychotherapeutic techniques in particular (Bergin and
Garfield 1978, p. 170). Strupp in the Handbook of Psychotherapy and
Behaviour Change, comments on modern psychotherapy which could be
used to provide insight into what could be the future and process
in Christian counseling research. He concludes, as the modern psycho­
therapy field grew and attracted more practitioners, many questions
were raised related to various aspects of psychotherapy. Research
related to psychotherapy had its beginning in the 1940's, but was
limited in its depth and scope. Today that has changed and contemp-
orary behavioral science has applied modern scientific method to address important questions related to clinical and theoretical problems. The present state of the Christian counseling research field could be compared to the 1940's and the slow beginning of research in the field of psychotherapy. This study is seen as an exploratory effort to break new ground in the field of Christian counseling by focusing on one practice, "Spirituotherapy".

Statement of the Problem

The Christian counseling movement as known today is a relatively new adaptation of professional counseling practice. As with many developing practices, little research has been completed which measures the various newly developed biblical approaches to Christian counseling.

The purpose of this study was to investigate one of these new approaches, "Spirituotherapy", which is being pioneered by the Grace Fellowship International (GFI). The organization was incorporated in the state of Colorado in 1969 as a non-profit corporation for the express purpose of implementing a spiritual counseling ministry. Charles R. Solomon, Ed.D. is the founder and executive director. GFI is the organizational mechanism for counselor training, practical therapeutic use of Spirituotherapy, and dispersement of materials relating to the concept.

Spirituotherapy is a biblically-based approach where spiritual transformation is seen as the only solution to the client's problems.

The importance of one significant other individual as proposed by William Glasser, MD, in Reality Therapy (1965) is recognized, but the "prime difference is that the person who meets our needs is the
Lord Jesus Christ - not a human therapist. If Glasser's book were read with this significant substitution, the approach of Spirituotherapy would be approximated" (Solomon, 1971, p. 29).

Many authors are developing and writing on their approach to Christian counseling, but empirically based findings are lacking regarding these new approaches.

The problem of the present study was the systematic investigation of the effect of Spirituotherapy on past clients. A self-report questionnaire was used to determine the clients' perceptions of the degree of benefit as a result of Christ-centered counseling. The thrust of the study was to provide information about Spirituotherapy and the clients who sought this form of counseling which, until now, has been unavailable.

The primary method of retrieval of this information was by the use of descriptive research. Fox (1969) describes this type of research as intending to describe a specific set of phenomena in and of themselves and concerned with "how many", "what", and "where". Borg (1965) also refers to descriptive research and indicates the primary purpose is to tell "what is". Borg also presents other purposes:

1. to increase the body of knowledge about a phenomena so that a more rigorous design involving experimental and control groups can be employed.

2. to provide sound exact information for future planning, predicting needs.

3. to provide suggestions for improvement.

4. to provide agencies with a means of follow-up and evaluation.
These four purposes of Borg are seen as four of the five primary areas with which the study was concerned. The fifth area was:

5. to develop a descriptive survey instrument that could measure the clients' perceptions of their counseling experience.

Beyond the purely descriptive model used in this study to gather data was the intent to make statistical inferences. Kish (1965) describes this type of research as survey sampling, "concerned with selecting and observing a part (sample) of the population in order to make inference about the whole". This study is designed to describe specific phenomena and provide inferences drawn from the sample about the client population seeking counseling at Grace Fellowship International.

The questionnaire (Spirituotherapy Questionnaire, STQ) was designed to provide these answers and explore various other areas related to their personal evaluation of Christ-centered counseling.

The random sampling selection process was used to identify the GFI clients to which the Spirituotherapy Questionnaire was sent.

The study was designed to answer questions such as, what were the clients' presenting problems, are clients free from their presenting symptoms, was counseling at GFI beneficial in bringing about the desired change. The "strong satisfaction to dissatisfaction" block of questions focused upon the client's perceptions of how effective the therapy has been in resolving their presenting problem. Certain questions examined the overall picture of Spirituotherapy as a clinical approach to Christian counseling practice. These questions were designed to measure how clients have functioned since termination of counseling with GFI, as well as whether or not additional counseling has been required at GFI or elsewhere.
Another question which was examined in the study was to compare psychotherapy and Spirituotherapy to identify any fundamental relationship. For example, the counselee is asked to compare Spirituotherapy with other forms of treatment the person has experienced in the past, as well as the number of therapy sessions attended by the client.

Since this is the first attempt to study or evaluate Spirituotherapy, several questions were designed to provide base line statistics and general fact-finding information. General areas examined included:

1. Were clients, after termination of counseling from GFI free from the symptoms which first brought them in for counseling.

2. How did clients view the practice of Spirituotherapy when compared to their previous form of treatment.

3. How did clients who indicate they are free from their presenting symptoms view the part GFI played in bringing about the desired change.

4. Identification of prominent problems for seeking counseling.

5. Did clients who indicate they were free from their present­ing symptoms and viewed GFI as bringing the change, acknowledge the Christ-centered life as reality to them.

6. Were there changes in the client's life as a result of counseling they received at GFI.

This study will rely on how past clients of Grace Fellowship International perceive the treatment they received there, and their evaluation of the therapeutic model underlying "Spirituotherapy".
Definition of Terms

There are various terms used in this dissertation which need to be defined. They include:

Christ-Centered Counseling

Christ-centered counseling refers to the counseling process used at Grace Fellowship International and incorporates an element of "Spirituotherapy". Stated simply, it is leading another person in understanding and appropriating all that the Lord Jesus Christ is for all that he needs, both here and hereafter:

"A person is met where he is and helped to understand his psychological and/or interpersonal difficulties, but the focus is on the manner in which the life can be transformed by the renewing of the mind through the work of the Holy Spirit, making the life of Christ a viable reality within the believer." (Solomon, 1977, p. 211).

(Also see Christian Counseling)

Christ-Centered Life

The Christ-centered life refers to the biblical position of being in Christ and appropriating the resources of Christ. This allows the person to find release from enslaving personal problems and allows a transformation of the person's life to take place.

Christian Church

The Christian church refers to the biblical position of the Church. All individuals who have received Jesus Christ into their lives have been placed into the body of Christ which is described as the Church.

Christian Counseling

The term Christian counseling used in this study reflects a
general and inclusive universe of liberal to conservative
Christian counseling methodologies. (Also see Christ-Centered
Counseling)

Client

The client, as referred to in this study, is an individual who
has or is receiving Christ-Centered Counseling from Grace
Fellowship International.

Grace Fellowship International (GFI)

The term refers to the organization which is pioneering "Spirituo-
therapy". This organization was incorporated in the State of
Colorado in 1969 as a non-profit (tax exempt) Corporation for
the express purpose of implementing a spiritual counseling
ministry.

Identification

Identification refers to and can be interchangeably used with
the Christ-Centered life.

Questionnaire

The Spirituotherapy Questionnaire was developed and designed to
investigate "Spirituotherapy" - an approach to Christian counseling.
Spirituotherapy Questionnaire, Questionnaire and STQ are used
interchangeably when referring to the Questionnaire.

Secular Counseling or Psychotherapy

Secular Counseling or Psychotherapy refers to approaches where
the therapist does not recognize or make reference to biblical
principles and does not include them in their practice.
Subjects

Subjects refers to those past clients of Grace Fellowship International who received the Spirituotherapy Questionnaire.

Scope and Limitations

This study was designed to investigate, by the means of a descriptive survey, "Spirituotherapy". It is referred to as Christ-Centered Counseling in Dr. Solomon's latest book Counseling With the Mind of Christ. This study was conducted to provide a descriptive picture of the clients who seek counseling at Grace Fellowship International. The study was designed to compare Spirituotherapy with other forms of psychological counseling and to determine whether clients view the approach of Spirituotherapy as effective or in any way beneficial in the resolution of their concerns. The study explored the duration of the counseling experience and the degree of the clients' satisfaction in changes in their lives as a result of counseling at Grace Fellowship International.

The study was limited to past clients of Grace Fellowship International, Denver, Colorado. The original sample consisted of 495 past clients. However, 251 questionnaires were returned as a result of no forwardable address. Of the 244 remaining questionnaires, 118 or 50.4 were returned completed and judged to be valid and usable for this study. See Chapter III, Section Population and Sample for a more complete discussion.

Omitting the question regarding the educational background of the client on the questionnaire reduces the completeness of the descriptive picture that can be drawn. The results of this study look favorable,
but these factors do limit the inferences that can be made.

As described in the Section **Statement of the Problem** this was a descriptive and exploratory study. The results of this study could probably be most useful in guiding future studies on Spirituotherapy (Christ entered Counseling) and could provide useful descriptive information to Grace Fellowship International for review and planning.

This study to investigate "Spirituotherapy" is only a beginning in evaluating the effectiveness of this form of Christian counseling. Finally, although the **Spirituotherapy Questionnaire STQ** was reviewed and revised three times, the composition of the instrument's items, if used to study additional Christian Counseling approaches, would need to be revised to focus on the target population of that particular study.
CHAPTER II

SPIRITUOTHERAPY (CHRIST-CENTERED COUNSELING)

A Review and Comparative Study

This brief review of Spirituotherapy (Christ-centered counseling) is designed to provide insight into this approach to Christian counseling practice and to show how it relates to other counseling practices. Since the approach and goals of Spirituotherapy are entirely different from psychotherapy, "direct comparison is difficult if not impossible" (Solomon, 1971, p. 127). Although comparing Spirituotherapy with other counseling practices may be difficult, the aim here is to investigate this area and see if any comparisons can be made.

Undoubtedly, the counseling approach most closely approximating that of Spirituotherapy is Glasser's Reality Therapy. Glasser's premise is that it is necessary psychologically for each person to be able to give and receive love from at least one other essential person and to feel worthwhile to ourselves and to others. Spirituotherapy also utilizes the idea of the essential person, "the prime difference is that the Person who meets our needs is the Lord Jesus Christ -- not a human therapist. If Glasser's book were read with this significant substitution, the approach of Spirituotherapy would be approximated" (Solomon, 1971, p. 29).

The Spirituotherapy approach of viewing the significant other or essential person as the Lord Jesus Christ in the counseling relationship in contrast to a human therapist indicates how much emphasis is placed on the Bible and/or divine intervention.

20
Spirituotherapy's thrust and teachings are best accepted by Christians who are seeking God's solution for the problems in their lives. Unlike Reality Therapy which relies on the human therapist to help clients fulfill their needs, Spirituotherapy is committed to the conviction that God will supply all of the clients' needs. Reality Therapy believes that regardless of how clients express their problems there is "one basic inadequacy: he is unable to fulfill his essential needs. The severity of the symptom reflects the degree to which the individual is unable to fulfill his needs" (Glasser, 1965, p. 5).

The basis of Reality Therapy is to help patients fulfill these two needs. To do this, Reality Therapy relies on a basic concept of responsibility. Responsibility is defined by Reality Therapy as "the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs" (Glasser, 1965, p. 15). Responsible clients are those who are able to give and receive love and do that which gives a feeling of self-worth and a feeling that they are worthwhile to others. Branden's biocentric psychology, like Reality Therapy, views the ultimate goal of counseling as helping the client become a rational, thinking individual who is able to accept responsibility for his/her own actions and decisions. Logotherapy (Frankl), an existential model, defines responsibility as being responsible to self, conscience, or God for actions, responses and choices. Biofeedback, in comparison allows the individual to try internal experiments to control the physiological events and become more responsible for and have more control over his/her own health. Spirituotherapy views responsibility as individuals taking ownership for their behavior.
Spirituotherapy recognizes, as does Reality Therapy, that a lack of fulfilled needs is important, but takes the position that, if clients do not have the one essential person, they are experiencing rejection. Rejection versus acceptance is seen by the Christ-centered counselor as the primary problem of mentally/emotionally disturbed individuals. Although this rejection spoken of here may have been experienced on an inter-personal level, the truest and most lasting remedy is provided for and experienced on a spiritual level. This concept is vital to the Christ-centered approach, and Solomon's second book, *The Ins and Out of Rejection* was written to illustrate this importance. Solomon (1976) states on page 11 that "Rejection is a symptom stemming from the self-centered life which is the root problem." Freud, on the other hand, regarded man's problems and the condition of illness as the manifestation of the ego's failure to resolve the conflict between the superego and the id. In the well-adjusted individual, the ego controls the pleasure-seeking id and guilt-producing supergo. Each of these three approaches has addressed man's primary problem(s) in distinctly different ways.

Determining the spiritual state of the individual is a basic concept of Spirituotherapy. The problem, whatever its symptomology, is seen as being ultimately spiritual, but it may manifest itself with mental and behavioral symptoms. Reality Therapy, on the other hand, views the diagnosis phases as determining whether the patient is suffering from irresponsibility.

Spirituotherapy would accept the six basic parts of the process which Dr. Glasser introduced in his book, *Reality Therapy*, (1965, p. 54) as the major difference between Reality Therapy and conventional psycho-
therapy. They are as follows:

1. Because we do not accept the concept of mental illness, the patient cannot become involved with us as a mentally ill person who has no responsibility for his behavior.

2. Working in the present and towards the future, we do not get involved with the patient's history because we can neither change what happened to him nor accept the fact that he is limited by his past.

3. We relate to patients as ourselves, not as transference figures.

4. We do not look for unconscious conflicts or the reasons for them. A patient cannot become involved with us by excusing his behavior on the basis of unconscious motivations.

5. We emphasize the morality of behavior.

6. We teach patients better ways to fulfill their needs.

Only point six would be modified by counselors of Spirituotherapy because they expect divine involvement to take place in the therapeutic process. Spirituotherapists are seen as spiritual guides in contrast to the traditional therapist model. The counselor should have a good understanding of psychology and psychopathology inasmuch as it is necessary to understand the client's symptomologies. At the understanding level is where Spirituotherapy turns from "psychological treatment or psychotherapy" and relies on God's Word, "But my God shall supply all your need according to his riches in glory by Christ Jesus" (Philippians 4:19). The above verse addresses a concept which is seen as having major importance to the Christ-centered counselor. The counselor must be a person yielded to God, and "If the counselor is to be able to tell a person with any degree of conviction that God will supply all of his needs, then the counselor must provide the example by casting himself completely upon the Lord even in the matter of salary" (Solomon, 1971, p. 31). It is
felt that this commitment must be evident in every aspect of the counselors' lives if they are to guide and be an example to those who seek their help.

The role of the counselor in Christ-centered counseling is first to lead the individual to trust and accept the Lord Jesus Christ as both Lord and Savior. The second phase is to help the person grow spiritually by being an example, teacher, listener and friend. The client is helped to understand his/her psychological and/or interpersonal problems. The focus is not placed on the persons' difficulties but upon how God wants to transform their lives by renewing their minds and making the life of Christ a reality within their experiences.

Dr. Solomon suggests that Spirituotherapy is basically counseling for spiritual growth and the goal is a transformed life, not merely positive changes in behavior and attitudes as in most other practices. Reality Therapy rests upon the involvement of the therapist to help the patient face reality and then for the patient to take a responsible path.

Reality Therapy and Spirituotherapy are very similar in many constructual concepts and interpersonal components, as suggested in this paper, but very different in the technical application. The major differences include the counselor role, Spirituotherapy reliance on divine intervention within the counseling process and the importance Spirituotherapy places on the rejection syndrome.

