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Spiritual and Religious Issues in Psychotherapy - in Benner & Hill's "Baker's Encyclopedia of Psychology & Counseling"

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Spiritual and Religious Issues in Psychotherapy.

Before the advent of modern psychotherapies the care of souls was predominantly a function of religious communities. This has changed as scientific ways of knowing have gained momentum and contemporary clinical psychology has developed. Many of the pioneers of clinical psychology saw their methods as more scientific and objective than spiritual healing traditions—sometimes scorning religious explanations and practices. For example, Sigmund Freud referred to religion as an illusion, John Watson once criticized a colleague by suggesting he had returned to religious explanations, and Albert Ellis described the Judeo-Christian concept of sin as contributing to most forms of psychopathology. In recent decades, in the context of postmodern thought (Jones, 1994) and increasing scientific evidence that religion can coexist with psychological health (Gartner, 1996), the bifurcation between religion and science has softened and a renewed interest in spiritual healing methods has resulted.

Many pastors and other religious leaders attempt to incorporate psychological advances in their counseling work, and many psychologists and other mental health professionals attempt to sensitively address religious and spiritual issues in psychotherapy. This same trend is evidenced in graduate training programs. Many seminary programs include course work and practical training in counseling theory. Similarly, several colleges, university graduate schools, and seminaries have graduate programs in psychology with an emphasis on integrating Christianity and psychology.

The Need for Spiritually Informed Interventions. There are many reasons to consider religious and spiritual issues in psychotherapy, two of which are considered. First, both psychotherapy and religion focus on existential issues such as personal meaning, freedom, values, and suffering. To illustrate, one can imagine a depressed psychotherapy client with a troubled marriage being treated by an agnostic rational-emotive behavior therapist each week and also attending religious services at an evangelical Christian church each week. When he or she is at the therapist's office, the client learns that it is irrational and silly to put up with a marriage that makes one unhappy. At church the same

person learns that divorce is wrong and that the suffering endured in a troubled marriage can build stronger character.

In this example, psychology and religion provide competing value prescriptions for similar domains of behavior. The counselor equipped to provide spiritually informed interventions may find value and truth in both perspectives, the psychological and the religious. In this example, it may be helpful to dispute some of client's beliefs, as rational-emotive behavior therapists do, while also recognizing and respecting the values of the religious community in which the client worships. A counselor trained in psychology, theology, and spirituality can provide an appropriate intervention based on an in-depth understanding of the person, the person's religious values, and the faith community in which the person functions.

Second, religious and spiritual issues are important to consider in psychotherapy because most people seeking counseling express a desire to discuss religious matters. Even in today's mental health marketplace, with a ubiquity of psychiatrists, psychologists, licensed professional counselors, marriage and family therapists, and licensed clinical social workers, many prefer to seek help first from clergy. Those in the general public—the potential consumers of psychotherapy—believe that religious values are important for therapists to consider (Quackenbos, Privette, & Klentz, 1985).

Christianity as an Anthropological Foundation for Psychotherapy. Spiritually sensitive counseling interventions require the therapist to understand the values implicit in a client's religious worldview, much as one might work to understand a client's cultural and ethnic background. However, most Christian counselors see the task of integrating psychology and Christianity as larger than this. Because all counseling flows out of worldview assumptions and beliefs about human nature, a Christian understanding of persons is an essential foundation for understanding religious issues in Christian forms of therapy. Although there is no widely accepted Christian personality theory, there are common elements in most Christian perspectives. These elements include the Christian's view of self, personal need, and healing relationships.

View of Self. Most mental health professionals and religious leaders agree that those who develop an accurate understanding and acceptance of themselves are freed to experience emotional and spiritual health. For example, there are striking similarities between the characteristics of self-actualizers described by Abraham Maslow and the fruit of the Spirit described by the apostle Paul in Galatians 5:22–23. Moreover, most practitioners would agree that a faulty sense of self as evidenced by the extremes of narcissism or self-hate detracts from both spiritual and psychological health.

Despite these similarities, there are ways in which a Christian understanding of self varies from those

views prevalent among mental health professions. Whereas a psychological process of self-understanding might involve personal therapy and insight, a Christian process of self-understanding requires knowing God. John Calvin suggested that an accurate view of self is possible only when one knows God, and likewise an accurate view of God is possible only when one knows oneself. A purely psychological understanding of self, especially those of the cognitive and behavioral traditions, may tend to minimize the aspects of self that cause unwanted emotions. In stark contrast, a Christian view of self includes an awareness of human sin and depravity. Jonathan Edwards writes: "It is therefore not unreasonable to suppose that people should suffer deep distress and much mental apprehension when they see how great and manifold are their sins in the light of the infinite majesty of God" (Edwards, 1808/1984, p. 52). Rather than leading to depression and hopelessness, Edwards argues, this Christian view of self leads to personal tenderness and gratefulness to God.

