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THEOLOGICALLY INFORMED COUNSELING: DEVELOPING A THEOLOGY COURSE FOR
CLINICAL COUNSELING STUDENTS

A PROJECT REPORT
SUBMITTED TO THE FACULTY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF MINISTRY
BY
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WINEBRENNER THEOLOGICAL SEMINARY
FINDLAY, OHIO
JULY 2023

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ABSTRACT

There are few, if any, theology courses available to clinical counseling students that satisfy the unique limitations and strengths that they bring to the study of theology in the context of their psychological studies. The disciplines of psychology and theology both embody substantial fields of knowledge. Students seeking to acquire an in-depth knowledge of psychology with at least a basic knowledge of theology will likely encounter significant challenges.

The purpose of this study was to provide an evidentiary basis for the construction of a theology course for clinical counseling students in faith-based counseling programs. A phenomenological qualitative research methodology was selected to address the problem identified by this project.

Six themes emerged from the data analysis. They were: 1) I cannot do this work apart from God, 2) ethical integration is mainly implicit, 3) prioritize experiential, reflective, and discussion-based coursework, 4) prioritize diversity, 5) deep connections and passionate instruction produce favorable learning outcomes, and 6) utilize a clinical counseling trained theology professor. Limitations of the study, implications for clinical practice and counselor education, and recommendations for future research were offered.

This project has been a labor of love and commitment to the call and mandate that God has placed on my life, for eternity. It has only been possible for me to arrive at this point because of the support, encouragement, and firm belief of many who perceived what God was doing.

My colleagues and friends at Winebrenner Theological Seminary, my students and my clients have, together, informed and inspired the work that I have accomplished.

My family and friends supplied the shoulders that I have had to lean on, and the patience that I could not do without.

God knew that this day would come. He said that He would help me, and He did, and I love Him for it!

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION TO THE PROJECT	1
Context of the Problem.....	4
Statement of the Problem	10
Purpose of the Study	12
Research Methodology to Study the Problem	12
Research Questions to Guide the Research Project.....	13
Significance of the Research Project for the Broader Church.....	13
Assumptions/Limitations in the Research Project.....	15
Definitions of Terms.....	15
A Word to the Reader	17
Outline of the Research Project	18
CHAPTER TWO: THEOLOGICAL FOUNDATIONS	19
Introducing the Theology of Counseling.....	19
Counseling and Theology	23
The Christian Counselor’s Worldview	25
The Holy Spirit in Counseling.....	27
Theology of Humanity.....	27
Theology of Suffering	30
Theology of Psychological Distress	32
Conclusion.....	36
CHAPTER THREE: REVIEW OF LITERATURE.....	37

Introduction	37
Religion and Spirituality.....	37
Spirituality and Mental Health	42
Spirituality as a Mental Health Resource	45
Spirituality as a Multicultural Component	49
Religion and Spirituality Inclusion in CACREP Counseling Programs.....	52
Faith-Based Counselor Education	55
Teaching Theology	57
Conclusion.....	64
CHAPTER FOUR: RESEARCH METHODOLOGY	66
Introduction	66
Research Questions and/or Hypotheses.....	69
Research Question #1	70
Research Question #2	71
Research Question #3	72
Population and Participants	72
Design of the Study	74
Instrumentation.....	74
Questions and Probes	74
Data Collection.....	76
Data Analysis.....	77
Ethical Procedures	77
Summary.....	78

CHAPTER FIVE: RESEARCH RESULTS	79
Introduction	79
Review of Data Collection and Analysis.....	80
Participants’ Demographics.....	80
Research Questions.....	81
Research Question #1	81
Theme 1	82
Theme 2	84
Research Question #2	85
Theme 3	86
Theme 4	88
Research Question #3	89
Theme 5	90
Theme 6	92
Summary.....	94
CHAPTER SIX: DISCUSSION	95
Major Findings	97
Limitations of the Study	102
Implications for Clinical Practice	102
Implications for Counselor Education.....	104
Recommendations	106
Conclusion.....	107
BIBLIOGRAPHY	108

APPENDIX A: INDIVIDUAL INTERVIEW INSTRUMENT.....	126
APPENDIX B: INFORMED CONSENT DOCUMENT.....	127
APPENDIX C: CURRICULUM VITAE.....	131
APPENDIX D: THEOLOGY FOR COUNSELING SYLLABUS.....	140
APPENDIX E: IRB APPROVAL LETTER.....	148

CHAPTER ONE

INTRODUCTION TO THE PROJECT

Counseling and theology have unexpectedly played a significant role in my professional and ministry leadership preparation. I consider them to be unexpected pursuits because throughout my high school years in my home country of Jamaica, country of origin, I was required to think through the ideal focus of the subject areas to pursue further studies, in preparation for my “O Levels” and “CXC” examinations in anticipation of future university applications.¹ I finally decided to select subjects that I found vaguely interesting but were evenly spread amongst the Arts, Sciences, and Business. I considered this a safe selection because, at the time, my only career interest was in airline travel, in particular as a flight attendant.

Some years later, after witnessing glimpses of how I could successfully help and encourage persons who were sad and confused, I surrendered to the “call” that I sensed on my life. Specifically, shortly after recommitting my life to the Lord in my early adulthood, the pastor of my church was the first person to suggest that I was called to the counseling profession. Pastor Rawle Tyson was not just my pastor, but also my mentor and friend. Although I was shocked by his proclamation—that I was not only called to counsel, but that I was also a leader—I trusted that God had used him to speak to me. Pastor Rawle and I shared similar academic backgrounds. Both of us had pursued undergraduate studies in Marine Biology. He had already obtained a master’s degree in counseling, as I also

1. In Jamaica, secondary education covers five years (grades seven to eleven) with an additional two years (grades twelve and thirteen) for those who want to move on to higher education. The five-year program leads to the Caribbean Examinations Council (CXC) Secondary Education Certificate after grade 11.

eventually did. At the time of his declaration to me, he was pursuing a Doctor of Ministry degree. Now I am.

My academic preparation for the counseling profession has always had a faith-based component. I successfully completed undergraduate equivalent counseling courses at a seminary. I gained my master's degree at a graduate school of theology, and I obtained my doctorate at a faith-based university. Even though I felt "called" to the counseling profession, I was also convinced that a part of God's plan for my life as a Christian minister included providing counseling services to hurting individuals.

My introduction to the study of theology occurred during my graduate studies. I recall taking the course "Theological Reflection" and feeling somewhat unsure of how appropriately to articulate my reflections. I was a passionate follower of Christ but somehow didn't know how to articulate my personal theology of the God that I served. I had quickly understood what I had been learning about psychological disorders and family dynamics, but the concept of theology seemed totally foreign.

Now that I have practiced as a counseling professional for several years, I have benefited tremendously from understanding how to integrate my faith with my work with clients. Even though I eventually understood theological concepts, I have never felt totally equipped to articulate my own theology or engage others in theological discourse. As a counseling professional who works with persons of varying beliefs and convictions, and who also helps those who serve at all levels of Christian ministry leadership, I consider it necessary to increase my competence in theological studies.

At Winebrenner Theological Seminary, the clinical counseling program offers a theological component in the form of required religious heritage courses to students for these

same reasons. It is felt that the clinical counseling students who are Christians will be more suitably equipped to serve in their communities and the wider society if they can meet their clients with theological concerns *where they are*. Like myself, many of our students have experienced challenges transitioning from the language, style, and philosophy of theology back to counseling while sometimes taking courses in both disciplines during one school term. These dissimilarities have caused them unnecessary discouragement.

Christian beliefs and convictions about God originate in the Bible. Regardless of denomination, ethnicity, or cultural background, all Christians have personal convictions about God, and ideas about the ways that God relates to His creation. Theology may be defined as the study of God and His relationship to the world. Dr. Fisher Humphreys, Professor of Religion at the Beeson Divinity School of Samford University, asserts that all Christians are theologians in that, all Christians have perspectives on God, the world, and the way in which that God interacts with the world.²

Humphreys proposes that theology could be categorized as either folk or academic theology. He describes folk theology as the perception of God by persons who have not been formally trained in theology. He surmises that there are several Christians who, as folk theologians, cannot confidently articulate their thoughts and views about God, despite living faith-filled lives that are consistent with their beliefs.³

Alternatively, Humphreys describes academic theology as the perception of God by those who have been formally trained in theology and are comfortable with both the technical jargon and the history of theology, even though they do not always internalize what they have

2. Fisher Humphreys, "Teaching Theology to Ministers," *The Theological Educator* 57 (Spr. 1998): 53–61.

3. Humphreys, "Teaching Theology to Ministers," 53–61.

learned. He regards such theologians as competent to articulate theological ideas. In his writing, Humphrey concludes that all theologians, whether academic or folk, should be considered trustworthy, while he remains optimistic that the students in his theology classes will become more trustworthy theologians.⁴

William Hume, former professor of pastoral theology and counseling at Wartburg Theological Seminary, acknowledges that the counseling interventions of clinical psychology, having been developed without any input from religious heritage, are limited in their efficacy. Hume argues that psychology and theology, each being concerned with the basic problem of human nature, should serve as a supplement to the other. He posits that the misunderstanding and misuse of theology are partly responsible for it being overlooked by counseling theorists and clinicians in their practice.⁵

Context of the Problem

Graduate training programs for Christian psychologists increased in prevalence beginning in the 1960s with the launch of the Fuller Graduate School of Psychology at Fuller Theological Seminary. Since then, master's and doctoral degrees in the behavioral health disciplines of Psychology, Counseling, and their sub-disciplines have routinely been offered. The stated mission of many of these programs is the training of highly competent professionals who are capable of practicing with a Christian worldview whilst ethically caring for their clients. Consequently, theology is often a part of the curriculum of such learning institutions.

The need for counselors is great and increasing. Subsequently, more and more

4. Humphreys, "Teaching Theology to Ministers," 53–61.

5. William Edward Hulme, "Theology and Counseling," *The Christian Century* 68, no. 8 (February 21, 1951): 238–39.

individuals are rising to the occasion by entering the field in large numbers, either directly post-college or as a mid-life (or even later) career change. Given that larger numbers of counselors-in-training are Christians, increased wisdom will be needed by counselor educators in determining how to maintain the integrity of the teachings of the Christian faith while simultaneously adhering to the tenets of psychology in the preparation of students for the counseling profession. Arredondo and Arciniega recommend that, when working with clients in a mental health setting, multiculturally competent counselors will both attempt to understand the worldview of culturally different clients without judgment, and implement relevant, and sensitive intervention strategies with culturally different clients.⁶ Such capabilities encompass the religious and spiritual beliefs, if any, of clients. Yet, the preparation of counseling students to adopt multicultural competency tends to focus on ethnic and racial diversity. Undeniably, clinical counselors-in-training are insufficiently equipped to address spiritual and religious facets of diversity.⁷

Gallup Polls continue to reflect that Americans value religious traditions and wish to address spirituality in the counseling experience.⁸ Counselor education programs must consider new ways to provide training for spiritual integration in the counseling process. Kahle and Robbins emphasize the value of counselor training that fosters competencies for addressing religion through knowledge gained from research, from clients, and from considerable self-

6. Patricia Arredondo and G. Miguel Arciniega, "Strategies and techniques for counselor training based on the multicultural counseling competencies," *Journal of Multicultural Counseling and Development* 29.4 (2001): 263–273.

7. Royce E. Frazier and Nancy Downing Hansen, "Religious/spiritual Psychotherapy Behaviors: Do We Do What We Believe to be Important?" *Professional Psychology: Research and Practice* 40.1 (2009): 81.

8. Megan Brenan, "Religion Considered Important to 72% of Americans," Gallup, Religion, December 24, 2018, March 22, 2022, <https://news.gallup.com/poll/245651/religion-considered-important-americans.aspx>.

reflection.⁹ Hage contends that notwithstanding that the incompetent application of spiritual integration in the counseling process may prove harmful to clients, she recommends that avoiding or neglecting the client's spiritual resources as protective factors may also lead to negative therapeutic outcomes.¹⁰

According to the American Psychological Association, psychology is the scientific study of the mind and behavior. Clinical counseling is a subdivision of clinical psychology that provides care for people facing emotional or mental health challenges. In his article questioning the role Christianity plays in psychological research, R. E. D. Clark argued that individuals have needs that psychological interventions alone cannot fully comprehend. He stated, "In psychology it would seem that we can predict, on a Christian basis, that properties of the human mind will be discovered which cannot be interpreted in terms of material organization."¹¹ He proposed that when faced with the limits of psychology to explain the human condition, the Christian counseling professional could additionally utilize theological understanding on the path to healing. Indeed, there is scientific evidence suggesting that clients desire to include spirituality in the therapeutic process. Gallup data recorded by Bart indicated that 81 percent of individuals who seek out professional counseling services prefer to have their spiritual beliefs incorporated in counseling.

Correspondingly, Mark McMinn, former professor of clinical psychology and director of faith integration at George Fox University, advises that Christian counselors who are

9. Peter A. Kahle and John M. Robbins, *The Power of Spirituality in Therapy: Integrating Spiritual and Religious Beliefs in Mental Health Practice* (Abingdon, OX: Routledge, 2014), 44–45.

10. Sally M. Hage, "A Closer Look at the Role of Spirituality in Psychology Training Programs," *Professional psychology: Research and practice* 37.3 (2006): 303.

11. R. E. D. Clark, "Has Christianity a Vested Interest in the Outcome of Experimental Research?" *Faith and Thought* 92 (1961): 133.

seeking to effectively integrate the disciplines of theology and psychology, should be adequately trained and competent. He asserts that mental health practitioners without adequate theological training run the risk of minimizing the importance of Christian doctrine, and/or psychologizing Christian principles. Conversely, as one would imagine, theologians without sufficient psychological training may confuse psychological distinctions and misuse complex clinical techniques. Thus, ideally, interdisciplinary integration work that is done well will derive from appropriate preparation in both theology and psychology.¹²

Integration may be defined in various ways. Virginia Todd Holeman, Professor of Counseling at Asbury Theological Seminary, conducted a series of interviews with faculty and students at seven Christian institutions of higher education (universities or seminaries) offering Master of Arts degrees in counseling or marriage and family therapy. Faculty were asked to define integration and how they went about teaching students to be integrative practitioners. Students were asked how they learned how to do integrative counseling, and what additional educational experiences they would like to have before graduation. Of those interviewed, Counselor Education programs at seminaries were required to take courses in theology, biblical studies, and church history.¹³

One distinctive feature of these students' responses was that little, if any, theological reading authored by theologians, was a component of the theological preparation of graduate level counseling students. Holeman additionally describes the difficulties she encountered while trying to identify theologically oriented textbooks for use in counseling

12. Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream, IL: Tyndale House Publishers, Inc., 2012), 28.

13. Virginia Todd Holeman, *Theology for Better Counseling: Trinitarian Reflections for Healing and Formation* (Downers Grove, IL: InterVarsity Press, 2012), 21.

courses that were easily understood by her non-theologian counseling students.¹⁴ Not surprisingly, Counselor Educators in these seminaries acknowledged that despite these courses being required, their students' ability to successfully integrate theology and clinical practice was, at best, minimal.

Holeman contends that the theological teaching component of a graduate level counseling degree program should ideally facilitate the spiritual growth of its graduates with the expectation that they will become increasingly competent integrators of their faith and practice. This objective may only be achievable if students are sufficiently exposed to theological technique and thought. She insists that, preferably beyond graduation, they should regard theological resources as vital components of their professional development.¹⁵

When I was offered the opportunity to pursue graduate studies in Counseling Psychology at a graduate school of theology, I quickly jumped at the chance. I had already sensed that God was calling me both to Christian ministry and to the Counseling profession. Not surprisingly, my professor for the Theological Reflection course was a theologian, and he communicated the course content accordingly. I failed that course. I distinctly recall experiencing confusion both during the instruction of the course and especially while trying to write my final paper. Thankfully, I was allowed to retake the course and passed. In fact, by then, my passing grade was a better representation of my learning and implementing what (strategy) was necessary to pass, rather than gaining a better understanding of the subject matter.

14. Holeman, *Theology for Better Counseling*, 21.

15. Holeman, *Theology for Better Counseling*, 21.

Upon commencing a course of study in the Doctor of Ministry program at Winebrenner Theological Seminary, I encountered the discipline of theology once again. My journey, thus far, has allowed me increased awareness about theology as a discipline and its many facets. It has been challenging. I am convinced, however, that a combination of factors has exacerbated my struggle. Some that I have recognized are a lack of confidence, confusion related to unfamiliar language, and experiencing the “imposter syndrome.”¹⁶ Notwithstanding, throughout the course of this journey – to embracing a new discipline while practicing and teaching in another – I have undoubtedly acquired deeper insight into many of the challenges that counseling students encounter while studying theology.

Winebrenner Theological Seminary offers master’s degrees in Divinity, Practical Theology, and Clinical Counseling. The stated mission and purpose of the Master of Arts in Clinical Counseling (MACC) is to prepare individuals to be effective counselors and servants of the Lord Jesus Christ who integrate Christian values and beliefs into their work with clients from a multicultural and pluralistic society. The program is designed to equip graduates to be able to “translate research-validated practices and integrate biblical truth into effective strategies for individuals, groups, and families.”¹⁷

The MACC is a 69-credit hour program of which nine hours (three 3-credit hours) of Religious Heritage Courses are required. Students are required to select the courses from the six Formation, Biblical Studies, and Theology courses that are currently available. At present,

16. First described by psychologists Suzanne Imes, PhD, and Pauline Rose Clance, PhD, in the 1970s, imposter phenomenon occurs among high achievers who are unable to internalize and accept their success. They often attribute their accomplishments to luck, rather than to ability, and fear that others will eventually unmask them as a fraud.

17. “Catalog 2021–2022,” Master of Arts in Clinical Counseling, 21, Winebrenner Theological Seminary, last modified July 9, 2022, <https://winebrenner.edu/wp-content/uploads/2022/05/Catalog-2021-v.10-1.pdf>.

the theology courses being offered are Interpreting God's Word and World, and Specialized Studies in Systematic Theology.

In consideration of the practical implementation of a theology course designed for clinical counseling students, James R. Beck, then Associate Professor of Counseling at Denver Conservative Baptist Seminary, has offered some suggestions. He believes that theology courses offered in graduate counseling programs should address certain basic topics. He recommends that, at a minimum, a theology course should include a focus on the nature of God; the nature of the change process; the nature of prayer and grace in the life of the believer; the nature of the human person; and practices of pietism that promote spiritual as well as psychological growth.¹⁸ Keeping in mind that our objective is not to train professional theologians and that we cannot provide our counseling students with all the possible theological themes, we must combine a singular focus with good, informed judgment in the selection of course material.

Statement of the Problem

After an exhaustive review of the relevant literature, no existing theology course was identified that is available to graduate-level clinical counseling students and satisfies the unique limitations and strengths that they bring to the study of theology. The disciplines of psychology and theology both embody substantial fields of knowledge. Graduate students of either discipline typically invest years of scholarship in the mastery of the subject matter. Not surprisingly, a student seeking to acquire an in-depth knowledge of psychology with at least a basic knowledge of theology will encounter significant challenges.

18. James R. Beck, "The Role of Theology in the Training of Christian Psychologists," *Journal of Psychology & Theology* 20, no. 2 (Sum 1992): 103.

One challenge faced by these students is that they are required to take theology courses, but many do not actually want to study theology, per se. They often question the relevance of the theological studies that they are required to master, asserting the difficulty they encounter in switching their focus to theological themes and concepts that they feel inadequate and unprepared to grasp. The language of theology is also a limiting factor for many students. They struggle to understand the unfamiliar terminology and consequently the texts that they are expected to read and interpret. In fact, many students can comprehend how biblical studies may enhance their own spiritual growth, but the depth and complexity of graduate level theological courses can be intimidating.

Alternatively, some students look forward to learning the material but cannot easily apply what they have learned to their personal and professional lives. Clinical counseling students are cognizant of the code of ethics that governs the work they anticipate doing with clients. Many students cannot perceive a clear pathway to applying their theological training to clinical counseling in a manner that is both ethical and holistic. In truth, theological studies are not typically designed for counselors-in-training.

Thus, forging a connection between the study of theology together with psychology could be a daunting task for the counselor educator, particularly as they would not usually have the background nor the training to equip their students with the theological knowledge and resources that could enhance their clinical practice. However, the foreseeable obstacles should not deter one from contemplatively constructing a theology course that is both relevant and valuable to Christians who are counselors.

Purpose of the Study

As noted previously, the goal of the MACC program is to prepare students to be effective counselors who integrate Christian values and beliefs into their work with clients. Consequently, the aim of the theological training component of the program should be to facilitate the development of clinicians who are proficient in the integration of their faith and practice. A key component of the program will be an introduction to theology through a course of study that enriches students' faith and also provides application to their work with clients.

The purpose of this study is to construct a theology course specifically for graduate-level clinical counseling students in faith-based counseling programs. This study aims to ascertain and address the limitations that currently exist in the training of clinical counselors who desire to ethically integrate spirituality as a multicultural component into their practice. This study will provide the data needed to design a course that addresses any theological deficiencies in the faith-based clinical counseling curriculum. The results of this study will inform the course syllabus, course schedule, planned activities, required textbooks, assignments, and assessment tools.

Research Methodology to Study the Problem

The research methodology for this project employed a qualitative phenomenological research design. The main instrument used was an individual interview instrument composed of both open and closed ended questions. The semi-structured individual interview approach (with open-ended questions) is ideal for collecting qualitative data as it allowed flexibility to provide more information than unstructured and structured interviews. Ten interviews were conducted

via an online platform and were audio recorded.¹⁹ Verbatim transcriptions of those interviews were acquired.

Counselor supervisors and counselors who are graduates of faith-based graduate level counseling programs were interviewed. Winebrenner MACC students or graduates were not eligible for interview due to conflicting interests. Interview instruments were designed to illicit perspectives and expectations of a pertinent course of theological studies that suitably equips counselors to attend to the religious and spiritual concerns of clients, and also supervisors for their work with supervisees.

Research Questions to Guide the Research Project

The following research questions guided the project:

1. How does the study of theology facilitate the integration of faith and practice for MACC students?
2. What content should be considered for inclusion in a theology course for MACC students?
3. What design framework, format, or structure would best fit the content chosen for the MACC theology course?

Significance of the Research Project for the Broader Church

It is not possible for human nature to be adequately understood without contemplating the wealth of knowledge provided by the field of psychology. Then again, the study of theology

19. Green and Thorogood posit that most qualitative researchers conducting an interview-based study with a specific research question find little new information after interviewing about 20 people from one analytically relevant participant 'category.' See J. Green and N. Thorogood, *Qualitative Methods for Health Research* (London: Sage; 2004).

reveals differing perspectives on human functioning from what could be grasped through psychology alone. Furthermore, Christianity is a story of God’s grace, human rebellion, the fall of man, and God’s mercy. One could argue that Christians, keeping in mind this story of redemption, should approach their work with clients from such a framework.²⁰ Indeed, persons usually seek out a counselor after the “rebellion” or “fall” phase of this story. Their difficult and painful circumstances often propel them to a state of hopelessness. Thus, it behooves counselors who are Christians to help restore their clients’ hope in God’s redemptive powers. Counselors who have been schooled in both psychological theories and theological concepts, are encouraged to apply the integration of these two disciplines to their therapeutic approaches. This type of integrative therapy does not require the use of religious language. Integrative counselors simply become conduits of the inexplicable peace and relentless hope that onlookers often consider to be mystifying.²¹

It is very important that Christian counseling professionals remain mindful of the theological dimensions of our human existence. Such a perspective will keep them “vertically” oriented and diminish their own propensity for despair when confronted with human suffering. As counseling professor James Beck so aptly stated, “A powerful outgrowth of the doctrine of creation teaches us that psychology needs theology, and theology needs psychology.”²²

20. Everett L. Worthington, Jr., “A Blueprint for Intradisciplinary Integration,” *Journal of Psychology & Theology* 22, no. 2 (Sum 1994): 79–86.

21. Phil. 4:7 (NIV).

22. Beck, “The Role of Theology,” 103.

Assumptions/Limitations in the Research Project

Assumptions

1. Theological instruction as a part of a clinical counseling graduate program positively contributes to the development of counselors who effectively integrate Christian values and beliefs into their work with clients.
2. A theology course designed specifically for students in the MACC program will provide them with a working knowledge of theology.
3. A theology course designed specifically for students in the MACC program will equip them for their profession better than any pre-existing theology course has.

