

1997

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Recommended Citation

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SPIRITUAL DISCIPLINES AND THE PRACTICE OF INTEGRATION: POSSIBILITIES AND CHALLENGES FOR CHRISTIAN PSYCHOLOGISTS

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Spiritual practices have received less attention than psychological change techniques in the contemporary integration of psychology and Christianity, yet a Christian understanding of health has implications for the personal and professional use of spiritual disciplines as mechanisms for growth. We consider the practical nature of the spiritual disciplines in promoting change as well as possibilities and challenges introduced by using spiritual disciplines both outside and inside the consulting office. Used outside the consulting office, spiritual disciplines may affect the professional life of the Christian therapist by deepening his or her knowledge of God, promoting a posture of humble self-awareness, and providing a refuge for the stresses of psychological work. Used inside the consulting office, the spiritual disciplines may prove helpful with some clients, but introduce significant challenges and potential problems that warrant careful consideration.

The past 25 years of integration have been characterized by many insightful and helpful advances in understanding and critiquing the relationship of Christian theology with psychological change techniques. Surprisingly, there has been little discussion of the relationship of psychology with spiritual practices (such as the Christian disciplines of prayer, meditation, fasting, solitude, service, confession, and worship). Doctoral students in programs specializing in integration take a variety of theology courses, psychology courses, and integration courses, yet learn little about the

spiritual disciplines and their potential relevance to clinical work (Moon, Bailey, Kwasny, & Ellis, 1993).

This scarcity of training in spiritual practices may be related to psychologists' efforts to perceive and present their work as distinct from earlier pastoral care traditions, and their desire to work side-by-side with colleagues of differing religious faiths and values. The concept of the healing power of interpersonal relationships once grounded within the historical context and value system of the Church has been labeled the discovery of modernity and has been redefined in a secular context (Browning, 1976; Oden, 1988). Subsequently, practices that have a religious or spiritual focus have too often been considered irrelevant or even detrimental to the therapeutic process. From its birth in Descartes' philosophy of doubt, through the influence of Lockean empiricism, through the almost universal impact of Darwinian theory, to the unabashed atheism of Freud, psychology has established a legacy leading to an antagonism between spiritual methods of healing and the science of psychology.

Psychologists involved in the integration movement have attempted to bridge the worlds of psychology and theology by maintaining dialogue with psychologists of all ideological beliefs. In the process of enhancing dialogue psychologists have often neglected the rich tradition of spiritual formation that has been a healing force throughout many previous centuries. If spiritual formation and the spiritual disciplines are to be a part of future integration efforts, it will be important to understand both psychological and spiritual mechanisms of change and the world view assumptions underlying each.

Whereas the predominant models of health in contemporary professional psychology are based on

eliminating symptoms of psychopathology, Christians have historically viewed the goals of healing differently. For example, Evans (1992) proposes that the ultimate goal of therapy be the building of Christian character. "For the Christian psychotherapist, mental health cannot be defined in a neutral or value-free way because the Christian faith implies a definite view of what mental health is" (Evans, 1990, p. 124). According to Groeschel (1983), faith is a psychological and spiritual dynamic which encompasses the totality of being in the Christian life. And Noll (1990) asserts that Christian faith is at the very heart of the human epistemological crisis, causing people to be utterly dependent upon God who sustains all that is real. Faith and the existential questions associated with it are part of the fabric of health according to the Christian world view.

In this evangelical Christian world view, an awareness of personal need and brokenness is a prerequisite to healing. From this perspective, "sickness" is not so much a set of symptoms as a part of human nature. The central human problem is much more pervasive than a psychiatric diagnosis can capture, and extends to those who have no psychiatric diagnosis. To enter into health and hope, one must acknowledge that inner peace can never come through personal efforts alone, but only by yielding control of one's life to God. At the heart of Christian spirituality is a healing relationship with God. In the context of this Christian world view, the spiritual disciplines enable one to move beyond myths of self-sufficiency and experience God's redemptive presence.

