



The development and evaluation of a Biblically-based therapy programme for a congregation

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Abstract

The development and evaluation of a Biblically-based therapy programme for a congregation

The aim of the research underlying this article was to develop a Biblically-based therapy programme for a congregation and to evaluate its impact. The aim of the programme was to enhance participants' acceptance of self, their acceptance of others and their ability to have a meaningful relationship with God. A pre- and post-test design that included an experimental group (n = 27) and a control group (n = 23) was used. The programme consisted of six weekly individual therapy sessions that were conducted by one of the researchers, and a support and prayer group that supported the experimental group. The impact of the programme presentation was assessed by nine measuring instruments. Results obtained indicated that the participants in the experimental group experienced significant growth in almost all the psychological and spiritual dimensions that had been assessed. It was concluded that a Biblically-based therapy programme could be used to enhance individuals' intra-psychic, interpersonal and, ultimately, spiritual growth.

Opsomming

Die ontwerp en evaluering van 'n Bybelgefundeerde terapie-program vir 'n gemeente

Die doel van die navorsing waarop hierdie artikel gebaseer is, was om 'n Bybelgefundeerde terapieprogram vir 'n gemeente te ontwerp en om die impak daarvan te evalueer. Die doel van die program was om die deelnemers se aanvaarding van hulself en van andere, asook hulle vermoë om in 'n lewende verhouding met God te staan, te verbeter. 'n Voor- en natoetsontwerp wat 'n eksperimentele groep (n = 27) en 'n kontrolegroep (n = 23) ingesluit het, is gebruik. Die terapieprogram het bestaan uit ses weeklikse individuele terapisessies wat deur een van die navorsers aangebied is, en 'n ondersteunings- en gebedsgroep wat die eksperimentele groep ondersteun het. Die impak van die programaanbieding is geëvalueer deur nege meetinstrumente. Die resultate het aangetoon dat die deelnemers van die eksperimentele groep betekenisvolle groei ervaar het in byna al die psigologiese en spirituele dimensies wat geëvalueer is. Die gevolgtrekking waartoe gekom is, is dat 'n Bybelgefundeerde terapieprogram gebruik kan word om persone se intrapsigiese, interpersoonlike en spirituele groei te bevorder.

1. Introduction

It is evident from subject-related literature that many individuals who require psychotherapy are religious in outlook and feel the need to have religious issues included in therapy sessions (Diblasio, 1988; Hall & Hall, 1997; Koltko, 1990). Traditionally, religious beliefs have been either regarded as contributing negatively to the psychological functioning of a person, or have been avoided by psychologists (Dickson, 1991; Jones, 1994; Koltko, 1990). The lack of training with regard to addressing religious aspects in psychotherapy, or the psychologist's own worldview has probably contributed to the traditional approach to the religious beliefs of clients (Bergin & Jensen, 1990; Diblasio, 1988; Jones, 1994).

The increased awareness of the importance of the client's religious convictions and the inclusion of these convictions in a psychotherapeutic approach have led to various attempts to describe psychotherapeutic approaches in which religious convictions are integrated (Bergin *et al.*, 1988; Koltko, 1990). Christian psychologists have also increasingly attempted to describe the relation between Christian faith and psychology (Jones & Butman, 1991; Tan, 1991). Research undertaken in relation to integration includes studies on how Christian psychologists use spiritual resources in

psychotherapy, as well as studies on the effect of an explicit Christian approach on the client, and the effectiveness of an integrated approach to psychotherapy (Finney & Malony, 1985; Johnson, 1993; Jones & Butman, 1991; Poloma & Pendleton, 1991; Tan, 1987; Worthington, 1986; Worthington *et al.*, 1988).

Various other studies indicate that someone's involvement in religious, congregational and church-related activities has positive value for the psychological functioning of an individual because the church as a community of believers offers a source of hope, stability, intimacy and support in life crises (Cewart *et al.*, 1995; Maton & Pargament, 1987; McAdoo & Crawford, 1991; Pargament, 1997; Pretorius *et al.*, 1990; Spilka *et al.*, 1985). It seems as if little research has been done with regard to the effect of programmes utilising the involvement of the church community in people's well-being (Cewart *et al.*, 1995; Pargament *et al.*, 1991; Rissmeyer, 1992).