Limitations

1. A theology course designed for clinical counseling graduate students may provide limited, but not significant improvement in students' ability to effectively integrate their faith into their professional practice.
2. Not all students in the MA in clinical counseling program will have the same level of either interest in or an aptitude for theological instruction.
3. The researcher has a predilection for the integration of faith into professional counseling practice.

Definitions of Terms

“Clinical counseling” is a branch of clinical psychology that helps people as they navigate emotional or mental health difficulties.²³

23. “What Is Clinical Counseling?” accessed on July 11, 2022, <https://www.capella.edu/blogs/cublog/what-is-clinical-counseling/#:~:text=Clinical%20counseling%20is%20a%20branch,counseling%20and%20social%20work%20fields>.

“Curriculum” is a course of learning through which the student runs to reach anticipated goals. In the educational field, curriculum may refer to all of life, specific experiences under guidance, or the resources used in the processes. In this project, the term curriculum signifies experience under guidance and the resources related to that guidance.²⁴

“Integration” is a description of the interdisciplinary activity between theology and psychology.²⁵ It is the analysis of biblical principles, and how they correlate to the services offered by professional counselors, while being respectful of religious and spiritual issues in assessment, intervention, supervision, and consultation.

“Psychology” is the scientific study of the mind and behavior, in relation to a particular field of knowledge or activity.²⁶

“Theology” is the study of religious faith, practice, and experience. It is a disciplined discourse about God who is central in the Christian religion – the God and Father of our Lord Jesus Christ, the God who is the transcendent Creator, the God who is personal, the God who speaks, the God who has revealed himself supremely in the person and work of Jesus of Nazareth.²⁷

24. “Curriculum,” accessed on July 11, 2022, <https://www.ride.ri.gov/InstructionAssessment/Curriculum/CurriculumDefinition.aspx>.

25. “Integration: With What and With Whom?” accessed on July 11, 2022, <https://fullerstudio.fuller.edu/integration-what-with-what-and-with-whom/>.

26. “Psychology Is The Scientific Study Of The Mind And Behavior,” accessed on July 11, 2022, [https://www.bartleby.com/essay/Psychology-Is-The-Scientific-Study-Of-The-P39PYEJP9LX#:~:text=and%20my%20life%3F-.Psychology%20is%20the%20scientific%20study%20of%20the%20mind%20and%20behavior,\(Simply%20Psychology%20Website\)](https://www.bartleby.com/essay/Psychology-Is-The-Scientific-Study-Of-The-P39PYEJP9LX#:~:text=and%20my%20life%3F-.Psychology%20is%20the%20scientific%20study%20of%20the%20mind%20and%20behavior,(Simply%20Psychology%20Website).).

27. Donald A. Carson, “The Role of Exegesis in Systematic Theology,” in *Doing Theology in Today’s World: Essays in Honor of Kenneth S. Kantzer*, ed. John D. Woodbridge and Thomas Edward McComiskey (Grand Rapids: Zondervan, 1991), 41.

“Theological education” is education that is mainly on spiritual topics, preparing persons for the practice of ministry and/or for teaching and research in the theological disciplines.²⁸ It is the structured and disciplined study of the Bible and its central doctrines, engaged in by a focused learning community and practically applied to the life, witness, and ministry of the Church both locally and in the wider context of Christianity.

A Word to the Reader

While neither specifically an assumption nor a limitation, nor explicitly a term to be defined, the reader should be aware of a particular challenge faced in the writing of this dissertation.

The disciplines of psychology and theology do not have congruence in the language that they use to discuss the same concepts. In some instances, theologians will speak of theology and psychologists will discuss the same topic but term the subject matter religion, because they are speaking from a secular position. In a desire to be more inclusive, psychologists may use the term spirituality to describe concepts related to an individual’s understanding of their own belief system, while the theologian will convey the same understanding from a theological position.

For the researcher at the intersection of these disciplines, this creates a unique challenge. In order to allow authors and interview subjects to speak in their own jargon and voice, there may sometimes appear to be a confusion of terminology. Wherever possible, the dissertation seeks to present similar concepts simultaneously, even if this presents some

28. “What is Theological Education,” accessed on July 11, 2022, <https://www.igi-global.com/dictionary/theological-education/29942>.

language dissonance for the reader. This may be evident in the literature review and in the presentation of findings.

Outline of the Research Project

Chapter One introduces the context and purpose of the study. The problem of equipping graduate students in a faith-based counseling program with a relevant and substantial introduction to the discipline of theology will be outlined. The method of research will be indicated.

Chapter Two outlines the theological and scriptural support for providing a theological foundation for counseling students through academic instruction. The scriptural guidelines for the process of counseling and its pertinence to the duty and call of a professional counselor who is a Christian will be examined.

Chapter Three presents a broad overview of the existing literature concerning the theological preparation of graduate counseling students and the implications for the counseling profession.

Chapter Four presents and explains the qualitative phenomenological research process with detailed descriptions of how the methodology will be executed.

Chapter Five presents the research findings. Thematic analysis of qualitative data will be offered.

Chapter Six will present a summary of the research findings with implications, insights, and recommendations for course delivery and additional research.

CHAPTER TWO

THEOLOGICAL FOUNDATIONS

This chapter presents the theological foundation for the project, followed by an exploration of the biblical tradition regarding what it means to counsel and care for people who are hurting. It outlines the theological foundation and scriptural support for providing a theological foundation for counseling students through academic instruction. The scriptural guidelines for the process of counseling and its pertinence to the duty and call of a professional counselor who is a Christian will be examined.

Introducing the Theology of Counseling

“God is dead. God remains dead. And we have killed him.”²⁹ In 1882, German philosopher Friedrich Nietzsche made this profound declaration, referencing the God of the Christian tradition. An atheist for most of his life, Nietzsche viewed God as a fantasy created by human beings who would “die” once there was no good reason to continue believing in Him. Yet, despite Nietzsche’s conviction, religious devotion continues to thrive, and the number of persons associated with a religion is projected to increase by 3.5 percent (relative to the global population) to 2.3 billion by the year 2060.³⁰

Peter Abelard was a premier ethicist, logician, philosopher, poet, and gifted churchman in twelfth century France who was committed to developing theology into a science that was more than just biblical studies and patristics.³¹ He believed that theology could link

29. Friedrich Nietzsche, *God Is Dead. God Remains Dead. And We Have Killed Him* (London, UK: Penguin, 2021).

30. Pew Research Center, (2017) The Changing Global Religious Landscape. *Religious Values in Clinical Practice are Here to Stay*.

31. Meyrick H. Carre, *Realists and nominalists* (London: Oxford University Press, 1946).

psychological studies with the breadth of human knowledge, and thus useful in understanding the human condition.³² Theology is principally concerned with providing a “summary of Christian doctrine, and ordered summary or synopsis of the themes of teaching in Holy Scripture.”³³ Theology can enhance the study of psychology by challenging efforts made by the sciences to embrace the absolute. Wayne Grudem’s *Systematic Theology* describes systematic theology as a “topically-driven, synthetic presentation of Christian doctrine in which all the facts of revelation fit together in a consistent way,” all ensconced in a puzzle.³⁴ Warfield, Brown and Smith, go further, explaining how systematic theology becomes their preferred medium for representing God to the world:

What is most important in the knowledge of God—which is what theology is—is, of course, just the knowledge of God; and that is what systematic theology sets forth. Apologetical theology puts us in the way of obtaining knowledge of God. Exegetical theology gives us this knowledge in its *disjecta membra*. Historical theology makes us aware how it has been apprehended and transmuted into life. Practical theology teaches us how to propagate it in the world. It is systematic theology which spreads it before us in the form most accessible to our modes of conception, pours it, so to speak, into the molds of our minds, and makes it our assured possession that we may thoroughly understand and utilize it.³⁵

Dr. Gordon Hess, professor at Fuller Theological Seminary, regards everyone as a theologian. He contends that “everyone has a theology, a belief system, a mindset, a set of reasons or justifications for why they practice therapy the way they do.”³⁶ He suggests that even

32. Carre, *Realists and nominalists*.

33. Klaus Bockmuehl, “The task of systematic theology,” in *Perspectives on evangelical theology*, ed. Kenneth S. Kantzer and Stanley N. Gundry (Grand Rapids: Baker, 1979), 3–14.

34. Wayne Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Grand Rapids, MI: Baker Books, 1994), 21–24.

35. Benjamin B. Warfield, William Adams Brown, and Gerald B. Smith, “The task and method of systematic theology,” *The American Journal of Theology* 14.2 (1910): 193.

36. Gordon Hess, *Spirituality and the Therapist*, Chapter 4; Richard H. Cox, *Spirituality as a Working Model in Brief Psychotherapy: Spiritual Approaches to Emotional and Behavioral Change* (Springfield, Ill: Charles C Thomas Publisher, Ltd, 2016).

though most therapists probably do not self-identify as a “theologian,” the spiritually aware therapist is conscious of the “mindset” with which they practice and are able to articulate their own spiritual journey, once asked. Hess concludes that the therapist’s theology influences and informs their choice of psychological theory. This, he insists, ought to be regularly integrated in their therapeutic approach, serving as an essential resource in their capacity to be spiritually sensitive to those clients that present with spiritual concerns.

The theological foundation for clinical counseling ought to be considered alongside the spirituality of clinical counselors who profess Christianity as their chosen faith. Collins explains his understanding of Christian spirituality as having emerged from the Hebrew tradition of the Old Testament.³⁷ He goes on to describe the subsequent role that Jesus played, as He accepted, transmitted and transformed this tradition of spirituality through his life and teachings, documented in the New Testament. According to Collins, both testaments introduce spirituality as an encounter between the human spirit and the divine Spirit.³⁸

Gordon Mursell, in his book *The Story of Christian Spirituality...*, describes the Hebrew interpretation of spirituality as “the process by which God seeks continually to work upon, or address, the raw unstable chaos of our lives and experience, and of our world, drawing forth meaning, identity, order, and purpose.”³⁹ According to the Old Testament Hebrew tradition, he continues, integration in spirituality is emphasized, as demonstrated by living a holy life both in corporate and individual life.⁴⁰

37. Kenneth J. Collins, ed., *Exploring Christian spirituality: An ecumenical reader* (Grand Rapids: Baker Books, 2000), 10.

38. Collins, *Exploring Christian spirituality*, 10.

39. Gordon Mursell, ed., *The Story of Christian Spirituality: Two Thousand Years from East to West* (Minneapolis: Fortress, 2001), 9.

40. See Lev. 19.

Scripture is replete with reminders that all creation exists for the glory of God.⁴¹ He is heralded as “the first and . . . the last,” and “the Alpha and the Omega.”⁴² 1 Corinthians 8:6 apostle Paul suggests that the main reason for humanity’s existence is in God, and not within themselves.⁴³ Other scriptures affirm God as the center of human life. Through God’s Word, they are instructed to use their bodies for His glory, to do good works for His glory, and to glorify Him both in big and small, every day and spiritual things.⁴⁴ Ultimately, scripture is clear - God intends the greatest goal of human life to be to bring glory and honor to His name.⁴⁵

Bavinck describes God alone as humanity’s greatest good. Thus, the well-being of humanity is fostered as they center their lives on Him. Additionally, Bavinck believes that man’s sin, brokenness, and the inevitable hardships that exist in a fallen world, hinder man’s capacity to consistently bask in God’s glory.⁴⁶ Notwithstanding, God is still amazingly able to use sufferings to benefit men’s souls and facilitate future experiences of His glory.⁴⁷

It is true that believers tend to have different capacities for encountering God, based on their level of growth and maturity. Consequently, Johnson in his book *God and Soul Care*, advises that Christian counselors will require a great deal of wisdom when determining how to

41. Ps. 148; Prov. 16:4; Heb. 2:10; Rom. 11:36.

42. Isa. 41:4; Isa. 48:12; Rev. 1:8; Rev. 21:6.

43. “For us there is but one God, the Father, from whom are all things, and we exist for Him.”

44. 1 Cor. 6:20; Matt. 5:16; 1 Pet. 2:12; 1 Cor. 10:31; 1 Pet. 4:11.

45. See 1 Chron. 16:28; Isa. 42:10; Isa. 60:21; Jer. 13:11; John 15:8; Phil. 1:10–11; 2:11; 2 Thess. 1:10; Rev. 4:9, 11; Rev. 11:13.

46. John Hendryx, ed. “The Greatness of God,” and “The Greatness and Miserableness of Man” in *Herman Bavinck: Selected Shorter Works*, (n.p.: Monergism Books, n.d.), 136-139, <https://www.monergism.com/thethreshold/sdg/bavinck/Selected%20Works%20of%20Herman%20Bavinc%20-%20Herman%20Bavinck.pdf>.

47. Julie J. Exline, et al., “Predictors of growth from spiritual struggle among Christian undergraduates: Religious coping and perceptions of helpful action by God are both important,” *The Journal of Positive Psychology* 12.5 (2017): 501–508.

guide persons into God’s comforting presence.⁴⁸ Indeed, Johnson regards the responsible application of psychology employed by Christians as necessarily holistic. He purports that for “counselors who affirm the divine authorship of the Bible and its authority over life, it is eminently rational to make use of biblical teaching in their work.”⁴⁹

The Bible provides us with a reference point for the evaluation of human life and behavior. Frame contends that the authority of scripture applies indirectly to all aspects of human existence encompassing every discipline and practice.⁵⁰ Work and Hays underscore that scripture provides us with the equivalent of a physician’s prescription for humanity’s recovery from its ills.⁵¹ In conclusion, Johnson states that “the Bible has ultimate authority over all of psychology and soul care and is the most significant source of knowledge about human beings and their psychospiritual problems.”⁵²

Counseling and Theology

“Counseling is a theological discipline.”⁵³ So said Heath Lambert in his book *A Theology of Biblical Counseling*. Referencing the definition of theology as offered by Wayne Grudem and

48. Eric L. Johnson, *God and soul care: The therapeutic resources of the Christian faith* (Downers Grove, IL: InterVarsity Press, 2017).

49. Eric L. Johnson, *Foundations for soul care: A Christian psychology proposal* (Downers Grove, IL: InterVarsity Press, 2007), 152.

50. John M. Frame, *The doctrine of the knowledge of God*, (Phillipsburg, NJ: Presbyterian and Reformed Publ. Co., 1987), 169.

51. Telford Work and Richard B. Hays, *Living and active: Scripture in the economy of salvation* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2001), 260.

52. Johnson, *Foundations for soul care*, 171.

53. Heath Lambert, *A theology of biblical counseling: The doctrinal foundations of counseling ministry* (Nashville: Zondervan Academic, 2016), 17.

John Frame (“what the whole Bible teaches us today about any given topic,”) Lambert contends that any perception of life and reality is theological because God created all of our realities.⁵⁴ He created us, deciding who we are, He knows the source and solution to all of our problems and thus, any vision of reality about counseling will be a theological one. Jay Adams, the founder of the biblical counseling movement in the twentieth century, in his book entitled *A Theology of Christian Counseling*, said something similar:

All counseling, by its very nature (as it tries to explain and direct human beings in their living before God and before other human beings in a fallen world) implies theological commitments by the counselor. He simply cannot become involved in the attempt to change beliefs, values, attitudes, relationship and behavior without wading neck deep in theological waters.⁵⁵

In his book, Lambert suggests that as long as a counselor’s theological vision of reality is not based in God’s Word, their attempts at facilitating the healing and restoration of their clients’ lives will fail.⁵⁶ As an example of how the theological perception of reality can lead to successful client outcomes, Lambert highlights the work of Dr. David Burns, best-selling author of *Feeling Good: The New Mood Therapy*.⁵⁷ Burns, though not known as a faith-oriented mental health practitioner, commends a highly efficacious and widely used counseling technique known as cognitive behavioral therapy.⁵⁸

54. Grudem, *Systematic Theology*, 21.

55. Jay E. Adams, *More Than Redemption: A Theology of Christian Counseling* (Grand Rapids, MI: Baker, 1980), 14.

56. Lambert, *A Theology of Biblical Counseling*, 28.

57. David D. Burns, *Feeling Good*. New York, NY: Harper Collins Publishers, 1981, 10.

58. Cognitive behavioral therapy (CBT) is a form of psychotherapy that focuses on modifying dysfunctional emotions, behaviors, and thoughts by interrogating and uprooting negative or irrational beliefs. It is considered as a “solutions-oriented” form of talk therapy, CBT rests on the idea that thoughts and perceptions influence behavior.

Burns' theological view of counseling determines that an individual's negative thoughts should be confronted, and not supported. These viewpoints are consistent with the biblical prescription of taking our thoughts captive to Christ and the charge to be transformed by the renewing of our minds.⁵⁹ Thus, as Lambert concludes, Burns is successfully implementing a theologically appropriate counseling intervention in his work with clients that God conceptualized and documented it in His Word, well in advance of any cognitive behavioral therapist.⁶⁰

The Christian Counselor's Worldview

Typically, the Christian comprehensive worldview will originate in the teachings of Bible scriptures. Here we will find an exhaustive compilation of existential questions that address the causes of, and solutions to, the suffering that humanity has endured. Wright posits that emanating from this worldview, there are at least four key questions focusing on the "who," "where," and "what" of humanity.⁶¹ That is, "who are we, where are we, what is wrong, and what is the solution?"⁶²

The Christian worldview of human beings is as God's creation, designed in His image, for the purpose of enjoying a relationship with God and his fellow man. The scriptures teach that God originally creating this world as "good," however, due to the fall of humanity, brokenness entered the world, resulting in sickness and disease. Christians believe that Jesus came to the world to redeem and reconcile those who put their faith in him. In the Old Testament the Psalms

59. 2 Cor. 10:5–6; Rom. 12:1–2; Eph. 4:22–24; Col. 3:10.

60. Lambert, *A theology of biblical counseling*, 30.

61. N. T. Wright, *The New Testament and the People of God* (Minneapolis, MN: Fortress Press, 1992), 120.

62. Wright, *The New Testament and the People of God*, 123.

are replete with therapy-relevant behaviors such as crying out to God for help, pouring out feelings of anger and frustration, expressing thanksgiving, and acknowledging God's presence and comfort.⁶³ In the New Testament, the Apostle Paul provided psychological insight to the human concerns that cause anxiety, and how to endure through seasons of suffering.⁶⁴

For centuries people have sought counseling services in times of confusion and when their relationships are struggling. They seek counseling when they are consumed with anxious thoughts and need courage, when they are depressed, weak and angry. People engage in counseling when they need peace. Christians believe that God is willing and able to address all these concerns and supply all of these needs. For counselors who are Christians, there has historically been a question of the sufficiency of Scripture for a broad range of counseling concerns, and the evident richness of extra-biblical resources to effectively address them.⁶⁵ In his book *Foundations for Soul Care*, Eric L. Johnson explains:

The Bible gives us many general soul-care principles, goals and means. But it does not contain, on the one hand, higher-order theoretical statements regarding, for example, cognitive, emotional and volitional aspects of the soul, the structure of the personality or psychospiritual abnormality, or, on the other hand, lower-order detailed, step-wise treatment strategies for applying the gospel and remediating sin and biological and psychosocial damage. Such higher- and lower-order discourse is the fruit of scientific reflection and research.

For example, the Scripture says that sin comes out of the heart (Matt. 15:19), but it nowhere describes the components that make up the heart, how the heart is related to the memory, emotion and reasoning subsystems, how original sin develops into specific sins, or how genetics and social experiences influence these processes. The Bible also tells us to cast our anxiety on Christ (1 Pet. 5:7), but it does not spell out the precise cognitive, emotional and volitional steps for how to take anxiety to him from within our hearts and leave it with him. While the Bible is sufficient for salvation,

63. Walter Brueggemann, *The Message of the Psalms: A Theological Commentary* (Minneapolis, MN: Augsburg Publishing House, 1984), 19.

64. Mat. 6; 2 Cor. 12.

65. Lambert, *A theology of biblical counseling*, 68.

doctrine and morality, the phenomena of Scripture itself forces upon us the conclusion that it was not God's design to have the Bible answer directly all the concerns of psychologists or counselors for all places in all times, containing everything that would be of value to soul care in the future.⁶⁶

The Holy Spirit in Counseling

In John 16:8–11 we see the critical role of the Holy Spirit in the counseling process:

When [the Spirit] comes, he will convict the world concerning sin and righteousness and judgment: concerning sin, because they do not believe in me; concerning righteousness, because I go to the Father, and you will see me no longer; concerning judgment, because the ruler of this world is judged.

The Holy Spirit is also recognized as a vital participant in the process of convicting unbelievers of sin, of righteousness, and of inevitable judgment.⁶⁷ As D. Martyn Lloyd Jones imparts:

The Holy Spirit always works through the word of God. Now there are many people who claim that He works directly. That was what caused the Quakers to wander off from the main party of the Puritans. They said that the word was not necessary, that the Holy Spirit spoke directly to each person, in some secret mystical manner, by some 'inner light.' Not at all! . . . In order to do his work, the Spirit uses the word of God. And what does He do? . . . He presents and offers salvation in Christ; through His people, He states the facts about Christ.⁶⁸

Theology of Humanity

When God created humanity, He declared that they were made in His image: "Then God said, 'Let us make man in our image, after our likeness.'"⁶⁹ No other creatures were made in His

66. Johnson, *Foundations for Soul Care*, 184–85.

67. John 16:9–11.

68. David Martyn Lloyd-Jones, *God the Holy Spirit, Great Doctrines of the Bible*, vol. 2 (Wheaton, IL: Crossway, 1997), 51–52.

69. Gen. 1:26.

image, God made each of the animals corresponding to their own species.⁷⁰ The scriptures illustrate humanity's complex, and complicated inner world. Every human being has some sense of basic right and wrong.⁷¹ In the Gospels we see Jesus' teaching on the first and second great commandments, when He responds to the question:

Teacher, which is the great commandment in the Law?" And he said to him, "You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets."⁷²

Additionally, there are hidden aspects to human nature that often emerge during the counseling process. Under divine inspiration, Jeremiah cautions: "The heart is deceitful above all things and beyond cure. Who can understand it?"⁷³ In Psalm 42, the psalmist repeatedly asks us to consider, and not disregard, our inner world: "Why, my soul, are you downcast?"⁷⁴ In their book, *The Cry of the Soul*, Allender and Longman III describe emotions as being the language of the soul.⁷⁵ They further argue that the Psalms affirm "every emotion is a theological statement," with feelings illuminating man's efforts to regain access to God's presence and perfection.⁷⁶ In his treatise Calvin explains how the Psalms give emotions a voice:

[The psalmists] lay open their inmost thoughts and affections [emotions], call, or rather draw, each of us to the examination of himself in particular, in order that none of the

70. Gen. 1:24–25.

71. Rom. 2:12–16.

72. Matt. 22:35–40.

73. Jer. 17:9.

74. Ps. 42:1.

75. Dan Allender and Tremper Longman, *The cry of the soul: How our emotions reveal our deepest questions about God* (Colorado Springs, CO: NavPress, 2015), 8.

76. Allender, *The cry of the soul*, 37.

many infirmities to which we are subject, and of the many vices with which we abound, may remain concealed.⁷⁷

In Psalm 6, we are invited to embrace our pain without apology or compromise as the psalmist declares:

I am worn out from my groaning.
All night long I flood my bed with weeping
and drench my couch with tears.
My eyes grow weak with sorrow;
they fail because of all my foes.⁷⁸

The laments of the Psalms invite the possibility of speaking boldly and personally to God. As Walter Brueggemann contends, “the laments are refusals to settle for the way things are. They are acts of relentless hope that believes no situation falls outside Yahweh’s capacity for transformation. No situation falls outside of Yahweh’s responsibility.”⁷⁹

In a study investigating factors influencing psychological help-seeking in adults, two of the facilitating factors were the belief in the benefits of psychological services, and trusting in the mental health professional.⁸⁰ Oftentimes, engaging in counseling services - a process that is considered as contributing to wellness - is often a response to prolonged stress.⁸¹ Accepting psychological assistance is important as research indicates that it can lead to a reduction in the long-term negative effects of mental health challenges.⁸²

77. John Calvin, *Psalms* (Grand Rapids, MI: Baker, 1981 reprint; 1571), xxxvii.

78. Ps. 6:6–7.

79. Walter Brueggemann, *Old Testament Theology: Essays on Structure, Theme, and Text* (Minneapolis, MN: Fortress, 1992), 29.