Yet Christian psychologists sometimes work in professional contexts that are defined by different epistemological assumptions than those found among evangelical Christians. For example, the managed care company paying for psychotherapy will have little interest in concepts of spiritual health unless they can be quantified, empirically verified, and demonstrated to be relevant to individual health and productivity. The concepts of brokenness and using spiritual disciplines to experience God's grace, notions that are well-established in evangelical Christianity, are not commonly accepted in the world of professional psychology. Thus, the methods of change that come from Scripture and faith practices are often quite distinct from the methods of change that emerge from science and psychological theory. Christian psychologists face the challenge of achieving competence in both Christian and scientific epistemologies, and finding ways to bridge these dis-

parate ways of knowing. This represents a new frontier for the integration of psychology and Christianity—one that is practical and applied because it addresses the methods of change that are used to help oneself and others. The spiritual practices are well-established and proven effective in the Christian's world view, but how will they translate into the world of psychological intervention?

SPIRITUAL DISCIPLINES AND APPLIED INTEGRATION

On the one hand, the complex epistemological differences among academic psychologists, professional psychologists, spiritual directors, and Christian theologians suggest a need for caution and careful reflection before assuming the disciplines will contribute to the psychotherapy process. On the other hand, the spiritual disciplines are appealing to consider in Christian psychology because they have been used to enhance spiritual well-being for many centuries—something that fits well with the growing interest in moving integration discussions to a more practical and applied level (McMinn, 1996; Worthington, 1994). This tension between reflection and praxis is a familiar one for those interested in spiritual formation and for those interested in integration.

In *The Little Flowers of St. Francis*, a book describing the early years of the Franciscan order, a story is written about Brother Juniper visiting an ill friar. When Brother Juniper asked the friar if he wanted something to eat, the friar replied that a pig's foot sounded delicious. Immediately and impetuously, Brother Juniper ran to a nearby hill where he found a pig feeding, cut off the pig's foot, left the handicapped pig limping on the hill and returned the foot to be cooked for the sick friar. The story continues with several interesting and conflictual exchanges between the farmer who owned the pig, St. Francis, and Brother Juniper.

On the one hand, as illustrated in this 13th century story, praxis not bounded in careful reflection and planning can be a dangerous thing. Even acts of service that come from good intentions can be perilous if not bounded by good reasoning. On the other hand, Brother Juniper must be credited for being willing to act rather than being paralyzed by monastic contemplation. The story ends with the farmer humbly acknowledging his selfishness and even providing a pork dinner for the order (though only three pig's feet were available).

Balancing the need for careful scholarship and reflection with creative praxis is an ongoing tension in the integration of psychology and Christianity. It is likely that some Christian counselors and psychologists interested in integration have, in their enthusiasm, allowed their practices to race ahead of careful theoretical, theological, and scientific reflection. But the general trend in the integration movement over the past few decades has involved a great deal of careful reflection on theory, ethics, theology, and scientific discovery. Indeed, some have argued that it is time to move beyond the safety and comfort of intellectual reflection with more intentional efforts to consider the practice of integration. Over a decade ago Gary Collins (1983) wrote this about the *Journal of Psychology and Theology*:

The *Journal of Psychology and Theology* does publish practical articles and the "publications policy" clearly indicates that applied papers are welcome. Nevertheless the major emphasis in the Journal appears to be theoretical. I suspect that relatively few pastors or full time professional caregivers find the articles to be of practical help in their counseling work. It would be helpful to see more of an applied perspective in this publication ... We must give more attention to the previously mentioned issue of integration methodology. How do we do integration? What skills and methods are involved? (p. 5)

A decade later Worthington concluded that Collins' call for practical integration methods has not produced much change: "Practice-focused, training-oriented articles have been scarce to non-existent" (Worthington, 1994, p. 80).