The above findings, and especially the fact that the church as a community of believers presents a source of hope, led to the following research question:

- What would be the effect of a Biblically-based therapy programme moulded in accordance with the Christian belief system?
- What would be the impact of a programme that utilises someone's involvement in congregational and church-related activities in determining a person's acceptance of self and others, as well as his/her relationship with God?

The term "Biblically-based"

The term "Biblically-based" should be elucidated in this respect. For the purposes of this article "Biblically-based" is interpreted as incorporating specific aspects of the Christian faith in the help-giving process. These aspects may be defined further as the recognition of the authority of Scripture because it is the Word of God in which we find the guidelines for our lives as redeemed people. A further aspect implies faith in God as the Creator who also created human beings in his image. Faith in Christ implies that He is truly God and truly human and has redeemed us, while faith in the Holy Spirit brings about certainty of salvation as well as leading us on the road to change. Another aspect embedded within the Christian faith is that human beings were initially created good and in God's image but fell into sin and should thus be redeemed from sin by Jesus

Christ and forgiven by God. This forgiveness should be passed on to one's fellowmen. What we believe and confess about the church embraces [the faith that] the church is the body of Christ and should function as a loving community in this world. In this sense the individual members of a congregation should act as shepherds for one another – guiding one another in life's crises and indicating the perspective of hope in Christ as a way of coping with problems. Such a therapy programme applied in a congregation should not solely serve the personal needs of individual members but should act as a manifestation of the work of the Holy Spirit. Within this broader framework the fact that the members of the faith community aim at building up one another points to service in the Kingdom of God.

The conviction that God created angels as his servants to protect the faithful from onslaughts by the devil, is also regarded as being of prime importance in the help-giving process. The certainty of the second coming of Christ offers hope of a certain future in which there will be no more brokenness – an aspect that could also be incorporated in a therapy programme (Joubert, 1999).

2. Method

2.1 Aim and research design

The primary aim of the research underlying this article was to develop a Biblically-based therapy programme moulded in accordance with the Christian belief system. It was attempted to design the programme for individuals in a congregation in such a way that the involvement of other members of the congregation could be utilised. The aim of the programme was to improve individuals' acceptance of self (intra-psychic level of functioning), acceptance of others (interpersonal level) and to improve the ability to have a meaningful relationship with God (spiritual level of functioning). A secondary aim was to implement the programme in a church of reformed origin and doctrine in order to assess the effectiveness of the programme.

The research design that was employed, consisted of a pre-test and a post-test research design (Huysamen, 1976) and included an experimental and a control group.

2.2 Participants

An Afrikaans church of reformed origin and doctrine was chosen because this denomination is representative of the predominant

group of Afrikaans-speaking believers. The target population was a specific congregation in Germiston, a city near Johannesburg. The choice of the congregation was based on the number of congregation members, the accessibility to the researcher and the willingness of the minister and clergy to co-operate in the research programme.

The aim and nature of the programme were explained to the minister and elders of the congregation prior to the introduction of the programme to the congregation. The introduction was done by means of a written letter and a short speech on a Sunday morning after the worship service. Possible participants were identified by means of two questionnaires, the Questionnaire for Assessing Self-Acceptance and Acceptance of Others (Berger, 1952) and the Stress Symptom Checklist (Kruger, 1987). The elders of the congregation distributed the questionnaires among the congregation members of 18 years and older. (It was decided not to include children in the research.) Participants with either a low self-acceptance and a low acceptance of others and/or high stress levels were identified. The number of questionnaires that were distributed was 448, of which 222 were returned. Twenty-nine participants were identified by means of the first questionnaire (low self-acceptance and a low acceptance of others) and 103 participants with a high stress level were also identified. The group consisted of 54 (41%) men and 78 (59%) women.

The participants were randomly assigned to a control group and an experimental group. The participants were telephonically contacted and informed of their selection to participate in the research project. Participation was voluntary. This procedure was followed until 60 participants (30 for the experimental group and 30 for the control group) were selected. Because of people dropping out before the pre- and post-testing there were eventually 27 people in the experimental group and 23 in the control group.