80. Nursel Topkaya, “Factors Influencing Psychological Help Seeking in Adults: A Qualitative Study,” *Educational Sciences: Theory and Practice* 15.1 (2015): 21–31.

81. Coralie J. Wilson and Frank P. Deane, “Help-negation and suicidal ideation: The role of depression, anxiety and hopelessness,” *Journal of Youth and Adolescence* 39 (2010): 291–305.

82. Debra J. Rickwood, Frank P. Deane, and Coralie J. Wilson, “When and how do young people seek professional help for mental health problems,” *The Medical Journal of Australia* 187 (2007): S35–S39.

Theology of Suffering

Early Christian tradition has recorded numerous philosophical and theological interpretations of the psychospiritual effects and treatment of human suffering. Augustine of Hippo proposed a relationship with Jesus Christ as the remedy for inner turmoil.⁸³ Jesuit writers, Claude de la Colombiere and Jean-Pierre de Caussade recommended surrendering to God's providence as a way of finding peace when facing trials of many kinds.⁸⁴ Jonathan Edwards described how focusing on God, rather than oneself, is the key to a healthy emotional life.⁸⁵ Søren Kierkegaard's writings widely explore topics such as anxiety and despair, presenting insightful psychological, and theological interpretations. In the past 150 years, despite the predominance of modern psychology, many Christian thinkers have continued to provide psychologically astute conceptualizations of how the teachings of scripture can inform the counseling process.⁸⁶

Biblical scriptures provide us with specific examples of various kinds of suffering that one may experience in a fallen world, plagued by sin. In the book of the bible, First John, the apostle introduces us to the "world" system, full of sinful desires of sinful people, creating a chasm between us and a Holy God. This system leads to suffering in many ways. For example, we are surrounded by messages luring us toward sexual sin, establishing a context of suffering

83. Richard J. Foster and James Bryan Smith, ed., *Devotional Classics: Selected Readings for Individuals and Groups* (New York: HarperCollins, 2005), 52.

84. Claude Colombiere, *Trustful Surrender to Divine Providence: The Secret of Peace and Happiness* (Charlotte, NC: Tan Books, 1980), 16; Jean Pierre de Caussade, *Abandonment to Divine Providence* (San Francisco: Ignatius Press, 2011), 15.

85. Jonathan Edwards, *Religious Affections* (New Haven, CT: Yale University Press, 1959), 10.

86. Eric L. Johnson, ed., *Psychology and Christianity: Five Views* (Downers Grove, IL: InterVarsity Press, 2010), 11; Robert Welsh and Joshua Knabb, "Renunciation of the self in psychotherapy," *Mental Health, Religion and Culture* 12 (2009): 401–414.

especially for those struggling for sexual purity in a sexualized culture. The “world” also persecutes Christians simply because its ideologies are in conflict with the teachings and mandates of the scriptures.⁸⁷

In First Peter 5:8 describes the role that the Devil plays in human suffering, “Your adversary the devil prowls around like a roaring lion, seeking someone to devour.” The Devil brings much agony into the lives of those he seeks to destroy.⁸⁸ Others’ pain can lead to our suffering as we see in Romans 9:2–3 where apostle Paul expounds, “I have great sorrow and unceasing anguish in my heart. For I could wish that I myself were accursed and cut off from Christ for the sake of my brothers, my kinsmen according to the flesh.”

In his article, “The Psychology of Suffering”, Makelson theorizes that man’s suffering may be grouped into three distinct categories: physical, psychical (psychological disorders and mental illnesses) and spiritual. He also adds that suffering can cause the degradation or the development of one’s personality.⁸⁹ Psychological distress is by no means equivalent to a psychological disorder despite often being perceived as such. In fact, The Diagnostic and Statistical Manual of Mental Disorders criteria for the diagnosis of a mental disorder includes this qualifier, “Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.”⁹⁰

87. John 15:18–19.

88. The Devil is portrayed in the New Testament utilizing a number of different operations, including direct and open temptation (Matt. 4:1ff; Mark 1:12–13; Luke 4:1ff); manifestations of the super-natural (Luke 8:26ff); manifestations of strange or bizarre behavior (1 Sam. 16:14–16, 23; 18:10–11; Mark 5:1ff; Luke 8:26ff); manifestations of sickness or physical impairment (Matt. 9:32–34; 12:22; 17:14–18; Mark 9:14ff; Luke 11:14ff, 13:10–17; 2 Cor. 12:7).

89. J. Makselon, “The psychology of suffering,” *Folia Medica Cracoviensia* 39(3–4) (1998):59–66.

90. American Psychiatric Association, Diagnostic and Statistical Manual, 20.

From a Christian perspective, if God is active and present in suffering, then labeling psychological pain as a “disorder” could be an accurate representation if one lives in relentless brokenness as a result of running away from God. Conversely, this disordered label is inaccurate if God is actively caring for us and refining us in the midst of our trials, for His purposes.⁹¹ The scriptural evidence of, and prescriptions for psychological distress and consequently, psychological disorders, will now be explored.

Theology of Psychological Distress

Psalm 51 provides its readers with both an objective and subjective perspective on guilt, and emotion often associated with psychological distress. King David, having been convicted of his sin, pours out his soul to God, beseeching His mercy and grace. The psalm conveys the author’s heartfelt desire to not only obtain ritual cleansing, but to also experience profound inner transformation.⁹² As we consider both, the psalm provides us with a thorough and balanced depiction of how to confront one’s guilt with integrity, while depending completely on divine grace.

In the story of Naomi, as narrated in the book of Ruth, her psychological distress seemingly began after the death of her husband and sons.⁹³ She was an Israelite, living in the foreign land of Moab, and now indigent and helpless. In the biblical narrative, she renames herself Mara meaning “bitter,” after returning to Israel and is overwrought with grief that has caused her to question her sense of identity. Even the Lord Himself admits the He has “dealt

91. See Rom. 8:28.

92. Ps. 51:3–6, 9; Ps. 51:8, 12; Ps. 51:2, 7; Ps. 51:10, 12b.

93. See Ruth 1.

bitterly” with her.⁹⁴ Yet, in spite of her tremendous loss, there is no evidence in the scriptures that Naomi responded with a complaining or self-pity. She also did not try to manipulate her circumstances to gain assistance. Rather, Naomi’s story demonstrates the benefits of patience, perseverance, and social support in the restoration of mental health. Naomi was able to recognize how social interactions could play a part in God’s plan to rebuild her life and her restore her hope.

During the course of his ministry, the prophet Elijah also experienced distress. After being repeatedly threatened by King Ahab’s wife Jezebel, Elijah became consumed with tremendous fear and despondency. He escaped to the wilderness and in his despair, begged the Lord to take his life.⁹⁵ The scriptures document how the prophet concludes his journey under a broom tree where he falls asleep exhausted. Despite Elijah’s self-pitying attitude, God does not rebuke his faithlessness, nor reprimand his depressed outlook. God’s remedy for Elijah is not a command to increase his prayer, it is not criticism, nor ordering his immediate repentance for sinful thoughts and actions. Rather, God treats the prophet gently, with care and compassion, attending to his weary body. God provides a ministering angel who nourishes Elijah with bread and water. Through the angel God tells the prophet to “Get up and eat, otherwise the journey will be too much for you.”⁹⁶ This account is a supportive, holistic approach to mental health care. Indeed, Elijah’s psychological, spiritual, and physiological issues were attended to.

Additional examples of psychological distress in the scriptures may be seen in Jesus’ life on earth. As foretold by the prophet Isaiah, Jesus was “a man of suffering and acquainted with

94. Ruth 1:20, 21.

95. 1 Kings 19:4.

96. 1 Kings 19:4.

infirmity.”⁹⁷ In the face of his enemies, Jesus presents as somber, steadfast in integrity, but courageous and abiding throughout his arrest, torture and even the abandonment of his closest companions. Yet in all this, the passion narratives are neither positive nor encouraging. Jesus’ psychological distress was painfully evident. Indeed, while contemplating his imminent torment and crucifixion Jesus laments, “Now my soul is troubled. And what should I say – ‘Father, save me from this hour’? No, it is for this reason I have come to this hour.”⁹⁸

As Jesus anticipated the betrayal of Judas, his disciple, we read where he is “troubled in spirit.”⁹⁹ In the Garden of Gethsemane, he is described as being “distressed and agitated,” and praying in “anguish,” his “sweat became like great drops of blood.”¹⁰⁰ When he looks to his friends for comfort, he expresses his distress – “My soul is overwhelmed with sorrow to the point of death.”¹⁰¹ In the book of Hebrews, we are told that Jesus prayed “with loud cries and tears” as he considered his imminent capture and death.¹⁰² And yet, the same God/man who exemplified sinless Grace though suffering, is truly the wonderful counselor.

The book of Proverbs offers some very frank and hands-on counsel on numerous everyday subjects, including parenting, industry, and financial stewardship.¹⁰³ In the book of Isaiah, we encounter profound teachings on how to courageously trust God, even amid personal

97. Isa. 53:3.

98. John 12:27.

99. John 13:21.

100. Mark 14:33; Luke 22:44.

101. Matt. 26:38 (NIV).

102. Heb. 5:7.

103. See Prov. 1–9.

and national crises.¹⁰⁴ Isaiah also introduces Jesus, the wonderful counselor, to us in dramatic fashion!

When the prophet writes “For to us a child is born, to us a son is given, and the government will be on his shoulders. And he will be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace,” our hearts soar with the joy of knowing that Jesus’ grand arrival on earth was always a part of God’s plan for our redemption.¹⁰⁵ The Hebrew word for wonderful is *pala*. It signifies ‘something uncommon or out of the ordinary.’ It embodies ‘a phenomenon lying outside the realm of human explanation; that which is separated from the normal course of events; something that cannot be explained.’¹⁰⁶ In his bible commentary, Matthew Henry defends Jesus as counselor:

Justly is he called wonderful, for he is both God and man. His love is the wonder of angels and glorified saints; in his birth, life, death, resurrection, and ascension, he was wonderful. A constant series of wonders attended him, and, without controversy, great was the mystery of godliness concerning him.¹⁰⁷

Henry further explains that Jesus, whilst being counseled by his Heavenly Father, provides remarkable counsel to his people. He lovingly attends to our concerns, exhibits exceptional wisdom, and guides our paths. Shultz, in his contemplation of the role of biblical theology in Christian counseling, recommends that Christian counselors should possess a foundational biblical-theological competency.¹⁰⁸ He proposes that training programs for Christian counselors

104. See Isa. 26:3.

105. Isa. 9:6.

106. “The Fourth Glory of Christmas – His Name” by Discover the Book Ministries.

107. Matthew Henry, *Matthew Henry’s commentary on the whole Bible*, Vol. 4 (Peabody, MA: Hendrickson Publishers, 1991), 59.

108. Richard L. Schultz, ““For I did not shrink from declaring to you the whole purpose of God”: Biblical Theology’s Role within Christian Counseling,” *Edification: The Transdisciplinary Journal of Christian Psychology* 4.1 (2010): 48.

or clinical psychologists should include basic courses in both biblical interpretation and biblical theology, with an embedded experiential component. Shultz argues that, while working with clients, Christian counselors should consult biblical theology reference texts that can provide deeper understanding of “what God has to say” on any particular topic, rather than limiting their viewpoint to a few select passages.¹⁰⁹ Biblical theologian Graeme Goldsworthy affirms Shultz’s position, describing biblical theology as “the heartbeat of effective ministry” and hence regards biblical theology as foundational to Christian education.¹¹⁰

Conclusion

A Christian worldview recognizes the existence of psychological, social, and spiritual suffering. A clients’ theological framework for accepting suffering should not be disregarded or treated as inferior to clinical counseling. Rather, theological interpretations must be honored as a principal way to comprehend the human experience. As Old Testament scholar Richard Averbeck surmised, “Bringing the knowledge of God and people together in the wisdom of the redemption story is the only real and lasting way to bring us true ‘rest’ in the midst of the mess which we are and in which we live. This is what both the Bible and counseling are really all about to begin with.”¹¹¹

109. Schultz, “For I did not shrink from declaring to you the whole purpose of God,” 49.

110. Graeme Goldsworthy, *According to plan: The unfolding revelation of God in the Bible* (Downers Grove, IL: InterVarsity Press, 2002), 280, 282–284.

111. Richard E. Averbeck, “Creation and Corruption, Redemption and Wisdom: A Biblical Theology Foundation for Counseling Psychology,” *Journal of Psychology & Christianity* 25.2 (2006): 125–126.

CHAPTER THREE

LITERATURE REVIEW

Introduction

This research study explores the theological preparation of clinical counselors and their experiences of applying theological insights to clinical counseling. This study aims to provide the data needed to design a course that addresses any identified theological deficiencies in the Master of Arts in Clinical Counseling program.

This chapter seeks to provide a grounded framework to direct the exploratory design of this study. This chapter begins by reviewing the relevant literature concerning the ethical integration of spiritual and theological issues into the counseling process, continuing with an overview of the theological preparation of students in faith-based graduate clinical counseling programs. Based upon the findings derived, appropriate conclusions are summarized, explaining the necessity, significance, and recommendations of this study.

Religion and Spirituality

Managing the intersection of religion and spirituality in the therapeutic process in an ethical and effectual way has been a longstanding challenge for clinical counselors. Young and Craig S. Cashwell note, in the introduction of their book *Integrating Spirituality and Religion into Counseling: A Guide to Competent Practice*, “religion has long been a highly controversial topic in the mental health disciplines.”¹¹² Indeed, many of the pioneers of the field of

112. Craig S. Cashwell and J. Scott Young, ed., *Integrating spirituality and religion into counseling: A guide to competent practice* (Hoboken, NJ: John Wiley & Sons, 2014), 6.

psychology deemed clients' spiritual beliefs and rituals as manifestations of psychopathology and immaturity, thus irrelevant to the therapeutic process.¹¹³

Conversely Jesse Fox, associate professor of counselor education at Stetson University and former president of the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) proposes, "The evidence base for interrelationships between spirituality, religion and mental health has grown exponentially."¹¹⁴ He adds, "In the most recent systematic review in 2012 produced by Harold Koenig at Duke University Medical School, there were over 3,000 published peer-reviewed studies documenting the connection between spirituality, religion and health. In fact, the number of studies grows exponentially every year."¹¹⁵

Spirituality is a complex notion that, one could argue, is not easily be conceptualized, but yet it has essentially been defined as a basic human drive for divine meaning, purpose, and worth.¹¹⁶ Religion is often explored in studies on spirituality and may be defined as a common set of worldviews, customs, and sacred rituals that play a distinct role in the community through

113. Thomas G. Plante, "Integrating spirituality and psychotherapy: Ethical issues and principles to consider," *Journal of Clinical Psychology*. (2007): 63(9):891–902.

114. In 2009, the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association (ACA), developed the Competencies for Addressing Spiritual and Religious Issues in Counseling to serve as a guideline for counselors seeking to incorporate a client's religion and spirituality into practice. The competencies are complementary to the ACA Code of Ethics.

115. Lisa R. Rhodes, "Incorporating clients' faith in counseling," *Counseling Today, Features* (November 2, 2022): 11, <https://ct.counseling.org/2022/11/incorporating-clients-faith-in-counseling/>.

116. Peter C. Hill, et al., "Conceptualizing religion and spirituality: Points of commonality, points of departure," *Journal for the Theory of Social Behaviour* 30(1) (2000): 51–77; Edward R. Canda and Leola Dyrud Furman, and Hwi-Ja Canda, *Spiritual diversity in social work practice: The heart of helping* (New York, NY: Oxford University Press, 2010); Harold G. Koenig, "Religion, spirituality, and health: The research and clinical implications," *ISRN Psychiatry*, (2012): 278730, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3671693/>; Kenneth I. Pargament, *Spirituality integrated psychotherapy: Understanding and addressing the Sacred* (New York, NY: The Guilford Press, 2007).

its structures and organizations.¹¹⁷ Importantly, despite a substantial overlap between religious and spiritual concepts, scholars often acknowledge them as two distinct constructs.¹¹⁸

In the western hemisphere, healthcare for persons living with mental health issues originated in monasteries and other religious communities.¹¹⁹ Perhaps the world's first mental hospital, the Priory of St. Mary of Bethlehem, built in London on the Thames River in 1247, was originally designed to shelter so-called "distracted people."¹²⁰ In 1547, however, St. Mary's was demolished and reinstated as Bethlehem Hospital which sadly gained notoriety for its inhumane treatment of the mentally ill.¹²¹ In 1796, following subsequent abuses in mental hospitals, and hastened by the death of a Quaker patient in a New York asylum in England, the devout Quaker William Tuke and the Quaker community in England established their own asylum known as the York Retreat.¹²² Tuke pioneered a new form of Quaker - initiated treatment of the mentally ill called "moral treatment" which led to asylums being established in the United States in Philadelphia, Boston, New York - and Connecticut with moral treatment being the dominant therapy.¹²³

117. Canda, *Spiritual diversity in social work practice*.

118. Hill, "Conceptualizing religion and spirituality," 51–77; William R. Miller and Carl E. Thoresen, "Spirituality, religion and health: An emerging research field," *American Psychologists* 58(1) (2003):24–35.

119. Harold G. Koenig, *Faith and Mental Health: Religious Resources For Healing* (Conshohocken, Pa, USA: Templeton Press, 2005).

120. See <http://www.d.umn.edu/cla/faculty/tbacig/studproj/is3099/pplfrst/Untitled1.html>.

121. "Restoration and 18th Century Studies in English," 2012, <http://instruct.uwo.ca/english/234e/site/bckgrnds/maps/lndnmpbedlam.html>.

122. Tanaquil Taubes, "'Healthy avenues of the mind': psychological theory building and the influence of religion during the era of moral treatment," *American Journal of Psychiatry* 155(8) (1998):1001–1008.

123. Taubes, "Healthy avenues of the mind," 1001–1008.

It was Sigmund Freud (1856–1939) who in more modern times, after being “introduced” to the neurotic and hysterical attributes of religion by French neurologist Jean Charcot (1825–1893) in the mid-1880s, wrote a series of publications until his death in 1939 that led to a lasting rift between religion and psychology.¹²⁴ Freud’s writings left a legacy that would influence the field of psychiatry – particularly psychotherapy – for the duration of the nineteenth century resulting in a substantial rift between religion and mental health practice. The differences have continued up to the present day, often revealed in the clinical work of many clinicians who have largely ignored the religious concerns of their clients or even assessed them as pathological.

Adding to the discourse surrounding the ideologies introduced by Freud, other early theorists held distinct views of the role of spirituality and religion in mental health. Carl Jung, a student of Freud’s, took a different stance from that of his mentor and teacher. Jung deemed spirituality and religion as a path to wholeness. It was his interest in the area transcendence and spirituality that launched a split and ensuing disconnect between Freud and Jung.¹²⁵ Erik Erikson, a Freudian ego-psychologist, best known for his conceptualization of the eight stages of psychosocial development, initially added to Freud’s earlier work. Erikson, however, ultimately proclaimed not only that religion could constitute a footing for clients’ hope and wisdom, but added, “religion connects with the most fundamental needs, longings, and fears of human beings,” acknowledging religion as an essential contributor to the self-actualization of human beings.¹²⁶

124. Sigmund Freud, “Psycho-analysis and religious origins,” in *Sigmund Freud: Collected Papers*. Vol. 2, ed. James Strachey (New York: Basic Books, 1919), 92–97; Sigmund Freud, “Moses and monotheism,” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed James Strachey (London, UK: Hogarth Press and the Institute of Psycho-Analysis, 1939), 1953–1973; David B. Larson, et al., “Religious content in the DSM-III-R glossary of technical terms,” *American Journal of Psychiatry* 150(12) (1993):1884–1885.

125. Kahle, *The Power of Spirituality in Therapy*, 58.

126. Kahle, *The Power of Spirituality in Therapy*, 59.

Eventually, by the end of the twentieth century, the relationship between psychology and spirituality experienced advances in its level of acceptance and favorable perception, as despite the negative views expressed by many mental health professionals, research exploring religion, spirituality, and health has continued to rapidly increase. The results of these studies are being published in journals from a wide range of disciplines, including those in medicine, nursing, physical and occupational therapy, social work, public health, sociology, psychology, religion, spirituality, pastoral care, chaplain, population studies, and even in economics and law journals.¹²⁷

In the mental health profession, the inevitable introduction of the religion into clinical work was further influenced by three specific advancements: (1) the emerging scientific evidence of a positive relationship between spirituality/religion and health, (2) increasing indicators suggesting that a significant percentage of United States populace identifies as religious or spiritual, and (3) the classification of religion and spirituality as a multicultural counseling component.¹²⁸ Other studies exploring the role of religious activity and spirituality in a person's

127. Koenig, "Religion, spirituality, and health."

128. Abigail James and Adrian Wells, "Religious orientation and mental health: Towards a cognitive behavioral framework," *British Journal of Health Psychology*, 8 (2003): 359–376; David B. Larson and Susan S. Larson, "Spirituality's potential relevance to physical and emotional health: A brief review of quantitative research," *Journal of Psychology & Theology*, 31 (2003): 37–51; Mahyar Mofidi, et al., "The relationship between spirituality and depressive symptoms: Testing psychosocial mechanisms," *Journal of Nervous and Mental Disease*, 195 (2007): 681–688; Sylvia Mohr and Philippe Huguelet, "The relationship between schizophrenia and religion and its implications for care," *Swiss Medical Weekly*, 134 (2004): 369–376; Brian C. Post and Nathaniel G. Wade, "Religion and spirituality in psychotherapy: a practice friendly review of research," *Journal of Clinical Psychology*, 65(2) (2009): 131–146; Harold G. Koenig, Dana E. King, and Verna Benner Carson, *Handbook of Religion and Health*, 2nd edition (New York, NY, USA: Oxford University Press, 2012); Sally M. Hage, et al., "Multicultural training in spirituality: An interdisciplinary review," *Counseling & Values*, 50(3) (2006): 217–234; W. Bryce Hagedorn and Daniel Gutierrez, "Integration versus segregation: Applications of the spiritual competencies in counselor education programs," *Counseling & Values*, 54(1) (2009): 32–47.

health and well-being report a positive relationship between spirituality/religion and health as evidenced by favorable psychological outcomes.¹²⁹

An average of all Gallup polling conducted in 2021 found, about 75 percent of Americans self-identifying with a specific religious faith, with seven percent identifying with a non-Christian religion.¹³⁰ The classification of religion and spirituality as a multicultural consideration in clinical counseling has broadened the associated research base.¹³¹ A resulting paradigm shift, with religion and spirituality representing a distinct culture that deserves respect and attention in the therapeutic process, has solidified the emerging professional support for the integration of spirituality into clinical training and practice.¹³²

Spirituality and Mental Health

Towards the end of the twentieth century, numerous studies corroborated the already existing evidence of the role of spirituality in human health and wellness.¹³³ A subsequent

129. Kathleen A. Lawler-Row and Jeff Elliott, "The role of religious activity and spirituality in the health and well-being of older adults," *Journal of Health Psychology*, 14 (2009): 43–52; Joshua A. Wilt, Nick Stauner, and Julie J. Exline, "Religion, spirituality, and well-being," in *Subjective well-being and life satisfaction* (Abingdon, OX: Routledge, 2017), 337–354; Tamer Koburtay, Dima Jamali, and Abdullah Aljafari, "Religion, spirituality, and well-being: A systematic literature review and futuristic agenda," *Business Ethics, the Environment & Responsibility* 32.1 (2023): 341–357.

130. "The Gallup Organization," Washington, D.C.: Gallup Organization, 2021, Retrieved from <https://news.gallup.com/poll/358364/religious-americans.aspx>.

131. Craig S. Cashwell and J. Scott Young, "Spirituality in counselor training: A content analysis of syllabi from introductory spirituality courses," *Counseling and Values* (2004); J. Scott Young, Marsha Wiggins-Frame, and Craig S. Cashwell, "Spirituality and counselor competence: A national survey of American Counseling Association members," *Journal of Counseling & Development*, 85 (2007): 47–52.