This approach to biblical counseling is based upon the assumption that people must understand their basic needs. To understand their needs they must understand their basic composition.
A model of man has been developed to represent the Spirituotherapy position. This model first presented in the Bible includes body, soul and spirit. Solomon (1971) concludes, "We have developed the wheel illustration to depict the interrelationship of body, soul and spirit and have proven in a clinical setting that God's constructs are adequate to explain the totality of human behavior" (pp. 37-38). In contrast, transactional analysis would conclude that human behavior is represented by Berne's concepts of parent, adult and child and can be likened to Freud's psychoanalytical theory -- constructs of id, ego and superego. Solomon points out that these "are roughly equivalent to those presented in the word of God as body, soul and spirit" (p. 37). Victor Frankl's logotherapy, a type of existential therapy, identified three factors existent in the human experience: spirituality, freedom and responsibility. Whereas some theories just conceive the makeup of man as being separate and distinct, Gestaltists view people as creatively unified organisms in relation to both their internal and external environments. Glasser, in Reality Therapy, does not emphasize a position regarding composition of man. Spirituotherapy like client-centered therapy does recognize the value of developing a strong relationship between the client and counselor but would be more direct than the classic client-centered therapists when dealing with the clients. Rogers works to develop "unconditional positive regard", and is nondirective in his dealing with the client. The Christ-centered counselor, on the other hand, tries to portray an individual who conditionally accepts the person but verbalizes his/her dissatisfaction with the person's behavior.

Otto Rank emphasized that the will of an individual was the expression of the positive, unifying and creative aspects of the individual.
striving toward independence. Spirituotherapy, likewise, emphasizes the importance of the will but would state that the will is the choice mechanism of the personality. The will allows the person to choose to do what the mind knows to be truth or choose what the person’s emotions dictate. Rank spoke of the will in a way to aid the person towards independence. Solomon, on the other hand, views the will being brought under control by the individual which then provides the independence from others and by the personal consent of the individual to then be dependent on God.

Guilt is an important concept in Spirituotherapy. Two categories of guilt are identified: real guilt and imaginary guilt. Real guilt would be the feelings which are the product of sin in the client’s life. Imaginary guilt is not guilt at all but only feels like guilt. The antidote for guilt is the understanding of God’s acceptance. The concept of guilt, as seen by Solomon, is also part of the existential therapy model, but here guilt is the failure of the individual to fulfill his/her potentialities or to act when personal responsibility is clearly perceived. The existential therapist would emphasize the presence and reality of the patient-therapist relationship and the aim is for the client to experience their existence and develop an attitude of commitment. Reality Therapy also recognizes guilt but would not focus on the feeling. Instead, an approach would be taken where the client would realize something had to be done and then take the responsibility for doing something to resolve the problem.

The psychoanalytic and client-centered theories rely on personality and evaluation processes. The evaluation mechanism of Rogers' client-
centered theory is the "self"; Freud's ego construct would function in the same way. Spirituotherapy does recognize a personality model, but in contrast to psychoanalytic and client-centered theories, the evaluation mechanism would not be within the individual but would be external within the work of the Holy Spirit. Psychodynamic and phenomenological systems of therapy employ topology of awareness systems of bringing unconsciousness into consciousness. Reality Therapy and Spirituotherapy do not recognize such systems or processes. Many models of therapy do use techniques to bring things into reality. This is done in psychoanalytic theory (Freud) by projection, client-centered counseling (Rogers) by perceptions, Reality Therapy responsibility versus irresponsibility. Rational-emotional therapy (Ellis) and transactional analysis (Berne) both focus on rational versus irrational learned programs. Gestalt methods are geared to help the clients become more aware of their feelings in the here and now, and Spirituotherapy theory is owning behavior. Behavioral counseling, on the other hand, is founded primarily on the premise that behavior is learned and changes in reality come as systematic training programs free the individual from limiting behavior and then helps the patient develop more desirable behavior.

Spirituotherapy would be considered a brief treatment approach. One recent study on Spirituotherapy has found the following results for Christ-centered counseling clients and their frequency of receiving counseling.
In contrast, Bergin and Garfield (1978) have included in their discussion on the research pertaining to continuation in psychotherapy the following table of representative findings.

Table 1

Continuation of Treatment in Psychotherapy

<table>
<thead>
<tr>
<th>Number of Interviews</th>
<th>Number of Cases</th>
<th>Percentage of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>239</td>
<td>42.7</td>
</tr>
<tr>
<td>5 to 9</td>
<td>134</td>
<td>23.9</td>
</tr>
<tr>
<td>10 to 14</td>
<td>73</td>
<td>13.0</td>
</tr>
<tr>
<td>15 to 19</td>
<td>41</td>
<td>7.3</td>
</tr>
<tr>
<td>20 to 24</td>
<td>24</td>
<td>4.3</td>
</tr>
<tr>
<td>25 and over</td>
<td>49</td>
<td>8.8</td>
</tr>
<tr>
<td></td>
<td>560</td>
<td>100.0</td>
</tr>
</tbody>
</table>

This table presents findings by Garfield and Kurz, 1952. The current author concludes, "Although the data presented in Table 1 were published in the early 1950's and are the actual findings secured with the population of one clinic, they are typical of the kinds of results secured from a
number of other clinics over a period of many years" (Bergin-Garfield, 1978, p. 195).

Even though it is difficult to compare the results of Figure 2 and Table 1, some contrast can be made. Table 1 shows the median length of treatment to be about six interviews with approximately two-thirds of the cases receiving less than ten interviews. Figure 2 reveals that the median length of treatment is about three interviews compared to six for psychotherapy models. As Figure 2 shows, 84% of the cases receiving Christ-centered counseling were six or fewer interviews. From these findings, it appears that individuals seeking Spirituotherapy counseling would receive fewer counseling interviews than if they received traditional psychotherapy treatment.

Butcher and Koss (1978), writing on Research on Brief and Crisis-Oriented Therapies in the Handbook to Psychotherapy and Behavioral Change, noted that short-term therapeutic approaches can be classified into "three broad orientations: psychoanalytic, behavioral, and crisis intervention therapy" (p. 758). They conclude, even though there are some differences in theoretical assumptions and treatment strategies, there are several technical characteristics common to most brief treatments. Among these are:

1. Management of temporal limitation therapeutically.
2. Limitation of therapeutic goals.
3. Centering the therapeutic content in the present.
4. Directive management of the session by the therapist.
5. Rapid, early assessment.
6. Flexibility on the part of the therapist (effectiveness often calls for a more experienced therapist).
7. Promptness of intervention since there may not be a next session.
8. Ventilation or catharsis, an important part of most approaches.
9. A quickly established interpersonal relationship from which to obtain therapeutic leverage.
10. Appropriate selection of patients since not all patients can profit from a brief therapeutic contact.

Since comparative studies of brief and unlimited therapies show essentially no differences in results, brief therapies may be more widely utilized in the future. This would result in the savings of available clinical time which would mean that more people could be reached who seek treatment. A close review of Spirituotherapy regarding the ten characteristics just mentioned would reveal that the characteristics are also common to Christ-centered counseling; therefore, Spirituotherapy should be classified as a short-term therapy.

The psychodynamic and phenomenological theories recognize that the cure or restructuring process comes from within the individual. Spirituotherapy, on the other hand, relies on God's forgiving power and the action that was taken by Jesus Christ on man's behalf to bring about the transformed life, which includes attitudinal and behavioral changes.

Figure 3 on the following page is the wheel illustration which is used in Spirituotherapy counseling to explain the composition of man.
As illustrated by the above figure, man in his totality is made up of three specific but unique parts. The body, as illustrated, relates to man's environment through the five senses and could be referred to as the person's world-consciousness. The soul could be called the personality, self or psychological makeup. This part of man is the self-consciousness and relates to others through the mind, emotions and will. The third aspect of man, the spirit, relates to God and is man's God-consciousness. The question mark in the center of the diagram represents an important issue in Spirituotherapy--who or what is in control of the client's life. This diagram is used in conjunction with various other
diagrams in offering a didactic presentation in which the client takes part over several counseling sessions. The client's psychological symptoms are identified and reviewed to estimate the degree to which his/her spiritual life is or has been affected. Spirituotherapy concludes that spiritual maladjustments in turn affect psychological symptoms and this then affects the client's primary relationship, that being with God.

Solomon basically feels that Spirituotherapy has little or nothing in common with various secular theories or other Christian therapies. Figures 4 and 5 (see pp. 33 and 34) reflect his classifications of therapies. He concludes:

"Conventional approaches to counseling and therapy have as their goal the strengthening of the individual, helping him learn to cope with himself and his situation in life. Such goals as self-confidence, self-realization, and self-actualization are sought by the individual as he is spurred on by a 'helping person.' Although there may be a decrease in symptoms through counseling and therapy, the strengthening of the self-life in the individual is counter-productive in the person's spiritual life" (Solomon, 1976, p. 10).
Figure 4 is a classification system of secular therapies. The four forces often spoken of as making up the psychological discipline are outlined. Figure 5 compares these four forces in relationship to secular therapies and religious adaptations. It would appear that a number of religious or Christian approaches have been modeled or are adaptations from secular therapies and are very similar to them in theory and practice.
Therefore, as previously indicated in this paper, the big difference between Spirituotherapy and secular or other religious or Christian approaches is in helping the client see Christ as the center of his/her life rather than concentrating on self being the center.

Figure 5
Comparison of Secular and Religious Counseling Approaches

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Solomon (1976-66) and Adams (1975) agree on the point that psychotherapy is at odds with what biblical Christian counselors should be trying to communicate to their clients.

Collins (1977), Minerth (1977), Adams (1975), and Vitz (1977) are some of the authorities who agree with Solomon that Freud (psychoanalytic), Skinner (behaviorist), Rogers (humanistic) approaches have all attacked the very basis of Christianity. The basis for this conclusion is set forth by Vitz (1977) in his book Psychology as Religion: The Cult of Self-Worship. "Psychology has become a religion, in particular a form of secular humanism based on worship of the self" (p. 48). This self-psychology spoken of here has been very influential in both secular and Christian writings and is recognized by numerous Christian counselors (including Solomon) as being at odds with basic Christianity.

The self or self-centered life is seen by Spirituotherapy as the client's major problem. Secular humanism is viewed as building up the self, whereas Spirituotherapy would conclude that the self must be "weakened—not strengthened." The Power of God is seen by Spirituotherapy to be unleashed as one recognizes their position in Christ and incorporates the biblical concept for God's provision for dealing with the death of self. The biblical principle (verse) which best depicts this vital spiritual event is Galatians 2:20, "I am (have been) crucified with Christ: nevertheless I live, yet not I, but Christ liveth in me: and the life which I now live in the flesh I live by the faith of (or in) the Son of God, who loved me, and gave himself for me."

Figure 6 (see p. 36) is Solomon's comparison of traditional psychotherapy with Spirituotherapy.
Figure 6

Comparison of Psychotherapy and Spirituotherapy

II Corinthians 10:4
(For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strong holds)

WORLD SYSTEM—
CARNAL OR FLESHLY
WEAPONS

GOD'S ANSWER—
MIGHTY WEAPONS

THERAPEUT'S GOAL:
STRENGTHENING SELF TO
COPE WITH LIFE
SITUATIONS

PSYCHOLOGY

PSYCHOLOGICAL
THEORIES

PSYCHOTHERAPY

GOD'S GOAL:
WEAKENING SELF TO THE
POINT WHERE CO-CRUCIFIXION
AND CO-RESURRECTION ARE
APPROPRIATED

GALATIANS 2:20

THE SPIRIT'S
THERAPY OR
SPIRITUOTHERAPY

THEOLOGY

GOD'S WORD

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Although Spirituotherapy would conclude that psychology or psychotherapy does not hold the solutions for life's complexities, it does recognize that they do help in the understanding of human psychodynamics. Additionally, an effort is seen in allowing psychology to boast that it meets all of man's needs. Christ-centered counselors expect the Holy Spirit of God to take an active part in the counseling process and feel that unless the client establishes a personal relationship with God little will be accomplished in counseling.

Although Solomon indicated that Spirituotherapy has nothing in common with psychotherapy or other Christian models of counseling, it is evidenced by the findings of this study that there are certain similarities, such as structural concepts, therapeutic relationships, and short-term treatment characteristics.

Following is a case study that will enhance and clarify the manner in which the Christ-centered counselor works in contrast to secular or other Christian therapists.
Case Study

Case: Barbara

- Use of Spirituotherapy to treat reactive depression and suicidal tendencies

History

Barbara was an attractive, 25-year old woman who for nine months had been experiencing periods of depression which had begun to manifest itself into suicide thoughts. She had exhibited self-destructive patterns of behavior in the past. She was referred for counseling by her family physician who recognized the severity of her condition. Barbara's father was an alcoholic, and her parents were divorced when she was nineteen. Her parents were self-indulging, and they provided little guidance or discipline. Her mother and father did not get along during the time they were married, and their difficulties were felt by those around them. Her parents did not express love or show affection towards each other or Barbara, and more important, Barbara stated she never felt loved. She was an only child and her mother was pregnant before her parents were married. Because of the unrest at her home, she lived for various periods with relatives. The instability of her home life affected her relationship with others as well as how she viewed herself. She felt very inferior and inadequate in school and disliked school tremendously. She developed very few friendships or close relationships through her youth. She had received Christ into her life as a youth and stated she had trusted God to direct her life at various times. She was engaged to be married in six months, but still was not
happy. She felt at this time, of all times, in her life she should be joyous and excited, but because she was not, she was willing to receive Christ-centered counseling.

Barbara was willing to allow God to deal with her and in her life as she recognized she was unable to help herself any longer.

Treatment

The initial hour in Spirituotherapy is rather structured. The counselor does not attempt to develop a client-therapist relationship. On the contrary, the attempt is made to develop a relationship as equals. Barbara was introduced to Christ-centered counseling and was asked if she was seeking God's answer for her situation. She stated she was, and was then asked to explain why she was seeking counseling. She stated the presenting problem clearly and was articulate in her speech. The history-taking segment generally will take the first 20 to 25 minutes of the initial hour and might be termed an in-take interview in other therapeutic clinical settings. See Attachment 1 for details of questions that are generally asked. It became clear in the interview with Barbara that significant rejections were present in her background. She was free to talk openly during the history-taking phase.

Several key facts were brought out and were seen as being very important and reviewed in detail. First, her recent suicide thoughts, and second, the various rejections from her past. Third, her relationship with God, and last, her present status with her fiance. Since the ultimate answer in Spirituotherapy is spiritual, this also means that the basic problem is also spiritual but may be manifested in the mental or

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
physical. Psychoanalytic therapists would spend much more time on having Barbara work through the rejections from her past and, of course, would not be primarily concerned with her relationship with God.

It was quickly discerned that she wanted a deepened relationship with God but that she did not know how to acquire this.