View of Personal Need. Just as an accurate view of self leads to health, an accurate view of human fallenness and personal need fosters spiritual well-being. Foster (1988) puts it this way: "The closer we come to the heartbeat of God, the more we see our need and the more we desire to be conformed to Christ" (p. 33). Christian doctrine teaches us to view ourselves as participants in sin rather than as innocent victims, that sickness and need are parts of our nature, and that recognizing our spiritual condition is a prerequisite to healing. Thus the inner peace (*see* Peace, Inner) we yearn for can never come by our own efforts but only by admitting we are powerless to conquer our own self-centeredness and by turning over the rule of our lives to Christ. The Christian gospel gives hope for broken and needy people, but only after they recognize their brokenness. Israel's King David describes himself as "poor and needy" in numerous places throughout the psalms, then affirms God's grace by concluding, "but the Lord takes thought for me" (Ps. 40:17, NRSV).

The idea of admitting that one is needy is not popular in contemporary Western society. We see it as a sign of weakness and vulnerability. Some people build persuasive arguments that emotional health comes with autonomy and individuality. But to the Christian there is only one way to spiritual health, and that requires us to recognize that we need God. Spiritual leaders throughout history have written about their brokenness and hunger for God, describing an awareness of personal need as a prerequisite for spiritual growth.

View of Relationships. At the heart of Christian spirituality is a healing relationship with God. Christians see themselves as those who were spiritually dead when "God, who is rich in mercy, out of the great love with which he loved us even when we were dead through our trespasses, made us alive together with Christ" (Eph. 2:4–5, NRSV). The Chris-

tian who is psychologically and spiritually healthy enjoys balanced, healthy relationships with Christ and others.

Spiritually sensitive therapists recognize that therapy relationships often point clients toward a healthier view of God and stronger relationships with others. The counseling relationship is helpful when it displays aspects of God's character: compassion, hope, forgiveness, kindness, fairness, appropriately confrontive, and so on. The counseling relationship is harmful when it becomes a means of personal power, grandiosity, or self-gratification.

Intradisciplinary Integration. Recent trends in the integration of Christianity and psychology are moving away from theoretical model building, in which theological and psychological concepts are analyzed and synthesized, toward discussions of practical therapeutic strategies. This trend toward applied integration, which Worthington (1994) titled *intradisciplinary integration*, has appeal to the many religious therapists and counselors who seek practical methods of simultaneously enhancing faith and mental health in their clients. To illustrate some of the trends in *intradisciplinary integration*, a brief discussion of prayer, Scripture, and forgiveness is provided.

Prayer. Prayer is more than a therapy technique. It is the primary vehicle of growth in the spiritual life. Prayer is also effective in helping people cope with physical pain and medical problems, in reducing fears of death, and in promoting abstinence for those in alcohol treatment (McCullough, 1995). Based on survey data, prayer appears to be a frequent but not routine part of Christian counseling and psychotherapy (*see* Prayer; Use of in Counseling).

Despite the importance of prayer and its widespread use among religious therapists, bringing it into the therapy office is not a simple matter. Some insist that prayer is an essential part of all Christian experience and should routinely be included in counseling. Others assert that counseling should remain distinct from spiritual guidance and that prayer may have unintentionally harmful effects on many clients. When therapists focus too intently on the question of praying aloud with clients in therapy sessions, other important uses of prayer are sometimes overlooked. For example, how often do we pray for our clients outside of a therapy session? How often do we pray silently and covertly for our clients during a counseling session? What about devotional meditation as a spiritual and psychological tool for relaxation and anxiety management?

It is also important to recognize that not all prayer is good. Jesus was critical of public prayers offered by those thinking more about the social impact of their words than about God (Matt. 6:5). He also condemned prayers of empty repetitious phrases and prayers of smugness (Matt. 6:7; Luke 18:9–14). Religious therapists may effectively incorporate some forms of prayer in their work, but it is unwise to assume that more prayer is always better than

less prayer. Should counselors pray with clients? is the wrong question to ask. Instead we ought to ask, Which forms of prayer should we use with which clients and under which circumstances?

The role of prayer in healing has become a topic of research in recent years. Initial studies of devotional meditation and religious imagery indicate that these forms of prayer can be useful in therapy, but most types of prayer have not yet been systematically evaluated. In addition to the research task, religious counselors need to define clear ethical guidelines for the use of prayer in counseling.