132. Michelle Kielty Briggs and Andrea Dixon Rayle, "Incorporating spirituality into core counseling courses: Ideas for classroom application," *q*, (2005): 63–75; Pargament, *Spiritually integrated psychotherapy*; P. Scott Richards and Allen E. Bergin, *A spiritual strategy for counseling and psychotherapy*, 2nd ed. (Washington, DC: American Psychological Association, 2005); Len Sperry and Edward P. Shafranske, ed., *Spiritually-oriented psychotherapy* (Washington, DC: APA Press, 2005).

133. Linda K. George, et al., "Spirituality and health: What we know, what we need to know," *Journal of Social and Clinical Psychology* 19(1) (2000):102–116; Koenig, "Religion, spirituality, and health."

breakthrough occurred in the relationship between spirituality and psychology, with an unprecedented amount of support becoming evident amongst mental health professionals.¹³⁴ For example, between 1965 and 2000, the number of published studies focusing on the science of religion and spirituality quadrupled.¹³⁵

The results of further studies documenting the effects of introducing spirituality into mental health care on the recipients of counseling services affirmed that many clients prefer their spiritual issues to be processed in therapy.¹³⁶ Exline and Rose, in a study examining the psychological impact of religious and spiritual struggles, found that some clients experienced deep distress owing to spiritual issues, as well as doubts and challenges related to their failure to comply with certain religious value systems.¹³⁷ Likewise, Johnson and Hayes identified that in some patients, spiritual incongruences manifest as psychopathic indicators.¹³⁸

Weld and Eriksen, while studying the effects of prayer in counseling with deeply devout individuals, discovered that such individuals often seek out clinical specialists who share their religious faith and who utilize therapeutic interventions that are compatible with the values that

134. Miller, "Spirituality, religion and health," 24–35; Richards, *A spiritual strategy for counselling and psychotherapy*.

135. Kenneth I. Pargament and Stephen M. Saunders, "Introduction to the special issue on spirituality and psychotherapy," *Journal of Clinical Psychology* 63.10 (2007): 903–907; Andrew J. Weaver, et al., "Trends in the scientific study of religion, spirituality, and health: 1965–2000," *Journal of Religion and Health* 45.2 (2006): 208–214.

136. Brian C. Post and Nathaniel G. Wade, "Client perspectives about religion and spirituality in group counseling," *The Counseling Psychologist*, 42(5) (2014):601–627; Elizabeth M. Rose, John S. Westefeld, and Timothy N. Ansely, "Spiritual issues in counseling: Client's beliefs and preferences," *Psychology of Religion and Spirituality* 48(1) (2008):18–33.

137. Julie J. Exline and Ephraim Rose, "Religious and spiritual struggles," in *Handbook of the psychology of religion*, eds. Raymond F. Paloutzian and Crystal L. Park (New York, NY: Guilford; 2005), 315–330.

138. Chad V. Johnson and Jeffrey A. Hayes, "Troubled spirits: Prevalence and predictors of religious and spiritual concerns among university students and counseling center clients," *Journal of Counseling Psychology* 50(4): (2003): 409–419.

they uphold.¹³⁹ For example, a meta-analysis conducted by Worthington, Hook, Davis, and McDaniel¹⁴⁰ exploring the impact of psychotherapy with religious and spiritual clients, proposed that very religious or spiritually-committed clients may be especially receptive to the integration of religious and spiritual issues into their therapeutic processes.

In another research study, Koenig, King, and Carson proposed certain mechanisms through which religion and spirituality influence mental health.¹⁴¹ The authors propose that, primarily, religion introduces strategies for coping with stress that may lead to an upsurge in the occurrence of an individual's positive emotions and simultaneously decrease the probability that stress will lead to the advent of emotional disorders, including depression, anxiety disorder, suicide, and substance abuse.

Secondly, they suggest that since many religions recommend rules and regulations about how to exist in society and how to treat their "neighbor," abiding by those rules and regulations is likely to decrease the incidents of stressful life events, which often lead to less positive emotions and more negative ones. Finally, they assert that the majority religions accentuate the need for love of others, compassion, and philanthropic acts along with regular times of meeting and fellowship. According to the authors, these community-focused activities will likely create a buffer for stress and result in a community-based supportive framework during challenging times.

139. Chet Weld and Karen Eriksen, "The ethics of prayer in counseling," *Counseling and Values* 51(2) (2007):125–138.

140. Everett L. Worthington, Jr., et al., "Religion and spirituality," *Journal of clinical psychology* vol. 67,2 (2011): 204–214.

141. Koenig, *Handbook of Religion and Health*.

Spirituality as a Mental Health Resource

Since the mid-20th century, there has been increasingly more interest in the integration of religion and spirituality in the mental health fields, with spirituality growing in its acceptance as a key component of mental healthcare.¹⁴² This movement has been advanced by the spiritual views held by many mental health professionals. Several studies have concluded that approximately half of mental health professionals acknowledge a relationship with some type of religious tradition, deem spirituality as personally meaningful, and esteem prayer as a spiritual discipline.¹⁴³

Other studies have revealed that spirituality and religion are very significant components in the lives of American mental health professionals.¹⁴⁴ A national survey of American Counseling Association members found 82% of respondents describing themselves as being more spiritual than religious and 48% indicating that they self-identify as religious.¹⁴⁵ In the light of such statistical data, it is not surprising that many mental health professionals regard spirituality as vital to their clients' well-being.¹⁴⁶

142. Nathaniel G. Wade, Everett L. Worthington, Jr., and David L. Vogel, "Effectiveness of religiously tailored interventions in Christian therapy," *Psychotherapy Research*, 77(1), (2007): 91–105; William West, "Situating the researcher in qualitative psychotherapy research around spirituality," *Counselling Psychology Quarterly*, 22(2) (2009): 187–195.

143. Thomas Carlson, Martin Erickson, and Angela Seewald-Marquardt, "The spiritualities of therapists' lives: Using therapists' spiritual beliefs as a resource for relational ethics," *Journal of Family Psychotherapy*, 13 (2002): 215–236; Edward P. Shafranske and H. Newton Maloney, "Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy," *Psychotherapy* 27 (1), (1990): 72–79.

144. Donald F. Walker, Richard L. Gorsuch, and Siang-Yang Tan, "Therapists' integration of religion and spirituality in counseling: A meta-analysis," *Counseling & Values*, 49(1) (2004): 69–80.

145. Young, "Spirituality and counselor competence," 47–52.

146. Everett L. Worthington, Jr., "The Religious Commitment Inventory-10: Development, refinement, and validation of a brief scale for research and counseling," *Journal of counseling psychology* 50.1 (2003): 84; Vicky Genia, "Religious issues in secularly based psychotherapy," *Counseling and Values* 44.3 (2000): 213–221.

Some researchers have reported mixed findings about clients' dependence on religious – coping strategies. Lee, Nezu and Nezu define religious coping as the beliefs or actions that are applied to address challenges when adverse circumstances surpass the limits of available resources.¹⁴⁷ In stressful situations, many individuals rely on their religious practices for relief in coping, while, in a review of the literature, Ellison and Levin recognized that the relationships between religion and well-being are not equivalent among subgroups.¹⁴⁸ They found that the reliance on religion as a coping strategy seemed more likely to produce favorable outcomes among older, less educated, southern, and African-American groups.

Kenneth Pargament and colleagues, in conducting an extensive review of the existing research, acknowledged that although inverse correlations exist between positive religious coping and adjustment, they concluded that religious coping strategies such as prayer, faith, trusting God's will, and pastoral support, are used by many individuals during times of crisis, with some researchers reporting as many as 91% of participants utilizing such coping strategies.¹⁴⁹ Indeed, not all such coping strategies are positive. In fact, some clients may employ coping strategies that are harmful in response to religious trauma. Nevertheless, based on these findings, it seems justifiable to say that clients with a religious or spiritual orientation will turn to

147. Minsun Lee, Arthur M. Nezu, and Christine M. Nezu, "Positive and negative religious coping, depressive symptoms, and quality of life in people with HIV," *Journal of Behavioral Medicine*. 37(5) (2014):921–930.

148. Christopher G. Ellison and Robert J. Taylor, "Turning to prayer: Social and situational antecedents of religious coping among African Americans," *Review of Religious Research* 38 (1996):111–31; Jay A. Mattlin, Elaine Wethington, and Ronald C. Kessler, "Situational determinants of coping and coping effectiveness," *Journal of Health and Social Behavior* 31 (1990): 103–22; Christopher G. Ellison and Jeffrey S. Levin, "The religion-health connection: Evidence, theory, and future directions," *Health Education and Behavior* 25 (1998):700–20.

149. Myleme O. Harrison, et al., "The epidemiology of religious coping: A review of recent literature," *International review of psychiatry* 13.2 (2001): 86–93; Allen C. Sherman, et al., "Prospective study of religious coping among patients undergoing autologous stem cell transplantation," *Journal of Behavioral Medicine*. 2009;3: 118–128.

their beliefs and practices in response to psychologically-stressful events. In fact, the spiritual discipline of prayer has been identified as the most commonly utilized spiritual intervention by counselors who are Christians.¹⁵⁰ Furthermore, more recent studies have also shown that even practitioners working in non-faith-based settings often include some type of prayer activity in their clinical practice.¹⁵¹

Additionally, other research suggests that counselors and clients in both religious and non-religious settings consider spirituality to be an important aspect of mental health and clinical practice.¹⁵² For example, Rose, Westfield, and Ansley found that several clients also prefer their religious faith or spiritual practice to be included in the counseling process, possibly since about 80% of the United States populace both believe in God and the power of prayer.¹⁵³ Notably, however, whereas a number of mental health practitioners integrate spirituality into their counseling practice, some professionals do not assess spirituality as a valuable therapeutic

150. Randall Lehmann Sorenson and Shawn Hales, "Comparing evangelical Protestant psychologists trained at secular versus religiously affiliated programs," *Psychotherapy: Theory, Research, Practice, Training* 39.2 (2002): 163; Nathaniel G. Wade and Everett L. Worthington, Jr., "Overcoming interpersonal offenses: Is forgiveness the only way to deal with unforgiveness?" *Journal of Counseling & Development* 81.3 (2003): 343–353.

151. Patricia Marsden, Efthalia Karagianni, and John F. Morgan, "Spirituality and clinical care in eating disorders: A qualitative study," *International Journal of Eating Disorders* 40.1 (2007): 7–12; Saunjo L. Yoon and Shakera Black, "Comprehensive, integrative management of pain for patients with sickle-cell disease," *Journal of Alternative and Complementary Medicine* 12.10 (2006): 995–1001.

152. Dyer P. Bilgrave and Robert H. Deluty, "Religious beliefs and political ideologies as predictors of psychotherapeutic orientations of clinical and counseling psychologists," *Psychotherapy: Theory, Research, Practice, Training* 39.3 (2002): 245; Joyce Hickson, Warren Housley, and Dianne Wages, "Counselors' perceptions of spirituality in the therapeutic process," *Counseling and Values* 45.1 (2000): 58–66; David P. Smith and David E. Orlinsky, "Religious and Spiritual Experience Among Psychotherapists," *Psychotherapy: Theory, Research, Practice, Training* 41.2 (2004): 144; Edward P. Shafranske and Len Sperry, "Addressing the spiritual dimension in psychotherapy: Introduction and overview," in Len Sperry and Edward P. Shafranske ed., *Spiritually oriented psychotherapy*. Washington, DC: American Psychological Association. (2005), 11–29.

153. Rose, "Spiritual issues in counseling," 61; Alec Gallup, Alec M. Gallup, and Frank Newport, ed., *The Gallup Poll: Public Opinion 2005* (Washington, DC: Rowman & Littlefield, 2007).

resource.¹⁵⁴ At the same time, others recognize its importance, but do not believe that spiritual issues should be included in psychotherapy, yet others who value spirituality as a therapeutic resource, lack the necessary training required ethically and effectively to integrate faith into their practice.¹⁵⁵

Qualitative studies have provided evidence that some mental health practitioners may regard the process of counseling itself as a spiritual process.¹⁵⁶ White studied the lived experiences of psychospiritual integration (PSI) among 12 exceptional psychotherapists who ardently integrated spirituality into their practice.¹⁵⁷ The four core themes that emerged were: universality and transparency, everything has a spiritual basis, receptivity to that which is greater than self, and mystery and the tolerance for the unknown.¹⁵⁸

It should, however, be noted that several studies concluded that clients may interpret or apply spirituality in ways that prove detrimental, thus it can trigger emotional distress or worsen

154. Allen E. Bergin, "Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change," *Counseling and values* 33.1 (1988): 21–31; Peter M. Gubi, "Surveying the extent of, and attitudes towards, the use of prayer as a spiritual intervention among British mainstream counsellors," *British Journal of Guidance & Counselling* 32.4 (2004): 461–476.

155. Bergin, "Three contributions," 21–31; Gubi, "Surveying," 461–476; P. Scott Richards and Allen E. Bergin, ed., *Casebook for a spiritual strategy in counseling and psychotherapy*, (Washington, DC: American Psychological Association, 2004); Karen Eriksen, Gaye Marston, and Tina Korte, "Issues and insights: Working with God: Managing conservative Christian beliefs that may interfere with counseling," *Counseling and Values* 47.1 (2002): 48–68.

156. Annemarie Gockel, "Client perspectives on spirituality in the therapeutic relationship," *Humanistic Psychologist*, 39(2) (2011): 154–168; Frank E. White, "The lived experience of psychospiritual integration: a qualitative study with exemplary psychotherapists who actively integrate spirituality into their practice of psychotherapy," *Proceedings Academy Of Religion & Psychological Research* (2003): 88–98.

157. White, "The lived experience of psychospiritual integration," 88–98.

158. White, "The lived experience of psychospiritual integration," 92.

pre-existing psychological issues.¹⁵⁹ In order to increase the efficacy of religion and spirituality as a clinical counseling resource, Aten and Worthington recommend that more attention be given to 1) the improvement and increased consistency of clinical definitions of religion and spirituality, 2) increased scrutiny of spiritually-focused interventions, 3) additional clinically-focused assessments, 4) increased mutually-beneficial collaborations of pastors and therapists, 5) increased and efficacious clinical research, and 6) improved clinical training.¹⁶⁰

Spirituality as a Multicultural Component

Ethical, multicultural, and developmental perspectives have provided a basis for mental health practitioners to correct any perceived concerns associated with the integration of spirituality into clinical counseling. A shift in the literature on spirituality and religion ensued when the American Psychological Association, the American Counseling Association, and the Council for the Accreditation of Counseling and Related Educational Programs confirmed religion and spirituality to be a multicultural competency component.¹⁶¹ Multicultural

159. David Rosmarin, Steven Pirutinsky, and Jedidiah Siev, "Recognition of scrupulosity and nonreligious OCD by orthodox and non-orthodox Jews," *Journal of Social and Clinical Psychology* 29, 8, (2010): 930–944; Julie J. Exline, Ann Marie Yali, and William C. Sanderson, "Guilt, discord, alienation: The role of religious strain in depression and suicidality," *Journal of Clinical Psychology*, 56 12 (2000): 1481–1496; Thomas A. Fergus and Wade C. Rowatt, "Personal uncertainty strengthens associations between scrupulosity and both the moral appraisals of intrusive thoughts and beliefs that God is upset with sins," *Journal of Social & Clinical Psychology*, 33 1 (2014): 51–74.

160. Jamie D. Aten and Everett L. Worthington, Jr., "Next steps for clinicians in religious and spiritual therapy: an end piece," *Journal of Clinical Psychology* 65, no. 2 (2009): 224–229.

161. Peter A. Brawer, et al., "Training and education in religion/spirituality within APA-accredited clinical psychology programs," *Professional Psychology: Research and Practice* 33.2 (2002): 203; Patricia Arredondo and Rebecca Toporek, "Multicultural counseling competencies= ethical practice," *Journal of Mental Health Counseling* 26.1 (2004): 44–55; J. Scoff Young, et al., "Spiritual and religious competencies: A national survey of CACREP-accredited programs," *Counseling and Values* 47.1 (2002): 22–33; Briggs, "Incorporating spirituality into core counseling courses," 63–75; Rachel M. Schafer, et al., "Training and education in religion/spirituality within APA-accredited clinical psychology programs: 8 years later," *Journal of religion and health* 50 (2011): 232–239.

competence was defined as obtaining the awareness, knowledge, and skills to work with people of diverse backgrounds in an effective manner by D. W. Sue.¹⁶²

Sue and colleagues developed a tripartite model of Multicultural Counseling Competencies that incorporate attitudes and beliefs, knowledge, and skills of clinical counselors.¹⁶³ They advised that 1) culturally competent counseling professionals are aware of their own beliefs, attitudes, values, and worldviews that could affect their work with clients; 2) practitioners have the knowledge of beliefs, attitudes, values, and worldviews that are widespread in the specific populations they work with; and 3) they possess the skills essential to working with diverse populations.¹⁶⁴

Importantly, the multicultural competencies endorse the value of spirituality as counseling competence.¹⁶⁵ Similarly, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) compiled a total of nine competencies as guidelines for the ethical integration of religion and spirituality. These were subsequently adopted by the ACA.¹⁶⁶ The ASERVIC competencies have inspired ongoing appeals for the inclusion of religion and

162. Derald Wing Sue, "The superordinate nature of cultural competence," *The Counseling Psychologist* 29.6 (2001): 850–857.

163. Derald Wing Sue, et al., "Position paper: Cross-cultural counseling competencies," *The Counseling Psychologist*, 10 (1982): 45–52.

164. Sue, "Position paper: Cross-cultural counseling competencies," 46.

165. Derald W. Sue, Patricia Arredondo, and Roderick J. McDavis, "Multicultural counseling competencies and standards: A call to the profession," *Journal of Multicultural Counseling and Development*, 20(2) (1992): 64–88.

166. ASERVIC is an organization of counselors and human development professionals who believe that spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process. Through research and practice, ASERVIC empowers and enables the exploration, development, and expression of spiritual, ethical, and religious values relating to the person, society, and counseling professional; Craig S. Cashwell and Richard E. Watts, "The new ASERVIC competencies for addressing spiritual and religious issues in counseling," *Counseling and Values* 55.1 (2010): 2–5.

spirituality into clinical counseling theories, practice, research, and counselor education.¹⁶⁷

Ideally, it is recommended that in order to deliver culturally competent counseling services, professional counselors should find ways to integrate and interact the components of complex identity structures, such as ethnicity, religion, and spirituality.¹⁶⁸

Ethical mandates now require that clients' spiritual beliefs be honored and addressed in therapy.¹⁶⁹ The preamble to the most recent American Counseling Association (ACA) Code of Ethics designates a core value of the counseling profession as "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts," while current ethical guidelines define dangerous interventions, detrimental countertransference, and dubious spiritual practices, and are expected to improve the beneficence of implementation.¹⁷⁰

Standards related to knowledge, skills, and awareness, employed while working with individuals and groups from diverse racial and ethnic cultures, are also appropriate for use with clients who adhere to specific religious or spiritual beliefs.¹⁷¹ Developmental psychologist Erik

167. Cashwell, "Spirituality in counselor training," 96–109; P. Scott Richards and Allen E. Bergin, "The Need for a Theistic Spiritual Strategy," in *A spiritual strategy for counseling and psychotherapy*, 2nd ed. (Washington, D.C.: American Psychological Association, 2005), 5–25; Young, "Spirituality and counselor competence," 47–52; Hage, "Multicultural training in spirituality," 217–234.

168. Tracy L. Robinson and Mary F. Howard-Hamilton, *The convergence of race, ethnicity, and gender – Multiple identities in counseling* (Upper Saddle River, NJ: Merrill [Prentice Hall], 2000).

169. Michael M. Kocet, "Ethical challenges in a complex world: Highlights of the 2005 ACA code of ethics," *Journal of Counseling & Development* 84.2 (2006): 228–234; Samuel Knapp and Leon VandeCreek, "An overview of the major changes in the 2002 APA Ethics Code," *Professional Psychology: Research and Practice* 34.3 (2003): 301; J. Scoff Young, "Spiritual and religious competencies," 22–33.

170. American Counseling Association. (2014). 2014 ACA code of ethics. <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>; Richards, *Casebook for a spiritual strategy in counseling and psychotherapy*; Kenneth I. Pargament, "The bitter and the sweet: An evaluation of the costs and benefits of religiousness," *Psychological Inquiry*, 13(3) (2002):168–181; Genia, "Religious issues in secularly based psychotherapy," 213–221.

171. Genia, "Religious issues in secularly based psychotherapy," 213–221.

Erikson introduced the notion that identity development occurs across the lifespan, achieving a peak at around the adolescent stage.¹⁷² He also identified that religion and spirituality support an individual's meaning-making process, worldview development, and also their quest for existential insight.

Between the mid-1970s and early 1980s, James Fowler, professor of theology and human development, conceptualized a theory of faith development that has since become fundamental to understanding the role that religion and spirituality play in an individual's identity development.¹⁷³ Accordingly, detailed recommendations have been officially instituted to assist mental health professionals with combining counseling interventions with the spiritual developmental stages achieved by their clients.¹⁷⁴

Religion and Spirituality Inclusion in CACREP Counseling Programs

In 1981, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) was established to provide leadership and to foster excellence in professional preparation through the accreditation of counseling and related educational

172. Erik Erikson, "Theory of identity development," *Identity and the life cycle* (1959): 42–57.

173. James W. Fowler, *Becoming adult, becoming Christian: Adult development and Christian faith*. (Hoboken, NJ: John Wiley & Sons, 1999); James W. Fowler and Mary Lynn Dell, "Stages of faith from infancy through adolescence: Reflections on three decades of faith development theory," *The handbook of spiritual development in childhood and adolescence* (2006): 34–45. Building on the contributions of such key thinkers as Piaget, Erikson, and Kohlberg, Fowler draws on a wide range of scholarship, literature, and firsthand research to present the six stages that emerge in working out the meaning of our lives – from the intuitive, imitative faith of childhood through conventional and then more independent faith to the universalizing, self-transcending faith of full maturity. *Stages of Faith* helps us to understand our own pilgrimage of faith, the passages of our own quest for meaning and value.

174. Brian A. Griffith and Julie C. Griggs, "Religious identity status as a model to understand, assess, and interact with client spirituality," *Counseling and Values* 46.1 (2001): 14–25; Everett L. Worthington, Jr., "Religious faith across the life span: Implications for counseling and research," *The Counseling Psychologist* 17.4 (1989): 555–612.

programs.¹⁷⁵ The accrediting body maintains its commitment to the development of counseling standards and procedures that reflect the needs of a changing, diverse, and multifaceted society. CACREP defines a diverse learning community as follows: “As part of identifying underrepresented populations and the continuous and systematic efforts to recruit, enroll, and retain a diverse group of students and faculty, the counselor education program analyzes, by program delivery type and CACREP specialized practice area, demographic data with regard to: a) Students: 1) applicants, 2) enrolled students, and 3) degree completion rates.”¹⁷⁶ These standards stress the importance of cultural diversity in professional counseling, and especially as a critical component of the counselor education process.

Numerous models have been designed for use by counselor educators and psychologists who are required to teach counselors-in-training religious and spiritual competencies.¹⁷⁷ However, the existing literature reveals that many institutions have been slow to include spiritual competencies in their counseling programs.¹⁷⁸ Spiritual competence is a continuous process of becoming aware of one’s own beliefs, values, biases, empathy, and the enhancement of therapeutic sensitivity to diverse spiritual perspectives.¹⁷⁹ It involves both a counselor’s ability to

175. Retrieved from <https://www.cacrep.org/about-cacrep/>.

176. “2024 CACREP Standards, Section 2: Academic Quality.” Retrieved from <https://www.cacrep.org/wp-content/uploads/2023/06/2024-Standards-Combined-Version-6.27.23.pdf>

177. Stephen R. Russell and Mark A. Yarhouse, “Training in religion/spirituality within apa accredited psychology predoctoral internships,” *Professional Psychology: Research & Practice*, 37(4) (2006): 430–436; Brian Shaw, Hannah Bayne, and Sonya Lorelle, “A constructivist perspective for integrating spirituality into counselor training,” *Counselor Education & Supervision*, 51 (2012): 270–280.