The Taylor-Johnson Temperament Analysis Test (TJTA) was given to Barbara one-half hour before her appointment. The TJTA is an instrument with nine continuum profiles of significant traits, such as nervous to composed, depressed to light-hearted and subjective to objective; it is often used by counselors from various theoretical orientations particularly in marriage and couple counseling. The test was used as a diagnostic or "self-descriptive" tool to help Barbara better understand herself. It was very clear from her profile that her understanding of God's peace and joy was not evident (see Attachment 2). The TJTA was interpreted. The basic results indicated a high level of anxiety, some emotional blocking, reacting very subjectively to events in her life and an attitude score of three revealing rather low self-esteem. She was told not to be overly concerned about the results or try to change herself in the areas of "improvement urgent". Therapists who use Rational Emotive Therapy would work with her irrational belief system regarding her self-worth. From a client-centered perspective, clients are provided with an environment of acceptance, empathy, etc. and Barbara, because of her willingness to please, would become more trusting of herself and others, would become more aware of her feelings and as a result would increasingly act in a more productive mental health way. The transactional analyst would focus on her irrational
conscious or subconscious learning patterns about herself and offer healthful alternatives. The psychoanalyst would emphasize the unconscious conflicts which are producing her interrelationship problem. The reality therapist would try to work out a plan of action to assist Barbara in her needs for love and worth. The Spirituotherapist told her that as she better understood God's plan for her life and allowed His truth to become part of her that the various concerns would begin to change as a result of His intervention. Often a transition statement, such as "Now let's look at how all of this fits together in relationship to the answers which God provides to meet these needs" will help the client prepare for the resolution of his/her problem.

The remainder of the first hour was used in reviewing the Wheel and Line diagrams used in Spirituotherapy. It was planned that subsequent interviews would provide more details to the history already taken. Only an overview of the history of the client is important at this stage. It was important that ample time be left to allow the client to "leave at the end of the hour with the knowledge that there is an answer and, as a minimum, an intellectual understanding of that answer" (Solomon, 1977, p. 65).

Closure of each interview was vital, and because of Barbara's suicidal thoughts, her present status was reviewed carefully. There was an expectation of hope in her voice as she spoke. The next appointment was set for three days. Usually clients are seen weekly or biweekly, but in critical or needed cases appointments are more closely spaced. To build up her self-concept, the counselor emphasized various positive comments.
Not unlike other therapies, particularly cognitive, Barbara was
given a homework assignment which was to read the first three chapters
of the *Ins and Out of Rejection* and at least chapters two and five of
the *Handbook to Happiness: A Guide to Victorious Living and Effective
Counseling*, both written by Charles R. Solomon, Ed.D. Barbara stated
she would try to complete it. The *Ins and Out of Rejection* book was
assigned because the information, from this counselor's experience, has
served to be very helpful to release and provide the needed awareness of
the problem and provide the cognitive information to bring resolution
to the problem.

The second session began by asking Barbara what had happened since
her last session and by reviewing the homework assignments. The second
phase was to quickly review the history taken from the first session.
After the initial, highly structural interview, subsequent sessions are
generally about half counseling and half teaching. Barbara understood
the message in the book, *Ins and Out of Rejection*, and stated that she
had to put it down several times as it got to her emotionally. Upon
further discussion, it was clear that rejection and guilt of her past
was not what was causing her problem now. Continuing investigation was
needed to discover what was causing the present conflict, and the
focus was on her more recent past.

After ten minutes she shared the problem that was at the source
of her unhappiness. She loved her fiance and did not want to lose him.
He had put pressure on her to engage in premarital sexual relations, and
because of her fear she had submitted. She knew what the Bible said
regarding her situation, and because she continued to do what she did
not want to do, she felt guilty and depressed.

After some discussion she recognized that her fear of rejection was causing her to do things she did not want to do, and more importantly, to do things the Bible taught that God did not want her to do. It was evident to her that she had a choice - to do what "self" had approved of doing or to accept God's plan no matter what that meant. The Wheel and Line diagrams were again reviewed in detail. She felt she trusted and obeyed God, but the counselor helped her to see that her obedience stopped when it came to her fiance. After recognizing this, she was ready to accept what God's provision was for her and her life. She prayed what is called by Solomon the "selfers" prayer to acknowledge her willingness and understanding of what is called the "identification" truths. The term "identification" can be interchanged with the Christ-centered life and refers to the biblical position of being in Christ and incorporating His power. This allows the person to finally be released from enslaving personal problems which, in turn, provides a transformation of the person's life.

The counselor asked, "What are you going to do in regard to your fiance?" She replied without hesitation that she felt that the depression and pressure in her life which had caused the guilt and thoughts of suicide were caused by her unwillingness to obey what she knew was right in her life. She indicated that she was not going to participate in further premarital sex and would ask her fiance, who was a Christian, to read the books she had read. At that point, deeper spiritual truths were discussed. It was made very clear to her that the responsibility was hers to allow the Holy Spirit to control her will and life. During
this last part of the session, a secular counselor might have worked with her on clarification of values and helped her to feel that she could take responsibility for the control and direction of her life without reference to turning over control to the Holy Spirit.

Her homework assignment was to read Victory in Christ by Charles Trumbell and consistently incorporate into her life the power of Christ. Barbara's next session was scheduled for two weeks. However, she was also told that if something developed before the next session that she could call to discuss the matter. In Spirituotherapy, clients are encouraged to keep in close communication with their counselor. The two-week scheduling was strictly a professional estimate of how she was doing and how she was functioning spiritually.

During the ensuing two weeks, Barbara called once to ask several questions about the "identification" experience. The questions were answered to her satisfaction, and we discussed her spiritual walk which she evaluated by the comment, "good, but some situations were hard".

The third session opened as did the second by reviewing the past several weeks and going over the homework assignment. She stated she had spoken with her fiance about the premarital sex matter after her second appointment. He had become very angry and walked out. She felt very upset but turned to God and the Bible verse, "Have no anxiety (worry) about anything, but in everything by prayer and thanksgiving let your requests be made known unto God" (Philippians 4:6). She said at first she was worried and fearful that she would not see her fiance again but knew in her heart that God's acceptance and her being obedient to His Word was even more important than losing her fiance. Fortunately, after
less than a week he came back and asked her to forgive him for his self-centeredness. He had read the Handbook to Happiness and understood Barbara's viewpoint and expressed his respect for her stand. The remainder of the hour was spent discussing spiritual truths and helping her see how she could generalize from these experiences to assist her in other areas of her life. Termination of counseling was discussed, and it was left that she could call any time to just talk or set up additional appointments. The termination stage practiced in Christian counseling is similar to that practiced in secular counseling. This includes the mutual agreement for termination by the client and counselor plus leaving the door open for further sessions if needed.

Addendum:

Five months after her last counseling session and one week prior to her marriage, Barbara sent a letter in which she thanked us for providing spiritual insight, and she enclosed a copy of her wedding picture. She stated that her relationship with her fiance was very good and that they had abstained from any further premarital sex. Her depressed state came back infrequently, and when it did, she relied on God's truth. She said she was excited about her coming marriage and stated that her fiance had changed as a result of his closer walk with God.

The counselor felt satisfaction with Barbara's progress but knew, too, that he was only the agent through whom God had worked to transform this person, who had lost her will to live, into a happy and fulfilled one who was trusting God to meet her every need.
CHAPTER III

DESIGN AND METHODOLOGY

Procedures

The selection of subjects for this study was arrived at by a systematic sampling method. The Grace Fellowship International inactive client files made up the universe from which the sample was drawn. Grace Fellowship, the founding organization of "Spirituotherapy", is located in Denver, Colorado. Clients from many areas in the United States seek this form of biblical counseling through Grace Fellowship.

Dr. Charles Solomon, Executive Director of Grace Fellowship International and founder of Spirituotherapy, was approached regarding his willingness to cooperate in the proposed study, and he agreed to participate in the study. He agreed on the study format and provided questions relevant to Grace Fellowship.

Grace Fellowship International has steadily built its counseling facility and reputation over the last eight years. All past clients of GFI were eligible for this study and the study focused on the overall methodology of Spirituotherapy.

The initial questionnaire was mailed out from Grace Fellowship headquarters in Denver. It was believed that if past clients received the questionnaire from GFI directly that a better return rate could be expected. The cover letter was signed by Dr. Solomon so that past clients could see that the study was endorsed by Grace Fellowship, but was not being conducted by them or for them. The survey was designed as an anonymous questionnaire to maximize the return rate.
Because no other survey instrument was found to measure the specific questions being considered by this study, the Spirituotherapy Questionnaire (STQ) was developed (see Attachment 3). The STQ was constructed to measure the clients' perceptions or reactions to their experience as individuals seeking biblical counseling. Designed as a survey instrument, the self-report STQ had as one of its primary purposes to provide descriptive information about Spirituotherapy, which was not available before the study. The "strong satisfaction to strong dissatisfaction" block of questions focused upon the clients' degree of satisfaction in changes in their lives as a result of counseling at Grace Fellowship International, where Spirituotherapy is exclusively practiced. The following question is an example and illustrates the use of this scale:

**PLEASE INDICATE THE DEGREE OF YOUR SATISFACTION IN CHANGES IN YOUR LIFE AS A RESULT OF COUNSELING AT GRACE FELLOWSHIP INTERNATIONAL.**

28. Your personal life:

<table>
<thead>
<tr>
<th>strong satisfaction</th>
<th>satisfaction</th>
<th>uncertain</th>
<th>dissatisfaction</th>
<th>strong dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

This method of rating was introduced by Likert (1932).

"The trial Likert test contains a large number of statements which indicate clearly a position for or against a particular issue... this method arbitrarily gives a weight of 1 to 5 to the alternative answers, and the same numerical values are always given to the responses that show the greatest favorableness toward the phenomena" (Van Dolen, 1966, p. 321).

After each statement, the client checks one of the five alternative answers.
Certain questions were designed to provide an overall view of Spirituotherapy as a clinical approach to Christian counseling. These questions asked how clients have functioned since their termination of counseling at Grace Fellowship, and if additional counseling was required at GFI or somewhere else. Other questions were added to provide insight into any fundamental differences which may exist between psychotherapy and Spirituotherapy. For example, the counselee was asked to compare Spirituotherapy with other forms of treatment he/she had experienced in the past, as well as the number of therapy sessions attended by the client.

The STQ instrument used in this study was developed by reviewing other instruments. A combination of eight instruments and resource materials were used as the basis for the preparation of the Spirituotherapy Questionnaire. While no questions were abstracted directly from any one instrument, their corporate effect was beneficial in helping to isolate areas to be studied.

Since this was the first attempt to study Spirituotherapy and the client who seeks this form of biblical counseling, several questions were designed as demographic data.

Besides the review of other instruments, Grace Fellowship International was asked to list areas and specific questions they would like to have included within a questionnaire. GFI did compile a list of suggested questions which proved to be helpful in the preparation of the STQ. The instruments and supporting materials utilized are included in the appendix section, Attachment 4.

Within the preparation of the STQ, an attempt was made to
clearly state each question and clarify terms which would otherwise be confusing or unclear. For example, the word "identification" in Question 21 was felt to be ambiguous so the phrase "Christ-centered life" was included for this purpose.

Another group of questions were concerned with the past psychological counseling received by clients from sources other than GFI. Basic demographical questions were presented in an attempt to identify various client profiles of those individuals seeking this form of biblical counseling. In addition, the instrument was constructed to relieve the subjects from making subjective comments. This was done to reduce the possible confusion and avoid errors in interpreting the presented data. This also allowed for the easy retrieval and computerization of the information. The placement of each question was reviewed carefully and judged by the reviewers. There are thirty-five questions on the final STQ.

The first draft of the STQ was reviewed by Western Michigan University, Summer, 1978, 725 Dissertation Seminar. Valuable input was drawn from both student and faculty suggestions. The second draft was reviewed by several staff members from Grace Fellowship International, including Dr. Solomon, Dr. Harry Beers, Lee LeFebre. Dr. Paul Kaschel, a Grand Rapids psychiatrist who is on the board of directors for Grace Fellowship, also reviewed this draft. The third draft was reviewed by Dr. Thelma Urbick, Dr. Paul Griffeth of Western Michigan University, Pastors Larry Messer and Gary Thompson of Fellowship Bible Church, Kalamazoo. The drafting of the final questionnaire incorporated all the previous evaluative comments provided by the reviewers.
Population and Sample

The population for the study consists of past counseling clients of Grace Fellowship International, Denver, Colorado, who have been placed in the inactive file. Clients' files are judged to be inactive if after six months there has been no activity. There are nearly five thousand clients who have been seen by Grace Fellowship over the past eight years with the greatest proportion of these cases being seen during the last five years. Though clients come to Grace Fellowship from all over the country, the largest concentration is located in the immediate Denver vicinity. The client group would be typical of a heterogeneous group in relationship to their varied presenting symptomologies, but homogeneous in nature as these are individuals interested in receiving a spiritual resolution to their specific problem. The client is told during pre-counseling and during the initial interview phase the nature and thrust of counseling at GFI.

A random sample design was utilized to identify the representative group studied and a process of selecting every tenth client from the inactive file, starting with number one (1, 11, 21, 31, etc.) was used. Ten percent of the total population was selected and comprised the sample under study. There were 4,950 clients in the inactive file and a random sample of 495 was selected.

The sampling process was conducted at Grace Fellowship Headquarters by GFI employees. On July 24, 1979, the first mailing was completed by Grace Fellowship. The mailing included the cover letter (see Attachment 5), questionnaire (see Attachment 3), and a stamped, self-addressed envelope. The return envelopes were addressed to the researcher's
Michigan address. Three mailings were conducted between July and November 1979. Overall, 495 questionnaires were mailed out on July 24; 216 on September 11; and 146 on November 8, 1979.

Table 2

Summary of Responses to Spirituotherapy Questionnaire Distributed to Selected Past Clients of Grace Fellowship International (not adjusted).

<table>
<thead>
<tr>
<th>Mailing</th>
<th>Total Distributed</th>
<th>Returned*</th>
<th>Sample</th>
<th>Total Completed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>495</td>
<td>195</td>
<td>300</td>
<td>89</td>
<td>29.6</td>
</tr>
<tr>
<td>2nd</td>
<td>216</td>
<td>44</td>
<td>256</td>
<td>24</td>
<td>48.0</td>
</tr>
<tr>
<td>3rd</td>
<td>146</td>
<td>12</td>
<td>244</td>
<td>15</td>
<td>52.3</td>
</tr>
</tbody>
</table>

*Relocation - no forwardable address

Table 2 indicates the total number of questionnaires distributed by mail, the total number returned (no forwarding address), the total number completed and the total percentage of questionnaires returned.

Table 3

Summary of Responses to Spirituotherapy Questionnaire Distributed to Selected Past Clients of Grace Fellowship International (adjusted).

<table>
<thead>
<tr>
<th>Mailing</th>
<th>Sample Returned</th>
<th>Returned T-S*</th>
<th>Adjusted Sample</th>
<th>% Valid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>0</td>
<td>2</td>
<td>87</td>
<td>29.6</td>
</tr>
<tr>
<td>2nd</td>
<td>1</td>
<td>2</td>
<td>21</td>
<td>44.1</td>
</tr>
<tr>
<td>3rd</td>
<td>244</td>
<td>1</td>
<td>234</td>
<td>118</td>
</tr>
</tbody>
</table>

*Attended training session at GFI, were not clients

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Table 3 illustrates the adjusted valid questionnaires and the adjusted valid percentage of returned questionnaires. Ten questionnaires were judged to be invalid and subtracted from the 244 sample. Of the 234 remaining subjects, 118 or 50.4% returned a completed questionnaire and are the sample under study by this research.