Whereas psychology and theology can both be considered on a theoretical and intellectual level, sometimes to the exclusion of practical considerations, spiritual formation by its very nature is experiential and practical. Thus, one catalyst for moving discussions of integration to a more practical level can be found in further considering the role of spiritual disciplines and spiritual formation in promoting spiritual and psychological health. The spiritual disciplines have been a mechanism of change for Christians over the past many centuries (Foster, 1988; Willard, 1988), and may play an increasing role in the practical applications of the integration movement in the professional practice of psychology. There are at least two ways that spiritual formation can contribute to the practice of integration: by providing a means of growth and maturity for the Christian therapist outside the consulting office, and through the prudent application of spiritual disciplines in providing clinical services to Christian clients (Tan, 1996).

SPIRITUAL DISCIPLINES OUTSIDE THE CONSULTING OFFICE

In beginning his now classic book on the spiritual disciplines, *Celebration of Discipline*, Richard Foster (1988) asserts, "Superficiality is the curse of our age" (p. 1). Psychology, with its current popularity in Western culture, is vulnerable to the superficiality to which Foster refers. For example, consider the emerging emphasis on empirically-supported intervention procedures, most of which are behavioral and cognitive-behavioral treatments for highly specific and well-defined problems (see Chambless et al., 1996, for a current list). Although there may be economic or professional benefits to having such a list, it perpetuates a superficial understanding of psychotherapy, contributing to the belief that the techniques used in psychotherapy are the primary ingredients for change. A number of recent studies demonstrate otherwise—the most active change agent is more likely to be relational in nature rather than technical (Whiston & Sexton, 1993). Even the specific technique-oriented therapies on the list of empirically-supported procedures appear to succeed largely because of the relational factors and developmental focus implicit in the treatments (Hayes, Castonguay, & Goldfried, 1996; Jones & Pulos, 1993; Krupnick et al., 1996).

Though various therapies use different techniques, there is little evidence that any one form of therapy is significantly more effective than other forms (Grissom, 1996; Smith, Glass, & Miller, 1980). This has led contemporary psychotherapy outcome researchers to consider common factors that various forms of effective therapy share in common (Norcross & Goldfried, 1992; Weinberger, 1995), including the nature of the therapeutic relationship. It follows that if the therapeutic relationship is a vital part of treatment outcome, then the personal qualities (i.e., character) of the therapist that shape his or her ability to relate are also important. If this reasoning is correct, then the ways of science are about to converge on a conclusion long accepted by spiritual directors: the character qualities of one who leads affect those who follow. In the context of spiritual direction, it is not only the relationship between the spiritual director and the trainee that is important, but even more so the relationship between both individuals and God. The spiritual director explicitly draws upon and refers to the healing power of being in relationship with God. In this regard the goals of

spiritual direction and psychotherapy are dissimilar, and yet the personal preparation of the Christian helper may share common features. How then does a Christian psychotherapist develop the personal qualities needed to relate wisely and compassionately with clients?

Whereas treatment manuals and specific clinical skills can be learned in the classroom or in practicum training, and behavior can be changed by altering contingencies and stimuli, character change is not so easily accomplished. Yet those who study spiritual formation believe there is a way to change character. Spiritual disciplines, especially when practiced over many years, promote the kind of deep inner change that affects a psychologist's capacity to care about and relate to others. It is not that the disciplines make psychologists better people, but the disciplines put them in a better position to experience God's transforming grace. This character transformation, what Foster calls an "inside job" (1988, p. 6), can only be accomplished by God's grace and not by willpower alone.

Thus, the practice of spiritual disciplines outside the consulting office can be viewed as an important part of a Christian psychologist's identity and work. Because the spiritual disciplines transform personal character, and personal character affects one's capacity to relate to those seeking psychological services, the private spiritual life of the Christian psychologist has important professional implications. This can be illustrated by considering the value of prayer in the spiritual development of psychologists.