178. Briggs, “Incorporating spirituality into core counseling courses,” 63–75; Daniel L. Schulte, et al., “Religious and spiritual issues in counseling psychology training,” *The Counseling Psychologist*, 30, (2002): 118–134; Hagedorn, “Integration versus segregation,” 32–47.

179. David R. Hodge and Gordon E. Limb, “Conducting spiritual assessments with Native Americans: Enhancing cultural competency in social work practice courses,” *Journal of Social Work Education*, 46, 2 (2010): 265–284.

be aware of what knowledge, skills, and abilities are necessary to support clients with spiritual issues, and how to incorporate them in counseling practice. Many counselor educators have evidently not been trained to address spiritual and religious concerns with clients.¹⁸⁰

Recent research studies suggest that some counselors who demonstrate limited spiritual competence and express discomfort in addressing religion and spirituality with their clients, do so because many students and graduates of counselor education programs report that they have not had a spirituality course in their counselor education programs.¹⁸¹ For example, a study conducted by Osborn and colleagues found that, although 90% of counselors-in-training personally value spirituality, only 10% of participants acknowledged confidence to initiate conversations of a spiritual nature in their counseling relationships.¹⁸² Curiously, while the importance of acknowledging client spirituality has been demonstrated in contemporary studies, a number of practitioners and counselor educators express ignorance and inadequacy in the integration of spirituality into counseling practice.¹⁸³ Moreover, twenty-first century studies have shown that a counselor's personal spirituality, spiritual experience, and instruction in spirituality

180. Young, "Spiritual and religious competencies," 22–32; Carri M. Weinstein, Jessica Parker, and James Archer, Jr., "College counselor attitudes toward spiritual and religious issues and practices in counseling," *Journal of College Counseling* 5.2 (2002): 164–174.

181. Katherine Z. Souza, "Spirituality in counseling: What do counseling students think about it?" *Counseling and Values*, 46 (2002): 213–217; Schulte, "Religious and spiritual issues in counseling psychology training," 118–134; Young, "Spiritual and religious competencies," 22–32.

182. Debra Osborn, Sue Street, and Michelle Bradham-Cousar, "Spiritual needs and practices of counselor education students," *Adultspan Journal* 11.1 (2012): 27–38.

183. Alison Marie Plumb, "Spirituality and counselling: Are counsellors prepared to integrate religion and spirituality into therapeutic work with clients?" *Canadian Journal of Counselling and Psychotherapy* 45.1 (2011); Wen-Mei Chou and Pamela A. Bermender, "Spiritual integration in counseling training: A study of students' perceptions and experiences," *Journal Vistas* 11 (2011); Weinstein, "College counselor attitudes toward spiritual and religious issues and practices in counseling," 164–174.

are significant contributors to the focus of their treatment approaches and their self-perceived competency to counsel clients with spiritual concerns.¹⁸⁴

Faith-Based Counselor Education

The holistic person of the counselor may be defined by the six dimensions of moral, social, emotional, intellectual, physical, and spiritual development.¹⁸⁵ These establish a necessary foundation for equipping counselors with the personal and professional proficiencies necessary for effective implementation in the field. Several studies substantiate the therapeutic relationship as being the principal contributor to counselor effectiveness.¹⁸⁶ Hence, the holistic development of the personhood of the counselor-in-training and their professional identity development play a crucial role in the continued effectiveness of the counseling profession.¹⁸⁷

Matthew Bracey's article "Faith and Scholarship: A Christian Call to Action," asserted that Christian scholars must integrate their faith with learning. His expressed concern referenced Christian approaches to academia, thus having implications for faith-based counselor education programs in the light of contemporary counseling literature. As he explained, "Christian

184. Young, "Spiritual and religious competencies," 22–32; Kathryn Watkins Van Asselt and Tracy D. Baldo Senstock, "Influence of counselor spirituality and training on treatment focus and self-perceived competence," *Journal of Counseling & Development* 87.4 (2009): 412–419.

185. Cheryl Pence Wolf, Isabel A. Thompson, and Sondra Smith-Adcock, "Wellness in Counselor Preparation: Promoting Individual Well-Being," *Journal of Individual Psychology* 68.2 (2012).

186. Mark R. McMinn and Clark D. Campbell, *Integrative psychotherapy: Toward a comprehensive Christian approach* (Downers Grove: InterVarsity Press, 2007); Timothy Anderson, et al., "Therapist effects: Facilitative interpersonal skills as a predictor of therapist success," *Journal of clinical psychology* 65.7 (2009): 755–768; Michael J. Lambert and Dean E. Barley, "Research summary on the therapeutic relationship and psychotherapy outcome," *Psychotherapy: Theory, research, practice, training* 38.4 (2001): 357.

187. Seth L. Scott, "Proclaiming hope: The critical role for faith-based schools in counselor education," *Journal of Psychology and Christianity* 38.2 (2019): 112–119; Colette T. Dollarhide, Donna M. Gibson, and Julie M. Moss, "Professional identity development of counselor education doctoral students," *Counselor Education and Supervision* 52.2 (2013): 137–150.

academics must recognize the importance of their vocation. Integration failure has serious repercussions. Vacuums will be filled, and where Christians do not speak up and defend their worldview, non-Christians will, and they will influence generations. That is the story of much of higher education in the modern era.”¹⁸⁸

Eric Johnson, in his book *God and Soul Care*, acknowledged that Christian therapists have a special role to play in the process of counselor education. To begin with, they promote integration by accepting their counselees (as Christ has accepted them), acknowledging and affirming their created gifts, offering therapeutic insight and progress, assigning homework, promoting in-session accomplishments, and regularly reminding them of God’s love for them. Moreover, if their clients are Christians, the counselor can also remind them of their forgiveness and justification in Christ. By means of therapist love, empathy, and responsiveness, the therapist and counselee can negotiate and create a safe intersubjective space in which deep connection occurs while the counselee divulges matters of which they are ashamed.¹⁸⁹

Additional research studies affirm Johnson’s position, indicating that added integration can occur as client and therapist exchange anecdotes about themselves and their journey with Christ, expounding the therapeutic implications of Christian truth, while concurrently enjoying loving “resonance” together in their states of mind and brains.¹⁹⁰ Johnson concludes, “Without any human relational support or scaffolding, theological truth talk will most likely remain merely

188. Matthew Steven Bracey, “Faith and Scholarship: A Christian Calling,” *Biblical Higher Education Journal*, Volume 13 Spring (2018), 37.

189. Eric L Johnson, *God and soul care: The therapeutic resources of the Christian faith*, (Downers Grove, IL: InterVarsity Press, 2017), 818.

190. Thomas Lewis, Fari Amini, and Richard Lannon, *A General Theory of Love* (New York, NY: Random House, 2000); Daniel J. Siegel, *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind (norton series on interpersonal neurobiology)* (New York, NY: WW Norton & Company, 2012).

cognitive and not forge new connections with emotional, self, and relational regions of the brain/soul.”¹⁹¹

In the chapter “Culture and Worldview” of the text, *Integrating Spirituality and Religion into Counseling*, authors Marsha Wiggins and Daniel Gutierrez propose specific skills that they recommend to counselors who work with clients with distinct religious, spiritual, and cultural differences. First, counselors must willingly participate in self-exploration to confront any historic personal issues that may intervene in the therapeutic process. Second, counselors must be deliberate and persistent in accessing basic information about world religions and spiritual perspectives from diverse cultures. Third, counselors must be able to initiate honest and open conversations with clients about differences. Fourth, counselors must be open to multiple viewpoints and must suspend their personal values, specifically when clients’ religious or spiritual beliefs and theirs are dissimilar. Fifth, counselors must become proficient in modifying both secular and spiritually based interventions in the clients’ best interest. Sixth, counselors must vigorously access suitable supervision and consultation support when practicing outside of their current experience.¹⁹²

Teaching Theology

The Standards of the Associations of Theological Schools in the United States and Canada describe Theological Schools as “communities of faith and learning centered on student learning and formation. Consistent with their missions and religious identities, theological

191. Eric L. Johnson, *God and soul care*, 537.

192. Craig S. Cashwell and J. Scott Young, *Integrating spirituality and religion into counseling: A guide to competent practice* (Hoboken, NJ: John Wiley & Sons, 2014).

schools give appropriate attention to the intellectual, human, spiritual, and vocational dimensions of student learning and formation. Schools pursue those dimensions with attention to academic rigor, intercultural competency, global awareness and engagement, and lifelong learning.”¹⁹³

Malcom Warford’s *Introduction to Practical Wisdom on Theological Teaching and Learning*, by contrast, does not offer a detailed explanation of the content of theological education. Instead, he states simply, “Teaching and learning are a matter of relationships significantly shaped by the community in which they occur. For theological teachers, this community is the seminary.”¹⁹⁴

In an article entitled, “Instructional Design for Affective Learning in Theological Education,” Susan Graham proposes that the overarching goal of theological education is the development of theological understanding. She suggests it may be perceived as the composite of four goals: theological learning, practical preparation for ministry, spiritual and ministerial formation, and growth in personal maturity.¹⁹⁵ She advises that the learning experience of a student of theology should be distinguished by a combination of approaches that include the personal construction of knowledge, explicit instruction, implicit instruction through modeling, and practice. She refers to the combination of these goals as a process of discipling, whereby as students develop their knowledge about theology, they are expected to also seek to understand and articulate their own personal theology, thus initiating the discernment process of the participation of God in their personal lives and in the lives of others.¹⁹⁶

193. <https://www.ats.edu/files/galleries/standards-of-accreditation.pdf>

194. Malcolm L. Warford, ed., *Introduction to Practical Wisdom on Theological Teaching and Learning* (New York: Peter Lang Publishing, 2004), 1.

195. Susan Lochrie Graham, “Theological Formation on the Web: A Case Study in Formation for Ministry,” *Teaching Theology and Religion* 5(4) (2002): 228–36.

196. Graham, “Theological Formation on the Web,” 30.

In the year 2000, Daniel Ayshire of the Association of Theological Schools (ATS) stated that in the previous decade, degree programs within member seminaries grew so exponentially that some schools had begun graduating more professional counselors than pastors.¹⁹⁷ In an article entitled, “Integration Training in the Seminary Crucible,” Beck and Banks articulate four skills that they consider essential if the increasing numbers of seminary-trained graduates of clinical counseling programs are going to provide suitable and proper mental health services acceptable to the Christian community. These four skills are: an appropriate use of hermeneutics – the interpretation of scripture, clear and sound theological reasoning, informed and proper use of psychological literature, and a basic knowledge and appreciation of church history.¹⁹⁸

Joseph Celucien, in his text, *Theological Education and Christian Scholarship for Human Flourishing: Hermeneutics, Knowledge, and Multiculturalism*, advises that theological education should address the cultural expressions and systems from which it originates. He further insists, “A fundamental core attribute of a vigorous theological education is to lead students to become allies to the socially alienated and the economically-marginalized minority groups, especially those in the Christian community.”¹⁹⁹ Stephen Bevans, in *Models of Contextual Theology*, maintains that theology must be contextualized because “contextualization is part of the very nature of theology itself.”²⁰⁰ He notes, referencing the relationship between theology and contextualization, “Theology that is contextual realizes that culture,

197. Daniel Ayshire, “Theological Education in the New Millennium” (paper presented at faculty retreat. Trinity Evangelical Divinity School, Deerfield, IL, August 2000).

198. James R. Beck and James W. Banks, “Integration Training in the Seminary Crucible,” *Journal of Psychology and Theology* 25 (1997): 272.

199. Celucien, L. Joseph, *Theological Education and Christian Scholarship for Human Flourishing: Hermeneutics, Knowledge, and Multiculturalism* (Eugene, OR: Wipf and Stock Publishers, 2022), 90.

200. Stephen B. Bevans, *Models of Contextual Theology* (Maryknoll, New York: Orbis Books, 1992), 1.

history, contemporary thought forms, and so forth are to be considered, along with scripture and tradition, as valid sources for theological expression...” He continues....

As our cultural and historical context plays a part in the construction of the reality in which we live, so our context influences our understanding of God and the expression of our faith. We can only speak about a theology that makes sense at a certain place and in a certain time. We can certainly learn from others (synchronically from other cultures and diachronically from history), but the theology of others can never be our own.²⁰¹

Similarly, Professor James A. Banks, founding director of the Center for Multicultural Education at the University of Washington, and fondly thought of as the father of multicultural education in the United States, considers multiculturalism and diversity in theological education as necessary for the flourishing and success of all students. He argues that “integrating multicultural teaching in the theological curriculum is “to help students to understand how knowledge is constructed,” adding that a multicultural approach to theological education offers another opportunity for the curriculum “to accurately reflect the histories and cultures of ethnic groups and women.”²⁰² Therefore, it is probable that introducing perspectives from various theological traditions into a counselor education program can significantly improve the quality of counseling services.

In *A Theistic Spiritual Strategy for Counseling and Psychotherapy*, Richards and Bergin introduce a spiritual strategy for use in psychotherapy that is ecumenical, that is, representing various faith practices, in that it can be thoughtfully employed with persons from diverse theistic religious traditions.²⁰³ They recommend that a spiritual strategy that is sensitive and open to diverse spiritual perspectives is fundamental for therapists who work with religious and spiritual

201. Bevens, *Models of Contextual Theology*, 4–5.

202. James A. Banks, “The Canon Debate, Knowledge Construction, and Multicultural Education,” *Educational Researcher* 22 (1993): 4, 11.

203. Richards, “A Spiritual Strategy for Counseling and Psychotherapy.”

clients.²⁰⁴ They judge that a feasible spiritual strategy will adapt to, and facilitate denominationally-specific faith interpretations, arguing that the approach to spiritual integration must be flexible and adhere to procedures that will help therapists recognize how to use denominationally-specific beliefs and interventions with sensitivity and efficacy.²⁰⁵

In a prior study, Bergin and Payne identified that clients from different religious traditions “present different needs embedded in languages and lifestyles that demand technical content adapted to their needs.”²⁰⁶ Other researchers concluded that a spiritual strategy should facilitate therapists’ respectful and comprehensive application of the unique religious beliefs and spiritual resources accessible to clients who adhere to a particular religious denomination or spiritual tradition.²⁰⁷ Thus, as Bergin and Payne emphasize, a viable and effective spiritual strategy should assist therapists to “learn how to function both in the broader ecumenical world and in the fine texture” of various religious traditions.²⁰⁸

The theological foundations of the Black Church are an example of how different churches and Christian denominations may differ in theological principles, and hence differ in the way they implement their convictions, positions, and duties.²⁰⁹ There is scientific evidence

204. Richards, “A Spiritual Strategy for Counseling and Psychotherapy,” 7.

205. Richards, “A Spiritual Strategy for Counseling and Psychotherapy,” 158.

206. Allen E. Bergin, Reed I. Payne, and P. Scott Richards, “Values in psychotherapy,” In: Shafranske E, editor. *Religion and the Clinical Practice of Psychology*. Washington, DC: American Psychological Association; (1996), 208.

207. Eugene W. Kelly, Jr., *Spirituality and religion in counseling and psychotherapy: Diversity in theory and practice* (Alexandria, VA: American Counseling Association, 1995); Robert J. Lovinger, *Working with religious issues in therapy* (Northvale, NJ: Jason Aronson, 1984).

208. Bergin, “Values in psychotherapy,” 208.

209. Kendra Hadiya Barber, “‘What happened to all the protests?’ Black megachurches’ responses to racism in a colorblind era,” *Journal of African American Studies* 15 (2011): 218–235.

that African Americans tend to seek professional counseling at a significantly lower rate than other racial and ethnic populations.²¹⁰ Moreover, African Americans often choose their ministry leaders, pastors, and churches congregations as a source of mental health support rather than the services of professional counselors.²¹¹ Thus, the African-American religious experience, and specifically the Black Church, warrants further consideration from the counseling community.²¹²

The Black Church is often perceived as a homogenous cluster of individual churches, when, in fact, theological differences invalidate this assumption.²¹³ These theological postures can exert profound influence in congregants' lives and decisions, including their likelihood of pursuing professional counseling for themselves or their families.

Michael O'Connor, in his article entitled "A Course in Spiritual Dimensions of Counseling: Continuing the Discussion" contributes to the minimal literature on counselor education courses that focus on the spiritual components of counseling. In his writing, he acknowledges the need for spiritually oriented coursework, comparing and contrasting three formerly published articles on such courses, and he concludes by presenting a fourth such course.²¹⁴ All four courses are grounded in theological tradition. However, the teaching methods of all four courses differed.

210. Liat Ayalon and Michael A. Young, "Racial group differences in help-seeking behaviors," *The Journal of social psychology* 145.4 (2005): 391–404; Amanda Toler Woodward, "Discrimination and help-seeking: Use of professional services and informal support among African Americans, Black Caribbeans, and non-Hispanic Whites with a mental disorder," *Race and Social Problems* 3 (2011): 146–159.

211. Ayalon, "Racial group differences in help-seeking behaviors," 391–404.

212. C. Eric Lincoln and Lawrence H. Mamiya, *The Black Church in the African American experience* (Durham, NC: Duke University Press, 1990). The Black Church is the term used in popular culture and scholarly literature to refer to the overall institution that encompasses individual, predominantly African-American Christian congregations.

213. Barber, "What happened to all the protests?" 218–235.

214. Michael O'Connor, "A course in spiritual dimensions of counseling: Continuing the discussion," *Counseling and Values* 48.3 (2004): 224–240.

Assignments were employed that were designed to increase students' self-awareness of their own spiritual and religious backgrounds, introduce diversity of spiritual and religious expressions, and recommend interactions with others about their own religious and spiritual beliefs and practices. Each course had experiential, reflective, and student-presentation activities.²¹⁵ Each course referenced one or more of Myers and Williard's seven recommendations for incorporating spiritual strategies into counselor preparation curriculum.²¹⁶

The recommendations were:

- 1) A developmentally based wellness model that promotes human spirituality as the core element of the individual.
- 2) [Defining] spirituality...in a way that is inclusive of any spiritual or religious orientation but should clearly establish human spirituality as independent of religious, cultural, or scientific dogma.
- 3) Counselors-in-training should be given opportunities to explore, understand, and articulate the personal meaning of their own spirituality as well as an understanding of the individual nature of their meaning-making process.
- 4) Counselors should be exposed to many diverse spiritual and religious beliefs, values, and phenomena as part of their preparation process.
- 5) Counselors-in-training should be exposed to assessment and intervention techniques that are compatible with the philosophy of spiritual and holistic wellness.
- 6) Research involving spiritual/religious issues and development should be encouraged and supported by counselor education programs.
- 7) Faculty should be actively involved in efforts to help students understand their own spiritual issues as well as those of their clients, and they should emphasize the integration of the construct of human spirituality throughout the entire program of study.²¹⁷

Additionally, all four courses emphasized human spirituality as a core component of an individual's identity and an essential factor in the counseling process.

215. Russell C. Curtis and J. Scott Glass, "Research and theory: Spirituality and counseling class: A teaching model," *Counseling and Values* 47.1 (2002): 3–12.

216. Jane E. Myers and Kirk Williard, "Integrating spirituality into counselor preparation: A developmental, wellness approach," *Counseling and Values* 47.2 (2003): 142–155.

217. Myers, "Integrating Spirituality into counselor preparation," 152–153.

Conclusion

Prior to his death, Christian psychologist Randall Sorenson (1954–2005) legendarily pronounced that spiritual integration is “caught” rather than “taught.” After employing a sequence of research studies utilizing a complex method called “multidimensional scaling,” Sorenson, Derflinger, Bufford, and McMinn determined that students want “real access”²¹⁸ to those persons who instruct them in integration. In summary, the study concluded that integration should not be just an academic activity involving teaching principles of regarding faith and science, but:

Instead, students want access to someone who is modeling integration before them as a living, breathing, flesh-and-blood manifestation of integration- in-process. Students want broad and candid access to integrators so they can see how their mentors think, weigh choices, make clinical judgments, pursue courses of research, and, most importantly, how they interact with themselves and others, including God.²¹⁹

Additionally, Sorenson made a similar observation more than twenty years prior:

Integration must occur in persons, and to omit or ignore this element is to doom our endeavors. . . . Integration is personal in the sense that it occurs through contact with persons-in-relation, including both other creatures and God. . . . It also means that our communities and our theories are related. Who we are to each other, how we treat each other – as faculty, students, and staff; as supervisors, therapists, and patients; as pastors, parishioners, and elders – has direct bearing on the quality of the integrative models we can imagine and sustain. (p. 208)²²⁰

In response to the question, “what is a seminary education *for*?” Wolterstorff contends that the goal of Christian higher education should be human flourishing.²²¹ In a later essay, he

218. Randall Lehmann Sorenson, et al., *National collaborative research on how students learn integration* (Batavia, IL: Christian Association for Psychological Studies, 2007), 364.

219. Sorenson, *National collaborative research on how students learn integration*, 364.

220. Randall Lehmann Sorenson, “Doctoral students’ integration of psychology and Christianity: Perspectives via attachment theory and multidimensional scaling,” *Journal for the Scientific Study of Religion* (1997): 208.

221. Nicholas Wolterstorff, “Teaching for Shalom: On the goal of Christian collegiate education,” in *Educating for Shalom: Essays on Christian higher education*, ed. Clarence W. Joldersma and Gloria Goris Stronks (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2004a), 10– 26.

argues that “the goal is not just to understand the world but to change it. The goal is not just to impart to students the Christian world-and-life-view but to equip and motivate them for a Christian way of being and acting in the world.”²²²

In an essay expounding the role of theology in the church, Fisher Humphreys, the late Baptist Theologian and Professor of Divinity at Samford University, expressed his ideals for the dispositional attributes that students of theology should acquire. Humphrey conveyed his hope that his students would become trustworthy theologians. He imagined that their spiritual formation would establish in them the qualities of confidence and humility, honesty, and love. He desired that their biblical familiarity, knowledge of Christian orthodoxy, and the works of modern academic theologians would be sound.²²³

222. Nicholas Wolterstorff, “The mission of the Christian college,” in *Educating for Shalom: Essays on Christian higher education*, ed. Clarence W. Joldersma and Gloria Goris Stronks (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2004b), 27– 35.

223. Fisher Humphreys, *Theology in The Service of The Church: Essays Presented to Fisher H. Humphreys* (Macon, GA: Mercer University Press, 2008).

CHAPTER FOUR

METHODOLOGY

Introduction

The disciplines of psychology and theology both embody substantial fields of knowledge. Graduate students of either discipline typically invest years of scholarship in the mastery of the subject matter. Students seeking to acquire an in-depth knowledge of psychology with at least a basic knowledge of theology, such as those enrolled in faith-based clinical counseling programs, may encounter significant challenges owing to the notable differences in emphasis and philosophy between the two fields.

One of the challenges encountered by these students is the requirement to take theology courses, though many do not actually want to study theology. Students who choose to attend a faith-based institution often come with an expectation of some faith-based content or integration. Courses such as Spiritual Formation or Ministerial Person, which focus on the formation of the individual for service in diverse ministry settings, more naturally align with students' expectations; thus, they are more likely to embrace the concepts introduced.

Clinical counseling students often question the relevance of the existing theological studies that they are required to learn, asserting the difficulty they encounter in switching their focus to theological themes and concepts that they feel inadequate and unprepared to grasp. Specifically, students question the relevance of formal systematic theology, the only available theology course for their program. Counseling students also express challenges when attempting to shift their focus to a second discipline with a new vocabulary and set of concepts which undermine their ability to focus on their primary course of study.

Additionally, clinical counseling students may find themselves in classes with seasoned

theology students, while attempting to grapple with themes and concepts that leave them feeling inadequate and ill-prepared.