Table 4
Comparison of Recipients Responding to the Spirituotherapy Questionnaire

<table>
<thead>
<tr>
<th>Recipients</th>
<th>No Response</th>
<th>Returned*</th>
<th>Returned**</th>
<th>Valid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-100</td>
<td>23</td>
<td>57</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>101-200</td>
<td>25</td>
<td>49</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>201-300</td>
<td>23</td>
<td>46</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>301-400</td>
<td>22</td>
<td>49</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>401-495</td>
<td>23</td>
<td>50</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

\[ \frac{116}{251} \quad \frac{10}{118} \]

*Relocation - no forwardable address  
**Attended training session at GFI, were not clients

Table 4 indicates the total number of STQ recipients and compares each category. The difficulties in retrieving data by employing the mail questionnaire technique is well documented. Table 4 was constructed to judge whether frequencies were unevenly distributed among the five subgroupings of the questionnaire recipients. A review of the results reveals no unusual patterns or distribution of responses among the five categories compared. There were no unexpected clusters of recipients identified by tabulating the patterns of responses.
Hypotheses and Data Analysis

The study was designed to focus on various aspects of Spirituo­therapy to provide tabulated data that could be analyzed, and from which meaningful generalizations could be made to advance the knowledge related to this practice of Christian counseling. In Chapter I, within the Statement of the Problem section, a general overview of the major hypotheses was presented. In this section the specific hypotheses tested by this study are identified. Many of the questions addressed by this study were answered by a direct analysis of the presented data. Although descriptive research often is confined to routine fact gathering, the goals of this study were also to predict and identify relationships among and between variables. Van Dalen's (1966) nine factors for extracting meaningful research findings from descriptive studies were utilized and can be found included in the appendix, Attachment 6. These factors were incorporated into the present study.

The following hypotheses were tested by the study:

1. The greatest number of clients will view the practice of Spirituotherapy as effective when compared to their last form of treatment.

2. The greater number of clients who seek counseling from GFI have received counseling other than from GFI in the past.

3. A lesser number of clients, after termination of counseling at GFI, will return there for further counseling.

4. A lesser number of clients, after termination of counseling at GFI, will seek further counseling elsewhere.

5. The number of women seeking counseling at GFI will be greater than the number of men.
6. The greater number of clients seeking counseling at GFI are married.

7. The greater number of clients seeking counseling from GFI will be free from the symptoms which first brought them in for counseling.

8. The greater number of clients who are free from their presenting symptoms will view counseling at GFI as to some degree beneficial in bringing the desired change.

9. The greater number of clients seeking counseling from GFI were within the 26 - 35 year age range.

10. A greater number of clients will indicate a belief in God.

11. The greater number of clients of GFI will state they believe they are saved.

12. The greater number of clients of GFI will state that "identification" (Christ-centered life) did become a reality to them.

13. The greater number of clients who responded with a "yes" to Question 15, regarding whether they were free from their symptoms will state that the Christ-centered life has become a reality to them.

14. The greater number of clients who indicated they are free from symptoms and see GFI counseling as to some degree beneficial in bringing the change will acknowledge the Christ-centered life as a reality to them.

15. The greater number of clients where identification had become a reality, will indicate that it took place during a counseling session.

16. The greater number of clients of GFI will receive counseling for five or fewer sessions.

17. The greater number of clients who are free from their symptoms and recognize the benefit of GFI counseling will have received counseling for five or fewer sessions.

18. The greater number of clients who were involved in counseling before GFI will indicate they had a greater number of counseling sessions with their previous therapy.

19. The greater number of clients will indicate the highest degree of satisfaction in the category of "overall life".

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
20. There will be a greater number of clients who were separated when they began counseling who were reconciled versus divorced at the time of completion of the questionnaire.

In Chapter IV Findings, a review of each question found on the STQ was conducted. Additionally, each stated hypothesis was tested. The study employed a descriptive research style and the resulting descriptive data was expressed in both verbal and mathematical symbols. The nature of the study allowed for a rather straightforward analysis.

"Sometimes quite complex analyses are required for answering an empirical question while at other times a very simple straightforward analysis is sufficient. The choice of a specific statistic depends upon the question being asked in the study and upon the nature of the data ... thus, if a simple measure of central tendency (mean, median, or mode) answers the question, there is little merit in performing more complicated analysis ... "
(Van Dalen, 1966, p. 330)

Frequency distribution counts were used to arrange the collected data. The presentation of the data also included percentage tables and graph figures.
CHAPTER IV

FINDINGS

The data obtained by the procedures reviewed in Chapter III Design and Methodology was analyzed and interpreted in the following sections of this chapter. As described in Chapter III, the Hypothesis and Data Analysis section, the basic statistical tests were not utilized to analyze the data. Rather the nature and content of the materials under study lent themselves to straightforward analysis and interpretation. Percentage tables and graph figures were used generally to describe the data findings.

The first part of Chapter IV will be devoted to reviewing in sequential order the findings of the thirty-five questions which comprised the STQ. The second part of the chapter will review the hypotheses described in Chapter III, and interpret the findings in relationship to these stated hypotheses.

Each question from the STQ will be discussed in the order the question was placed on the questionnaire. Besides the short general interpretation, a graph description of the data will be presented.
Section 1 - Review of Questionnaire

Question 1

1. Your present age:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>0</td>
</tr>
<tr>
<td>16-25</td>
<td>5</td>
</tr>
<tr>
<td>26-35</td>
<td>28</td>
</tr>
<tr>
<td>36-45</td>
<td>35</td>
</tr>
<tr>
<td>46-55</td>
<td>19</td>
</tr>
<tr>
<td>56-65</td>
<td>11</td>
</tr>
<tr>
<td>66 or older</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 7

Question One focused on the present age of the subjects under study. The results indicate that the largest percentage (35%) of the past clients in the study were between the ages of 36-45. The intervals on each side of this cluster were the second and third largest group of respondents. The clusters at each end of the continuum, 15 or younger and 66 or older, accounted for only 12 percent of the total cases. These results indicate that 82 percent of the past clients at the time of completion of the questionnaire were between the ages of 26 and 55. It appears that younger and older people do not seek this form of counseling as only two percent of the respondents were representatives from these two groups.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Question 2

2. Your age at the beginning of counseling at Grace Fellowship International:

15 or younger  16-25  26-35  36-45  46-55  56-65  66 or older

Results:

![Figure 8](image)

This question on the clients' age when counseling began indicated that 39 percent of the individuals seeking counseling were between the ages of 36-45 years. As was the case in Question One, the age of the largest number of individuals seeking counseling was clustered around the midpoint of the bell-shaped curve. No one over 66 years of age sought counseling, and only one percent of those 15 years and younger came to GFI for counseling.

Question 3

3. Number of years since completion of counseling at GFI:

1 or less  2  3  4  5  6  7  8 or more

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Question 3 is important as it:

1. Indicates growth in the practice of Christ-centered counseling.

2. Is one variable in judging the effectiveness of Spirituotherapy.

The results reveal that the first three years (8-6) were similar in increase in the number of clients being seen by GFI. Year One results indicate that there may be a slight decline in the number of clients seeking counseling at GFI. The number of clients seen in year one (15%) is almost one half of the 33 percent for the second year. The 15 percent for the first year reflects over one half of the year and could indicate a slight decline, as the questionnaire was first mailed out at the end of July which is roughly seven-twelfths of the calendar year.

By using a mail questionnaire, the longer the time since the termination of counseling, the more difficult it is to gather information from past clients. National statistics indicate that one out of five people move each year and this means that the percentage of past clients who
terminated counseling between the sixth and eighth years would be expected to be a small percentage of the total, as a large number of past clients could be expected to have moved and be relocated where the questionnaire did not reach them.

As would be expected, the second year received the largest percentage of responses (33%). Year One reflects only about one-half of a year and 15 percent of the total subjects studied. Year Three received the second highest percentage (22%). Years Two through Four accounted for 73 percent of the subjects in the study.

**Question 4**

4. Sex:  female  male

(1)  (2)

**Results:**

![Figure 10](image)

The number of women answering the questionnaire was 70 percent of the total and men accounted for 30 percent. Even though the questionnaire was mailed as an anonymous instrument it was possible to compare the actual return rate with that which would have been expected. If each category would have responded at the same rate it would have been expected that women would have responded at a rate of 62 percent and men at 38 percent.
5. What is your present marital status?

<table>
<thead>
<tr>
<th>single</th>
<th>living together</th>
<th>married</th>
<th>separated</th>
<th>divorced</th>
<th>widow(er)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

Results:

This question regarding the marital status of past clients revealed that 54 percent of the clients were married, and 18 percent were single. The percentage related to the categories of separation and divorce are important as a large portion (48%) of clients of GFI indicated marriage relations, separation and divorce as their present problems for seeking counseling. Question Five will be compared to Question Six, which asks the clients' marital status when counseling began, so that any significant differences will be identified.

It was interesting that no one indicated they were simply living together. One could speculate that possible factors relating to no one living together was the low percentage (5%) of subjects for the study within the age group of 16-25 and the moral or Christian belief system regarding marriage and human relations.
6. What was your marital status when you began counseling at GFI?

<table>
<thead>
<tr>
<th>single</th>
<th>living together</th>
<th>married</th>
<th>separated</th>
<th>divorced</th>
<th>widow(er)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results:

The focus of Question Six was to approach the fundamental question of what the marital status of the client was before counseling and be able to compare the results with Question Five's results of the clients' present marital status.

There were only three percentage points difference between the results of the questions on four of the six categories under study.

<table>
<thead>
<tr>
<th>Present Status</th>
<th>Status before counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage</td>
</tr>
<tr>
<td>Single</td>
<td>18</td>
</tr>
<tr>
<td>Living together</td>
<td>0</td>
</tr>
<tr>
<td>Married</td>
<td>54</td>
</tr>
<tr>
<td>Widow(er)</td>
<td>5</td>
</tr>
</tbody>
</table>

The two categories which best reflect relationship problems within a marriage and accounted for nearly one-half (48%) of all clients of GFI.
was separation and divorce. The largest variation in a percentage rate came in the area of divorce.

<table>
<thead>
<tr>
<th>Present status</th>
<th>Percentage</th>
<th>Status before counseling</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation</td>
<td>9</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>15</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

It is interesting to note that when people just sought counseling at GFI there were five percent who were divorced and 14 percent listing their marital status as separated. In contrast, the present status showed an increase of 10 percent in the divorce rate, from five to 15 percent, but a decrease of five percent for the separation category. In comparison, the State of Michigan divorce rate for 1977 was 9.4 per 1,000 residents. The GFI past-client ratio for divorce is nearly 15 times the rate for Michigan in 1977.

The figures for Michigan represent a general population whereas GFI statistics represent a population where almost one-half (48%) of the clients indicate they came for counseling for marital problems.

**Question 7**

7. How did you hear about or who referred you to Grace Fellowship?

(1) yellow pages  (2) friend  (3) pastor  (4) Dr. Solomon's books  (5) seminar

Results:

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>3.</td>
<td>24</td>
<td>84</td>
</tr>
<tr>
<td>4.</td>
<td>11</td>
<td>95</td>
</tr>
<tr>
<td>5.</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
It is apparent that the friendship relationship has promoted the service being offered by Grace Fellowship. The word of mouth method of communication accounted for 60 percent of the referrals and the pastoral category collected an additional 24 percent. These two categories combined to account for 84 percent of the total initial information source. Further study would be needed before any generalizations could be made regarding the most beneficial marketing approach that would impact on the target population of Grace Fellowship.

Question 8

8. Have you in the past received psychological counseling other than from GFI?  yes  no  
(1)  (2)  
If your answer to Question 8 is "no", continue the questionnaire by going to Question 14.

Results:

Figure 14

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 58</td>
<td>58</td>
</tr>
<tr>
<td>2. 42</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the individuals seeking counseling from GFI, 58 percent had received psychological counseling from some other source than GFI in the past. In contrast, 42 percent were seeking counseling for the first time. This percent would appear to be high but may be related to the fact that many Christians, until recently, have generally not sought counseling from other than their own pastor. Chapter One contained a discussion regarding how
new the Christian counseling field actually is and how the Christian church had turned from secular counseling to Christian counseling approaches.

Question 9

9. If you have received psychological counseling other than "Spirituotherapy" in the past, how many different individuals have you sought help from?

2 or less ___3 ___4 ___5 ___6 or more

Results:

Figure 15

<table>
<thead>
<tr>
<th>Categories</th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2 or less</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>2. 3</td>
<td>17%</td>
<td>88%</td>
</tr>
<tr>
<td>3. 4</td>
<td>3%</td>
<td>91%</td>
</tr>
<tr>
<td>4. 5</td>
<td>7%</td>
<td>98%</td>
</tr>
<tr>
<td>5. 6 or more</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Categories 2 or less (71%) and 3 (17%) accounted for 88 percent of the total number of professionals being approached to provide psychological services. It appears that this population is relatively satisfied with their first provider of mental health services or they were disillusioned and discontinued their treatment and did not seek further counseling. Questions 10 and 11 were designed to clarify and expand the information gathered by Question Nine.

Question 10

10. If your answer to Question 8 was "yes", from whom was your most recent therapy given?

  psychiatrist ___ psychologist ___ counselor ___ social worker ___ pastor

(1) (2) (3) (4) (5)
Psychiatrists were identified as providing 37 percent of the last treatment given to GFI clients.

The most interesting finding here was the fact that pastors only received nine percent of the total percentage. It was indicated in Chapter One that a survey made in the late Fifties by the Joint Commission on Mental Illness and Health revealed that the largest number of those individuals actually seeking help (42%) turned to clergymen. Psychiatrists and psychologists received 18 percent in the same study, in contrast to 62 percent received by these groups in this study. This is especially surprising since 99 percent of the participants in this study stated they believed in God.

A much higher proportion than what would have been expected of Christians are seeking psychological treatment from outside the so-called Christian sphere of influence.
Question 11

11. If your answer to Question 8 was "yes", what was the duration of your therapy?

(1) years  (2) months  (3) weeks

Results:

The questionnaire recipient was asked to check which of the three categories best represented the duration of their therapy.

For those subjects who did receive psychological counseling from sources other than GFI, there was approximately a three way split in the total percentage. The results of this question will later be compared with the results of Question 18, which seeks to know how long counseling lasted at GFI. The same criteria for evaluation were used in each question. It appears that a majority of clients coming to GFI have been around the psychological community, and it could be hypothesized that their problems could be categorized as complex or severe in nature. This conclusion is based on the longevity of their previous treatments.
Question 12

12. What was the number of counseling sessions (up to one hour) you received:

<table>
<thead>
<tr>
<th>2 or less</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

Results:

Figure 18

The results reveal that 16 percent of the respondents received two or less hours of counseling from their most recent previous form of psychological counseling. This could indicate that the counseling they received was very productive or could mean that any number of less positive variables were responsible.

It is not surprising that a high percentage (60%) received seven or more counseling sessions as the results indicated that 84 percent of the respondents had received their treatment from psychiatrists (37%), psychologists (25%) and counselors (22%). These groups traditionally tend to employ more long term therapy instead of short or brief treatment models.
The results of this question will later be compared to Question 19, which asks how many counseling sessions they attended while receiving counseling at GFI.

**Question 13**

13. If you answered "yes" to Question 8, how would you compare Spirituotherapy with that form of treatment?

<table>
<thead>
<tr>
<th>very effective</th>
<th>effective</th>
<th>uncertain</th>
<th>slightly effective</th>
<th>not effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**Results:**

![Figure 19](image)

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>2.</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>3.</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>4.</td>
<td>14</td>
<td>84</td>
</tr>
<tr>
<td>5.</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the individuals who received psychological counseling other than from GFI, 70 percent found Spirituotherapy (Christ-centered counseling) to be to some degree more effective when compared to their previous form of treatment. This is the first attempt to compare Spirituotherapy with psychotherapy. It is important to note that only 16 percent of the clients felt that Spirituotherapy was not effective when compared to psychotherapy. The clients' rating of effectiveness did not seem to be
tied to the clients' level of freedom from presenting problems which suggests that whether they were free from their presenting problems or not that they still preferred the practice of Spirituotherapy over psychotherapy.

