Model of Faith Integration in Counseling

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Abstract

Spirituality is growing in its understanding of the role it plays in the domains of mental health. However, there is still an uphill battle to overcome the fight that Christianity and psychology have been pitted in for decades. Thus, a model of integration of Christianity and psychology is necessary for those holding to a Biblical worldview. This model of integration will be detailed as its descriptors guide a counselor or mental health practitioner in learning how to help the hurting that come to them for help. Much of this model is drawn from Mark McMinn's integrated psychotherapy model. Sources of truth, the essence of mankind, motivation, interdisciplinary integration, health, illness, process for cure, and specific interventions will all be discussed through the lens of this faith integration model.

Keywords: faith, model, spirituality, religion, integration

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The opposite of integration is separation and isolation. From the beginning of human history, division and isolation have been the direct cause for much pain and distress. It is not surprising to then see the challenges in bringing together multiple disciplines and ways of understanding. Christianity (or more generally, spirituality) and psychology have been attempted to be separated for many recent decades. However, a quick glance at history shows that many of the fathers of modern science (Copernicus, Galileo, Bacon, Kepler, Newton, and Pascale) were strong Christians (Entwistle, 2010). Thus, Christianity and the science of psychology are not at odds with one another, but are simply two different languages speaking on the same topic. In order to begin to interpret these languages within the application of counseling, a model of integration must be articulated. This model draws greatly from the work of Mark McMinn in his description of integrated psychotherapy (McMinn & Campbell, 2007). Truth, mankind, motivation, health, illness, and recovery within this model of integration need all be defined and evaluated in order to be able to speak into the variety of lives that may seek help through counseling.

Source of Truth

Words written to attempt to describe sources of truth are too numerous to count. However, failure to evaluate where one seeks and finds truth leaves one ungrounded and incapable of speaking this truth into broken and pain filled lives. Thus, a description of common sources of truth as well as where truth is found within this model must be discussed.

McMinn (2012) ascribes to the "two book" theory of sources of truth. A parallel exists with the idea that "all truth is God's truth" (Carter & Narramore, 1979). The presented model

holds to the belief that the Bible is the ultimate source of knowledge and truth. Inerrancy of Scripture is paramount and where there appears to be a discrepancy with other disciplines, the Bible wins out. However, there are many aspects of humanity that the Bible is silent on or in which psychology's language can describe better. It is not that one is better than the other, they are simply different. For example, creation is held up as a type of revelation to unbelievers (Romans 1: 20) to speak truth in many ways that the Bible does not. Thus, psychology can be considered a way to describe human behavior while theology (Christianity) speaks to what it means to be human (Entwistle, 2010). Each of these languages can be proven to have truth within them. However, the source of truth and which takes authority has taken on many forms within many doctrines and worldviews.

The sources of truth differ among many other faiths, models, and even individuals. Within the spectrum of Christian integration there are variations of how to view Scripture and the search for this truth. On one end of the spectrum is the levels of explanation which would take the side of science and data when there appears to be Biblical contradiction (Greggo & Sisemore, 2012). On the other end would be Biblical counseling which is borderline hostile to any science or psychology that is not explicitly within Scriptures (Greggo & Sisemore, 2012). Additionally, a more broad perspective shows that others see truth as subjective (skeptic), unknowable (agnostic), or based in other books and individuals (e.g. Islam, Catholicism) (Richards & Bergin, 2014). There is even the attempt to quantitatively evaluate truth with data points (Li et al., 2016). All of these are attempts to define elements of faith that are at times as varied as the individuals which formulate them.

The individual aspect of understanding truth and a worldview brings up the importance of the experiential nature of the source of truth. Both theology and psychology can be skewed by a number of things including experience (Entwistle, 2010). Thus, the discussion on the source of truth is not as simple as giving credence to both Scripture and the science of psychology. Since authority of truth begins with the Bible in this model, it is of note to also recognize that Christianity is not merely a source of truth. It is a commitment to follow Christ and allow that authority to guide all aspects of life. The professional counseling office is not immune from this authority structure. It is out of this worldview that the rest of the model is built upon and given the language to describe humanity and human behavior.