Qualitative research seeks to explain and process human experience, being primarily concerned with meaning-making.²²⁴ Thus, a key role of the qualitative researcher is to attend to the participants' voices, with the purpose of exploring their experiences, while also making sense of them.²²⁵ The sampling process for qualitative research is usually designed to be purposeful, in an effort to yield data that is "information rich."²²⁶ Purposeful sampling is a data collection strategy that is commonly used in qualitative research. It involves the distinguishing and choosing interview subjects that are particularly knowledgeable or experienced regarding a phenomenon of interest, with a recommended sample size of between three and ten, and with saturation being attained when no new themes or relevant information emerge regarding the phenomena.²²⁷

Qualitative data is chiefly collected from the written or spoken language of the participant, which then is converted to evidence for the refinement of descriptions of the

224. Joseph G. Ponterotto, "Qualitative research in counseling psychology: A primer on research paradigms and philosophies of science," *Journal of Counseling Psychology*, 52 (2005): 126–136; John W. Creswell, et al., "Qualitative research designs: Selection and implementation," *The Counseling Psychologist*, 35 (2007): 236–264. The term meaning-making has been used in constructivist educational psychology to refer to the personal epistemology that people create to help them to make sense of the influences, relationships, and sources of knowledge in their world.

225. John W. Creswell, *Qualitative inquiry & research design: Choosing among five approaches* (London: Sage Publications, 2013).

226. Michael Quinn Patton, *Qualitative research and evaluation methods*, 3rd (Thousand Oaks, CA: Sage Publications, 2002).

227. John W. Creswell and Vicki L. Clark Plano, "Designing and conducting mixed methods research," (2011); John W. Creswell, *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (London: Pearson Education, Inc, 2012); Lisa M. Given, ed., *The SAGE Encyclopedia of Qualitative Research Methods*, (Thousand Oaks, CA: SAGE Publications, Inc., 2008) *Sage Knowledge*, 19 Jul 2023.

phenomena under scrutiny.²²⁸ A phenomenological approach to qualitative research focuses on the collective experiences of individuals encountering a particular phenomenon.²²⁹ Qualitative research has been progressively more recognized as a methodology which fits the tenets of the counseling profession.²³⁰

Coyle, in his article on the use of qualitative methods in religious research studies, noted that conventional quantitative research design marginalizes enquiries concerning the phenomenology of religion, interpersonal and transpersonal facets of self, and questions that tackle non-material, non-practical components of spirituality.²³¹ He further argues that the study of religious and spiritual issues in counseling within the positivist-empirical context has traditionally persisted even when it did not “seem to fit comfortably with the topic.”²³²

As a result, Coyle advocated that phenomenologically oriented methods best fit the research of spiritual issues. For example, when researching spiritual disparities, Jackson & Coyle chose a qualitative design because this approach supported a “framework for accessing the participants’ meaning-making in all its potential complexity and fluidity.”²³³ Similarly, in a review of qualitative literature over a 25-year time-period, Aten & Hemanadez

228. Danica G. Hays and Anneliese A. Singh, *Qualitative inquiry in clinical and educational settings* (New York, NY: Guilford Press, 2011).

229. Arianne Teherani, et al., “Choosing a qualitative research approach,” *J Grad Med Educ* 7 (2015): 669–670.

230. Maureen Duffy and Ronald J. Chenail, “Values in qualitative and quantitative research,” *Counseling and values* 53.1 (2009): 22–38.

231. Adrian Coyle, “Qualitative methods and ‘the (partly) ineffable’ in psychological research on religion and spirituality,” *Qualitative research in Psychology* 5.1 (2008): 56–67.

232. Coyle, “Qualitative methods,” 58.

233. Joanna Jackson and Adrian Coyle, “The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners’ accounts,” *Counselling Psychology Review* 24.3&4 (2009): 88.

recommended further exploration of psychotherapists' experiences utilizing qualitative measures.²³⁴ In agreement, Young et al. offer further clarification:

Finally, given the infancy of this line of research, there is a need for greater dialogue in the professional literature as to how practitioners are currently working with spiritual and/or religious issues. Case studies, single-subject studies, and qualitative research designs would facilitate the development of clinical practice.²³⁵

Consequently, this study was designed as a qualitative phenomenological study, which aims to explore the perspectives and experiences of clinical counselors and counselor supervisors who are graduates of faith-based graduate-level counseling programs, and who may be confronted with the theological concerns of clients, and supervisees. The interview instrument was intended to elicit perspectives and expectations of a pertinent course of theological studies that suitably equips clinical counselors to attend to the religious and spiritual concerns of clients, and supervisors for their work with supervisees.

The opinions of interview subjects on the ideal theological preparation and competence to address theological concerns in their practice were sought. Their views on what type of activities, assignments and experiences would best prepare students in such programs for competent spiritual/theological integration were solicited. Each interview subject was also asked to describe the qualifications and experience that a fitting theology professor in such a program should possess.

Research Questions and/or Hypotheses

To formulate the following questions, consideration was given to the theological needs of clients who present in counseling based on my experiences, which include more than fifteen

234. Jamie D. Aten and Barbara Couden Hernandez, "A 25-Year Review of Qualitative Research Published in Spiritually and Psychologically Oriented Journals," *Journal of Psychology & Christianity* 24.3 (2005).

235. Young, "Spirituality and counselor competence," 51.

years of clinical counseling (see Appendix C), those documented in literature, and the experiences of clinical counseling colleagues, and internship students. The three research questions are also undergirded by a conviction that the theological concerns of clients are not limited by the American Counseling Association Code of Ethics but are, rather, accommodated and encouraged in the context of holistic health and healing.²³⁶ Thus, clinical counseling programs, particularly in faith-based academic institutions, are encouraged to equip themselves to provide appropriate theological instruction to their students. The three research questions are as follows:

Research Question #1

How will the study of theology facilitate the integration of faith and practice for MACC students?

Research question #1 is significant because an abundance of literature exists on the integration of spirituality in clinical counseling, but little on the theological preparation of clinical counselors in faith-based graduate programs. Many such programs introduce their clinical counseling students to biblical studies and theology, but such theology courses are oftentimes “borrowed” from theology programs and not easily apprehended by the typical counseling student.

This question was designed to elicit thoughts and ideas of how the discipline of theology could be introduced to graduate level counseling students who think clinically, and feel called to clinical counseling, but seek to comprehend how theological concepts may be infused into their clinical thoughts. This question additionally explores the value and

236. American Counseling Association. *ACA code of ethics*. Alexandria., VA: Author, 2005; The ACA Code of Ethics (2014) specifically states that counselors need to avoid imposing their own values on their clients (Code A.4.b).

contribution of theological studies to the efficacy of the clinical counseling process.

The semi-structured interview protocol provides two specific sub-questions used to answer the main research question (see Appendix A). The examination of participant responses, coding, and locating shared cluster themes provided insight into both the main and sub questions in this area of the research.

Research Question #2

What content should be considered for inclusion in a theology course for MACC students?

The rationale behind this question was to draw on the lived experiences of the interview subjects who have both benefited from some theological training and preparation and have been required to apply their learning to real-life case applications. For the participants in this study, the strengths of their training became tangible examples of what works well, while the limitations facilitated creative thoughts and propositions which generated suggestions for improved learning experiences. Counselor Educators were specifically sought out for interviews, their exposure to multiple students over time provided rich grounds for insights to share on efficacious course content.

The semi-structured interview protocol provides two specific sub-questions for this research question (see Appendix A). By examining all the participants' responses, coding them, and locating shared cluster themes, the responses generated abundant material for consideration.

Research Question #3

What design framework, format, or structure would best fit the content chosen for the MACC theology course?

As stated previously, this question was designed to elicit examples and recommendations of theology course content and structure that would be guided by the interview subjects' theological preparation for the field, keeping in mind their perceived strengths and limitations of their course of study. Again, the perspectives of the Counselor Educator interview subjects were anticipated to be particularly useful as they would likely be acquainted with course creation. Research Question #3 was designed to expound on the information sought by Research Question #2.

The semi-structured interview protocol provides three specific sub-questions for this research question (see Appendix A). By examining all the participants' responses, coding them, and locating shared cluster themes, an initial research design model began to emerge.

Population and Participants

The population of this study included licensed professional counselors, counselor supervisors, and counselor educators who had received theological training in their preparation for clinical counseling. Winebrenner MACC students, staff, faculty, or graduates were not considered eligible for interview owing to conflicting interests. The population covers a wide range of ages, ethnicities, Christian denominations, years of experience in the field, and professional goals.

More explicitly, the demographic questions yielded the following information. Their ages range from thirty to fifty-four years of age. Participants' ethnicities were comprised of six Caucasian, one Latin American, one Asian American, one Indian American and one African

American. Regarding gender, five participants identified as males (some specifically noting heterosexual male) and five identified as females (although one female identified as cisgender). Regarding their religious affiliation: a) Four non-denominational b) Two Protestants c) One Anglican d) One Brethren e) One Full Gospel, and one participant stated “Christian” as their religious affiliation.

For the counseling setting: a) Nine are in private practice b) Two college/university counseling center c) One community mental health agency d) One medical center e) Five are in faith-based organizations, and f) Five are in non-faith-based organizations. All of the participants selected Clinical Mental Health Counseling as the counseling specialty area that best describes their counseling training background. Seven participants prioritize teaching, two prioritize leadership and advocacy, and one prioritizes counseling. Finally, the number of years that they have been licensed clinical counselors range from five to twenty-four years.

The participants were selected using two methods. The initial sample was collected using a convenience methodology. Clinical counselors and counselor educators known to the researcher, who had received faith-based graduate level training, were directly solicited by email. Of the twelve contacted, two of the potential candidates declined, as they were no longer practicing as clinical counselors, leaving a pool of ten interviews.

The second method of participant selection resulted from interviewing subjects who were referred by personal contacts who had already accepted the invitation to interview. All such referrals accepted the invitation interview. In total, ten interviews were conducted, consistent with the previously stated recommended sample size for conducting a purposeful phenomenological enquiry, being mindful of achieving saturation.

Design of the Study

This study was designed to explore the phenomena of theological preparation and application in the clinical counseling profession. The study used a qualitative research method to accomplish this task. Phenomenological research affords the opportunity to enter the lives of the participants and seek out ideas, insights, and experiences common to theologically trained clinical counselors who desire to support their clients' theological journeys. In the case of counselor educators, the added experience of journeying with students who are becoming theologically trained clinical counselors provides an added dimension to the phenomenological approach.

Instrumentation

The instrumentation for this study was a researcher-designed, semi-structured interview. The interview questions were crafted from the research questions. The following questions and probes made up the core of the semi-structured interview (see Appendix D). Initial questions were specific demographic questions related to age, ethnicity, practice setting and focus, and continued with the following questions and probes:

1. Why did you choose to study clinical counseling in a faith-based graduate program?
2. How long have you been a licensed counselor?
3. How long have you been a counselor supervisor (*if applicable*)?

Questions and Probes

As we begin, I want to understand your experience as a graduate counseling student in a faith-based institution.

1. Could you describe the theological training (if any) that you received as a graduate counseling student? What courses did you take?
2. How would you define theology?
3. What was your favorite theological course? Can you describe it for me?
4. What was your least favorite theological (or biblical studies) course? Can you describe it for me?
5. How would you rate your academic performance in each of those courses (least and most favorite)?
6. If you could describe the ideal theology course, what would the activities and assignments be like?

As we continue, I want to understand your counseling experience.

7. Could you describe your understanding of how to ethically integrate spirituality into the clinical counseling process?
8. By the end of your program of study, did you feel adequately prepared and competent to integrate your faith into your professional practice?
9. Have you ever worked with a client who was grappling with theological issues? Did you feel competent to support them in this process? Explain.

Next, I want to understand your counseling supervision experience (if applicable).

10. Could you describe your understanding of how to ethically integrate spirituality into the counselor supervision process?
11. By the end of your program of study, did you feel adequately prepared and competent to integrate your faith into your counselor supervision practice?
12. Have you ever supervised a counselor who was working a client who was grappling

with theological issues? Did you feel competent (or not) to support them in this process? Explain.

13. If you could recommend the ideal theological preparation for counselors in training who anticipate working with clients grappling with theological issues, what would you suggest?
14. What training/qualification/experience would be ideal for the theology professor in a graduate level clinical counseling program?

Data Collection

The data collection for this study began with qualified candidates being contacted via email, regarding their willingness to participate in the study. After candidates agreed to the interview, a date and time was scheduled for their interviews. They were interviewed utilizing (synchronous) Zoom videoconferencing software at their convenience, as the majority reside and work at too great a geographic distance to make in-person interviews feasible. Interviews varied in length between 30 and 45 minutes. Zoom transcripts were automatically generated and stored in the cloud, accessible only by the researcher through a two-factor authentication process.

Prior to each interview, candidates signed and returned consent forms via email. The questions and probes from the Individual Interview Instrument (See Appendix D) guided participants' responses, with follow-up and clarifying questions being asked when necessary. A second (synchronized) transcript was generated during the interview, using a transcription application software. The resulting transcript may only be accessed by the researcher through a facial identity process.

Data Analysis

In order to analyze the data, transcripts were collated and consolidated. The two transcribed versions of each participant's interview were examined and combined to create a merged, more thorough representation of their interview responses. The second step of analysis was to conduct a qualitative analysis of the transcripts using open coding.

Berg and Lune define open coding as the process of detecting concepts and themes within a text and defining and developing properties based on those concepts.²³⁷ It is a method of detecting key words, or groups of words, in the data and then labeling them accordingly. This method of data analysis permits the researcher to retain flexibility in the discovery of significant relationships, ideas, themes, and models not recognized prior to data collection.²³⁸ Coding software designed to analyze qualitative data was employed.

Ethical Procedures

To protect the privacy of the participants, they were informed that the data collected would be stored in a secure location. The recorded interviews and the transcripts will be kept for one year and then destroyed. All participants remained anonymous, and each signed a document informing them of their rights as well as the steps taken to protect their confidentiality (see Appendix B). The ethical procedures allowed the participants to give informed consent to the study. The only people who will read the transcripts in their entirety will be two external raters and the researcher. Two independent readers, with clinical counseling and theology training, will rate the transcripts to check for bias in the interviews

237. Bruce L. Berg and Howard Lune, *Qualitative Research Methods for the Social Sciences*, 8th ed. (Upper Saddle River, NJ: Pearson, 2012).

238. Hays, *Qualitative inquiry in clinical and educational settings*.

and analysis. When the interview subjects are referenced in the remainder of the project, they will be given non-identifying pseudonyms such as Interview A to further protect identity.

Summary

A qualitative research design was selected for this study, specifically, a phenomenological methodology. This research design was deemed to be the best method to answer the stated research questions. In qualitative inquiry, the researcher functions as the main instrument of the research design. In the interest of validity and reliability, prior assumptions and knowledge of the studied phenomena, were intentionally bracketed, whilst also seeking to understand and accurately convey participants' experiences of attending to the theological concerns of clients.²³⁹

Participants were selected from a purposeful sample of candidates who met the criteria previously stated. Each participant, after giving informed consent, participated in an audiotaped interview session. The transcribed interviews will be coded and analyzed with the technical support of coding software designed for use in qualitative research.

239. Nancy Drew, "Creating a Synthesis of Intentionality: The Role of the Bracketing Facilitator," *Advances in Nursing Science* 27(3): (2004): 215.

CHAPTER FIVE

RESULTS

Introduction

This phenomenological qualitative study explored the viewpoints and experiences of counselors and counselor supervisors who are graduates of faith-based graduate-level counseling programs, and who may be routinely confronted with the theological concerns of clients, and supervisees. During the interview, participants were consulted on their assessment of a relevant course of theological studies that effectively equips counselors to attend to the religious and spiritual concerns of clients, and supervisors for their work with supervisees. Their opinions on what type of activities, assignments and experiences would best prepare students in such programs for competent spiritual or theological integration were solicited. In addition, each interview subject was asked to share their views on the qualifications and experience that a well-qualified theology professor in a faith-based clinical counseling program should possess.

The results of this study will be used to construct a theology course for graduate-level clinical counseling students in faith-based counseling programs. This study will provide the data needed to design a course that addresses any theological deficiencies in such programs. The results of this study will inform the course syllabus, course schedule, planned activities, required textbooks, assignments, and assessment tools. The research questions guiding this inquiry were: 1. How does the study of theology facilitate the integration of faith and practice for MACC students? 2. What content should be considered for inclusion in a theology course for MACC students? 3. What design framework, format, or structure would best fit the content chosen for the MACC theology course?

This chapter will present an overview of the data collection and analysis, participant demographics, and the themes that emerged from the data through the process of phenomenological analysis and synthesis.

Review of Data Collection and Analysis

Ten individual interviews were conducted with subjects who were professed Christians of various ages and denominations. They were all licensed professional counselors, counselor supervisors, clinical counseling faculty, and had some biblical or theological instruction.

Subjects were interviewed remotely utilizing Zoom technology, and during the interview Zoom transcripts were automatically generated, with a second transcript simultaneously generated using transcription software. In order to analyze the data, transcripts were collated and consolidated. The two transcribed versions of each participant's interview were examined and combined to create a merged, more thorough representation of their interview responses. The transcripts were then analyzed, and codes were generated using the coding software – Delve Tool.²⁴⁰

Participants' Demographics

The participants were comprised of five males and five females ranging in age from thirty to fifty-four years old. They were all licensed clinical mental health counselors, licensed for between five and twenty-four years. Nine participants had worked in a private practice counseling setting, and one in a medical counseling center. Of those who worked in private practice, one is currently in a community mental health agency and two, in college counseling

240. <https://delvetool.com/>.

centers. Five participants work in faith-based settings and five work in a non-faith-based organization. Seven participants named teaching as the primary area of focus in their professional life, two specified leadership and advocacy, and one stated counseling as the primary focus of their professional life. All participants graduated from evangelical institutions where counselors are trained within a Christian worldview perspective. Four participants additionally possessed undergraduate or graduate-level degrees in Theology or Biblical Studies.

Six themes emerged from the analysis of the data. In this section I will define each theme by presenting dense and rich descriptions that include the participants' own words. Themes were developed based on the three research questions. The themes are as follows: 1) I cannot do this work apart from God 2) ethical integration is mainly implicit 3) prioritize experiential, reflective, and discussion-based coursework 4) prioritize diversity 5) deep connections and passionate instruction produce favorable learning outcomes 6) utilize a clinical counseling trained theology professor.

Research Questions

The research questions consider the theological concerns of clinical counseling clients in the context of holistic health and healing.

Research Question #1

How will the study of theology facilitate the integration of faith and practice for MACC students?

The purpose of the research question was to investigate how the discipline of theology could be introduced to graduate-level counseling students who think clinically, and feel called

to clinical counseling, but seek to comprehend how theological concepts may be infused into their clinical thoughts. This question additionally explores the value and contribution of theological studies to the efficacy of the clinical counseling process. The semi-structured interview protocol provides two specific sub-questions used to answer the main research question: 1) Why did you choose to study clinical counseling in a faith-based graduate program? 2) Could you describe your understanding of how to ethically integrate spirituality into the clinical counseling process?

One theme emerging under the first research question was, *I cannot do this work apart from God*. All the participants were convinced that their Christian faith, being at the core of their identity, compelled them to include the counsel of God in their professional life. A second theme that emerged was, *ethical integration is mainly implicit*, although some participants defined the circumstances under which explicit integration of spirituality into their work with clients could transpire ethically.

Theme 1 – I cannot do this work apart from God

In response to the question – “Why did you choose to study clinical counseling in a faith-based graduate program?” – one participant described her experience of pursuing a graduate level clinical counseling degree at a secular university where she had accepted a full scholarship. Despite the financial benefits and her academic ability to succeed in the program, she chose to leave after taking three classes. As she explained:

.... I had a lot of distress ...the difference between their worldview and my worldview were so different. And also, I...I suppose just you know, being young and trying to learn, I just felt like I was always in conflict with what they were teaching me, and I didn't know how I'd be able to apply that to my clients if I didn't agree with it.²⁴¹

241. Participant H, interview by author, via Zoom Teleconference Software, January 26, 2023.

This participant felt a strong sense of call to Christian ministry but soon realized that she wanted to minister to individuals' mental health. She acknowledged that pastoral counseling would not adequately address the needs of the populations to which she felt called, while training in clinical counseling would:

One of the main reasons I went into counseling...well, my theology background, and my desire to minister to people, and because I was called to ministry, so I just couldn't think of a program or an institution...because of my understanding of God's plan for all our life, and especially his move on our life. So, I just ... I mean, I cannot do this... I cannot study psychology or counseling without bringing God into the equation.²⁴²

Another participant also articulated her journey to the counseling profession as a call:

I ran from being a counselor because of a false sense of pride. Who am I to do this work. I was called at the age of 19 and ran from it. So then, the very reason I ran from it is the reason I ran to a faith-based institution. Because I ... I can't do this work apart from God. It's a vocation, it's a calling. And so, even though I didn't know what that would look like, I knew I couldn't do the work apart from God.²⁴³

This participant initially obeyed the "call" he sensed to study theology and serve as a pastor, then soon realized that God was leading him to pursue studies further studies, in the field of clinical counseling:

So, I started as a theology student. I was a pastor and wanted to understand pastoral care work ... to understand the pastoral care work I was already doing, and to be better prepared for it, and in that process, I sort of backed my way into clinical mental health out of necessity. The bridge between theology and clinical mental health for me was trauma. Psychological trauma was the topic that joined those two worlds.²⁴⁴

Finally, an additional participant stated his response to the question, very simply, "... so why did I choose to study faith-based clinical counseling? I'm a follower of Jesus, and my faith informs everything that I do."²⁴⁵

242. Participant G, interview by author, via Zoom Teleconference Software, January 23, 2023.

243. Participant E, interview by author, via Zoom Teleconference Software, March 3, 2023.

244. Participant F, interview by author, via Zoom Teleconference Software, April 26, 2023.

245. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

Theme 2 – ethical integration is mainly implicit

The second theme emerged in response to the question – “Could you describe your understanding of how to ethically integrate spirituality into the clinical counseling process?” All participants acknowledge the mandate of the American Counseling Association, to refrain from imposing personal values and beliefs on clients in the counseling process. However, they all indicated their willingness to engage in theological conversations if asked, and without exception, each participant saw the value in implicitly including spirituality in their work with clients. As this participant described:

In those situations, I had to integrate more through my own private relationship with the Lord and guidance by the Holy Spirit in the sessions, unless the client initiated it. Or in some way, you know, talked about their Christian worldview, and wanted that to be included, or open that door. Then I would certainly ask them if they wanted to talk more about those kinds of issues.²⁴⁶

Participant F views the counselor as a spiritual being who contributes their presence, personhood, and authenticity in the therapeutic process:

I think spirituality is always there, so part of the integration is implicit. In other words. I think the most...the easiest ethical form of integration is implicit. It's embodied. It's just the kind of spiritual presence I am, as a counselor to someone. Letting them know, maybe not even saying it out loud, but letting them know with my body language, or with my comments, or with my facial expressions, with the tone of my voice, that I am not threatened by engaging the client spirituality, and I'm eager to. I consider it a gift, but then allowing them to take the lead, and expressing when they want to, or not. I also think it's important that it would be unethical, I think, to only bracket my values because bracketing values is a value. So, what I need to do instead is broach my values and take more of a responsible two-personed approach where I just am up front and honest with the client about where I come from, and but letting them know that I'm here for them, not for me. While also owning that I come from a particular spiritual perspective. So, I think those are some of the issues that go into ethically integrating. I think first and foremost, the client is in the driver's seat.²⁴⁷

The notion that spirituality is a basic component of an individual's identity and reality

246. Participant H, interview by author, via Zoom Teleconference Software, January 26, 2023.

247. Participant F, interview by author, via Zoom Teleconference Software, April 26, 2023.

was introduced by participant E:

Most times it is implicit and different for each client and very personal in terms of what I feel like God is calling me to do in relation to that specific client. I think about in every session, “What is God doing?” So, not even what I’m doing, or what the client is doing, or that definition of counseling by the ACA, a professional therapeutic alliance, and always thinking, “What is God doing?”, and thinking of the different realms of that person’s life in terms of their emotions, cognitions, behaviors, their ... their spirit, I would say at times.²⁴⁸

Participant C felt constrained to treat spirituality as a crucial multicultural component of the therapeutic process, while at the same time, recognizing that spirituality is infused in every aspect of a person’s being or situation:

As a person of faith, I’m not sure if I can unweave the fabric of how that is, and my thinking, and my outlook and my purpose and mission. I ... I think it would exude in my interaction, in my tone of speech and my attitude. In my presentation and my, you know, in my presence, nonverbals, things like that. So, I think spirituality really attends. It expands to like any transcendent thought. What is happening beyond what we see? What is tangible? What is the meaning and purpose of xyz? So suffering, pain, or family dysfunction, or you know, any things that have happened in the past, but also current and future. So, people think, I think, that spirituality is...it prescribes to these common... common faiths. I think we can introduce and invite clients to talk about their spirituality in much broader but also deeper ways in any presenting issue. And I think, as counselors, that’s our job to open up that conversation just like in multicultural and other facets, and to evaluate, to diagnose, to use that through the whole clinical journey.²⁴⁹

Another participant concluded, “I can make the choice to view someone as Christ sees them.”²⁵⁰

Research Question #2

What content should be considered for inclusion in a theology course for MACC students?