**Question 14**

14. Please check the prominent problem for which you sought counseling at GFI:

|---|----------------------|--------------|-----------------|-----------------|--------------|------------|-----------------------|------------------|----------------------|------------------------|--------------|-------------------|

Results:

**Figure 20**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>marriage relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>homosexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>fears-phobias</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>alcoholism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>suicidal tendencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>sexual problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>separation-divorce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>spiritual growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>drug abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>family relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
This question was an attempt to identify the presenting problems of clients seeking counseling at GFI. Marriage and marriage relations accounted for over one-third or 34 percent of those seeking counseling at GFI. Another category, separation-divorce, which is closely related to marriage relations, received an additional 14 percent. If one combines these closely related categories, 48 percent of the total clientele are accounted for.

By combining the percentage of five categories of problems, marriage relations 34%, depression 16%, spiritual growth 11%, anxiety 10% and separation-divorce 14%, 85 percent of the total reasons for seeking counseling at GFI are identified. Several problem areas were infrequently identified or not selected at all; family relations 1%, alcoholism 1%, homosexuality 2%, sexual problems 3%, received minimal responses. The category of drug abuse was not selected at all. The above areas do represent specific problems of certain subgroups of American society. It appears that a large percentage of individuals seeking counseling at GFI are married and have marriage related problems.
Question 15

15. Are you free from the symptoms which first brought you in for counseling at GFI?  

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results:

Figure 21

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>39</td>
<td>100</td>
</tr>
</tbody>
</table>

This question was an attempt to determine what percent of the clients under study would indicate they felt free from the symptoms and consequent problem which brought them to counseling. Sixty-one percent of the subjects revealed they were free from their symptoms but the remaining 39 percent were not free. Question 15 related closely to Question 16 to provide a more comprehensive view of the percentage of clients who would identify counseling at GFI as bringing about the desired change. Even though it is worthwhile to know the percentage of clients free from their presenting problems, this study wanted to know how beneficial Spirituotherapy was in bringing the desired change and Question 16 focuses on this topic.

Question 16

16. If you answered "yes" to Question 15, how beneficial was the counseling at GFI in bringing the desired change?

<table>
<thead>
<tr>
<th></th>
<th>very beneficial</th>
<th>beneficial</th>
<th>uncertain</th>
<th>slightly beneficial</th>
<th>not beneficial</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>beneficial</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Question 16 was designed to group clients who answered "yes" to Question 15 in relationship to the degree to which counseling at GFI was beneficial in being a resolution to their problem. Of the 61 percent of past clients who indicated in Question 15 that they were free from their presenting symptoms, 69 percent stated in Question 16 that they recognized the counseling at GFI to be to some degree a positive beneficial force in bringing the desired change.

This means that of the 118 subjects of the study, 72 (61%) stated that they were free from their presenting symptoms and of the 72 who were free, 50 (69%) answered Question 16 by identifying the counseling at GFI as being a beneficial factor (very beneficial 31 or 40%, beneficial 15 or 22%, slightly beneficial 4 or 7%) in bringing about the change.
Question 17

17. If you answered "no" to Question 15, what prevented the resolution of the symptoms? Check one:
   
   ___ 1. not seeking spiritual counseling
   ___ 2. too few counseling sessions
   ___ 3. relocation
   ___ 4. relationship with counselor
   ___ 5. chose not to make "identification"
   ___ 6. not clear understanding of spiritual principles

Results:

Figure 23

This question was constructed to find out why past clients who answered "no" to Question 15 were not free from the symptoms which brought them in for counseling at GFI.

The highest percentage (24%) of the subjects revealed that the category of "too few counseling sessions" was the reason which prevented the resolution of the clients' symptom(s). It is impossible to determine the reason for too few counseling sessions as the questionnaire did not ask who was responsible for terminating the counseling process. As discussed earlier Spirituotherapy (Christ-centered counseling) is a short

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
term counseling modality and with over one-half (58%) of the clients receiving previous treatment the expectation level regarding Spirituotherapy may have been for a longer treatment model. This area will need further study, as the current study did not focus on the dynamics of the termination process.

Two categories, "not seeking spiritual counseling" and "relationship to counselor", received 20 percent each of the remaining percentage. The category "not seeking spiritual counseling" is important to note because it appears that a significant percentage (20%) of new clients are not, in the pre-intake screening process, being sufficiently informed of the nature and scope of the counseling approach used at GFI. This is time consuming and wasteful for GFI and costly and non-productive for clients.

The other category which received 20 percent, "relationship with counselor" is another area where further investigation is needed. A counselor using the Christ-centered counseling approach uses rather directive techniques and some clients may not be seeking this form of counseling. The counseling relationship is seen by many professionals in the psychological field as being more important to successful counseling than the techniques actually employed. Whether problems lie within the counseling process or the unique difference employed by each individual counselor, this is a critical area needing further study.

An additional 18 percent selected the category of "chose not to make identification". Identification or the Christ-centered life is a commitment and process of yielding by which an individual experientially receives the power of God by appropriating the power of God's spirit.
The results reveal that 18 percent of the clients who did not have their problems resolved chose not to take one of the final steps which Christ-centered counseling emphasizes as the answer to the client's problem(s). This step leads to what is referred to in Spirituotherapy as a transformation of the client's life and not solely a reduction of the client's symptoms.

Tied closely to the "chose not to" category is the "not clear understanding of the spiritual principles" category. This category accounted for 16 percent of the total percentage and reveals that the clients who answered this category were probably unable to choose to make the Christ-centered life a reality. The reason for the client's difficulty in understanding the spiritual concepts underlying Spirituotherapy is of vital concern and warrants further study and clarification.

The remaining area "relocation" accounted for only two percent and indicates that the client moving during the counseling process was not a major factor in hampering productive therapy results. The results of Question 17 have actually given rise to more questions than were answered by the results and future study may focus on these questions.

**Question 18**

18. Counseling at GFI lasted for:

\[
\begin{array}{lll}
\text{years} & \text{months} & \text{weeks} \\
(1) & (2) & (3)
\end{array}
\]
The category of "weeks" received 66 percent of the total percentage and combined with months (31%) accounts for 97 percent. This would appear to verify that Spirituotherapy is a brief or short term therapeutic approach. By comparison, Question 11, which asked GFI clients to identify the duration of previous therapies, showed that each category received from 32 to 34 percent each of the total.

The largest difference between the question's results came in the categories of "years" and "weeks". The reduction in this category of "years" in Question 18 was basically accounted for by the large increase in "weeks".

It would appear that counseling at GFI was shorter in length than was the clients' treatment at other forms of therapy.

Question 19

19. What was the number of counseling sessions (up to one hour) you received at GFI?

- 2 or less
- 3
- 4
- 5
- 6
- 7 or more

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The results reveal that categories 1 (2 or less) and 2 (3) accounted for 51 percent of the total percentage. Brief or short therapy, according to Bergin and Garfield (1978), is traditionally practiced where five or less counseling sessions are employed by the counseling process. By using this formula on the present data one can account for 78 percent of the cases under study.

The last category, 7 or more, collected 16 percent of the total and is a small proportion when compared to the same category of Question 12 (60%), which asked for the number of psychological counseling sessions other than from GFI. A complete comparison will be undertaken in the hypothesis section of this chapter.

Question 20
20. After leaving counseling at GFI have you found it necessary to return for further counseling? yes no

(1) (2)
This question was designed to determine if clients who had terminated counseling at GFI returned there for further treatment. Nearly two-thirds of the clients of GFI found it unnecessary to return there for counseling. Question 20 will be later compared with Question 26 which asks if, after counseling at GFI, the client went elsewhere for counseling.

**Question 21**

21. Please indicate your reason if you answered "yes" to Question 20.

   ___ 1. new symptom  
   ___ 2. maintenance  
   ___ 3. old symptom  
   ___ 4. fellowship  
   ___ 5. to make "identification" (Christ centered life)  
   ___ 6. spiritual growth

**Results:**

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Question 21 was designed to expand information first received in Question 20. The clients (28%) who answered "yes" to Question 20 were asked to indicate the reason for their return to GFI for further counseling.

The category "old symptoms" received 52 percent of the total and "new symptoms" received an additional 24 percent. The "maintenance" category accounted for 12 percent and it would appear that these clients had achieved a degree or level of victory over their problem(s), but the lack of consistency caused them to return for counseling. Nine percent returned to "make identification" a reality. This group had been exposed to the procedures for help outlined by GFI but had chosen not to take the steps necessary to make the Christ-centered life a reality.

As a result of 52 percent of the clients seeking additional counseling because of "old symptoms" it would appear that GFI should not have terminated the counseling process so quickly, and worked through more completely the resolution to the client's concerns.

Question 22

22. Do you believe in God?  yes   no  uncertain
   (1) (2) (3)

Figure 28

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 98</td>
<td>98</td>
</tr>
<tr>
<td>2. 0</td>
<td>0</td>
</tr>
<tr>
<td>3. 2</td>
<td>100</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
A substantial proportion (98%) of those responding to the questionnaire indicated a belief in God. No one stated a disbelief in God, and the remaining two percent were uncertain regarding their position of a belief in God.

It would appear that GFI has in some way, contacted the population for which they have designed their counseling approach.

Question 23

23. Are you saved?

   yes      no      uncertain
   (1)      (2)     (3)

Results:

Figure 29

This question asked the past client to make a judgment regarding his/her position with God. They were essentially asked if they had received Jesus Christ as their Savior and as a result were saved unto God. The term "saved" is well understood within the Christian community and further clarification was seen as unnecessary.

Ninety-five percent of the subjects indicated they were saved. This further emphasizes the specific clientele who seek counseling services for GFI. Only one percent of the past clients stated they
were not saved and the remaining four percent were uncertain.

Christianity is based not on a general belief in God as was asked in Question 22, but upon the saving power of Jesus Christ.

It is apparent that over 95 percent of those seeking counseling at GFI claim to be Christians and have some degree of understanding regarding a personal relationship with God as a result.

Question 24

24. Did "identification" (the Christ-centered life) become reality for you?  yes  no

(1)  (2)

Results:

Figure 30

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>19</td>
<td>100</td>
</tr>
</tbody>
</table>

Question 24 was designed to further identify the position that had been taken by clients regarding a central issue in Spirituotherapy. The Christ-centered life is seen as a life-transforming aspect of the counseling approach being used by GFI. The results indicate 81 percent of the subjects did recognize the reality of the Christ-centered life.

These findings are important to the entire study because of the importance which is placed on this central concept by GFI. To broaden the depth of knowledge regarding this concept, several com-
parisons with this question will be made in the hypothesis section.

A question which is left unanswered by this study and should be
studied in the future, was what prevented the client from making the
Christ-centered life a reality.

Question 25

25. If you answered "yes" to Question 24, when did this identification
occur?

   1. before counseling began
   2. during a counseling session
   3. during counseling but outside the office
   4. after counseling was terminated

Results:

Figure 31

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>2.</td>
<td>11</td>
<td>64</td>
</tr>
<tr>
<td>3.</td>
<td>15</td>
<td>79</td>
</tr>
<tr>
<td>4.</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>

Question 25 was designed to expand the information first gathered in
Question 24; the time and/or location is vital information when at-
ttempting to understand the dynamics underlying the concept of identifi-
cation.

Fifty-three percent of the subjects indicated that identification
occurred before the counseling process began at GFI. An additional

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
21 percent identified that the process occurred after counseling was terminated. In other words, 74 percent of the clients stated that the Christ-centered life did not occur during the counseling process. The 53 percent selecting "before counseling began" is very surprising and would not have been expected.

Only 11 percent of the respondents selected the category of "during a counseling session". As indicated earlier, this was totally unexpected information and further study is needed to gain the full meaning of these findings. It would have been supposed that a very small proportion of the clients would have previously made the Christ-centered life a reality, because the understanding and implementation of this concept is the healing component of GFI counseling. A transformation takes place and consequently relief from the circumstances occurs. This does not mean that the circumstances will disappear, but the perception of the client to that situation alters the individual's dependence and focus of control.

**Question 26**

26. After leaving counseling at GFI have you gone elsewhere to resume counseling?  
   yes  no
   (1)  (2)

**Results:**

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>2.</td>
<td>58</td>
<td>100</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
As a result of Spirituotherapy being a brief or short term counseling approach it was felt that information regarding further counseling after GFI would be beneficial. Fifty-eight percent of the respondents stated they had not obtained further psychological treatment after termination of counseling from GFI. It appears that a moderately high percentage (42%) of past clients seek additional counseling after leaving counseling at GFI. This question did not seek to determine if the clients were free from their symptoms. By comparing Question 15 with Question 26 it appears that of the 58 percent who did not seek additional counseling, that nearly three-fourths of that percentage were free from their presenting symptoms.

**Question 27**

27. If you answered "yes" to Question 26, from whom?

- psychiatrist
- psychologist
- counselor
- social worker
- pastor

**Results:**

![Figure 33](image)

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>51</td>
</tr>
<tr>
<td>3</td>
<td>19</td>
<td>70</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>81</td>
</tr>
<tr>
<td>5</td>
<td>19</td>
<td>100</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Question 27 was designed to expand and clarify the "yes" responses from Question 26 regarding from whom the clients had sought further counseling after terminating counseling with GFI. The highest percentage of clients (28%) after termination sought further treatment from psychologists. The category of "pastor" received 19 percent of the total and is surprisingly low. As presented in Chapter One, the Joint Commission on Mental Illness and Health completed a study in the late fifties which indicated that 42 percent of those seeking psychological help turned to the clergy. It seems surprisingly low because there was such a high proportion of religious people involved in this study.

Question 10 is being compared with Question 27. Question 10 sought information on the most recent provider of therapy before GFI and Question 27 after leaving counseling at GFI. The largest increase was in the pastoral category which went from nine percent in Question 10 to 19 percent in Question 27. The largest decline was in psychiatrists, from 37 percent to 23 percent in Question 27. It does appear that as a result of counseling at GFI that an increased percentage of clients seeking additional counseling after GFI go to clergy for this counseling.

The following instructions preceded the block of Questions 28 through 34:

PLEASE INDICATE THE DEGREE OF YOUR SATISFACTION IN CHANGES IN YOUR LIFE AS A RESULT OF COUNSELING AT GRACE FELLOWSHIP INTERNATIONAL (GFI).
Question 28

28. Your personal life:

\[
\begin{array}{lllll}
\text{strong satisfaction} & \text{satisfaction} & \text{uncertain satisfaction} & \text{dissatisfaction} & \text{strong dissatisfaction} \\
(1) & (2) & (3) & (4) & (5)
\end{array}
\]

Results:

In the area of personal life the category of "satisfaction" received 39 percent of the total percentage and "strong satisfaction" an additional 22 percent. A total of 12 percent of the respondents had some degree of dissatisfaction with changes in their personal lives, whereas 61 percent revealed some degree of satisfaction with the results of counseling at GFI. Over one-fourth of the clients were uncertain about their degree of satisfaction.