Possibilities

Whereas there is great debate about the role of prayer in psychotherapy, there is little debate among Christians about the importance of prayer in the personal life of the Christian psychologist. For many, this means praying on behalf of their clients. In a recent survey, doctoral-level members of the Christian Association for Psychological Studies (CAPS) reported praying for an average of 64 percent of their clients, and most viewed it as a valuable part of their clinical work (Hales, Sorenson, Jones, & Coe, 1995). Some see prayer as more than petitioning God for favor on behalf of their clients. They see it as a spiritual discipline—as a means of character development—thereby preparing themselves to be agents of healing. There are many promising implications for Christian psychologists committed to the

discipline of prayer, only a few of which can be mentioned in a brief article such as this.

First, prayer deepens knowledge of God. Prayer, from a spiritual formation perspective, is not so much an activity designed to solicit divine favor as a means of drawing close to God and allowing God to transform the nature of the one who prays (Erickson, 1985). "In prayer, real prayer, we begin to think God's thoughts after him: to desire the things he desires, to love the things he loves, to will the things he wills" (Foster, 1988, p. 33). Christian psychologists frequently confront difficult treatment issues related to conflicting priorities and values. Although prayer does not necessarily make these clinical situations simple to sort through, it provides a spiritual rootedness which can serve as a calming resource in the midst of challenging work situations. "If any of you is lacking in wisdom, ask God, who gives to all generously and ungrudgingly, and it will be given you" (James 1:5, New Revised Standard Version).

Second, prayer provides opportunity for greater self-awareness and personal humility. Christian psychotherapists, often placed in professional roles of imparting wisdom to others and wielding considerable power, may find the spiritual disciplines a useful way to maintain a posture of humility, gratitude, and compassion. In prayer, Christians confess their sinful nature and need for redemption and give thanks for God's providence throughout history and in their personal lives. Prayer provides regular reminders that all humans are living in a fallen world, all experience emotional and spiritual pain, and that human healing is only a reflection of a greater redemptive process with God at the center. These reminders can enhance Christian therapists' capacity for acceptance, empathy, and understanding of self and others.

Third, prayer may be useful in reducing a Christian psychotherapist's level of work-related stress and anxiety. Those who pray regularly often find it an experience of wholesome spiritual renewal. Hallesby (1931) concludes

Prayer is the breath of the soul, the organ by which we receive Christ into our parched and withered hearts ... As air enters in quietly when we breathe, and does its normal work in our lungs, so Jesus enters quietly into our hearts and does His blessed work there. (p. 12)

It is important to remember that prayer is used here only as an illustration of the various spiritual disciplines. Willard (1988) suggests that the transforming power of prayer can only be known by those who also practice the disciplines of solitude

and fasting. Solitude and fasting force one beyond the defenses of busyness and symbols of success, to an awareness of oneself as a needy person longing for a gracious Savior.

Listen, my friend! Your helplessness is your best prayer. It calls from your heart to the heart of God with greater effect than all your uttered pleas. He hears it from the very moment that you are seized with helplessness, and He becomes actively engaged at once in hearing and answering the prayer of your helplessness. (Hallesby, 1981, p. 17)

Prayer and the other spiritual disciplines neither enhance the work of psychologists directly, as a new clinical skill might, nor do they enhance professional confidence, as an advanced degree or credential might. Rather, the disciplines affect the character of the therapist by deepening his or her knowledge of God, promoting a posture of humble self-awareness, and providing a refuge for the stresses of psychological work.

Of course, it is also likely that there are direct clinical benefits of praying for clients outside of the consulting office, as there appears to be for some medical patients (see McCullough, 1995). Some of these effects may be measurable using the techniques of science. But with or without the support of science, Christian psychologists relying on the epistemology of faith can confidently engage in the discipline of prayer and expect it to help shape their character and understanding of God's grace, and thereby to affect their potential as agents of healing.