248. Participant E, interview by author, via Zoom Teleconference Software, March 3, 2023.

249. Participant C, interview by author, via Zoom Teleconference Software, March 7, 2023.

250. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

The purpose of this research question was to draw on the professional experiences of interview subjects who have theological and clinical counseling training. Their insights from applying their learning to clinical counseling cases and in the creation of efficacious theology course content were sought. The semi-structured interview protocol provides two specific sub-questions used to answer the main research question: 1) If you could describe the ideal theology course, what would the activities and assignments be like? 2) If you could recommend the ideal theological preparation for counselors-in-training who anticipate working with clients grappling with theological issues, what would you suggest?

One major theme emerging under the second research question was, *prioritize experiential, reflective, and discussion-based coursework*, although some participants described the circumstances under which explicit integration of spirituality into their work with clients could ethically transpire. A second theme, *prioritize diversity*,²⁵¹ became evident in participant's responses.

Theme 3 – prioritize experiential, reflective and discussion-based coursework

In response to the questions – “If you could describe the ideal theology course, what would the activities and assignments be like?” and “If you could recommend the ideal theological preparation for counselors in training who anticipate working with clients grappling with theological issues, what would you suggest?” – participants considered the counseling students' ability to confront and reflect on their own relationship with God as vital,

251. According to the Encyclopedia of Counseling, diversity is most commonly used to refer to differences among people. Some scholars argue that certain elements of diversity, such as ethnicity, race, and gender, have more serious social ramifications than other elements and, as a result, should receive primary focus. More recently, others have argued that additional demographic characteristics, such as sexual orientation, age, and religion, should also be included in definitions of diversity given the emerging evidence of discrimination based on these social categories. (See: Leong, Frederick T. *Encyclopedia of counseling*. Vol. 2. Sage, 2008, 1119.)

while being exposed through experiences to others' interpretation of God. The prevailing recommendation was that they should consequently enter into meaningful discussion with their peers and professors. Participant D had a perspective that took online instruction into account:

In some of the assignments, there needs to be some way to go back and forth with professors and students in the course. Ideally, I would love to have some ... and I am thinking of this in terms of online, but it wouldn't need to be online. But most students now are online in counseling. So, having them have an opportunity where there can be real discussion of the differences that they have, but also the ones that they have in Christ and where Scripture is our guiding North Star in the counseling profession.²⁵²

Other participants also emphasized the need to hear other perspectives, but importantly to become aware about of what theological convictions they hold personally:

I think a class that starts by looking at the student's own personal faith and how to enhance and deepen their own spiritual maturity is a really good place to start. It's just a foundation. What is it that they believe, and why? What is the level of knowledge and depth of God and the Christian worldview as well as what is their – in addition to just acquiring the knowledge – their theoretical knowledge associated with worldview? I think it's also helpful to build in some type of experiential component, and so I think courses that have some opportunity for the practice of spiritual disciplines. For example, so one of the courses that I teach on spiritual formation has, like a six-hour assignment, where the student spends time in solitude, and basically using whatever forms of spiritual disciplines, a Scripture reading, meditation, engaging the Scripture to experience God in a deeper way. So, I think courses that combine knowledge with experience tend to be very meaningful for students.²⁵³

Including practical application through case studies is important so students have a chance to really grapple with real-life issues that people will be bringing into the counseling session and to do that in a safe space. And then I also think, having a panel as a part of that class, so that students could ask them questions about how they personally integrate faith into their clinical practice, so they're able to hear a lot of different perspectives, so they understand integration as a way of being, and not just as a checklist.²⁵⁴

The activities and assignments need to be highly experiential. They would invite me to reflect, I think, on my own experiences in conversation with other believers. There would

252. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

253. Participant B, interview by author, via Zoom Teleconference Software, January 9, 2023.

254. Participant E, interview by author, via Zoom Teleconference Software, March 3, 2023.

not be, I don't think, a whole lot of didactic lectures. Learning would be highly experiential, highly relational, more conversational, and I think, similar to what I said about the trauma and the theodicy course ... empathizing, I guess. Giving us permission not to have everything figured out first of all, and second, to ask "What does it actually mean when I'm sitting with a client, to be a Christian?" So, how I envision them. How I envision the counseling relationship.²⁵⁵

Theme 4 – prioritize diversity

Likewise, in response to the questions – “If you could describe the ideal theology course, what would the activities and assignments be like?” and “If you could recommend the ideal theological preparation for counselors in training who anticipate working with clients grappling with theological issues, what would you suggest?” – participants considered the knowledge and exposure to different ways of thinking and being as important to students’ theological preparation.

This participant understood that even within the Christian faith, diversity exists in many forms, including denominationally:

...we need to get a little deeper into theology part, so we understand, maybe different, maybe even different denominational perspectives on something, and that way, when a client comes in, I have a better understanding of where they might be coming from their theology on this particular issue...that I might not understand from my own theological background.²⁵⁶

Participant J highlighted cultural diversity, recommending “...a lot of immersion into various cultures and...and populations, using your faith and figuring out how do I, or how does this fit there? Particularly with theology?”²⁵⁷ Participant D advocated for a firm biblical foundation as the starting point and insisted that clinical counseling students’ instruction

255. Participant I, interview by author, via Zoom Teleconference Software, March 6, 2023.

256. Participant H, interview by author, via Zoom Teleconference Software, January 26, 2023.

257. Participant J, interview by author, via Zoom Teleconference Software, February 1, 2023.

should be "...solidly Biblical and not wavering on that. One or more orthodox views of Biblical theology, multiple voices, multiple cultural perspectives, if possible."²⁵⁸ Another participant believed "the foundational piece is to have awareness of major religions and spiritual modes of thought," and participant B expounded, "... so, knowing yourself, and then in turn learning more about diverse client world views."²⁵⁹ So, self-awareness, other awareness, I think, is really important."²⁶⁰

Lastly, participant E referenced specific methodology that she believed would provide students with significant exposure to multiple thoughts and views, when she said, "I think a Fowler Faith Development interview could be wonderful, and to really stretch them and have them choose someone who has a faith or spirituality that's different from theirs and interview them according to all the guidelines in the rubric and transcribe it. And then write about it. I think that's a rich assignment."²⁶¹

Research Question #3

What design framework, format, or structure would best fit the content chosen for the MACC theology course?

This question was designed to elicit examples and recommendations of theology course format and structure that would be guided by the interview subjects' theological preparation for the field. Research Question #3 was designed to expand on the information sought by Research Question #2.

258. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

259. Participant C, interview by author, via Zoom Teleconference Software, March 7, 2023.

260. Participant B, interview by author, via Zoom Teleconference Software, January 9, 2023.

261. Participant E, interview by author, via Zoom Teleconference Software, March 3, 2023.

The semi-structured interview protocol provides three specific sub-questions used to answer the main research question: 1) What was your favorite theological course? Can you describe it for me? 2) What was your least favorite theological (or biblical studies) course? Can you describe it for me? and 3) What training/qualification/experience would be ideal for the theology professor in a graduate-level clinical counseling program?

One major theme emerging under the second research question was *deep connections and passionate instruction produce favorable learning outcomes*, with the emphasis of the course outcome seemingly to be based on the disposition and pedagogical style of the course instructor. A second theme, *utilize a clinical counseling trained theology professor*, became evident in participants' responses.

Theme 5 – deep connections and passionate instruction produce favorable learning outcomes

In response to the question – “What was your favorite theological course? Can you describe it for me?” Participants' academic experiences were described as positive or negative based on their professor's attitude towards the subject matter and student interactions. One participant explained that even though she had excelled in all the theology courses she had ever pursued, two courses stood out to her for non-academic reasons.

Each of these classes stood out, not just because of their content, but because of my relationship with the Professor. So New Testament survey, that faculty was also someone who worked in the business office, and so I would have to, you know, talk with him about tuition and things like that. And he...I think, as a result of polio as a child was kind of hunched back, and so had a physical deformity, and I think that positioned him in his personality to be a certain manner to me. We got along very well, and I would take interest in him, and wherever I've gone I enjoy having professors as mentors and teachers as colleagues and friends after I graduate from the institution. That's just kind of how it's always been. So, I became ... I feel like not like a daughter, but like, you know, almost like a family member, because we want to talk so much. And then again with Christian

faith, 1–2–3, that was all taught by Dr. _____. He just had a different way of seeing, and in teaching. He was very relatable, very humble man, but so scholarly, but was able to communicate in ways that were understandable, and I would imagine some professors would prefer to teach the M.Div. and have all those students. I felt no distinction, you know, as a Master of Counseling student.²⁶²

What makes it my favorite is that it was a directed study. So, it was myself and three other students and we would meet with our professor in his office. About once a month we would meet. For a few hours we would sit in his office, and we would discuss the readings. We did not have many readings. We had about three textbooks. They were manageable, they weren't actually textbooks. They were more like great works. And he told us he didn't want us to produce anything for the class. In other words, we did not have to complete an essay. There was no final exam. All that was required was that we would take notes while we read and then we would bring those notes to the directed study meetings and we would, he would just not even read them. He would just see that we did them, and he went out of his way – I'll never forget – to tell us that we, as students, we just have to spend too much of our time producing and writing and speaking, and he just wanted to give us a space where we could just soak in the reading and not have to produce anything. And I remember that being very impactful, it gave me space to be deeply formed. I don't think I've ever been so formed in my education as in that class. My directed study Professor – spoke about it as if he loved it and believed it. And he did theology like a, you know, like an 8-year-old on Christmas morning.²⁶³

Participant E added, “There was so much meaningful discussion, and we also got into so many wonderful reflections.... it was just such a rich time of discussion, and the intersection of philosophy, theology, psychology, and medicine.”²⁶⁴ Other participants' responses to the question – “What was your least favorite theological course? Can you describe it for me?” – extended the theme with this response from participant D, “I would say there was a professor that I didn't really connect with, because he was very overly critical of me, and other students came back to me later and said, I don't understand why, you know Dr. So and so is that way toward you. Yeah, it was. It was the Professor. And that's important.”²⁶⁵ And a similar response

262. Participant C, interview by author, via Zoom Teleconference Software, March 7, 2023.

263. Participant F, interview by author, via Zoom Teleconference Software, April 26, 2023.

264. Participant E, interview by author, via Zoom Teleconference Software, March 3, 2023.

265. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

from this participant:

I'm talking about my least favorite. The biggest difference was that from my least favorite class the Professor talked about the topics as if he did not really care what any sort of right answer might be about the questions. There was no sense of conviction about the content. There was no sense of any kind of moral urgency. He simply spoke about it dispassionately and disinterestedly, as if it was just laying out the various options available.²⁶⁶

Theme 6 – utilize a clinical counseling trained theology professor

In response to the question – “What training/qualification/experience would be ideal for the theology professor in a graduate-level clinical counseling program?” Participants had specific ideas about the qualifications that a theology professor in a faith-based clinical program should hold. The consensus was that training in both theology and clinical counseling were the ideal. This participant is currently the professor of record of the theology course in a faith-based clinical counseling program. Regarding the recommended training and qualification in counseling and theology, he said:

We need both. We need to be better than the world clinically, and we also need to have a significant amount of theology and practice. As far as the expressions of the discipline, that sort of thing in our own lives, because it's so easy to lose that so it's almost like you have to be holding on to both at the same time tightly, more tightly, the theology for the faith. If you ask me...the ideal training is, they are clinically sound and mature, and they are theologically mature and being consumed by it. Have some minimum training qualification. They read it. Yeah, I mean it would be nice if they had some basic seminary training.²⁶⁷

Other participants held similar views. For example, one participant noted, “I do think it's not important for a counselor educator to have a theology degree. At the same time, I think it can be helpful to have certain course work. Certain kinds of formal educational experiences ... lay a

266. Participant F, interview by author, via Zoom Teleconference Software, April 26, 2023.

267. Participant A, interview by author, via Zoom Teleconference Software, January 30, 2023.

foundation for the kind of theological reflection that I think should be important.”²⁶⁸ Participant J agreed stating, “So, whatever they’re asking of their students, they should have that exposure, okay? How can you teach what you haven’t done?”²⁶⁹ This participant concurred:

Somebody teaching that course in a seminary program should have training in both, ideally. I don’t think it’s helpful to teach in an area you may not be competent in. So, if somebody is teaching graduate students in a clinical counseling program, they should have a counseling background. If they’re teaching in a seminary in a clinical counseling program, they should have both, and there’s not many of us.²⁷⁰

Finally, participant F began his graduate studies in theology, qualified and served as a pastor, then subsequently pursued graduate studies in clinical counseling in order to better serve his congregation. He currently specializes in counseling clients who are grappling with theological issues. He asserted:

I think professors of theology in a graduate level counseling program, they have to be actually trained in theology. They can’t just have taken some theology classes in their master’s degree. They need to go get a second degree to be like trained in the profession. Or you need to hire someone who has the qualifications that are the same as any other theology professor that is either going to mean someone very, very rare and uniquely specialized that basically has two degrees, or it’s gonna mean having courses co-taught by one person whose terminal degree and area of specialty is in clinical mental health, and another who’s qualification and area of expertise is in theology. I think that’s really important, because if you don’t have that kind of thing going on, then you’ll end up watering down one of the two disciplines, and because of the economics of clinical mental health versus theology and the accrediting bodies, it’s always going to be clinical mental health that wins out, which means that the theology will suffer, and the end result of that is, students who feel frustrated because they want to integrate. But they’re being taught by people who don’t know what is being integrated, and it can easily become a kind of counseling skills with the devotion on the end rather than deep integrative work of how theology and psychology and mental health deeply shape and form each other by people who are knowledgeable in both fields. So, I think, cross-disciplinary engagement is key. But to answer the question, I’m going on and on but long story short to answer the question...training, qualification, experience, I think, first for a theology professor, I think first of all, they have to hold a terminal degree in theology. That has to be a non-negotiable, and secondly, they need to have, ideally ... some experience with, or exposure

268. Participant I, interview by author, via Zoom Teleconference Software, March 6, 2023.

269. Participant J, interview by author, via Zoom Teleconference Software, February 1, 2023.

270. Participant D, interview by author, via Zoom Teleconference Software, March 20, 2023.

to either pastoral care work or clinical work, and they would be co-teaching it with someone who is fully qualified in clinical mental health. I think that would be the ideal.²⁷¹

Summary

This chapter presented descriptions of the research participants' experiences of the learning and integration of spirituality and counseling in their professional practice. The themes which emerged from the data analysis of the participants' interviews with dense rich narrative in the participants' voices were documented. Six themes emerged. They were 1) I cannot do this work apart from God 2) ethical integration is mainly implicit 3) prioritize experiential, reflective, and discussion-based coursework 4) prioritize diversity 5) deep connections and passionate instruction produce favorable learning outcomes 6) utilize a clinical counseling trained theology professor. In the following chapter these results will be discussed in the context of the extant literature, and conclusions will be offered on their contribution to the understanding of how to effectively, and meaningfully, introduce theological course content to clinical counseling students in a faith-based graduate program.

271. Participant F, interview by author, via Zoom Teleconference Software, April 26, 2023.

CHAPTER SIX
DISCUSSION

Dr. Mark McMinn, former professor of psychology at George Fox University, has had an extensive academic career conducting research and teaching doctoral students.²⁷² The primary focus of his research has been the integration of the disciplines of theology and psychology. In the introduction to the second edition of his book, *Psychology, Theology, and Spirituality in Christian Counseling*, he expressed how pleased he was to see increasing numbers of Christian counselors displaying interest in spiritual formation. At the same time, he expressed concern that the advancements toward experiential spirituality in clinical counseling, have “left a gap in the theological training of many if not most Christian counselors.” He continues, “If this time in the desert has prepared me for anything, it is to offer a prophetic voice about the importance of sound theology in Christian counseling. If we neglect our theological heritage, we will lose our way.”²⁷³

Despite conducting an extensive literature review of theology-based clinical counseling course material originating from field-based research data, I have found no existing theology course satisfying the unique limitations and strengths that graduate-level counseling students bring to the study of theology. Several researchers have investigated how clinical counseling students learn through integration of theological content in faith-based institutions, but there is a paucity of literature describing theological and spirituality-focused

272. <https://www.markmcminn.com/about>.

273. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, 16.

counselor education courses.²⁷⁴ Indeed, theological studies are not typically designed for counselors-in-training who may feel ill-equipped and unqualified to comprehend the requisite theological themes and concepts. Thus, the mission to establish a suitable connection between the study of theology and clinical counseling must continue.

“To be Christian at all is to be a theologian. There are no exceptions.”²⁷⁵ So say Stone and James in their book, *How to Think Theologically*. One might argue that few counselors-in-training would espouse this view. In fact, Virginia Todd Holman, whilst serving as a clinical counseling professor at Asbury Theological Seminary, conducted research on theological integration in clinical counseling programs. She found that students enrolled in seminary-based counselor education programs and required to take religious heritage courses, conceded that their ability to build bridges between theology and clinical practice was minimal, at best.²⁷⁶ Thus, the aim of this study is to provide an evidentiary basis for the construction of a theology course that is both relevant and valuable to Christians who are clinical counseling students at faith-based institutions. The proposed course is intended to provide a measure of assurance and credibility to clinical counselors-in-training who have difficulty perceiving themselves as theologians.

In this phenomenological study the perspectives and experiences of clinical counselors who are graduates of faith-based graduate-level counseling programs, and who will likely be required to provide clinical support for clients grappling with theological issues, were explored.

274. Fernando L. Garzon, M. Elizabeth Lewis Hall, and Jennifer S. Ripley, “Teaching Christian integration in psychology and counseling courses,” *Journal of Psychology and Theology* 42.2 (2014): 131–135; Sorenson, *National collaborative research on how students learn integration*; O’Connor, “A course in spiritual dimensions of counseling,” 224–240.

275. Howard W. Stone and James O. Duke, *How to think theologically* (Philadelphia, PA: Fortress Press, 2013), 17.

276. Holeman, *Theology for Better Counseling*, 21.

Six themes emerged from the data analysis. They were: 1) I cannot do this work apart from God, 2) ethical integration is mainly implicit, 3) prioritize experiential, reflective, and discussion-based coursework, 4) prioritize diversity, 5) deep connections and passionate instruction produce favorable learning outcomes, and 6) utilize a clinical counseling trained theology professor.

Whereas chapter five presented the data analysis of the participants' experiences with extensive narrative, the aim of this chapter is to provide a broader, more interpretive response to the research questions governing this study: 1) How does the study of theology facilitate the integration of faith and practice for MACC students? 2) What content should be considered for inclusion in a theology course for MACC students? 3) What design framework, format, or structure would best fit the content chosen for the MACC theology course? The limitations of the study, implications of the results for clinical practice, and counselor education, and recommendations will then be offered.

Major Findings

The major findings of the study correspond to each of the three research questions, having utilized qualitative coding to identify themes, as an organizing structure. Each finding informs an aspect of the theological instruction of clinical counseling students.

How does the study of theology facilitate the integration of faith and practice for MACC students?

The first research question elicited the theme, *I cannot do this work apart from God*. This theme, endorsed by all the participants, considers that their Christian worldview binds them to incorporate their faith in their professional life. Several research studies support the importance of this theme as it pertains to the relevance and efficacy of spiritual integration

in the mental health process.²⁷⁷ These findings affirm religious coping strategies as useful to many individuals during times of crisis. Both counselors and clients in religious and non-religious settings acknowledge spirituality as an important aspect of mental health.²⁷⁸

This suggests that the core curriculum for Master of Arts in Clinical Counseling students, and other clinical counseling students in faith-based academic institutions, must incorporate rigorous psychological and theological education. At the end of the program, students should be able to demonstrate the ability to integrate their instruction in theological doctrines, and their counselor identity with their professional life.

A second theme emerging was *ethical integration is mainly implicit*. This theme demonstrates the participants' convictions that ethical integration of spirituality in clinical counseling is both possible and necessary and, moreover, mandated by licensing bodies.²⁷⁹ A number of research studies accentuate the need to integrate religion/spirituality into the treatment planning process.²⁸⁰ Siang-Yang Tan, in his article "Religion in clinical practice: Implicit and explicit integration," described implicit integration of religion in clinical practice as a covert approach to integration that may include non-verbal approaches to faith integration such as silent prayers or blessings.²⁸¹ Tan explains that implicit methods of

277. Harrison, "The epidemiology of religious coping," 86–93.

278. Marsden, "Spirituality and clinical care in eating disorders," 7–12; Yoon, "Comprehensive, integrative management of pain for patients with sickle-cell disease," 995–1001.

279. Kocet, "Ethical challenges in a complex world," 228–234.

280. Worthington Jr., "Religion and spirituality," 204–214; Joshua N. Hook, et al., "Empirically supported religious and spiritual therapies," *Journal of Clinical Psychology* (2010): 66:46–72; Siang-Yang Tan and W. Brad Johnson, "Spiritually-oriented cognitive-behavioral-therapy," in *Spiritually-oriented psychotherapy*, ed. Len Sperry, Eedward P. Shafranske (Washington, DC: American Psychological Association; 2005), 77–103.

281. Siang-Yang Tan, "Religion in clinical practice: Implicit and explicit integration."

integration are appropriate and useful when applied by religious counselors who desire to respect their clients' religious values and issues, if different from theirs.

When considering the development of theological coursework for clinical counseling students, the inference is to create course content that allows students to examine their own spiritual journey and character formation, in the context of their relationship with God and others. Additionally, students must be instructed to identify and articulate their worldview, that is, their core beliefs and presuppositions that inform their interpretation of the world. As a result, the clinical approaches they incorporate in their practice will be in a more informed position to be consistent with their theology.

What content should be considered for inclusion in a theology course for MACC students?

The theme, *prioritize experiential, reflective, and discussion-based coursework* emerged as a response to the second research question that sought to identify coursework for a theology that would be relevant and useful to clinical counseling students. The theme was evident in all participants' responses with examples offered of how the coursework could be designed, and it is supported by existing literature.²⁸² Also consistent with the theme, Wiggins and Gutierrez, in their book chapter, "Culture and Worldview" recommend similar skillsets to counselors who work with clients with distinct religious, spiritual, and cultural differences. Based on their own research they propose that counselors should: 1) Willingly participate in self-exploration to confront any historic personal issues that may intervene in the therapeutic process, 2) Be deliberate and persistent in accessing basic information about world religions and spiritual perspectives from diverse cultures, 3) Initiate honest and open conversations with

282. Fernando L. Garzon and M. Elizabeth Lewis Hall, "Teaching Christian integration in psychology and counseling: Current status and future directions," *Journal of Psychology & Theology*, 40 (2) (2012): 155–159.

clients about differences, and 4) Be open to multiple viewpoints and must suspend their personal values, specifically when clients' religious or spiritual beliefs and theirs are dissimilar.²⁸³

While these recommendations do not speak directly to course content, they do suggest essential course outcomes for a theology course for clinical counseling students, for example:

- 1) Students participate in self-exploration to understand their own theological perspectives that might intervene in the therapeutic process,
- 2) Students explore diverse theological perspectives to inform their appreciation of diversity,
- 3) Students engage in honest and open discussion with peers to appreciate differences and similarities of theological perspectives.

The fourth theme, *prioritize diversity*, emerges from additional probing of the second research question that aimed at identifying coursework for a theology course that would be relevant and useful to clinical counseling students. Specific details were sought of a theology course that would be able to create a “bridge” connecting theological and counseling concepts for counselors-in-training. As stated previously, exposure to diverse ways of thinking and being was emphasized as a critical skill for students to acquire. The CACREP standards clearly articulate the importance of this competency and thus the necessity of diversity to be included in the course materials for students who are preparing to be licensed clinicians.²⁸⁴ This suggests the addition of a fourth course outcome: 4. Students develop skill in connecting theological and counseling concepts through critical thinking.