2.3 Description of sample

The average age of the experimental group was 40 years with an age distribution between 21 and 51 years. The average age of the control group was 39 with an age distribution between 22 and 55. The distribution in relation to gender also showed a great similarity, a far greater percentage of women than men was obvious in both groups (81% in the experimental and 72% in the control group). The distribution in terms of marital status and other family relationships was also very similar between the two groups. Seventeen of the

twenty seven people of the experimental group were married, three were divorced, three were widows and four had never been married. In the control group seventeen of the twenty five people were married, four were single, two divorced, one a widow and one a widower.

2.4 Measuring instruments

The participants' intra-psychic functioning was measured by using the Questionnaire for Assessing Self-Acceptance and Acceptance of Others (Berger, 1952); Stress Symptom Checklist (Kruger, 1987); Behavioral Attributes of Psychosocial Competence Scale (Tyler, 1978) and Religious Coping Styles (Pargament *et al.*, 1988). The participants' interpersonal functioning was measured by the Family Assessment Device (Epstein *et al.*, 1983); Social Support Behaviors Scale (Vaux *et al.*, 1987); Involvement Scale (Wicker & Mehler, 1971); Church Satisfaction Scale (Silverman *et al.*, 1983) and Congregation Climate Scales (Pargament *et al.*, 1983). The spiritual functioning was measured by Religious Coping Styles, Church Satisfaction Scale and Congregation Climate Scales. These scales were chosen because they were theoretically well-founded, had satisfying psychometric features (reliability and validity), and they could measure the different aspects of intra- psychic, interpersonal and spiritual functioning that were addressed in the programme.

2.5 Procedure

After the participants had been identified, congregation members with the gift to encourage people and intercede in prayer for others were identified to be part of the support and prayer groups. The support group consisted of four persons. The group was led by the one of the researchers (N. Joubert) and the goals of the support as well as the methods of support were discussed during the first session. The group met once a week for seven weeks to discuss the method of support to be used, e.g. cards, telephone calls, Scripture verses and visits to support the person of the experimental group who was assigned to each supporter. The prayer group consisted of three persons who voluntarily agreed to meet once a week for eight weeks to pray for the participants. The group was led by one of the members chosen by the group to lead the prayer meetings and to act as contact person between the group and the researcher. Different aspects of prayer were explained to the group: the confidentiality of the requests, the submission of the prayer to the will of God and the procedure to be followed during the prayer

meetings. These prayers were based on requests of the participants given every week to the group by the researcher.

The participants in both the experimental and control groups completed the above-mentioned nine questionnaires a week before the programme commenced. The participants of the experimental group attended six individual therapy sessions once a week and received support and specific prayers during this period of time. The researcher conducted the therapy sessions. The control group was not subjected to any interventions. The post-testing was done one week after the conclusion of the programme.

2.6 Statistical methods used

The t-test for independent and dependent groups was used (Huysamen, 1976; Roscoe, 1975). The 0,5% level of significance was used for the rejection of the null hypothesis. The t-test for independent groups was used to compare the pre- and post-test results of the experimental and control groups. The t-test for dependent groups was used to determine whether any significant growth within the distinctive groups could be perceived. Cohen's criteria of practical significance were used to ascertain whether the statistical differences were also practically significant (Cohen, 1988). Cohen suggested three guideline values: *small effect* ($d = 0,2$), which means that the difference between the groups is hardly detectable in practice; *medium effect* ($d = 0,5$), which means that the difference between the groups is considerably detectable in practice; and *great/large effect* ($d = 0,8$), meaning the difference between the groups is obvious in practice. The reliability of each measuring instrument was determined by using the Cronbach alpha test for reliability (Kerlinger, 1973).

2.7 The design and presentation of the Biblically-based therapy programme

The integration of the Christian belief system and of psychological techniques during the planning and application of the programme was based on the four types of integration as proposed by Bouma-Prediger (1990) – inter-disciplinary, intra-disciplinary, faith-praxis and experiential integration.

The following therapeutic approaches and/or techniques were used, based on their appropriateness in terms of the programme goals, the individual goals of the participants and the length of the programme: a person- centred approach (Rogers, 1979a; 1979b); a

relaxation technique (Corsini & Wedding, 1989; Propst, 1988); cognitive restructuring (Corey, 1996; Corsini & Wedding, 1989; Ellis, 1980; Propst, 1988); trauma therapy (Herman, 1992); visualisation techniques (Propst, 1988); application of forgiveness (Brandsma, 1987; Stoop & Masteller, 1996); communication skills (Propst, 1988); family-system approach to improve family functioning and to include the support and prayer groups as one of the supra-systems of the experimental group, and Biblical counselling methods, including prayer and the use of Scripture.