Challenges

The challenges posed by using spiritual disciplines outside the consulting office are minimal when compared with the challenges introduced by using spiritual disciplines as part of therapy. Nonetheless, there is one potential challenge that warrants consideration here—that of blurred distinctions between professional and personal life. Though most professional ethics codes make a distinction between the personal and professional life of the practitioner, this distinction is blurred for the therapist who believes that personal spiritual practices affect professional work. If a Christian psychologist gets up early in the morning and prays for a client, is this an illustration of the psychologist's personal life or professional life? If therapists train themselves, through practicing spiritual disciplines, to remain kind and calm in the presence of angry, provocative circumstance, is it personal or private when they apply those skills with difficult clients?

Therapeutic relationships that foster healing are not formed merely from well-chosen techniques that can be relegated to one's professional identity, but grow out of the therapist's inner life (McMinn & Wilhoit, 1996). In this sense, psychotherapy is both professional and personal. This challenge calls Christian psychologists to consider carefully their private use of spiritual disciplines, because these private practices may significantly affect the professional services they provide.

SPIRITUAL DISCIPLINES INSIDE THE CONSULTING OFFICE

Throughout the history of the Church, spiritual formation and the spiritual disciplines have been vehicles for growth and change. Their purpose has been to liberate individuals from their "stifling slavery to self-interest and fear" (Foster, 1988, p. 2). Prior to the emergence of modern psychology and psychotherapeutic methodologies, pastoral care in the church was a primary means of helping individuals cope with the anxieties and fears which weighed them down. The spiritual disciplines played a vital role in the healing ministry of pastoral care. Using spiritual disciplines today as part of the psychotherapy process with Christian clients may still introduce promising possibilities, but there are significant risks that warrant consideration and professional responsibilities that must be considered if Christian psychotherapists are to maintain dialogue with those in the mainstream of professional psychology. Again, prayer is used as an example in the following discussion.

Possibilities

Based on survey data, prayer appears to be a frequent, but not routine, part of psychotherapy involving Christian clients and therapists (Ball & Goodyear, 1993; Galanter, Larson, & Rubenstone, 1991). Whether prayer is used depends on the theoretical orientation of the psychologist and the diagnosis of the client (Galanter et al., 1991). Among those who view prayer as an important part of therapy, the methods of implementing prayer vary widely.

One possible benefit of using prayer in psychotherapy is the strengthening of the psychotherapeutic relationship as the kinship of faith is recognized. Similarly, some choose to pray with clients because the clients desire prayer to be part of the therapy relationship, and prayer enhances therapeutic

tic rapport (see Koenig, Bearon, & Dayringer, 1989). A second possible advantage to using prayer in psychotherapy is to reduce the inherent power distinction between the therapist and client through the acknowledgment of God's superintendent role in the process of healing and change. Related to this is the recognition that the power to change is from God rather than human interventions alone. Third, some report that in-session prayer can enhance clients' spiritual lives and clarify their perspectives (Craigie & Tan, 1989). In this regard, prayer may help clients discover meaning for their suffering, affirm God's authority even in the midst of pain, and recognize a need for a community of faith. Fourth, others report using prayer because it models healthy interpersonal communication. For example, Crocker (1984) advocates praying with couples in marital therapy because prayer models effective communication. Thus, Christian psychologists may choose to pray with Christian clients for a variety of reasons. To date, no scientific research has been reported on the effects of praying aloud during psychotherapy sessions.

In addition to praying aloud in a psychotherapy session, there are other ways that contemplative disciplines can be integrated into therapy. Some have advocated using meditation (Driskill, 1989), silent prayer, or imagery in therapy sessions, techniques which have received preliminary research support (Carlson, Bacaseta, & Simantona, 1988; Propst, 1980). Also, some psychologists pray during sessions without disclosing their prayers to clients. Praying during pauses in the conversation is often a way to keep a spiritual focus in therapy, and also a way to keep from impulsively filling the silence with unnecessary words. Silent prayer during therapy can also be used to sustain the therapist through difficult and stressful work. Schneider and Kastenbaum (1993) surveyed hospice workers, and found prayer helped workers cope with the demands of their daily interactions. Most often the workers used silent, private, spontaneous prayers, and rarely prayed with the clients themselves.

