



Integration: being a Christian working in the counselling world

BY RAYMOND HARRISON

Being a Christian and working in the Counselling world can have challenges when a faith-based worldview meets a secular profession. While there is much common ground, many therapeutic models find their theoretical basis in worldviews that do not necessarily endorse a Spiritual perspective and in some cases may appear at odds with a monistic worldview. Whether this is objectively true or not, it is a commonly held perspective (Florence, McKenzie-Green & Tudor, 2019, & Hoffman & Walach, 2011).

Having completed some recent study and research into how experienced Christian therapists integrate their faith and their therapy, it seems to me that there are three main ways of experiencing and responding to this challenge.

- For some they express the view that there is no obvious conflict, and they focus on whatever it is that is most important to them in faith and therapy. That might be elevating a desire to help others over and above every other concern.
- For others they see the conflicts and wrestle with them. They find ways to resolve some of the conflicts or make significant investments in attempting to in terms of completing theology courses, or extra counselling courses, resulting in a way of working which does not necessarily iron out all the creases so to speak. They carry the tension of integrating difference.
- The final approach is to relegate either the spiritual worldview or the therapeutic worldview consciously, holding more firmly to one than to the other. They are sure perhaps even dogmatic, about what they need to do.

These approaches align with three of the four main approaches taken to integrate different approaches to therapy identified in the Handbook of Psychotherapy Integration (Norcross, 2019). These are termed Common Factors, Technical Eclecticism and Assimilative Integration.

- "Common factors" integration focuses primarily on that which the therapeutic models have in common, such as the importance of the therapeutic relationship.
- "Technical eclectics" practitioners may have a dominant way of working but seek "to match

presenting problems with the best technique or approach, taking into account context, personality matching, and phase of therapy" (O'Hara & Schofield, 2008, pg53).

- "Assimilative integration" holds to a dominant approach or way of working. The use of aspects of other ways of working are included in service of the dominant approach.

There is limited direct recent research done on the subject of how people of faith integrate their personal and professional lives, so researching and writing about this requires a broader look at studies with professionals in caring professions who identify as religious or spiritual, as well as studies that examine the impact of personal characteristics on counselling practice. While this may not tell us how we should integrate, it does provide some insight into the integrative challenge.



THE CHALLENGE IS EXPERIENCED BY ALL

In looking at the intersection of personal and professional values in 20 trainee social workers Osteen's (2011) findings show that it is not just religious/spiritual practitioners who have to find ways to navigate personal professional conflict. Conflict comes in the process of developing a professional identity alongside a personal identity, where absorbing and being absorbed by professional values is part of the process. Thompson and Cooper (2012)

also found this conflict, even where there was alignment of personal and professional values. Their participants were pluralistic counsellors holding a pluralistic philosophy personally and still they experienced challenge associated with applying their personal values to their therapy. Given that therapists are those who are committed to helping others, perhaps part of the challenge of developing an ethical practice is in determining how much of self to bring into the room regardless of religion or spirituality.

LEVELS OF INTEGRATION

Aponte & Kissil (2012) state that many therapeutic orientations (psychoanalysts, humanist/existentialists, family therapists etc.) recognise that therapists bring more than theory and technique, but also a 'complex personal self that influences the professional persona' (p2). This involves everything from social, spiritual and political views to cultural values, personal and even family struggles.

Bernhardt, Nissen-Lie, Moltu, McLeod & Rabu's (2018) study captures the tension that personal qualities are both a strength and a vulnerability in the context of professional practice. For example, tensions are experienced between being a helper and dealing with one's own need of attention and care, listening to both self and client, staying present to clients while handling client's rejection and aggression, and striving for a constructive balance between closeness and distance.

This suggests that being a person who is a therapist (as opposed to being a robot, or computer program), requires not just the managing of one's views or beliefs, but also a balancing or integrating on a very personal level of needs and strengths. Integrating is therefore core to the practitioner's experience on many levels.

MANAGING STRENGTHS/WEAKNESSES, AMBIGUITY AND ANXIETY

This balancing of strengths and weaknesses, benefits and drawbacks seem to me to be relevant when we consider not only the challenge of balancing difference more generally, but also in relating to clients' experience of life. The process of becoming a counsellor is demanding. It is not just a professional persona to be put on. As well managing strengths and vulnerabilities, for example, the developing integrative therapist has the anxiety of not having one worldview to fall back on when faced with challenges (Scott & Hanley, 2012). Ambiguity and anxiety are considered by Scott & Hanley (2012) to be central not just to being a therapist, but to being human.

Of the spirituality studies identified in the research process, interestingly some were found to focus more on the strengths brought by religiosity/spirituality while others highlighted more on the weaknesses. (See summary below of the studies on religion/spirituality reviewed).

WEAKNESSES OF RELIGIOSITY/ SPIRITUALITY TO THERAPY

Studies reviewed highlight challenges resulting from the religiosity gap existing between therapists and clients,

when they don't believe or practice the same or to the same intensity. Sometimes this challenge is experienced as being triggered by therapists own negative past religious /spiritual experience. As a result, both therapists and clients generally hold back. Therapists don't talk about spirituality for fear of imposing their own views, while clients fear bringing spirituality for fear of being pathologized.

In some cases, therapists ignore client material because they are uncomfortable, avoiding topics because of a sense of threat to their own worldviews, or at times hiding actions from supervisors and colleagues.