The six individual sessions developed as follows:

During the *first session* the goals and procedures of the programme were explained as well as the roles and functioning of the prayer group and support group. The participants then decided on their personal goals for the sessions. A relaxation technique was explained and demonstrated and the participants were asked to repeat the technique at least once on a daily basis. Lastly an opportunity was given for prayer requests. This opportunity was given at the closing of every session as well as the opportunity for feedback on previous prayer requests.

The *second session* started with feedback from the participants about the relaxation exercise. The goal of this session was to identify negative or non-Biblical thought patterns and the consequences thereof on psychological and spiritual functioning. The ABC-model (Ellis, 1980) was explained. A homework task was given in which the person was asked to repeat the relaxation exercise and to identify false convictions underlying negative emotions or behaviour and then to replace them with applicable parts from Scripture.

The *third session* started with feedback on the relaxation technique and the false convictions that the person had identified. The processing of trauma and post-traumatic stress was discussed with participants who wanted to deal with a traumatic experience. In this process cognitive restructuring was used. The person's emotions and convictions with regard to God were discussed. A homework task was given that was aimed at the expression of emotions about God. Lastly visualisation, a psychotherapeutic technique in which a visual image that the client forms is used was explained. The client was asked to form a visual image of God as a healing/comforting God, and to bring this image to mind at the end of the relaxation exercise. The goal was to use this image to transform negative

images of the trauma and to establish a relationship between the client and God that could bring comfort.

The *fourth session* started with a discussion of the progress made with the focus on relaxation, cognitive restructuring, visualisation and the processing of trauma and post-traumatic stress in a relationship with God. The concept of forgiveness was discussed, including the processing of feelings of guilt. Attention was then given to problems in interpersonal relationships. The role of communication in marriage and family relationships was discussed with reference to the MacMaster model (Epstein *et al.*, 1978). Biblical guidelines with regard to relationships were discussed. The homework task given was to continue with the relaxation technique and to choose at least one family member and consequent relationship for the application of the communication skills demonstrated in the session.

The *fifth session* started with feedback on progress and homework tasks. Methods to maintain and encourage the progress were discussed. The termination of the programme was discussed and possible problems, as foreseen by participants, were addressed. The last session focused on the closure and termination of the therapy sessions. The original goals were evaluated and possible reasons for change or lack of change discussed. Most people reported that they had experienced the support of the support group very positively. The participants were thanked for their participation and the procedure of the post-testing was explained.

3. Results and discussion

As stated the aim of the programme was to enhance different aspects of the participants' functioning. The results in terms of these dimensions will subsequently be presented and discussed.

3.1 Intra-psychic functioning

3.1.1 Questionnaire for Assessing Self-Acceptance and Acceptance of Others

The coefficient alpha reliability for the self-acceptance subscale was 0,78 and compares well with the coefficient reliabilities of Bergemann (1988): 0,746-0,894. The coefficient alpha reliability for the subscale acceptance of others (0,55) is lower than the coefficient reliabilities of Bergemann (1988): 0,776-0,884.

There was no statistically significant difference between the average score of the experimental and control groups on both scales during the pre-test. The random selection of the participants was therefore successful in relation to the two dimensions. The post-test results illustrate that there was a significant difference between the groups on the 5% level of probability with regard to the acceptance of others. The practical significance(*d*) was of medium effect.

A statistically significant difference was found on the 1% level of probability between the pre- and post-tests of the experimental group with regard to both subscales. The practical significance of the results was of medium effect in terms of acceptance of self and of great effect with regard to acceptance of others. The acceptance of self and others improved in the experimental group because of the programme presentation. According to Berger's (1955) definition of self-acceptance the experimental group could acknowledge their abilities and limitations to a greater extent and they could consider themselves worthy. They could further be less judgemental towards others; they would not accept responsibility for others; they would not disregard the worth of others; they showed more interest in others and tried not to take the rights of others away for their own benefit. There were no statistically significant difference in the pre- and post-test scores on both scales of the control group.