Mankind

As with nearly all Christian integration models, the concept of man begins with the understanding that man is created in the image of God (*Imago Dei*) (Genesis 1:26 5:1-2; 1 Corinthians 11:7; James 3:9). McMinn and Campbell (2007) outline the structure of man further into structural, functional, and relational. These three aspects are the basis for this model. Man consists structurally of a body, soul, and spirit. It is in this domain that schemas or beliefs reside within the individual. Functionality is where the interaction of thoughts, feelings and behaviors are facilitated within humans. Finally, mankind is relational. Healthy interactions within this domain can be significant within the other domains. All of these aspects or domains can be seen within the image of God model. While this is a simplistic way of beginning the description of what makes up mankind, there are numerous distinctions that should be explored for a more full understanding.

One of the first distinctions that this model makes in understanding mankind is the intrinsic value that is place on humanity. Unlike other aspects of creation, humanity has special value and dignity that sets an individual apart (McMinn & Campbell, 2007). It is in this treatment of individuals with dignity and respect that allows a counselor to validate hurts and process emotions with care and empathy. This does not imply that those from a humanistic view of man (evolution) cannot empathize or care for individuals. Freud made great contributions to this understanding with his concept of id, ego, and superego (Freud, 1962). However, these domains within Freud's model center on the individual and their perceptions of various aspects of their life and existence. Value can only come from within oneself. From a Biblical worldview, this model seeks value and dignity from an outside source. Meaning and purpose can be discovered and fostered within the helping profession much easier in this model.

Beyond the internal aspects of functional and structural aspects of humanity, the next distinction that this model makes is the relational aspect of individuals. The image of God basis for humanity also is shown in this relational distinction. From the creation of everything in Genesis 1, it is seen how God wanted to make man in his image (Genesis 1:26-27). However, the only part of his creation that he called "not good" was the fact that man was alone (Genesis 2:18). Man was not designed to live in isolation or even only with God. Man needed someone like himself that he could enter into a relationship with just as God had within the Trinity. The relational aspect of humanity is also interconnected with the functional and structural domains. Relationships can impact thoughts and emotions (Hayes, 2016) as well as the core schemas as seen in attachment (Chow, Ruhl, & Buhrmester, 2016). Thus, all of the aspects of an individual

are interconnected and have equal weight in affecting the motivations as well as the health or

illness of an individual.

Motivation

Motivations for behavior and thoughts within individuals have numerous sources and

outcomes. However, a base understanding of motivation through this model can be summed up

with the fact that humans intrinsically avoid pain and seek pleasure. McMinn and Campbell (2007)

describe this phenomena as the yearning of humans to attain the *imago dei* and escape the fallout

from a broken world. Often, when behavior doesn't "make sense" from one individual's

perspective, an understanding of the pain or hurt that drives them can bring understanding where

there previously was none. For instance, an abused woman may not want to leave her abusive

partner and even make excuses for him (Waldman-Levi, Finzi-Dottan, & Weintraub, 2015).

However, this seemingly self-destructive behavior is often birthed out of a greater fear of

abandonment or of being alone (Waldman-Levi, Finzi-Dottan, & Weintraub, 2015). In this

example, the motivations help to understand the behavior that is accepting a perceived lesser pain

to avoid a greater pain. Addictions and coping skills are all tools used to avoid pain and seek

pleasure; even if that pleasure is detrimental.

How these perceptions of pain and pleasure develop take many forms. Attachment theory

plays an important role within this model to understand motivations. Bowlby (1988) first

described this truth regarding how individuals develop safety within other individuals. This

attachment directly affects the positive or negative ability that individuals have to know and

process their emotions. Behavior and motivation are learned through family traditions and

genealogies as well (Hay, 2017). This can additionally impact a God attachment as well. Often,

this God attachment, like religious attachment, is highly dependent on the family of origin for the individual (Homan, 2014). However, this model differs in behavior in that, unlike the humanistic worldview, humans are not "blank slates" from which all behavior and motivations are learned from other sources. Man has a sin nature that naturally wants to take him toward wrong. This plays a major role in the understanding of illness and health. Yet in an understanding of motivations, the sin aspect cannot be overlooked. While the idea of a sin nature is contradictory to other models or worldview, there are many ways that this model uses interdisciplinary fields to not only understand individuals but help them as well.

Interdisciplinary Fields

McMinn's "two-book" theory has been described as a major basis for this model. The science of psychology is not antithetical to this model but complementary. Where Scripture is silent, science and empirical evidence can speak with a language that can describe and heal. All of the discussion on interdisciplinary integration between psychology and Christianity stems from a fundamental difference in each one's worldview. The issues that each is describing are the same, however, the causes for these issues in humanity vary greatly.