Challenges

Despite these potential uses of spiritual disciplines in the consulting office, it should be recognized that any form of therapeutic intervention, including spiritual disciplines, can have a negative impact on some clients' progress under some circumstances. Thus, there is a need for discernment,

sound professional and theological judgment, and careful clinical assessment when determining which spiritual practices, if any, should be overtly used in a particular intervention.

Returning to the example of prayer, Christians believe that prayer is important for spiritual formation and maturity, but also recognize that not all prayer is effective. In the Sermon on the Mount, for example, Jesus was critical of public prayers offered by those thinking more about the social impact of their prayers than about God (Matt. 6:5). Jesus taught, "whenever you pray, go into your room and shut the door and pray to your Father who is in secret; and your Father who sees in secret will reward you" (Matt. 6:6). Jesus also condemned prayers of empty repetitious phrases (Matt. 6:7), and prayers of smugness (Luke 18:9-14). Because prayer is a good thing that can be misused, its use in psychotherapy warrants careful monitoring. Some forms of prayer may be an important addition to effective interventions, and others can be easily misused and can, at times, work against the goals of therapy.

Several considerations are appropriate in determining which spiritual disciplines, if any, are to be used as an explicit part of therapy. Three of these considerations are outlined below: theoretical rationale, epistemological clashes, and limited training resources. These are not intended to preclude the use of spiritual disciplines in therapy—indeed, we are eager to see advances in applied integration strategies that incorporate the responsible use of psychological and spiritual practices. Rather, they are intended as warnings against the impetuous use of spiritual disciplines in therapy.

Theoretical rationale. Some forms of psychotherapy, especially those in the behavioral and cognitive-behavioral traditions, are primarily designed to teach clients new skills by implementing appropriate therapeutic techniques and didactic methods. From this perspective, the explicit use of the disciplines in therapy (e.g., praying aloud together) may be seen as a helpful way for clients to learn spiritual change techniques. Christian therapists from this theoretical perspective might argue that if spiritual disciplines outside the consulting office are good for the therapist, then they are also good for the client. Teaching clients the disciplines by modeling them inside the consulting office is therefore seen as a positive contribution to therapy. Thus, according to many Christian psychotherapists with an affinity for behavioral and cognitive-behavioral

treatments, the direct and explicit use of both spiritual and psychological change techniques can be used to enhance spiritual and psychological health in their clients (see Craigie & Tan, 1989).

Other forms of psychotherapy, such as psychodynamic and newly-emerging forms of cognitive-interpersonal therapy, postulate the primary mechanism of change to be relational. From this latter perspective, the primary mechanism of change has less to do with therapeutic structure and technique than with the process of therapy and the healing nature of the therapeutic relationship. In this case, explicit spiritual interventions in therapy are evaluated in light of the therapeutic relationship and defensive processes within the client. According to these therapists, some spiritual interventions should be avoided under some circumstances because they distract the client from emotions that need to be explored, or they interfere with the optimal therapeutic relationship. However, it should also be noted that other spiritual disciplines (e.g., confession, fellowship, and submission) remain an implicit part of these insight-oriented interventions. Thus, many Christian therapists with a relational orientation to therapy are inclined to see the spiritual disciplines as an important mechanism of preparation for the therapist and perhaps as an implicit element of effective therapy, but are more cautious about using the disciplines as an explicit part of therapy.

To illustrate, it is possible for prayer or other disciplines to increase the intimacy of the therapeutic relationship to an unhealthy level. Craig (1991) noted that only 10 percent of American Association of Marriage and Family Therapy (AAMFT) members are clergy practitioners, yet 75 percent of those whose memberships were revoked in a recent one-year period were clergy practitioners. By implication, Craig suggests that these revocations were largely due to inappropriate dual relationships. Although this may or may not be related to the practice of spiritual disciplines in therapy, it at least suggests a responsibility for Christian therapists to consider the relational effects of various interventions, and to acknowledge that collaborative spiritual practices may sometimes increase intimacy to unhealthy levels. For Christian therapists who use spiritual disciplines as an explicit part of their work, it is important to carefully monitor and maintain the boundaries of the therapeutic relationship.