3.1.2 Stress Symptom Checklist

The reliability coefficient of the checklist was high, 0,95.

A significant difference on the 5% level of probability between the experimental and control groups was evident during the pre-test. The stress level of the experimental group was significantly higher than that of the control group. The practical significance was of medium effect. This result indicated that the random selection of the subjects was not successful. However, the significant difference that manifested in the pre-test was cancelled during the post-test.

The average score of the experimental group was significantly lower in the post-testing than in the pre-testing and the practical significance was of great effect. The programme led to a decrease in stress level. In the pre- and post-test scores of the control group no statistically significant differences were obvious.

3.1.3 Behavioral Attributes of Psycho-social Competence Scale

The alpha reliability coefficient of this scale was lower (0,692) than the one reported by Tyler (1978) (0,84).

No significant difference was recorded between the experimental and control groups during the pre- and the post-test. Although no significant difference between the groups manifested during the post-test a significant difference between the pre- and post-testing of the experimental group was clear. The average score increased significantly on the 1% level of probability and indicated a growth in the psycho-social competency of the experimental group. The practical significance was of great effect. This result implied that the experimental group's ability to define problems realistically, to set suitable goals and to pursue the goals in an organised and active manner had improved. The control group did not show any growth in psycho-social competency.

3.1.4 Religious Coping Styles

The coefficient alpha reliabilities for the three subscales were high (0,947, 0,933 & 0,919) and compared well with the coefficient reliabilities of Pargament *et al.* (1988) – 0,94, 0,94 and 0,91.

With regard to collaborative style a significant difference on the 5% level of probability between the two groups could be indicated during the pre-testing period. The practical significance was of great effect and it pointed to the fact that the experimental group made significantly less use of a collaborative style than the control group. The post-test results showed that a significant difference existed between the experimental and the control groups with regard to collaborative style on the 5% level of probability and self-directed style on the 1% level of probability. The practical significance was of medium effect. Although the two groups were not comparable in terms of collaborative style the pre-test difference between the groups was reversed.

A statistically significant difference was found between the pre- and post- testing with regard to all three subscales in the experimental group. A significant increase could be indicated on the subscale dealing with collaborative style (including the work of God in the problem-solving process); a decrease on the subscale dealing with self-direction (solving problems without God), and an increase on the subscale dealing with deferring style (deferring to go with problems to God). All these changes were significant on the 1% level of probability and the practical significance was of great effect. The results pointed to positive growth in the experimental group's relationship with God. No statistically significant change in the control group could be perceived.

In view of the results on the above-mentioned four tests, it can be stated that the programme presentation was effective in the following respects: it increased the experimental group's acceptance of self and others; decreased the participants' stress level; improved their psycho-social competency; improved their religious problem-solving skills, and enriched the participants' relationship with God.

3.2 Interpersonal functioning

3.2.1 Family Assessment Device

The coefficient alpha reliabilities concurred on many subscales with those of Epstein *et al.* (1983) that is problem solving 0,76 (0,74), communication 0,73 (0,75), roles 0,68 (0,72), affective responsiveness 0,66 (0,83), affective involvement 0,69 (0,78), behaviour control 0,50 (0,72) and general functioning 0,85 (0,92).

On the subscale dealing with general family functioning a significant difference manifested on the 5% level of probability between the experimental and the control groups during the pre-testing. The practical difference was of medium effect. The experimental group evaluated their family functioning as weaker than the control group (a higher score indicating a more negative situation on subscales). During the post-testing there was no statistically significant difference between the groups with regard to all the sub-scales, as the statistically significant difference that was present during pre-testing on the subscale general family functioning, was cancelled.

A statistically significant difference was recorded between the pre- and post-testing of the experimental group on six of the subscales, that is problem solving, communication, roles, affective responsiveness, behaviour control and general functioning. The difference was significant on the 1% level of probability and the practical significance was of medium effect. According to the experimental group their families improved in terms of problem-solving skills, clear and direct communication, clear role description, the expression of appropriate emotions, the maintenance of behaviour rules and better general family functioning.