The history of this near epic battle between these two disciplines has been raging for decades. McMinn (2012) explains the history of this in detail while also highlighting the many valuable contributions to human understanding that psychology has provided. Attachment theory, cognitive interventions, behavior modification, and even ways learning occurs are all unique ways that science and psychology have added to the language of describing humanity. However, without being grounded in some ultimate source of truth (the Bible) there can be confusion on even knowing what intervention to use to facilitate change within an individual

(McMinn & Campbell, 2007). These differences have caused the hostilities between these two to escalate and even begin to shun each other's contributions. There is much that can be learned through all empirical studies and theories within psychology (Greggo & Sisemore, 2012). They can be flawed in their worldview. Christian psychology, Biblical counseling, and even lay counseling can also speak volumes into the spiritual aspect of individuals. However, they also can be flawed in their interpretations and limited viewpoints (Worthington, Johnson, Hook, & Aten, 2013). The answer, then, is not learning what to throw out from these two disciplines, but how to integrate them. The Bible then becomes the source for building models and the worldview of this integration. All empirical evidence and science is filtered through that framework of the Bible in order to understand the best way to help a struggling individual achieve health.

Health

Boiled down to its core, counseling is designed to bring people into a specific realm of mental health. Thus, defining this health is important for any model. Within this model, health is defined as alleviation of individual distress and dysfunction while ultimately bringing an individual into a right relationship with God. Similar to the goals of transformational psychology, this model's goal is to bring the individual back into alignment with the image of God (Coe & Hall, 2010). Ultimately, this happens when all the aspects of an individual (functional, structural, and relational) are integrated and allowed to positively influence the other aspects.

The integration that happens with each of these aspects can be disrupted in many ways. These will be discussed as illness is described. Still, those ways determine in what way health is

not able to be attained. From a psychological or empirical perspective, attachment can play a major factor if an individual lacks the ability to explore emotions and thoughts due to lack of a secure base (Ainsworth, 1985). It is at early attachment development within children that many cognitive distortions or negative coping skills can begin and develop into schemas. Cognitive therapy emphasizes the ability of an individual to think correctly and be able to process negative schemas (McMinn & Campbell, 2007). This is health as shown in the functional and structural domains of individuals. Additionally, health has a major social and relational aspect as well which is also supported by much research and across nearly every model (Adler, 2013; Thibaut, 2017). Client success in attaining health only can happen within a strong and secure support group.

From a Biblical understanding, health is not the absence of struggle or even sin (2 Timothy 3:12; Romans 7: 14-25). Jesus promised His followers they would experience persecution and Paul himself struggled with his own sin nature. While sin does play an important factor in illness and dysfunction, health from a Biblical worldview is when an individual conforms their minds into the mind of Christ (Philippians 2: 5-11), changes negative thoughts (Philippians 4:8), and adopts new correct schemas (2 Corinthians 10:5). The importance of relational and social ties is also strongly supported from a Biblical worldview. God did not design the Christian to live life in isolation. The family unit is crucial as is the church and body of believers to live life with (Hebrews 10:25; Ephesians 6). Through these aspects there is little disagreement with other models or theories. However, where this model and worldview differ from other more humanistic approaches is the need for a relationship with God. In order to bring an individual back into the image of God, there must be the underlying assumption of such a

need. This is denied in many secular and humanistic approaches to counseling and mental health. With an understanding of health, there needs to be an understanding of the threats to this health and a definition of illness.

Illness

Illness within this model cane be defined as dysfunction in life based in isolation. Dysfunction can occur within any of the three domains of an individual (functional, structural, and relational). Issues such as negative coping skills, cognitive distortions, distressing schemas, and self-destructive behavior can all manifest as dysfunction. Dysfunction within this model is said to be based in isolation. This isolation can take many forms beyond the inter-personal and relational aspects. Relationships play a crucial part in development of an individual (Finkel, Simpson, & Eastwick, 2017). Thus, isolation from relationships can lead to failure to achieve intimacy (Marshall, 1989), and lack of social ties (Mesch, 2009). Isolation can also be separation from a relationship to God and thus the alignment with His image (Exline, Grubbs, & Homolka, 2015). Ultimately, the goal is reduction of isolation into conformity to the image of Christ while reducing dysfunction in the many areas in which it can take place.