Question 29

29. Your married life:

\[
\begin{array}{lllll}
\text{strong satisfaction} & \text{satisfaction} & \text{uncertain satisfaction} & \text{dissatisfaction} & \text{strong dissatisfaction} \\
(1) & (2) & (3) & (4) & (5)
\end{array}
\]

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
In the area of married life there was a close relationship between the three broad categories of "satisfaction", "uncertain" and "dissatisfaction". "Strong satisfaction" (14%) and "satisfaction" (23%) accounted for 37 percent of the total. The "uncertain" category received 33 percent of the responses and "dissatisfaction" (21%) and "strong dissatisfaction" (9%) accounted for the remaining 30 percent.

The "dissatisfaction" category's percentage of 30 was the highest cumulative percentage score of all the seven areas of life that were listed. It would appear that clients rated the value of their counseling at GFI, relating to married life as the lowest of all areas, but marriage related problems were identified most often as the reason for seeking counseling at GFI.

**Question 30**

30. Your spiritual life:

<table>
<thead>
<tr>
<th></th>
<th>Strong satisfaction</th>
<th>Satisfaction</th>
<th>Uncertain</th>
<th>Dissatisfaction</th>
<th>Strong Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The category of spiritual life received the largest cumulative percentage of "strong satisfaction" (21%) and "satisfaction" (41%), 62 percent of all the seven areas of life listed. Clients seemed to be satisfied with the counseling at GFI in the area of spiritual life as it was rated the highest.

Question 31

31. Your family life:

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>strong</td>
<td>15</td>
<td>40</td>
<td>23</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>satisfaction</td>
<td>55</td>
<td>78</td>
<td>93</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>uncertain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dissatisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strong dissatisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The category of family life received the lowest percentage of all of the seven life areas in uncertainty. It received the second highest percentage (21%) in the "dissatisfaction" areas. The areas of satisfaction collected a median score of 55 percent.

**Question 32**

32. Your employment life:

<table>
<thead>
<tr>
<th>strong satisfaction</th>
<th>satisfaction</th>
<th>uncertain</th>
<th>dissatisfaction</th>
<th>strong dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Results:

![Figure 38](image)

The category of employment life received the highest percentage (35%) of all the seven areas in "uncertainty". It received the second lowest percentage (53%) in the area of satisfaction. There was no unusual pattern in the areas of dissatisfaction.

**Question 33**

33. Your social life:

<table>
<thead>
<tr>
<th>strong satisfaction</th>
<th>satisfaction</th>
<th>uncertain</th>
<th>dissatisfaction</th>
<th>strong dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The category of social life received the second highest percentage (33\%) in the area of "uncertainty" but the other two areas together received almost median score.

**Question 34**

34. Your overall life:

<table>
<thead>
<tr>
<th>strong satisfaction</th>
<th>satisfaction</th>
<th>uncertain</th>
<th>dissatisfied</th>
<th>strong dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**Results:**

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The results for category overall life were represented by median scores. It was surprising that the "overall life" area did not receive a higher placement as the thrust of counseling at GFI is focused at the quality of overall life instead of situational or separate areas of life.

Findings from the seven areas of life have actually been compressed and the following tables will take the three broad categories: satisfaction, uncertain and dissatisfaction, and compare them with each area, i.e. personal, married, spiritual, etc. The first table compares the degree of satisfaction in changes in the clients' life as a result of counseling received at GFI.

<table>
<thead>
<tr>
<th>Life areas</th>
<th>Satisfaction percentages</th>
<th>Greatest satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal</td>
<td>61</td>
<td>2</td>
</tr>
<tr>
<td>2. Married</td>
<td>37</td>
<td>7</td>
</tr>
<tr>
<td>3. Spiritual</td>
<td>62</td>
<td>1</td>
</tr>
<tr>
<td>4. Family</td>
<td>55</td>
<td>4</td>
</tr>
<tr>
<td>5. Employment</td>
<td>53</td>
<td>6</td>
</tr>
<tr>
<td>6. Social</td>
<td>54</td>
<td>5</td>
</tr>
<tr>
<td>7. Overall</td>
<td>56</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life areas</th>
<th>Uncertain percentages</th>
<th>Greatest uncertainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>2. Married</td>
<td>33</td>
<td>2.5</td>
</tr>
<tr>
<td>3. Spiritual</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>4. Family</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>5. Employment</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>6. Social</td>
<td>33</td>
<td>2.5</td>
</tr>
<tr>
<td>7. Overall</td>
<td>31</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life areas</th>
<th>Dissatisfaction percentages</th>
<th>Greatest dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>2. Married</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>3. Spiritual</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>4. Family</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>5. Employment</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>6. Social</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>7. Overall</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>
Question 35

35. Please place the following items in rank order as far as your satisfaction of change you have experienced.

1. Personal
2. Married
3. Spiritual
4. Family
5. Employment
6. Social
7. Overall

Results

Table - 8 Rank Order Value

<table>
<thead>
<tr>
<th>Life Area</th>
<th>Percentage (Value 1)</th>
<th>Rank Order (Value 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal</td>
<td>27</td>
<td>1. Spiritual</td>
</tr>
<tr>
<td>2. Married</td>
<td>10</td>
<td>2. Personal</td>
</tr>
<tr>
<td>3. Spiritual</td>
<td>51</td>
<td>3. Married</td>
</tr>
<tr>
<td>4. Family</td>
<td>6</td>
<td>4. Overall</td>
</tr>
<tr>
<td>5. Employment</td>
<td>5</td>
<td>5. Family</td>
</tr>
<tr>
<td>7. Overall</td>
<td>9</td>
<td>7. Social</td>
</tr>
</tbody>
</table>

Table 8 was developed by taking the highest percentage for the number one value received for each category and then ranking them in order. It is interesting to compare "Table 5 - Satisfaction Totals" with "Table 8 Rank Order (Values 1)". Both tables reveal that Spiritual and Personal were rated numbers one and two respectively. The largest difference in the compared results is in the married category where Table 5 placed it number seven whereas in Table 8 it was ranked number three.

Table 5 was developed by taking the information provided by a continuum from strong satisfaction to strong dissatisfaction. The respondents were simply asked to indicate their degree of satisfaction in changes in their lives as a result of counseling at GFI. There were five levels of satisfaction from which to choose.
Table 8 asked the clients to rank order various categories in preference to the degree of satisfaction in changes in the clients' lives as a result of counseling at GFI. There were seven life areas from which to choose. As a result of Table 8 the category of "married life" is seen as having a greater satisfaction than what was first indicated by Table 5. The other areas remained relatively unchanged.

Table 9 presents the relationships between three important factors under investigation by this study. The comparison included the responses of clients regarding their freedom from the presenting symptoms, percentage of clients and how beneficial GFI counseling was in bringing about the desired change and the percentage and prominent problem. The use of a three-way cross tabulation model was used to study these variables.

Table 9

Summary of scores of individuals free from presenting symptoms indicating how beneficial Spirituotherapy was in bringing the desired change in relationship to their prominent problem.

<table>
<thead>
<tr>
<th>Prominent problem</th>
<th>Levels of benefit</th>
<th>Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1. Married relations</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>2. Depression</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>3. Homosexuality</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>4. Fears-Phobias</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>5. Alcoholism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Anxiety</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>7. Suicidal tend.</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>8. Sexual problems</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>9. Separation-divorce</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>10. Spiritual growth</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>11. Drug abuse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Family relations</td>
<td>61%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The results of Table 9 show that even though 34 percent of the clients came to GFI as a result of marriage problems only 11 percent recognized some degree of benefit from the counseling at GFI in bringing about the desired change. An additional 14 percent of the subjects selected separation-divorce as their presenting problem and of those five percent indicated some degree of benefit. By combining these two problem areas, which are similar in nature, 48 percent or nearly one-half of the total subject population is accounted for. This figure of 48 percent compared favorably with the earlier study by the Joint Commission on Mental Illness and Health where it was shown that nearly 50 percent of all people seeking counseling from pastors did so because of marriage or family problems. Sixteen percent or one-third of the 48 percent indicated some degree of benefit from counseling at GFI, whereas two-thirds of the clients seeking help in the marriage-divorce areas were not helped.

The separation-divorce category was the only problem area where the degree of benefit (5%) was smaller than the combined total (6%) for uncertain (3%) and not beneficial (3%). It would appear that a large proportion (48%) sought help from GFI in the marriage-divorce areas but only one-third felt they were actually helped.

Counseling at GFI was most effective in the area of "depression". This determination was made by taking the difference between the degree of benefit and the combined scores for uncertainty and not beneficial. Sixteen percent of the clients identified depression as their presenting problem. Thirteen percent were free from their symptoms of depression and 11 percent of these selected counseling
at GFI as being to some degree beneficial in bringing the desired change. According to Collins (1980), "depression clearly has no one cause and neither does it have a simple cure" (p. 19). This opinion is rather well spread among professionals in the mental health field. Depression is generally viewed as one of the most common and complicated emotional conditions. It tends to be more common in women than in men (Collins, 1980), and affects all age groups and social levels. It seems appropriate that GFI, as a result of this study, further study the dynamics of how Spirituotherapy impacts upon the problem of depression.

Of those "seeking spiritual growth" five percent indicated some degree of benefit but an equal five percent said they did not have freedom from their problems.

"Sexual problems" accounted for only three percent of the clients at GFI but only two percent of them selected very beneficial. Therefore, it would appear that counseling at GFI is somewhat effective for those with "sexual problems".

The area of "anxiety" received a very good rating. Ten percent of the clients identified this area and five percent of those indicated they felt GFI was beneficial in bringing the desired change. This area was rated second for the successful resolution of the problem (among the large percentage of recipients).

No one selected "drug abuse" as their problem. "Family relations" and "alcoholism" received only one percent of the responses and they were not free from their symptoms.
It would appear that counseling at GFI is most successful in the areas of depression, anxiety and sexual problems and least effective in married relations, separation-divorce and spiritual growth.

Section II - Review of Hypotheses

The aim of this section is to focus on the specific hypotheses for which the study was conducted. In some cases a comparison of several variables was necessary in order to make the interpretation. Each hypothesis will be reviewed in the order it was listed in the "Hypotheses and Data Analysis" section in Chapter III.

Hypothesis 1 - the greatest number of clients will view the practice of Spirituotherapy as effective when compared to their last form of treatment.

Results:
This hypothesis was confirmed. By combining the three categories related to effectiveness (very effective 28%, effective 28% and slightly effective 14%) a total of 70 percent of the clients viewed the practice of Spirituotherapy as effective when compared with their last form of psychological treatment. The confirmation of this hypothesis implies that Spirituotherapy does in some way help 70 percent of the clients who seek counseling at GFI to reach a more desirable resolution to their problem than other forms of therapy had accomplished.

Hypothesis 2 - the greater number of clients who seek counseling from GFI have received counseling other than from GFI in the past.
**Results:**

This hypothesis was confirmed as 58 percent of the clients seeking counseling from GFI had previously received counseling elsewhere. Therefore, it might be concluded that the clients' problems were deep-seated and they might need deep psychological helps to bring about the desired resolution. There was no attempt to tie the clients' past and present problems together to discover why they were seeking or had sought psychological help.

**Hypothesis 3 - a fewer number of clients, after termination of counseling at GFI, will return there for further counseling.**

**Results:**

This hypothesis was confirmed, as 28 percent of the clients, after leaving counseling at GFI, returned there for more counseling.

Of the clients who did return, 52 percent sought additional help for their old symptoms. Of those who returned to GFI for further counseling, 73 percent after final termination went elsewhere to resume counseling.

**Hypothesis 4 - a fewer number of clients, after termination of counseling at GFI, will seek further counseling elsewhere.**

**Results:**

This hypothesis was confirmed as 42 percent of the clients, after leaving counseling at GFI did resume counseling elsewhere.

The highest percentage (28%) returned to psychologists for additional treatment. Of the 42 percent, 21 percent as mentioned in Hypothesis 3 had sought further counseling at GFI first and then went elsewhere.
Hypothesis 5 - the number of women seeking counseling at GFI will be greater than the number of men.

Results:

This hypothesis was confirmed, as 70 percent of the clients at GFI were women. The woman's traditional role is changing, and according to Dr. James Dobson (1980), "more than half of the 84 million adult females in this country are now formally employed, and the numbers are steadily rising; only seven percent of American families are structured according to the traditional model of supportive father and homemaker mother" (p.45). Women may be seeking counseling more as various problems, including employment, continue to place additional pressure upon women. Dobson believes that feminist propaganda has helped to create a false concept of what the role of the modern woman should be. It is the opinion of this researcher, but not proven, that Christian women have been indoctrinated with this propaganda and would seek counseling more than non-Christian women. This is seen as an outgrowth of the role conflict created by their belief in the biblical model of women compared to the liberated image of the modern woman.

Hypothesis 6 - the greater number of clients seeking counseling at GFI are married.

Results:

This hypothesis was confirmed as 56 percent of the clients seeking counseling at GFI were indeed married. A total of 88 percent of the clients were married, separated, or divorced. To gain a clearer indication of just what this means, a review of the clients' presenting problems might be helpful.
Forty-eight percent of the respondents indicated that their presenting problems for seeking counseling were marriage relations, separation or divorce. This would seem to indicate that a considerable effort should be made by GFI to focus on marriage relationships in their counseling if they are actually going to impact the needs of those seeking counseling.

**Hypothesis 7** - the greater number of clients seeking counseling from GFI will be free from the symptoms which first brought them in for counseling.

**Results:**
This hypothesis was confirmed, as 61 percent of the respondents revealed that they were free from the symptoms. However, it cannot be concluded that there were not other factors or elements influencing this conclusion.

**Hypothesis 8** - the greater number of clients who are free from their presenting symptoms will view counseling at GFI as beneficial to some degree in bringing the desired change.

**Results:**

<table>
<thead>
<tr>
<th>very beneficial</th>
<th>beneficial</th>
<th>uncertain</th>
<th>slightly beneficial</th>
<th>not beneficial</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td>21%</td>
<td>16%</td>
<td>6%</td>
<td>15%</td>
</tr>
</tbody>
</table>

This hypothesis was confirmed, as 69 percent of the clients revealed that counseling at GFI was in some degree beneficial in bringing about their desired change.

**Hypothesis 9** - the greater number of clients seeking counseling from GFI were within the 26-35 year age range.
Results:

This hypothesis was not confirmed, as 39 percent of the clients indicated their age was within the 36 - 45 year age range.

Hypothesis 10 - a greater number of clients will indicate a belief in God.

Results:

This hypothesis was confirmed as 98 percent of the respondents did reveal they had a belief in God. No one stated they did not believe in God and the remaining two percent were uncertain.

It was expected that a large percentage of the clients would state a belief in God. This observation was possible because of the information regarding Christ-centered counseling provided to the prospective client. In a 1979 Gallup Poll conducted for the magazine, "Christianity Today", it was discovered, "almost everyone (94 percent) believed in God or in a universal spirit" (p. 23). The present study would expect to receive a higher percentage than a study involving the general public. One can conclude that the population on which GFI has focused their counseling efforts, Christians, is actually the group being served. GFI's major thrust is towards professing Christians who have some sort of problem(s) and are seeking God's answers for the resolution of their problem(s).

Hypothesis 11 - the greater number of clients of GFI will state they believe they are saved.

Results:

This hypothesis was confirmed as 95 percent of the clients did reveal they believed they were saved. The term "saved" in the
vocabulary of the clients may have differed in the degree of belief or process of attainment, but the term in its broadest sense is commonly understood by Christians.