The fact that the experimental group had shown a higher stress level and lower general family functioning than the control group before the programme commenced can indicate that the one variable bears relation to the other. According to relevant subject-related literature it can be expected that an improvement in problemsolving skills, social support and self-acceptance will lead to a decrease in a person's

stress level (Fondacaro & Moos, 1987; Kobasa, 1982; Maton, 1989.) The improvement in self-acceptance could also have been the cause of the improvement in general family functioning. Research done by Omwake (1954) supports the viewpoint that a person's interpersonal relationships will be better if he has high self-acceptance.

3.2.2 Social Support Behaviors Scale

The coefficient alpha reliabilities concerning the support given by the family subscales were high (0,887-0,963) and compare well with the alpha reliability reported by Vaux *et al.* (1987) on this scale – the lowest being 0,82.

The coefficient alpha reliabilities for all the subscales concerning the support given by the congregation were high (0,917-0,949). In no known other research project undertaken thus far this scale has been used as the researcher adapted the scale for social support given by the family to measure social support given by a congregation.

Concerning the support given by the family during the pre-test no statistically significant difference was indicated between the experimental and control groups on all the subscales. A statistically significant difference was found on the 5% level of probability between the experimental and control groups during the post-test with regard to the dimensions of financial support and advice. The practical significance was of medium effect. The experimental group's expectation of financial support and advice from family members did increase in comparison with that of the control group.

In all the variations of support a statistically significant difference was evident between the pre- and post-testing of the experimental group with regard to support from the family. The difference was significant on the 5% level for emotional and practical support and on the 1% level for social and financial support and advice. The practical significance of these differences was low as far as dimensions of emotional, social and practical support concern, but of medium effect as regard financial support and advice. This result implied that the experimental group's expectations to get support from family members increased because of the programme intervention. No statistically significant difference could be indicated between the pre-and post-testing in the control group.

No statistically significant difference was found between the experimental and control group's expectation of support from the

congregation during the pre-testing but there was a statistically significant difference between the groups during the post-testing on all the subscales, that is emotional support (on the 1% level), social support (5% level), practical support (5% level), financial support (5% level) and advice (1% level). The practical significance was of medium effect.

With regard to all dimensions of support from the congregation a statistically significant difference was evident between the pre- and post-testing of the experimental group. The difference was significant on the 1% level of probability and the practical significance was of medium effect. These results indicate that the programme led to an increase in the expectations of the experimental group with regard to all aspects of social support from the congregation. No statistically significant difference between the pre-and post-testing in the control group, was evident.

3.2.3 Involvement Scale

The coefficient alpha reliability on this scale was high (0,844) and compares well with the alpha reliability reported by Pretorius *et al.* (1990) that is 0,80.

No statistically significant difference existed between the experimental and control group during pre- and post-testing. There was, however, a statistically significant difference between the pre- and post-testing of the experimental group. The difference was significant on the 5% level of probability and the practical significance was small. The results therefore indicate that there was a trend towards growth in the experimental group with regard to the involvement in the congregation. There was, however, no statistically significant difference between pre- and post-testing in the control group.

3.2.4 Church Satisfaction Scale

The alpha reliability on this scale was high (0,663-0,968) and compared well with the reliabilities reported by Silverman *et al.* (1983) that varied from 0,62-0,90.

There was no statistically significant difference between the groups during the pre-testing on all the subscales. During the post-testing, however, a statistically significant difference between the groups presented itself on one subscale, that is services. The difference was significant on the 5% level of probability and the practical significance was of medium effect. Although this might indicate that

the programme improved the experimental group's satisfaction with the services, there was no statistical difference on this group's pre- and post-testing regarding this dimension. There was no statistically significant difference between the pre- and post-testing of the experimental group and the pre- and post-testing of the control group.

3.2.5 Congregation Climate Scales

The results indicated that the alpha reliability on this scale varied from 0,492-0,834. With the exception of one subscale, expressiveness, these results compares well with the reliabilities reported by Pargament *et al.* (1983) that varied from 0,69-0,83 and those reported by Pretorius *et al.* (1990) (0,50-0,74).

A statistically significant difference between the experimental and control groups during the pre-testing was evident regarding one of the dimensions of the congregation climate, that is autonomy. The difference was significant on the 5% level of probability and the practical significance was of medium effect. The experimental group's perception of the level of autonomy of church members was lower than the perception of the control group. No statistical difference was found between the experimental and the control groups during the post-testing on all the subscales, and the significant difference that was present on the dimension of autonomy, was cancelled. Although this result could indicate that the programme possibly improved the experimental group's perception of the autonomy of church members there was no difference between the pre- and post-testing of the experimental group regarding this dimension.