Reduction of dysfunction can and does take place in all models of counseling integration. Cognitive therapy, which is perhaps the most widely used and accepted method of counseling, is highly successful in reducing many dysfunctions of thoughts and emotions (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). However, it does not specifically address the spiritual connection with God that is emphasized within this model. Cognitive therapy can easily be integrated with a Christian approach. Yet from a Biblical worldview, illness only comes from a disconnect from God and understanding of the *imago dei.*

Other factors contribute to dysfunction that also must be addressed. Sin, which is an outcome of the disconnect with a relationship with God can and does cause dysfunction. However, it should not be considered the only source. There are also biological factors which can lead to dysfunction and illness. The brain is an organ which can have functionality that causes illness in an individual's mental health. This aspect is the reason that medication is an option within this model in order to address the biological factors that contribute to illness. Spiritual warfare is also a real as well as difficult to understand factor. Family of origin and genealogies can also play a part in continuation of spiritual warfare. Finally, religiosity can also contribute to illness dysfunction. Religiosity is delineated from a relational conformity to the image of God. Religious acts from different motivations can develop detrimentally to an individual as well (Power & McKinney, 2013). With a clear picture of what health is and the threats to it from illness, there can be greater direction for understanding the process of recovery and cure.

Recovery and Cure

Eliminating or reducing dysfunction through the three domains of an individual is the ultimate goal for recovery and cure from illness. Emphasis on the relational aspect of an individual is central to this model for the reduction of isolation. Thus, becoming more like God and in alignment through relationship with Him is the path for recovery. Being centered on the relational aspect of an individual, the relationship with counselor and client is paramount. Rapport in the counseling relationship has been shown to be the most critical factor in recovery and cure for an individual (Martin, Garske, & Davis, 2000). The relationship between counselor and client can begin to create a "safe haven" that is needed for healthy attachment. The skills

needed to begin to evaluate emotions and thoughts that are causing dysfunction across the

functional, structural, and relational aspects of an individual are also learned.

This insight and learning is the path that someone must take in order to be well again.

Relationship is where this happens. Relationship with God, the counselor, and with others. This

does presuppose a Biblical worldview as well as someone who is a Christian. Yet, the process

can be beneficial for anyone. It will only lack the ultimate goal of reconciliation with a

relationship with God. Focus will be centered on the cognitive and emotional hindrances or

dysfunctions that cause illness. Depending on the type of dysfunction, the skills and

interventions used will differ.

Counselor and Counseling Techniques

Therapeutic alliance is the central catalyst for change within an individual. Techniques

and skills are important but are found to be not as impactful in bringing about change and

recovery as much as the relationship with the counselor and client. Thus, as long as the technique

or skill is empirically based and proven to be effective in the role that it is used, then it is

integrated into use with the client. The role of the counselor takes precedence in importance

within this model.

The counselor takes on the role of a guide and teacher. McMinn and Campbell (2007) use

the term "teaching" often within their model to describe the acquisition of skills by the client

from the counselor. One of the major factors in the idea of *imago dei* is that individuals have an

incredible ability to problem solve and navigate their worlds. Once obstacles that cause

dysfunction are removed, individuals have great ability to progress toward health on their own.

Thus, the counselor is merely a guide and teacher to highlight the dysfunction and show the

client a path toward recovery. Once a client can identify and label the problem, they can begin to determine the path around or through that obstacle. This can be more of an implicit approach to counseling rather than explicit.

Other models can take a much more explicit approach to counseling. Models and theories that are based in more humanistic worldviews may see the individual as a "blank slate" that needs written on, or even in need of only medication as a quick fix (Entwistle, 2010). Psychotherapy has many beneficial aspects. However, it places much emphasis on exploring the past and searching oneself for the answers. This model places emphasis on the external and allowing a client to seek the solutions to problems to bring about a stronger relationship with God. In order to accomplish these goals, a counselor need not be superior, but should be a model of health. In that, the counselor should adhere to many of the ethical codes such as being well versed in the empirical evidences, having proper training, and recognizing counter transference (American Counseling Association, 2014). Both the counselor and counseling techniques will be most effective when administered in these ways.

The ability to not only understand humans but also help them achieve health will be an ongoing science. Much can be learned and studied to further this understanding. However, the spiritual component of humanity is one aspect which cannot be definitively evaluated. Thus, the integration of these aspects will also be a continuing struggle. However, through a proper integration model and implementation, illness and dysfunction can be transformed into recovery and health. From a Biblical worldview, this struggle will continue as long as individuals fight their sin nature and natural rebellion with God. Yet there is hope found as reconciliation and a relationship is formed with God.

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