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Finding balance: Integration as a four-legged stool

Rodger K. Bufford
George Fox University, rbufford@georgefox.edu

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Integration as a Three Four-Legged Stool
Rodger K. Bufford Ph.D.
Graduate Department of Clinical Psychology at George Fox University

Introduction

Here it is proposed that integration of psychology and Christian faith is a three-legged four-legged stool comprised of:

1. Theoretical—Conceptual Integration
2. Research—Empirical Integration
3. Applied—Professional Integration
4. Personal—Experiential Integration

Each of these components is essential and needs to be in balance with the others to yield optimal integration. Our purpose here will be to illustrate each form of integration and show how it is important to the overall process.

1. Theoretical-Conceptual (Principled) Integration

Theoretical-conceptual integration, sometimes referred to as principled integration, was the mainstay of the modern integrative movement from its inception in the 1950s. Worldview integration (Bufford, 2008; Larzelere, 1980) seeks to insure that theory and research are informed by a Christian worldview. A worldview includes:

- Assumptions we make about what exists, how we know, how things work, what is good/bad, and what it means to be human (ontology, epistemology, cosmology, philosophical ethics, and philosophical anthropology).
- Questions we ask and approaches we take toward answering them
- Interpretation of the data

Interdisciplinary Integration—Integration across disciplines, e.g., between psychology and theology or between psychology and biology (e.g., Bouma-Prediger, 1999; Carter & Narromore, 1979; Eck, 1996; Tan, 2001; Thompson, 2007).

Intradisciplinary Integration—Within psychology (e.g., Bouma-Prediger, 1999)

Research-Empirical Integration (integrating data)

Research-Empirical integration involves the process of designing research, gathering data, analyzing and interpreting it, and using the data to enhance our understanding of God’s creation and how it works so that we can function as good stewards (Bufford, 1997, 2012).

It involves:

- The development of constructs and operations (Hill & Hood, 1990; Paloutzian & Park, 2012; Spilka, Hood, Hunsberger, & Gorsuch, 2003)
- Gathering and interpreting data (Larzelere, 1980)
- Developing theory (MacDonald & Webb, 2006; Worthington (2010)
- Learning by [systematic] observation
- Interpreting the resulting data using Scripture & theology to inform the process
- Allowing the results to aid our understanding of our experience, of God, and of Scripture
- Shaping new research in light of these conclusions
- Richard Beck’s (2009a, b) contamination research provides an intriguing example

2. Research-Empirical Integration

Several approaches may be taken to applied professional integration. Among these are:

Implicit Integration (Tan, 2016; 2011)
- Private prayer between or during sessions (Malony, 1996)
- Commitment of service to God and fellow humans—consecrated counseling (Bufford, 1997)

Explicit Integration (Tan, 2016; 2011)
- Shared worldview
- Inviting religious concerns into therapy room
- Using religious/spiritual interventions
- Religious/spiritual consultation
- Religious/spiritual referral
- Program evaluation in the Christian community
- Assessment (Gonsuch, 1984; Lovinger, 1996)
  - Religious/spiritual assessment of psychotherapy clients; e.g., Gratitude, Spiritual Well-Being
  - Assessment of ministerial and missionary candidates
- Research—see above section related to interventions and outcomes

3. Applied-Professional Integration - A

Within much of the Christian community today the main interest in integration seems to focus on counseling. This may transpire in professional or lay settings. Here we emphasize the professional setting, but it is largely paralleled in lay settings (Bufford, 1997; Hall & Hall, 1997; Tan, 1996, 2001, 2011).

Practice is shaped by a Christian worldview in terms of:

- Means: interventions are evaluated from a Christian worldview
- Ends: (or goals) of therapy are consistent with Christian values
- Motives: honor and serve God
- Relationships: reflect godly love in the context of service to others

Areas of particular concern include:


Religious/spiritual outcomes (Bufford & Renfroe, 1994; Bufford, Renfroe & Howard, 1995; Keneman & Bufford, 2008; Toh & Tan, 1997; Toh, Tan, Osburn, & Faber, 1994)

4. Personal-Experiential Integration

Personal life is infused by Christian beliefs and practices

- Values, including beliefs about right and wrong, (Tan, 1996, a, b)
- Psychological well-being, and the good life (shalom)
- Attitudes about ourselves, others, and the world
- Practices, including worship, service, other spiritual disciplines, self-care routines, and other activities
- Relationships, including choices of those with whom I do/do not associate

Godly love reflected in compassionate caring and good boundaries

Experimental (Bouma-Prediger, 1999; Sorensen et al., 2004; Sorensen, 1996a, b)

Faith-practice (Bouma-Prediger, 1999; Farnsworth, 1985)

Self-care (Guy, 1987; Norcross & Guy, 2007)

Voluntary service (Kristen, 1984)

Practice of spiritual disciplines: fasting/abstinence, frugality, prayer, etc. (Eck, 2006; Tan, 1999)

5. Dimensions of Integration: Comparing Views

Hathaway (2010) suggested an alternative view of integration domains; here we compare his view with that above:

<table>
<thead>
<tr>
<th>Bufford</th>
<th>Hathaway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical-conceptual integration</td>
<td>Theoretical Integration Worldview Integration</td>
</tr>
<tr>
<td>Research-Empirical Integration</td>
<td>Clinical Integration (implicit, explicit)</td>
</tr>
<tr>
<td>Applied-Professional Integration</td>
<td>Personal Integration Role Integration</td>
</tr>
</tbody>
</table>

Conclusion

Historically, integration has emphasized theoretical conceptual and applied clinical approaches. However, the best integration involves a balance among the four dimensions. To the extent that who I am as a clinician shapes what I do, Sorenson was right (Sorenson et al, 1996a, b), personal-experiential integration is foundational to the entire process.