As with the high percentage of those who believed in God, it was surprising that 95 percent of the clients said they were saved. The term "saved" is commonly attached to the belief that an individual is saved unto God through a relationship and belief in Jesus Christ. The stated results would indicate that the individual seeking counseling has more than a casual interest and knowledge related to the general concepts of Christianity. The present findings can be compared to the Gallup Poll study where it was revealed that 95 percent of the general public and 99 percent of evangelicals saw Jesus Christ as involved in their lives. When asked if conversion meant asking Jesus Christ to be their personal savior, 79 percent of the general public and 93 percent of evangelicals stated yes (Reapsome, 1980, p. 25).

Hypothesis 12 - the greater number of clients of GFI will state that "identification" (Christ-centered life) did become a reality to them.

Results:

This hypothesis was confirmed, as 81 percent of the clients did indicate knowing the reality of the Christ-centered life in their lives. This is a very important area to investigate as this is seen as the healing component of Spirituotherapy. The understanding and implementation of the "identification truths" can be used as a means of discovering if the individual has actually obtained the level of life that is expected by GFI counselors for their clients. The 81
percent of those clients who have realized identification was seen
as unsuspectingly high. To determine how meaningful the percentage
actually is, the next hypothesis will make an interrelationship
comparison between the stated "identification" and the freedom from
actual symptoms.

Hypothesis 13 - the greater number of clients who responded positively
to question 15, "Are you free from the symptoms which
first brought you in for counseling at GFI?", will
state that the Christ-centered life has become a reality
to them.

Results:
The comparison confirmed the hypothesis and revealed that 56
percent of the clients were free from their symptoms and the Christ-
centered life had become reality. The 56 percent is somewhat less
than the 81 percent who earlier stated that identification was reality.
The 25 percentage point difference is a group where further study is
needed. As stated earlier, the realization and implementation of the
identification truths are a means of indicating how much knowledge
and progress the client is actually making towards the problem
resolution. It would appear that many who selected this answer in
reality did not understand the concepts relating to the Christ-centered
life or were choosing not to put into practice what they had learned
at GFI.

A small portion (5%) indicated that they were free from their
symptoms but identification was not a reality to them. The remaining
14 percent revealed they were not free from their symptoms and identi-
Identification was not a reality.

It appears that the reality of identification is a substantial factor in the lives of those who state they are free from their prominent problem. This is evidenced by the fact that 93 percent of the clients who actually were free from their symptoms indicated that identification was a reality to them. It can be noted that the Gallup Poll study found a life-changing experience took place in the lives of 34 percent of the general public and 78 percent of the evangelicals studied (Reapsome, 1980, p. 25). Another way to broaden the information base was to include a third variable with the two (freedom of symptoms and reality of Christ-centered life) just compared. The third variable added was how beneficial was the GFI counseling in bringing about the desired change.

**Hypothesis 14** - the greater number of clients who indicated they are free from symptoms and see GFI counseling as to some degree beneficial in bringing about the change will acknowledge the Christ-centered life as a reality to them.

**Results:**

A three-way cross tabulation between variables revealed that the hypothesis was confirmed as 71 percent of the clients indicated that GFI was in some degree a positive force in bringing about their desired change. Nine percent of the clients who were free from symptoms and knew identification, indicated that counseling at GFI was not beneficial. One percent were free from symptoms and viewed GFI counseling as beneficial but did not recognize the reality of "identification".

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
It appears that a high proportion of clients who are free from symptoms and see GFI counseling as beneficial have chosen to make "identification" a reality.

**Hypothesis 15** - the greater number of clients where identification had become a reality will indicate that it took place during a counseling session.

**Results:**

This hypothesis was not confirmed as 53 percent of the clients indicated that a change to the Christ-centered life actually took place before counseling began at GFI. This was an unexpected finding and may be related to the high percentage (25%) of clients who stated identification was a reality, but they were not free from their symptoms. It is the opinion of the investigator that many of the clients in this category may not be fully cognizant of just what "identification" can mean in their experience. The category "during a counseling session" actually received the lowest percentage (11%) of all the listings. For a more complete review of each individual category, please see Question 25.

**Hypothesis 16** - the greater number of clients of GFI will receive counseling for five or fewer sessions.

**Results:**

This hypothesis was confirmed, as 79 percent of the subjects revealed that they attended five or fewer sessions. As was discussed previously, counseling at GFI would be considered brief or short-term therapy. The National Center for Health Statistics (1974) found a patient average of 4.7 contacts for their psychiatric treatment.
Other studies coincide with these results and reveal that a high percentage of patients terminate in the first six to eight sessions.

Now that it has been shown that a large proportion (79%) of the clients at GFI are seen five or fewer times, how effective was this counseling? The following hypothesis will focus on aspects of the "freedom from symptoms" and "benefit to the counselee".

**Hypothesis 17** - the greater number of clients who are free from their symptoms and recognize the benefit of GFI counseling will have received counseling for five or fewer sessions.

**Results:**

This hypothesis was confirmed, as 52 percent of the clients who were free from their symptoms and recognized GFI counseling as a benefit were seen for five or fewer sessions. An additional 14 percent of the clients received counseling for six or more sessions so that a total of 66 percent of the clients recognized the benefit of counseling at GFI.

For those individuals who did not see any benefit from GFI counseling, it did not make any difference how many sessions they attended as their opinion did not change.

**Hypothesis 18** - the greater number of clients who were involved in counseling before GFI will indicate they had a greater number of counseling sessions in their previous therapy.

**Results:**

This hypothesis was confirmed as 60 percent of the clients who received previous counseling attended six or more sessions. In comparison, 73 percent of those clients attended five or fewer
sessions while receiving treatment at GFI. In all, 79 percent of the clients who received counseling from other sources received five or fewer sessions from GFI.

It appears that there is a substantial percentage of clients who received short term counseling from GFI who had previously received long term counseling from other psychological therapy approaches. Hypothesis 19 - the greater number of clients will indicate the highest degree of satisfaction in the category of "overall life".

Results:

This hypothesis was not confirmed as the overall life category was ranked third among the seven possible areas. Spiritual life was first and personal life was ranked second.

The Spirituotherapy goal is to see a transformation of the client's life and not merely to introduce alternatives or adjustments to the person's situations. With this in mind, it was surprising to see other areas received higher scores than overall life. Closer investigation reveals that both of these categories, spiritual and personal, are critical to the person seeking counseling at GFI. The prospective client is in fact seeking a spiritual answer to his/her intrapersonal problem which is the focus and stated purpose of the GFI counseling approach.

Hypothesis 20 - there will be a greater number of clients who were separated when they began counseling who were reconciled versus divorced at the time of completion of the questionnaire.
Results:

This hypothesis was confirmed inasmuch as a comparison revealed there was a reduction in the percentage of those who were separated at the beginning of counseling (14%) to the time of completion of the questionnaire (9%). The divorce rate, on the other hand, increased during this time from five percent to 15 percent at the time of completion. The recent Gallup Poll (1979) revealed that only ten percent of the clergy believe that divorce should be avoided under any circumstances. With so many (90%) of the clergy having the attitude that divorce is possible, it is not surprising that many individuals feel that divorce is an acceptable alternative to marriage. The findings revealed that the marriage rate declined three percent from the beginning of counseling to completion from 57 percent to 54 percent. This is in comparison to the estimate that one-third of all marriages in the United States end in divorce and many other marriages have partners who are frustrated and unhappy (Collins, 1972, p. 71).

Additionally, this study revealed that clients who completed their counseling two years previously viewed that experience as being the most beneficial when compared to any other year under study. These findings appear to be universal regardless of the age grouping.

<table>
<thead>
<tr>
<th>Age grouping</th>
<th>effective or beneficial counseling</th>
<th>least effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-25</td>
<td>2nd - 3rd years</td>
<td></td>
</tr>
<tr>
<td>26-35</td>
<td>2nd</td>
<td>3rd &amp; 4th</td>
</tr>
<tr>
<td>36-45</td>
<td>1st - 5th</td>
<td></td>
</tr>
<tr>
<td>46-55</td>
<td>1st - 3rd</td>
<td>4th</td>
</tr>
</tbody>
</table>

The age grouping 36-45 years old viewed the counseling process as the
most effective when compared to the other age groupings. There was no apparent indication of satisfaction or dissatisfaction for those above the age of 56.

The findings of this investigation could:

1. Help counselors to evaluate the benefit of "Spirituotherapy" as an approach to Christian Counseling.
2. Aid GFI as well as other interested agencies in establishing training and internship programs.
3. Help counselors who use Spirituotherapy in practice to establish and perform more effectively the functions of this form of counseling practice.

Table 10 summarizes the significant results of the analysis provided in this chapter.

Table 10

Summary of the statistical analysis showing percentage of total subject sample levels attained when comparing descriptive scores of a random sample of GFI past clients completing the Spirituotherapy Questionnaire

<table>
<thead>
<tr>
<th>Description of subject(s) compared</th>
<th>percentage of total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most common age group seeking GFI counseling was 36-45 years old</td>
<td>39</td>
</tr>
<tr>
<td>Least common age group seeking GFI counseling was 66 and older</td>
<td>0</td>
</tr>
<tr>
<td>The female client group was larger than the male group</td>
<td>70</td>
</tr>
<tr>
<td>Marriage rate of clients decreased from beginning of counseling to completion of STQ</td>
<td>-3</td>
</tr>
<tr>
<td>Separation rate of clients decreased from beginning of counseling to completion of STQ</td>
<td>-5</td>
</tr>
<tr>
<td>Description of subject(s) compared</td>
<td>percentage of total sample</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Divorce rate of clients increased from beginning of counseling to completion of STQ</td>
<td>10</td>
</tr>
<tr>
<td>Most clients found out about GFI from a friend</td>
<td>60</td>
</tr>
<tr>
<td>Many clients received counseling before coming to GFI</td>
<td>58</td>
</tr>
<tr>
<td>The largest decline in a professional service group was psychiatrists (before - after GFI counseling)</td>
<td>-14</td>
</tr>
<tr>
<td>The largest increase in a professional group was pastors (before - after GFI counseling)</td>
<td>10</td>
</tr>
<tr>
<td>There was a sharp decrease in the clients' (GFI) receiving year or longer therapy compared to previous therapies</td>
<td>-29</td>
</tr>
<tr>
<td>There was a sharp increase in the clients' (GFI) receiving week(s) long therapy compared to previous therapies</td>
<td>32</td>
</tr>
<tr>
<td>Number of clients (GFI) terminating counseling with three or less sessions was greater compared to previous therapy</td>
<td>30</td>
</tr>
<tr>
<td>A large decrease in number of clients (GFI) receiving seven or more sessions of counseling compared to previous therapy</td>
<td>-44</td>
</tr>
<tr>
<td>Comparison of previous treatment with Spirituotherapy revealed high degree of effectiveness for Spirituotherapy</td>
<td>70</td>
</tr>
<tr>
<td>Marriage relations receiving over double the percentage of clients' prominent problem for seeking GFI counseling</td>
<td>34</td>
</tr>
<tr>
<td>Freedom from symptoms of their presenting problem(s) as a result of counseling at GFI</td>
<td>61</td>
</tr>
<tr>
<td>Spirituotherapy was to some degree beneficial to many who were free from their symptoms</td>
<td>69</td>
</tr>
<tr>
<td>&quot;Too few counseling sessions&quot; was identified by many as preventing freedom from symptoms</td>
<td>24</td>
</tr>
<tr>
<td>Description of subject(s) compared</td>
<td>percentage of total sample</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>After termination of counseling at GFI few clients returned for counseling</td>
<td>28</td>
</tr>
<tr>
<td>Old symptoms account for the largest proportion of returning clients at GFI</td>
<td>52</td>
</tr>
<tr>
<td>Nearly all clients state a belief in God</td>
<td>98</td>
</tr>
<tr>
<td>Nearly all clients felt they were saved</td>
<td>95</td>
</tr>
<tr>
<td>Most clients believed &quot;identification&quot; (Christ-centered life) had become reality</td>
<td>81</td>
</tr>
<tr>
<td>A high percentage indicated this identification occurred &quot;before counseling began&quot;</td>
<td>53</td>
</tr>
<tr>
<td>After termination of counseling at GFI many went elsewhere for counseling</td>
<td>42</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

It should be kept in mind that this research was conducted on a sample of past clients of Grace Fellowship International and consequently any generalizations regarding the stated conclusions are limited by this fact. The Spirituotherapy Questionnaire was developed to address unique methods and principles used by GFI, and if this instrument is to be used in other Christian counseling studies close review of individual items would be warranted.

It may be concluded from this study that the most typical client seeking counseling from GFI is a female who is between 36 and 45 years of age and received counseling services two years previous. She is married and was referred to GFI by a friend. The client has received psychological counseling in the past from two or fewer individuals with the largest percentage receiving therapy from psychiatrists for seven or more sessions. In comparing this form of psychological treatment with Christ-centered counseling, 70 percent of the clients indicated that Spirituotherapy was more effective than their previous form(s) of treatment. Nearly 50 percent of the clients sought help as a result of marriage related problems. Sixty-one percent of the clients revealed that they were free from their symptoms for which they sought counseling.

For the clients who were free from presenting problems, 69 percent revealed that counseling at GFI was, to some degree, a positive factor
in bringing about the desired change. There were no clear-cut reasons uncovered as to what prevented the resolution to their problem but "not seeking spiritual counseling", "relationship with counselor" and "too few counseling sessions" were identified most often.

Sixty-six percent of GFI clients indicated that their counseling lasted for "weeks" compared to months or years. Those receiving GFI counseling for five or fewer sessions accounted for 78 percent of the total number of clients.

Three-quarters of the GFI clients found it unnecessary to return for further counseling and of those who did return over one-half indicated that the reoccurrence of old symptoms was the reason for their seeking continued therapy.

Nearly all clients seeking counseling at GFI reported that they believed in God and almost as high a percentage (95%) indicated they felt they were saved. Four-fifths of the clients revealed that the Christ-centered life had become a reality in their experience. For those where identification had become a reality, over one-half of the clients felt it had occurred before counseling had begun.

Some clients (58%) reported that after leaving GFI they had gone elsewhere to resume counseling. The largest portion of those seeking additional counseling sought this help from psychologists.

Counseling at GFI produces the highest degree of satisfaction in the spiritual area of life, as reported by past clients. In comparison, the married area represents the lowest degree of satisfaction. When clients were asked to rank order the life areas in degree of satisfaction, again the area of spirituality received the top ranking.
It appears from cross comparisons that the presenting symptoms of "depression" was the most effective area dealt with by counseling at GFI. "Anxiety" also was found to be effectively reduced as a result of counseling at GFI. It does appear that a large proportion (48%) sought help from GFI in the marriage-divorce areas but only one-third felt they were benefitted from the counseling at Grace Fellowship.

This study would suggest that counseling at GFI is most successful in the areas of depression, anxiety and sexual problems but least effective in married relations, separation-divorce and spiritual growth. It appears that the reality of identification is a substantial factor in the lives of those who state they are free from their prominent problem.

Recommendations

As a result of the findings from this study, several recommendations are presented as possible areas to expand or initiate additional investigative studies related to Christ-centered counseling and to provide GFI with input as they evaluate their present program and develop long-range planning.

The first two recommendations relate directly to a need for Grace Fellowship International to review carefully their organizational position and philosophy.

Recommendation 1

The target population group(s) for which GFI's counseling approach was designed should be made clear. This is indicated as 87 percent of their clients in the study were 26 years of age or older. They should
determine if they are satisfied serving the group of clients from ages
26 to 65 years or if additional approaches should be developed or
implemented to reach the 25 and younger and the senior citizen groups.