Scripture. From a Christian perspective, Scripture is an essential tool for knowing God. It is God's special revelation to humankind. The psalmist describes the godly as those whose "delight is in the law of the LORD, and on his law they meditate day and night" (Ps. 1:2, NRSV). Moreover, Scripture provides theological boundaries for spirituality and meditation. Foster (1988) writes, "For all the devotional masters the *meditatio Scripturarum*, the meditation upon Scripture, is the central reference point by which all other forms of meditation are kept in proper perspective" (p. 29). Similarly, Scripture can keep therapists focused on timeless truth in the midst of professions vulnerable to fads and shifting standards of right and wrong.

Survey research indicates that many religious counselors use and teach principles from Scripture in their professional work. However, the explicit use of Scripture in therapy is quite rare among Christian counselors. For counselors who choose to use Scripture in counseling, it is important to consider the specific effects it might have on a client, based on a careful assessment of the client's needs, the therapeutic relationship, and ethical standards. It is also important to balance a healthy respect for Scripture as God's special revelation with personal humility, recognizing that all interpretations of Scripture are limited by imperfect hermeneutic methods. Our knowledge of God, self, and Scripture are all interrelated, and our capacity to understand any one of these elements will add to our ability to understand the others.

Forgiveness. Between 1990 and 1994 there were 90 articles published about forgiveness in psychology journals—almost a 300% increase from the same period in the previous decade. Clearly forgiveness is an increasingly popular topic among psychotherapists. Although this is an encouraging trend for religious therapists, it is important to remember that a Christian understanding of forgiveness may differ from the ways others understand forgiveness. McCullough and Worthington (1994) correctly observed that "theological, philosophical, and psychological understandings of forgiveness have not been well integrated" (p. 3). Whereas many therapists may perceive forgiveness as a way to feel better by letting go of past hurts, Christian doctrine provides a richer and more compelling rationale: "Be kind to one another, tender-hearted, forgiving

one another, as God in Christ has forgiven you" (Eph. 4:32, NRSV). For the Christian, forgiveness is to be a quality of character that results from insight about Christ's redemptive work, not just an act of the will. Forgiveness is an act of Christian compassion that comes from one person identifying with another. It suggests that two people are equally fallible, one responding to the offense of the other in loving identification. Healing comes as we see ourselves in those who hurt us.

Religiously sensitive counselors recognize the potential damage of introducing forgiveness as a therapeutic goal too early in the treatment relationship. Further, they recognize a Christian duty to forgive but do not use that duty to coerce or manipulate clients. Finally, they see a connection among sin, confession, and forgiveness, understanding that forgiveness properly flows out of humble self-awareness and gratitude to a forgiving God.

Challenges for the Future. A number of personal and professional challenges face religiously sensitive therapists as they consider applied integration issues. First, there are challenges related to personal and professional preparation. Whereas many seminaries and graduate schools equip therapists in theology and psychology, intradisciplinary integration introduces a need for preparation in spirituality and spiritual formation. Unlike competence in psychology and theology, understanding spirituality does not lend itself to traditional educational methods. Spiritual training is experiential and often private. It is rarely found in the classroom or represented by graduate degrees, but it is found in private hours of prayer and devotional reflection, in church sanctuaries where religious communities worship, and in quiet disciplines of fasting and solitude. This suggests that training religiously sensitive therapists is not purely a professional matter but an endeavor in which the traditional distinctions between personal and professional life become blurred and indistinct.

Second, because most contemporary forms of religious counseling are relatively superficial adaptations of mainstream counseling techniques, many religious therapists are faced with the challenge of confronting dominant views of mental health. Intradisciplinary integration requires us to evaluate carefully the goals of therapy and to challenge some of the views of healing that surround us in the mental health professions. Whereas many popular presentations of mental health suggest that people are OK, that they should look out for their own needs, and get out of unfulfilling relationships, Christian teachings point a different direction. Every Christian must be a broken person who admits both personal inadequacy and a profound need for Christ.

Third, religious therapists face scientific challenges. Though religious interventions have been an important part of soul care for many centuries, they have not typically been scrutinized by the scientific

methods of modernity. In order to communicate effectively with other mental health professions, religiously sensitive therapists face the challenges of obtaining scientific support for their interventions. This in turn raises ethical and epistemological challenges in an age where scientific support for therapeutic procedures is quickly becoming a professional standard.

Considering religious issues in psychotherapy requires the therapist to consider theological and spiritual perspectives at the same time as engaging in the interpersonal and psychological aspects of therapy. These multiple tasks require a basic working knowledge of Scripture, religious history, theological anthropology, spiritual disciplines, and the spiritual life of the client. As therapists become more interested in the applied aspects of integrating psychology and spirituality, they face various challenges related to training, values regarding mental health, and scientific standards.

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Additional Readings

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