On one subscale, a statistically significant difference was indicated between the pre- and post-testing of the experimental group. The difference was significant on the 5% level of probability and the practical significance was small. The experimental group showed a trend towards openness to change. There was no statistically significant difference between the pre- and post-testing of the control group.

The therapy programme improved the experimental group's openness to change. The programme was seemingly not effective in improving the other dimensions of "church climate", possibly because of the short duration of the programme or because of a lack of specific interventions aimed at changing "church climate". "Church climate" correlates positively with psychological well-being (Pretorius

et al., 1990). The research done by Pretorius *et al.* (1990) indicates that if members of a congregation perceive order/clarity, social concern, autonomy and openness for change in the congregation they have lower anxiety levels. The finding of the research project that the programme improved the dimension of openness to change, therefore correlates positively with the decrease in the stress levels of the experimental group.

On interpersonal level it seemed as if the programme presentation was effective in the following instances: improving family functioning of the experimental group regarding six dimensions; increasing their expectation of support from family members and support from the congregation in terms of all the aspects measured, and improving their involvement with church-related activities. Furthermore the programme presentation was effective concerning one dimension of “church climate”, that is to improve the participants’ openness to change.

3.3 Spiritual functioning

- Questionnaire for Assessing Self-Acceptance and Acceptance of Others and Religious Coping Styles

As has been already discussed the therapy programme had an impact on the experimental group’s ability to accept themselves and others, and to have a deep and meaningful relationship with God. This impact is illustrated by the fact that the religious coping styles of the experimental group changed from self-directed to collaborative and deferring coping styles. According to Bixler (1987) a relation exists between high self-esteem (which indicates high self-acceptance) and a perception of God as a loving God who is close to the person. Thus the improvement in the self-acceptance of the experimental group could also have led to a deepening of their relationship with God.

- Social Support Behaviors Scale and Involvement Scale

It has already been mentioned that the therapy programme effectively involved family and church members in the support of the experimental group, as well as improving the church involvement of the experimental group.

- Church Satisfaction Scale and Congregation Climate Scales

The therapy programme did not significantly affect the dimensions of the church satisfaction scale. The programme effectively improved one dimension of the church climate scale – openness to change.

4. Conclusions and recommendations

The following conclusions are based on facts gained from the study of relevant subject-related literature, the presentation of the therapy programme and the results obtained thus:

- Results indicated that the Christian belief system can positively be integrated in psychotherapy. The vital importance of this integration in the therapy process of people with a Christian belief system was thus also highlighted.
- The uniqueness of the programme in which both the Christian belief system and psychological knowledge were applied showed that integration on the levels of intra-relations, inter-relations, faith-praxis and experience can be applied successfully.
- The psychotherapy techniques that were implemented could successfully be integrated into the Christian belief system and these techniques could enable psychologists to include spiritual as well as psychological issues in therapy.
- The inclusion of the support and prayer groups were positively experienced by the experimental group and probably played a part in the perceived psychological and spiritual growth.

Based on the results the following recommendations are suggested for further research:

- The time span of the programme should be longer in order to enable a researcher to include more input on the levels of family functioning and congregational functioning.
- Measuring instruments should be developed that will be applicable for South African denominations.
- A questionnaire to measure the experience of the participants of the programme should be included.
- Provision for a qualitative analysis of the experiences of the participants should be made.
- The relationship between the Christian belief system and psycho-social skills can be investigated to a greater extent.
- The relationship between prayer and psychological functioning should be investigated in greater depth.
- Further research is necessary to determine the possible correlation between the different levels of spiritual functioning and

the relation between the spiritual and psychological functioning of people.

- The effect of the programme on the spiritual growth of psychologists adapting an integration approach should be determined.

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Key concepts:

Biblically-based therapy programme

Christian convictions; integration into a therapy programme

Christian psychotherapy

Kernbegrippe:

Bybelgefundeerde terapieprogram

Christelike geloofstelsel: die integrasie met 'n terapieprogram

Christelike psigoterapie