BENEFITS OF RELIGION/ SPIRITUALITY TO PRACTICE

In contrast to some of the challenges identified, studies also showed that therapist's spirituality was found to support personal development. Spirituality encourages reflexivity, provides a source of self-care, and plays an integrating, synthesizing function, with regards to the therapists spiritual/therapeutic identity, which was found to be dynamic and not fixed. This synthesising function comes from the search for identity and could be considered to be a particular skill which aids how integrative therapists integrate.

Viewing this multi-layered integrative challenge in the light of religiosity/spirituality, and the person of the therapist produced the following question in me : "Is it more important to be a fully integrated person, or to be skilled at managing difference (i.e. holding differing worldviews in different settings for different purposes)?" Writing of therapy integration, Gerry Gold states integration is "a personal, political, and intellectual ideal" (Stricker & Gold, 2006, p3), while the American novelist F Scott Fitzgerald wrote "The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function."

O'Hara & Schofield (2008) produced a particularly helpful piece of work on 'personal approaches to psychotherapy integration' which offers a helpful perspective. In this they state that "therapy is less about theory and more about the embodiment of integration within the person of the therapist.... The experienced therapist has the confidence to allow himself or herself to be the integrating device, the filter through which client change is facilitated and encouraged." (p61)

Whether we regard the need to be fully integrated as essential or the need to be skilled at integrating difference to be essential, O'Hara & Schofield (2012) suggest that where we fall on this matter is a reflection of what we as therapists are bringing to the role rather than what is best. This idea of the person of the therapist having a role in the work is confirmed by other studies looking at this specifically.





THE PERSON OF THE THERAPIST

An example of how the therapist 'flavours' the work is reflected studies by Heinonen & Orlinsky (2013), Lee, Neimeyer & Rice (2013) and Casari, Ison & Gomez (2019). Heinonen & Orlinsky (2013) identified a correlation between personal and professional relational styles suggesting it is not simply chance that determines why we practice the way we do. They found that the manner of relating prescribed by therapists preferred theoretical orientation relates to how they tend to relate in their personal lives. For example, CTB therapists were found to be more rational, objective, conscientious, empirical, and less open to experience personally. Psychodynamic therapists were found to be more intuitive, abstract/analytical in their thinking, open to experience, complex, serious and less conforming and conventional. Humanistic therapists were found to be more inner directed, self-actualising and intuitive.

Lee, Neimeyer & Rice (2013) also found that therapists with rationalistic epistemologies (favouring persuasive, analytical and technically instructive ways of thinking) were more likely to choose cognitive behavioural approaches. However, those with constructivist epistemologies (focusing on the construction and alteration of personal meanings through the human connection), were more likely to prefer constructivist approaches to therapy, such as Person Centred, Psychodynamic or Integrative.

The Casari et al., (2019) study made use of the Personal Style of the Therapist Questionnaire (PST-Q). This questionnaire highlights a set of variables which lead a therapist to operate in the way that they do, defined in terms of 'instructional' (establishing the setting), 'expressive' (emotional communication), 'engagement' (impact of clients on therapist), 'attentional' (information gathering), and 'operative' (instructional/implementation focused). Using the PST-Q Casari et al., (2019) shed light on the role of the personal element of the therapist in various aspects by measuring the personality dimensions against various aspects such as choice of orientation and whether therapists choose to be integrative or not. For example, the more directive the person the greater preference for a narrower focus in therapy and for the use of planned interventions, while the more nondirective the person the broader the focus in therapy with a preference for spontaneous interventions.

The material reviewed supports the idea of the person of the therapist being a kind of filter through which the change process is facilitated. Personal traits and abilities influence therapists in how they practice, including those that are more likely to be integrative, and perhaps better suited to handling the integrative challenge. It could be suggested that how therapists integrate their personal and professional lives is also a function of the person of the therapist and which of the ways of integrating they perceive to be right for them. This shines a light on the subjective nature of this thing we call integration, as the influence of the personal traits and abilities originates not from training or skills development, but from a deeply personal felt sense (Cassar & Shinebourne, 2012) relating

References

Sources of references used in this article can be found on page 29

from early relationships, upbringing, and self-image (Bernhardt, et al., 2018; Florence et al., 2019).

SUMMARY OF RELIGION/ SPIRITUALITY STUDIES REVIEWED

Blair (2015) looked at the influence of therapists spirituality on practice to understand the relationship between counselling and spirituality.

Cassar and Shinebourne (2012) looked at what spirituality means to therapists and how it affects their lives and relationships.

Florence, McKenzie-Green & Tudor's (2019) looked at 'Deciding what belongs'; explaining how Psychotherapists in New Zealand attended to Religion and/or spirituality in their practice.

Fukumasu da Cunha & Scorsolini-Comin (2020) looked at Brazilian psychotherapists to discover their experience of religion/spirituality in their lives and practice.

Magaldi-Dopman, Taylor & Ponterotto (2011) looked at therapists spiritual, religious, atheist or agnostic identity to see how it influenced how therapists interacted in practice.

Magaldi & Trubb (2018) explored the decisions therapists make regarding self-disclosure with regards spirituality, and the impact on the psychotherapy process.

Woodhouse and Hogan (2019) explored trainee counsellors experience and perception of integrating spirituality into practice.



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