Epistemological clashes. The epistemology of the Christian disciplines has historically been rooted

in the authority of Scripture and faith practices whereas the epistemological roots of contemporary professional psychology are predominantly based on science and personality theory. This is not to suggest that psychology is limited to scientific ways of knowing, that theology should never be viewed as science, or that these epistemologies cannot be integrated (see Anderson, 1989). Rather, we are simply observing that the Christian psychologist is often asked to function in the midst of competing epistemologies, understanding both ways of knowing. These differing epistemological foundations have led to distinct, and sometimes conflicting, ways of understanding health and healing.

Christian psychologists may effectively articulate a compelling rationale for using spiritual disciplines in psychotherapy from a Christian way of knowing, yet not be persuasive to those functioning in a traditional scientific epistemology. The economic realities of professional psychology increasingly demand scientific support for therapeutic interventions. With the advent of managed health care, the scientific roots of professional psychology are increasingly emphasized in designing and defending treatment methods. More generally, the fee-for-service practices of most psychologists introduce a number of challenges when using spiritual disciplines as part of psychotherapy. Is it legitimate to charge for work that has historically been given away as part of pastoral care? What information should be given to insurance companies who pay part of the client's bill? Is spiritual development a legitimate goal of psychotherapy in an era where time-limited interventions are increasingly the standard of care? These are troubling matters that warrant careful consideration and discussion in the years ahead.

Limited training resources. Finally, there are limited resources available for the training, accountability, and supervision of psychologists using spiritual disciplines in psychotherapy. When Moon et al. (1993) surveyed 87 religiously oriented graduate training programs, they received usable responses from only 20 program directors, despite two mailings from the researchers. Although many of the disciplines—including various forms of meditation and prayer, confession, worship, forgiveness, fasting, and simplicity—were seen as having scriptural support and therapeutic utility, they were not emphasized in the graduate curricula. The authors conclude, "The results of this study generally support the hypothesis that instruction in the Christian disciplines is a rarity"

(p. 200). Thus, it appears that professional training in spiritual-guidance practices is lacking, even in religiously oriented training programs.

The relative lack of supervised training in using Christian disciplines as an explicit part of therapy, coupled with the sparse scientific evidence for the effectiveness of spiritual disciplines in therapy, puts the contemporary Christian psychotherapist in a vulnerable position for real and perceived ethical violations. The "Ethical Principles of Psychologist and Code of Conduct" (American Psychological Association, 1992) states,

In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm. (p. 1600)

Psychologists using spiritual interventions in therapy should carefully consider the direct and indirect effects of their actions, consult regularly with respected colleagues, and follow the ethical and legal procedures for informed consent.

CONCLUSION

If a Christian world view is to be used alongside the techniques and theories of modern psychology in defining health and healing practices, there is much more practical integration work to be done. This work involves training Christian psychologists in the personal use of spiritual practices outside the consulting office, establishing an adequate scientific/theoretical base for using spiritual practices in professional settings, and developing relevant practice standards and ethical guidelines (McMinn, 1996). Until this work is further accomplished, it is important for Christian psychologists to exercise prudence and caution in using spiritual interventions as part of psychotherapy. We believe that spiritual interventions have a place in psychotherapy; however, Christian psychologists must practice with integrity in their profession as well as in their faith. As Christian psychologists we walk with one foot in each epistemological world, and therefore we must be careful to demonstrate the efficacy of our methodologies. This work of applied integration is just beginning, and Christian psychologists must be careful to keep both feet in step. In the meantime, there is relatively greater promise and safety in applying spiritual disciplines in the personal life of the Christian psychologist—a practice which may have significant professional implications.

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