Recommendation 2

Recommendation 2 is closely alligned to Recommendation 1. This
recommendation is aimed at identifying and then evaluating any specific
symptomology(ies) the counseling approach was initially or subsequently
modified to address. The impetus for this review is called for as
nearly 50 percent (48%) of the clients seeking counseling at GFI, accord­
ing to the study, were there because of marriage relations or separation
and divorce and because of the success that appeared when treating
depression. Clinebell (1966) has concluded, after reviewing the issue
of marriage and family counseling, that this is the "most indispensable
counseling skill" (p. 96). With such a high proportion of clients
seeking marriage counseling, competence in marriage related counseling
should be a high priority.

Recommendation 3

It appears that more time could be spent by counselors at GFI to
focus on how the client is perceiving his/her counseling experience.
This is indicated as 16 percent of the clients, when asked to rate the
degree of benefit they received from GFI counseling in bringing about
some desired change, selected "uncertain". In brief therapy models
it is sometimes difficult to focus on how the client is viewing the
process. Christ-centered counseling is no different, as in the early
sessions over one-half of the counseling session is a didactic
presentation. It would be important for GFI counselors to focus on

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
the client feedback early in the counseling process as 51 percent of their clients are seen for three or fewer sessions.

**Recommendation 4**

It would appear that a review of the timetable of presenting various techniques and methods used in Christ-centered counseling could be helpful as 42 percent of GFI clients, after termination of counseling at GFI, did go elsewhere to receive additional treatment. Taking time to better develop a rapport may provide the incoming client with a needed relationship. This could be critical as 58 percent of the clients in the study were coming from some other form of psychological treatment and were still seeking other treatment. In addition, 24 percent of the clients who were not free from their symptoms revealed that they felt they had attended too few counseling sessions at GFI. Christ-centered counseling, a brief or short-term Christian counseling approach, may be attempting to implement its counseling approach in too short a time frame. Every effort should be made to isolate the reason(s) for 42 percent of the clients seeking additional counseling.

**Recommendation 5**

In conjunction with recommendation 4, an attempt to identify who is terminating counseling (client or counselor) would be helpful to clarify if the methods used in Christ-centered counseling would be more useful and productive if spread out over additional counseling sessions. It was determined by the study that the number of GFI clients terminating counseling with three or fewer counseling sessions was greater than the number terminating counseling with their previous therapy during the same period.
Recommendation 6

Recommendation 6 is closely related to Recommendation 4. Recommendation 6 is an attempt to generate further investigation to focus on identifying the past and present problem(s) of clients seeking psychological help. Since 58 percent of GFI clients received counseling previously, it might be concluded that the clients' problems were deep-seated and lengthy psychological help would be needed to bring about the desired change. Also, the severity of the clients' problems could be the reason many clients, after termination of counseling at GFI, sought additional counseling elsewhere. This ties closely with developing a sound counseling relationship and expanding the length of the counseling process.

Recommendation 7

It could be helpful to both prospective counselees and GFI staff if there were a close review of the pre-intake screening process. Twenty percent of those who indicated that they were not free from their symptoms which brought them in for counseling selected the category of "not seeking spiritual counseling". The close adherence to a well developed pre-screening format could reduce the number of clients who are not seeking biblical counseling in general or the specific emphasis taken by Spirituotherapy.

Recommendation 8

It would appear that further study focusing on the counselor and his/her relationship to the client would be beneficial. This is indicated as 20 percent of those who revealed that they were not free from their symptoms which brought them in for counseling selected.
"relationship with counselor" as the thing hindering the resolution from occurring. It is unknown where the problem(s) lie at this time, but investigation could reveal if it lies with the counseling process or counselor related areas.

Recommendation 9

It would appear that GFI should evaluate the materials and consequent techniques related to the dissemination of information related to the broad area of "identification". Eighty-one percent of the clients stated that identification was reality but 56 percent revealed that they were free from their symptoms. Since the principle of identification is a major aspect of Spirituotherapy, the discrepancy between these percentages is meaningful. Another interesting point provided by the study was that 53 percent of the clients felt that identification (Christ-centered life) took place before the counseling process began.

In summary, this first study of Spirituotherapy has provided many answers to questions which prior to the study were only speculative. However, it also raised many questions. Therefore, this study should provide other researchers with meaningful areas and topics to explore with additional research projects.

Spirituotherapy is based on a fundamental-evangelical position of Christianity and the terms and language found within this study reflect this point of view. This study did not attempt, in any way, to clarify or legitimize the theological assumptions accepted by Grace Fellowship International and used as fundamental elements in Christ-centered counseling.
The familiarization with the person's history may be secured along the following lines. The key questions below are in the chronological order generally utilized:

1. Are your parents living?
2. If so, are they living together?
3. If one or both died or they are separated, what age were you at the time?
4. If such changes took place, where or with whom did you live afterward?
5. Was this the only marriage for your parents?
6. How many siblings (brothers and sisters) in your immediate family? Where do you fit in? How many years difference between you and those siblings immediately younger and older?
7. If a stepparent were involved, how were you treated? Compare your treatment with that of stepbrothers and stepsisters by the stepparent.
8. If you had to leave the parental home, what was your living situation? How did you feel about it? Were one or all siblings with you?
9. As a child, were you closer to your mom or to your dad? Which could you talk to about threatening matters, if either?
10. Did either parent express or show love?
11. Was favoritism shown to other siblings?
12. Do you vividly recall any significant happenings—bad or good—prior to beginning school?
13. Were you ever sexually molested? At what age? By same sex or opposite sex? Someone your age or adult? Did you ever tell anyone about it? How long after it occurred?
14. How did you relate to siblings? Was there jealousy?
15. Were either or both of your parents overprotective? Describe.
16. From the ages of 6 to 12, were you outgoing? Withdrawn? Happy? Sad?
17. How many close friends from ages 6 to 12?
18. Were there any significant changes in your attitudes toward yourself or others during junior high school? Significant events?
19. What were you like during high school? When did you start dating? Any steadies?
20. What about sexual development and relationships during high school? Same or opposite sex? Guilt over self-stimulation?
21. Did you complete high school?
23. At what age were you married? Children? If that marriage failed, at what age? Subsequent marriages? Children and/or stepchildren?
24. Describe the marriage(s).
25. What kind of work or study are you in at present?
26. What is your emotional and mental state at the present time? Any physiological symptoms?
27. Have you ever been in therapy? When? What kind? How long? Prescribed drugs at present?
28. Any problems, past or present, with drugs or alcohol?
29. If married, how is sexual adjustment?
30. Are there any excessive financial pressures at this time? Do you and spouse agree on money management?
31. What is the psychological and social health of your children at this time?
32. Describe communication with spouse.
33. Do you have a relationship with God? How established? At what age? Are you currently affiliated with a church? What kind? Are you regular in attendance? Active in ministry?
34. What do you see as the chief problem which must be resolved?
35. Do you feel you are open to God’s solution?
## TAYLOR-JOHNSON TEMPERAMENT ANALYSIS PROFILE

Profile Revision of 1967

These Answers Describe: 

- Single
- Years Married
- Years Divorced
- Years Widowed
- Children: M / F

Answers made by: SELF or husband, wife, father, mother, son, daughter, brother, sister, or another of the person described.

<table>
<thead>
<tr>
<th>Mids</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>Trait Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Raw score</td>
</tr>
<tr>
<td>Percentile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percentile</td>
</tr>
</tbody>
</table>

### TRAIT

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>Nervous</th>
<th>Depressive</th>
<th>Active-Social</th>
<th>Expressive-Responsive</th>
<th>Sympathetic</th>
<th>Subjective</th>
<th>Dominant</th>
<th>Hostile</th>
<th>Self-disciplined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trait</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OPPOSITE

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>Composed</th>
<th>Light-hearted</th>
<th>Quiet</th>
<th>Inhibited</th>
<th>Indifferent</th>
<th>Objective</th>
<th>Submissive</th>
<th>Tolerant</th>
<th>Impulsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trait</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>OPPOSITE</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### DEFINITIONS

- Excellent
- Acceptable
- Improvement desirable
- Improvement urgent

### TRAITS

- Nervous: Irate, high-strung, apprehensive.
- Depressive: Pessimistic, discouraged, depressed.
- Active-Social: Enthusiastic, outgoing, socially involved.
- Expressive-Responsive: Spontaneous, affectionate, demonstrative.
- Sympathetic: Kind, understanding, compassionate.
- Subjective: Emotional, illogical, self-absorbed.
- Dominant: Confident, assertive, competitive.
- Hostile: Critical, argumentative, punitive.
- Self-disciplined: Controlled, methodical, persevering.

### OPPOSITES

- Composed: Calm, relaxed, tranquil.
- Light-hearted: Happy, cheerful, optimistic.
- Quiet: Socially reticent, lethargic, withdrawn.
- Inhibited: Restrained, unresponsive, repressed.
- Indifferent: Unempathetic, insensitive, indifferent.
- Objective: Emotionless, reasonable, logical.
- Submissive: Passive, compliant, dependent.
- Tolerant: Accepting, patient, humane.
- Impulsive: Uncontrolled, disorganized, changeable.

**Note:** Important decisions should not be made on the basis of this profile without confirmation of these results by other means.

Copyright © 1967 by Robert M. Lazar
Reproduction in whole or part prohibited

Published by Psychological Publications, Inc., 5300 Hollywood Blvd., Los Angeles, California 90027

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Attachment 3

SPIRITUOTHERAPY QUESTIONNAIRE (S.T.Q.)

1. Your present age:
   _15 or younger _16-25 _26-35 _36-45 _46-55 _56-65 _66 or older

2. Your age at the beginning of counseling at Grace Fellowship International (G.F.I.): 
   _15 or younger _16-25 _26-35 _36-45 _46-55 _56-65 _66 or older

3. Number of years since completion of counseling at G.F.I.:
   _1 or less _2 _3 _4 _5 _6 _7 _8 or more

4. Sex: _Female _Male

5. What is your present marital status?
   _single _living together _married _separated _divorced _widow(er)

6. What was your marital status when you began counseling at G.F.I.?
   _single _living together _married _separated _divorced _widow(er)

7. How did you hear about or who referred you to Grace Fellowship?
   _yellow pages _friend _pastor _Dr. Solomon's books _seminar

8. Have you in the past received psychological counseling other than from G.F.I.? _yes _no
   IF YOUR ANSWER TO QUESTION 8 IS "NO", CONTINUE THE QUESTIONNAIRE BY GOING TO QUESTION 14.

9. If you have received psychological counseling other than "Spirituotheraphy" in the past, how many different individuals have you sought help from?
   _2 or less _3 _4 _5 _6 or more

10. If your answer to question 8 was "yes" from whom was your most recent therapy given?
    _psychiatrist _psychologist _counselor _social worker _pastor

11. If your answer to question 8 was "yes", what was the duration of your therapy?
    _years _months _weeks

12. What was the number of counseling sessions (up to one hour) you received:
    _2 or less _3 _4 _5 _6 _7 or more

13. If you answered "yes" to question 8, how would you compare spirituotheraphy with that form of treatment?
    _very effective _effective _uncertain _slightly effective _not effective

14. Please check the prominent problem for which you sought counseling at G.F.I.:
    _1. marriage relations _2. suicidal tendencies
    _3. homosexuality _4. fears - phobias
    _5. alcoholism _6. anxiety
    _7. depression _8. sexual problems
    _9. separation - divorce _10. seeking spiritual growth
    _11. drug abuse _12. family relations

15. Are you free from the symptoms which first brought you in for counseling at G.F.I.? _yes _no

16. If you answered "yes" to question 15, how beneficial was the counseling at G.F.I. in bringing the desired change? 
    _very beneficial _beneficial _uncertain _slightly beneficial _not beneficial

17. If you answered "no" to question 15 what prevented the resolution of the symptoms?
    Please check one:
    _1. not seeking spiritual counseling _4. relationship with counselor
    _2. to few counseling sessions _5. chose not to make "identification"
    _3. relocation _6. not clear understanding of spiritual principles

18. Counseling at G.F.I. lasted for: _years _months _weeks

19. What was the number of counseling sessions (up to one hour) you received at G.F.I.? 
    _2 or less _3 _4 _5 _6 _7 or more

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
20. After leaving counseling at G.F.I., have you found it necessary to return for further counseling? 
   ___ yes  ___ no

21. Please indicate your reason if you answered "yes" to question 20:
   1. new symptom  4. fellowship
   2. maintenance  5. to make "identification"(Christ-centered life)
   3. old symptom  6. spiritual growth

22. Do you believe in God?  ___ yes  ___ no  ___ uncertain

23. Are you saved?  ___ yes  ___ no  ___ uncertain

24. Did "identification" (the Christ-centered life) become reality for you?  ___ yes  ___ no

25. If you answered "yes" to question 24 when did this identification occur?
   ___ before counseling began
   ___ during counseling session
   ___ during counseling but outside the office
   ___ after counseling was terminated

26. After leaving counseling at G.F.I., have you gone elsewhere to resume counseling? 
   ___ yes  ___ no

27. If you answered "yes" to question 26, from whom?
   ___ psychiatrist  ___ psychologist  ___ counselor  ___ social worker  ___ pastor

PLEASE INDICATE THE DEGREE OF YOUR SATISFACTION IN CHANGES IN YOUR LIFE AS A RESULT OF COUNSELING AT GRACE FELLOWSHIP INTERNATIONAL.

28. Your personal life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

29. Your married life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

30. Your spiritual life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

31. Your family life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

32. Your employment life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

33. Your social life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

34. Your overall life:

   Strong
   Satisfaction  Satisfaction  Uncertain  Dissatisfaction
   ()            ()            ()            ()

35. Please place the following items in rank order as far as your satisfaction of change you have experienced:
   1. Personal  5. Employment
   2. Married   6. Social
   3. Spiritual  7. Overall Life
   4. Family

2. Vocational Questionnaire developed in Counseling and Personnel 694 WMU, April, 1978.

3. Survey Questionnaire (College Scholarship Service), 1969.


The enclosed materials are being sent to you because of your past affiliation with Grace Fellowship International (GFI).

This study, authorized by Grace Fellowship, is being conducted with the help of past counseling clients. Your name has been selected at random from the list of people who have sought counseling from GFI and has been secured in order to ask your cooperation in participating in this research project. The results will be of value to Grace Fellowship as present activities are evaluated and plans made for the future.

Your participation is vital to the study. Would you please take a few minutes to complete the enclosed questionnaire. This survey is to be anonymous. Please read the questions carefully and answer just what the questions ask. A stamped, self-addressed envelope is enclosed for your convenience in returning the questionnaire.

The data from this survey will be helpful to Grace Fellowship and will be available for review at GFI Headquarters in Denver.

WOULD YOU PLEASE TAKE TIME RIGHT NOW TO COMPLETE THE QUESTIONNAIRE?

Thank you so much!

CHARLES R. SOLOMON

Enclosures
Nine factors for extracting meaningful research findings
(Van Dalen, 1966)

1. examine their problematic situation
2. define their problem and state their hypotheses
3. list the assumptions upon which their hypotheses and procedures are based
4. select appropriate subjects and source materials
5. select or construct techniques for collecting the data
6. establish categories for classifying data that are unambiguous, appropriate for the purpose of the study, and capable of bringing out significant likenesses, differences, or relationships
7. validate the data-gathering techniques
8. make discriminating, objective observations
9. describe, analyze and interpret their findings in clear, precise terms
Bibliography


Southard, S. A History of Clinical Pastoral Education. The Perkins School of Theology Journal, 1957, 10, 6-10.


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.