283. Marsha Wiggins-Frame and Daniel Gutierrez, “Culture and Worldview” in *Integrating spirituality and religion into counseling: A guide to competent practice*, ed. Craig S. Young and J. Scott Young (Hoboken, NJ: John Wiley & Sons, 2014), 84.

284. Council for Accreditation of Counseling and Related Educational Programs. (2015b). 2016 CACREP Standards. Retrieved from <http://www.cacrep.org/wpcontent/uploads/2012/10/2016-CACREP-Standards.pdf>

What design framework, format, or structure would best fit the content chosen for the MACC theology course?

Interestingly, the fifth theme, *deep connections and passionate instruction produce favorable learning outcomes*, stresses the interpersonal qualities, as well as evidence of enthusiasm for the subject matter, that the theology professor should exhibit. This theme, addressing how students should ideally learn integration, emerged while exploring the third research question. The theme is supported by existing literature. As Staton, Sorenson, and Vande Kemp observe: “From the students’ point of view, the most salient dimension to contribute to their own integration was how well they could determine that a given professor had an authentic, lively, and growing relationship with God, coupled with the professor’s non-defensive, emotionally unguarded, and even vulnerable relationship with students.”²⁸⁵

Finally, the sixth theme, *utilize a clinical counseling trained theology professor*, highlights the concern that many counselor educators have not received formal training in addressing spiritual and religious concerns with clients.²⁸⁶ Of additional concern, is the scientific evidence that counselors demonstrating limitations in spiritual competence and expressing discomfort in addressing spirituality with their clients, report that they have not had a spirituality course in their counselor education program.²⁸⁷ Participants’ responses illuminated the distinct inadequacy that they had experienced in the clinical counseling coursework designed to teach counselors-in-training to essentially think theologically and practice spiritual integration with

285. Rebecca Staton, Randall Lehmann Sorenson, and Hendrika Vande Kemp, “How students learn integration: Replication of the Sorenson(1997a) model,” *Journal of Psychology and Theology*, 26 (1998): 348.

286. Young, “Spiritual and religious competencies,” 22–32.

287. Souza, “Spirituality in counseling,” 213–217.

confidence and integrity. If feasible, the option for team teaching the theology course was presented as a way of introducing sufficient scholarship in both disciplines to the course content. The conclusion was that the theology professor must demonstrate proficiency in both disciplines and interpersonal qualities as noted in the previous theme.

Limitations of the Study

The results of this study are subject to limitations common to qualitative inquiry. The findings may not be generalized beyond the context of this sample. The narratives represent a small, purposeful sample and the results may not be applicable to other populations. Secondly, the sampling method did not provide a spiritually diverse sample and participants were solely drawn from a population of Christian counselors, though representing five Christian denominations. The implication of the theological training proposed is that other faith traditions should be considered in the course curriculum. Therefore, counselors who hold other faith traditions may have very different perspectives. Thirdly, despite attempts to minimize researcher bias by acknowledging my bias upfront, continually bracketing my bias, and utilizing coding software for coding themes – the interpretation and analysis of data was carried out by a researcher who holds a faith-informed perspective. Finally, research was undertaken at a particular point in time. Perceptions may shift over time and with additional experience.

Implications for Clinical Practice

All the participants were currently involved in clinical practice, most of them in faith-based settings. Evident in the participants' responses, however, was their frustration at not having the confidence to articulate theological concepts with clients, despite their perceived competence, after years of experience in the field. Clinical counselors often work with clients who hold religious beliefs and values, and yet there is a concern that many

clinical counselors have not been trained to competently treat religion as a component of diversity.

There are implications of the clinical practice of faith-integration highlighted by this study that must be addressed. Just as participation in a faith community is essential for spiritual growth, it may also be beneficial to clinical counselors who are Christians to establish communities with other clinicians amongst whom they can process theological ideas and concepts. Licensed counselors could develop professional relationships with other clinical counselors who practice or endorse religious traditions that are unfamiliar. The most impactful learning may occur more informally, for example, while discussing cases and gaining a fresh perspective from a counselor who holds a different worldview. Also, counselors could seek supervision or consultation with other counselors who have expertise in faith-based issues in clinical practice. When a clinical counselor is inexperienced with a client's religion, they could consult a colleague on how to ethically navigate diverse beliefs and values, and gain insight into how they may or may not impact the presenting issues.

Alumni of faith-based clinical counseling programs who are licensed and practicing clinicians could also be encouraged to mentor current students. The mentoring relationship should differ from a supervisory relationship in that specific clinical cases should not be introduced in the exchanges, nor fees charged, but rather it should be a voluntary, informal relationship that offers general advice, support, and conversation regarding broad theological issues.

Mentees could participate in individual meetings or in groups, at regular intervals. In order to facilitate sustainability, meetings should last for about one hour, and focus on a

specified topic. Alternatively, mentoring groups may facilitate a general discussion of issues related to the ethical integration of spirituality in clinical counseling. Meetings may be held in person or via a telehealth platform. This mentoring program could be an effective way for more experienced clinicians to provide peer supervision for counselors-in-training and facilitate their own ongoing spiritual and professional growth.

Implications for Counselor Education

The results of this study have implications for training counselors in faith-based graduate programs. Ninety percent of the participants in this study are highly qualified and experienced counselor educators as well as full-time faculty in faith-based clinical counseling programs. The current findings overwhelmingly suggest that there is more work to be done in preparing Christian counselors-in-training for the spiritual integration process. It is also evident that there is a need for theology to be introduced to faith-based clinical counseling programs with course content that includes diverse experiences, worldviews, and conversations. Training should endorse spirituality as a mental health component that should be treated with respect and curiosity. Theology professors in such programs are encouraged to explore opportunities to be trained and further exposed to clinical counseling concepts and applications.

Likewise, clinical counseling professors who desire to teach theology in faith-based clinical counseling programs are encouraged to pursue theological studies through courses, seminars, and workshops, as part of their professional development. They should explore and acquire continuing education credits that provide competencies in working with specific religious traditions. They might similarly obtain continuing education credits in the diagnosis of mental health concerns of religious clients, and the impact on religious functioning. They are also urged to seek membership of, and attend conferences organized by religiously affiliated

mental health associations such as the Christian Association for Psychological Studies, and the Association for Spiritual, Ethical, and Religious Values in Counseling.

The pedagogy employed when introducing theological concepts to clinical counseling students must be carefully considered. The themes identified by this research have contributed valuable information to the design and implementation of a theology course specifically created for a faith-based clinical counseling program (see Appendix D).

Robust classroom discussions are encouraged, with key topics that should include possible ethical violations and values conflicts that can occur between client and counselor in the spiritual integration process. Classroom discussions will allow counselors-in-training to voice their own thoughts and ideas of what ethical integration should look like. Discussions can become even richer when supporting research evidence is offered, as in an online discussion forum. Providing alternating live and online discussion opportunities to students should elicit rich dialogue. Ultimately, these discussions should create a climate that allows students to remain open and nonjudgmental, acknowledging that there are numerous paths toward fulfilling a client's spiritual needs. Students should also gain insight into when and how to explicitly integrate spirituality into clinical counseling practice.

The recommended texts for the ideal theology course should provide a solid theological foundation that students can draw on. Theological definitions should be introduced, keeping in mind that for many clinical counseling students, the discipline of theology will introduce a "second language" that they are expected to become fluent enough in that they can translate and apply in clinical settings. The required reading for the course should also include one or more texts written by professionals who themselves have qualifications and expertise in the fields of clinical counseling or psychology, and theology. Texts should provide case study examples highlighting theological concerns that commonly present in the clinical counseling environment

such as forgiveness, suffering and mortality. Spiritual disciplines such as prayer, meditation, and worship should also be introduced to students with examples provided of how to ethically integrate them into clinical practice.

Experiential learning opportunities may be ideally afforded through immersion-focused activities. Graduate students will probably enter a faith-based clinical counseling program with varying degrees of exposure to other spiritual perspectives. Limited exposure will limit their comfort level, and thus capacity, to ethically serve clients from a wide range of faith backgrounds and belief systems. A theological immersion assignment will enhance students' self- and other-awareness, insight, and compassion for persons who are different from them as they listen and ask questions about an unfamiliar religious community. The narratives and contexts that they are exposed to could be transformative.

Lastly, guest lecturers, and perhaps adjunct faculty who have had significant theological training, could be invited to contribute their expertise to counselor education programs that lack faculty members with specialized training in integrating spiritual or religious issues in counseling.

Recommendations

This study creates possibilities for more research. Any research and writing that focuses on the experiences of clinical counselors in the field who work with clients grappling with theological issues, is encouraged. The theology course created as a result of this study can provide a good framework for understanding the effectiveness of the process of training students in spiritual integration. The student surveys that are typically completed at the end of each course, if carefully designed, should provide valuable information about the effectiveness of the course in helping students think theologically. Additionally, students who take this

course should be followed-up post-graduation and licensure, and invited to participate in focus groups, interviews, and other types of data-gathering procedures. The data collected should be analyzed to determine the applicability of the course content to real-world situations.

Conclusion

This phenomenological inquiry into the theological preparation of counselors-in-training has explored the wealth of experiential knowledge that is held within the lived experiences of clinical counselors who practice from a faith-based perspective. This study gave voice to the experiences of Christians who are clinical counselors, feel called to the counseling profession, and who are committed to serving their community with their faith as a resource. They were all convinced that there is a better way to prepare counselors-in-training who profess similar convictions to advocate for faith-informed clinical counseling. It is hoped that the theology course informed by this research will serve as a significant step forward on the journey to ethical and effective spiritual integration.

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Appendix A

Theologically Informed Counseling - Developing a Theology Course for Clinical Counseling Students Individual Interview Instrument

Demographic Information

1. What is your age in years?
2. What is your gender identity?
3. What is your religious affiliation?
4. Please choose the counseling specialty area that best describes your counseling training background.
 - Addiction Counseling
 - Career Counseling
 - Clinical Mental Health Counseling
 - Clinical Rehabilitation Counseling
 - College Counseling and Student Affairs
 - Marriage, Couple, and Family Counseling
 - School Counseling
5. Please select the counseling setting(s) that best describes your counseling practice experience(s).
 - College/University Counseling Center
 - Community Mental Health Agency
 - Medical Center
 - Private Practice (Faith-based)
 - Private Practice (Non Faith-based)
6. Please rank the following roles based on your professional goals as a counselor.
 - a) Counseling ____
 - b) Supervision ____
 - c) Teaching ____
 - d) Research and Scholarship ____
 - e) Leadership and Advocacy ____

Interview Guide

I want to begin by thanking you for taking the time to talk with me about your counseling and/or counselor supervision experiences. Do you have any questions about the consent form I shared by email? At this point, I would like to obtain your verbal consent to participate in this study. By agreeing, you acknowledge that you understand the consent form and conditions of the project, and that all your current questions have been answered. Also, do you agree to have this conversation audio-recorded? (*Complete Participant Verbal Consent*)

Semi-Structured Interview

Introduction

This interview is about your clinical counseling and/or counselor supervision experiences. You are invited to describe and reflect on any experiences you determine to be relevant to working with clients or supervising counselors who are working with clients grappling with theological issues. There are no right or wrong answers to the following interview questions. Also, I want to remind you that you do not have to answer any questions I ask you and that you are free to disclose or not disclose anything you choose. Do you have any questions before we begin?

Warm-Up Question

4. Why did you choose to study clinical counseling in a faith-based graduate program?
5. How long have you been a licensed counselor?
6. How long have you been a counselor supervisor (*if applicable*)?

Questions and Probes

As we begin, I want to understand your experience as a graduate counseling student in a faith-based institution.

15. Could you describe the theological training (if any) that you received as a graduate counseling student? What courses did you take?
16. How would you define theology?
17. What was your favorite theological course? Can you describe it for me?
18. What was your least favorite theological (or biblical studies) course? Can you describe it for me?
19. How would you rate your academic performance in each of those courses (least and most favorite)?
20. If you could describe the ideal theology course, what would the activities and assignments be like?

Questions and Probes

As we continue, I want to understand your counseling experience.

21. Could you describe your understanding of how to ethically integrate spirituality into the clinical counseling process?
22. By the end of your program of study, did you feel adequately prepared and competent to integrate your faith into your professional practice?
23. Have you ever worked with a client who was grappling with theological issues? Did you feel competent to support them in this process? Explain.

Questions and Probes

Next, I want to understand your counseling supervision experience (*if applicable*).

24. Could you describe your understanding of how to ethically integrate spirituality into the counselor supervision process?
25. By the end of your program of study, did you feel adequately prepared and competent to integrate your faith into your counselor supervision practice?
26. Have you ever supervised a counselor who was working a client who was grappling with theological issues? Did you feel competent (or not) to support them in this process? Explain.
27. If you could recommend the ideal theological preparation for counselors in training who anticipate working with clients grappling with theological issues, what would you suggest?
28. What training/qualification/experience would be ideal for the theology professor in a graduate level clinical counseling program?

Thank you for your time and effort participating in this interview. It has been a pleasure to talk with you and to hear about your experiences. As we conclude, please let me know if you have any additional information that you would like to share with me, or anything I can clarify for you. Thanks again!

Appendix B

INFORMED CONSENT DOCUMENT

PROJECT TITLE: Theologically Informed Counseling - Developing a Theology Course for Clinical Counseling Students

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research entitled: *Theologically Informed Counseling - Developing a Theology Course for Graduate Level Counseling Students*, and to record the consent of those who say YES.

RESEARCHER

Karen McGibbon, PhD, (DMin student, Winebrenner Theological Seminary, Findlay OH, USA)

DESCRIPTION OF RESEARCH STUDY

There is no existing theology course available to graduate level counseling students, that satisfies the unique limitations and strengths that they bring to the study of theology, in the context of their psychological studies.

If you decide to participate, then you will join a study designed to create a theology course for graduate level counseling students, specifically in faith-based counseling programs. If you say YES, then your participation will last for about one hour.

EXCLUSIONARY CRITERIA

You should not be a student, graduate, or (former or current) faculty member of the Winebrenner Theological Seminary, Master of Arts in Clinical Counseling Program.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of feeling uncomfortable when you think about your past academic or professional experiences. The researcher tried to reduce these risks by creating an open, unconditional environment for participants to speak freely about their academic and professional experiences without fears of judgement or repercussions. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: The main benefit to you for participating in this study is that the information you provide will help to create clinical counseling programs that are especially designed to more holistically prepare counseling professionals to attend to any theological needs of their clients.

COSTS AND PAYMENTS

The researcher is unable to give you any payment for participating in this study.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY

All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations and publications, but the researcher will not identify you.

WITHDRAWAL PRIVILEGE

It is okay for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study - at any time. Neither yourself, nor the researcher will be penalized if you choose to withdraw from the research.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm, arising from this study, neither Winebrenner Theological Seminary nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in this research project, you may contact Karen McGibbon at karen.mcgibbon@winebrenner.edu or Dr. Mary Iames, current IRB chair at iames@winebrenner.edu at Winebrenner Theological Seminary, who will be glad to review the matter with you.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researcher should have answered any questions you may have had about the research. If you have any questions later on, then the researcher should be able to answer them: Karen McGibbon at karen.mcgibbon@winebrenner.edu.

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should email Dr. Mary Iames, the current IRB chair, at iames@winebrenner.edu.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Participant's Printed Name & Signature

Date

INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study.

Investigator's Printed Name & Signature

Date

Appendix C

CURRICULUM VITA

Karen A. P. McGibbon

Findlay, Ohio

USA

567.525.1059

karen.mcgibbon@winebrenner.edu

EDUCATION

DMin	Winebrenner Theological Seminary, <i>Findlay, Ohio, Doctoral Candidate</i> (expected Graduation – July 2023)	2019 – present
PhD	Regent University, Counselor Education & Supervision (CACREP accredited), <i>Virginia Beach,</i> <i>USA. Dissertation:</i> “A Correlational Study of the Intergenerational Transmission of Teen Pregnancy in Jamaica”.	2015
MA	St. Stephen’s College, <i>Alberta, Canada.</i> Pastoral Psychology and Counselling. Thesis: “Rehabilitation as Reformation; Pastoral Counselling for Criminal Offenders – Confronting Jamaica’s Crime Dilemma”	2011
BSc	University of the West Indies, <i>Mona, Jamaica.</i> Marine Biology. Graduated with Honors. Minored in Botany.	1990
CCL	International Institute of Coaching Studies. Certified Coach Leader.	2011
Cert.	University of the West Indies, <i>Mona, Jamaica.</i> Principles and Practice of Social Work.	2004

HONORS AND AWARDS

Academic Merit Scholarship, Regent University	2012 – 2013
Academic Merit Scholarship, Regent University	2013 – 2014
Academic Merit Scholarship, Regent University	2014 – 2015
Academic Merit Scholarship, Regent University	2015 – 2016

TEACHING EXPERIENCE

Winebrenner Theological Seminary, <u>Graduate</u> Assistant Professor, Master’s in Clinical Counseling	12/2016 – present
<ul style="list-style-type: none">• Teach clinical counseling coursework	

- Practicum & Internship Student Coordinator

Caribbean Graduate School of Theology, Graduate
Adjunct Lecturer, Master's in Counseling Psychology

- Child & Adolescent Therapy **6/2016 – 7/2016**
- Personality Theories & Dynamics **12/2015 – 1/2016**

Regent University, Post-Graduate
Teaching Assistant, PhD in Counselor Education & Supervision **1–4/2015**

- Assisted Dr. David Savinsky
- Graded and assisted in teaching post-graduate students in the course: Qualitative Research Methods

Regent University, Graduate
Teaching Assistant, Clinical Mental Health Counseling **2012 – 2015**

- Assisted Dr. Olya Zaporozhets
- Graded and assisted in teaching graduate students in the following courses: Counseling Theories, Research Methods, Addictions Counseling and Group Counseling.

The Mico University College (Teacher's College), Undergraduate
Adjunct Lecturer, Professional Enhancement Department, **2011 – 2016**

- Taught teachers and counselors in training “*The Art & Science of Happiness*” - a Positive Psychology course.

Vocational Training Development Institute, Undergraduate
External Assessor, BSc in Career Development, **2013 – 2014**

- Second grader of student assessment scripts

St. Andrew High School for Girls.

Teacher, Personal Development **2006 – 2011**

- Taught over 1000 grade 7 – 11 students
- Designed curricula for all grade levels

Covenant Christian Academy High School.

Subject and Home Room Teacher **1999 – 2001**

- Taught the following subjects: Human & Social Biology,

Principles of Business, Home Management.

The Queen's High School, Part-Time.

Subject Teacher **1997**

- Taught Mathematics and General Science.

Immaculate Conception High School.

Subject and Home Room Teacher

1991 – 1994

- Taught the following subjects: Mathematics,

Plant & Animal Biology, Human & Social Biology, General Science.

St. Hugh's High School.

Subject and Home Room Teacher

1990 – 1991

- Taught the following subjects: Mathematics,

Plant & Animal Biology, Human & Social Biology, General Science.

PROFESSIONAL COUNSELING EXPERIENCE

Guidance Counselor, St. Andrew High School for Girls.

**2006 – 2008,
2009 – 2010**

Acting Head of Guidance, St. Andrew High School for Girls

9/2008 – 5/2009

Head of Guidance, St. Andrew High School for Girls

2010 – 2011

CEO & Founder, Live Free Coaching & Counseling Services

2011 – present

Clinical Counseling Associate, Choose Life International

3– 8/2016

Clinical Counselor, Choose Life International

3–4/2012

Pre–Doctoral Intern, Choose Life International

1 – 12/2015

Acting Guidance Counselor, Vocational Training Development Institute

5–6/2013

**Group Counselor, Vocational Training Development Institute
Grief Support and Mentorship Groups**

2–3/2013

PRACTICUM COUNSELING EXPERIENCE

Ministry of Justice - Victim Support Unit

2005

Peter's Rock Christian School

2004

Glenhope Place of Safety

2005

Ministry of Justice - Office of The Children's Registry

2009–2010

University of Technology Medical Center

2014

SUPERVISION EXPERIENCE

Triadic Practicum Supervisor, Regent University

7–8/2015

Administrative Supervisor , St. Andrew High School for Girls	2006–2011
Clinical Supervisor , St. Andrew High School for Girls	2008–2009, 2010–2011, 2–4/2013

PROFESSIONAL LICENSES

Licensed Professional Counselor (Ohio)	9/2019 – present
Licensed Professional Counselor (Jamaica)	6/2016 – present

SPECIAL PROJECTS

Lead Trainer - UNFPA Sponsored ‘Combating Intra-family Violence and Gender-Based Violence Among Youth in Majesty Gardens’ Project/Youth Making a Difference Workshop Series; **October - December 2012**

PROFESSIONAL CERTIFICATIONS

Life Coach Certifications: Relationship Coaching, Health & Wellness Coaching, Parent & Teen Coaching, Success Coaching, Goal Attainment Coaching	2011
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ADDITIONAL TRAINING

Grief Counseling - Victim Support Unit, Ministry of National Security.	2004
Grief Management - Ministry of Education, Youth & Culture	2004
Pre-Marital Counseling - Family Life Ministries.	2002
Conflict Resolution Skills - PALS (Peace and Love in Society) Jamaica	1998
Counseling the Suicidal Client - Choose Life International	2008
Counseling the Same Sex Attracted Client - WIRED Jamaica	2005
Working Effectively with Parents - Parenting Partners Caribbean	2004
Developing the Leader Within You (John Maxwell) - Christian Life Fellowship.	2004
EQUIP Leadership Training (John Maxwell) – Christian Life Fellowship	2014

PROFESSIONAL MEMBERSHIPS

Chi Sigma Iota International	2013–present
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American Counseling Association	2017
Ohio Counseling Association	2017–present
Christian Association for Psychological Studies	2014, 2017–
present	
The Association for the Development of the Person Centered Approach	2014
Jamaica Psychological Society	2014

RESEARCH PROJECTS

- Team Member**, *Joy in Older Married Couples*. Qualitative Research Methods Course, Regent University. Spring **2014**
- Team Member**, *An Evaluation of Online and On Campus Student Performance Through Rubric Assessment Measures*. Quantitative Research Methods Course, Regent University. Fall **2012**
- Team Member**, *How Incarceration Impacts on the Inmate as well as the Benefits Derived*. Principles and Practice of Social Work, UWI, Mona. Spring **2004**

PROFESSIONAL PUBLICATIONS

McGibbon, K. (2012). *Life Lessons - A Personal Development Workbook for Today's Secondary School Students (Grade 7)*. GlenMais Publications, Kingston, Jamaica.

McGibbon, K. (2012). *Life Lessons - A Personal Development Workbook for Today's Secondary School Students (Grade 8)*. GlenMais Publications, Kingston, Jamaica.

McGibbon, K. (2012). *Life Lessons - A Personal Development Workbook for Today's Secondary School Students (Grade 9)*. GlenMais Publications, Kingston, Jamaica.

Book Chapter

McGibbon, K. (2014). Happy is as Happy Does. In *School counselors share their favorite classroom guidance lessons: A guide to choosing, planning, conducting, and processing*. Association for specialists in Group Work, Alexandria, VA.

PROFESSIONAL PRESENTATIONS (refereed)

Philip, S., Neuer Colburn, A., **McGibbon, K.**, & Okai, B. (July, 2015). International Students' Religious/Spiritual Experience and Acculturative Stress: A Phenomenological Inquiry. National presentation at ASERVIC conference, Manhattan, NY.

Arndt, K.J. & **McGibbon, K.** (2017, June). Nuts and Bolts of Clinical Mental Health Counseling Supervision for Site Supervisors. Presentation given at Winebrenner Theological Seminary for Site Supervisors. Findlay, Ohio.

Arndt, K.J. & **McGibbon, K.** (2017, November). A Picture is Worth a Thousand Words: Photo Voice as a Supervision Approach. Presentation at All Ohio Counselors conference, Columbus, Ohio.

Park, J., Hudson, J., & **McGibbon, K.** (2018, April). Building Bridges Between Supervisors/Professors and Minority Trainees/Students. National presentation at Christian Association for Psychological Studies conference, Norfolk, Virginia.

Arndt, K.J. & **McGibbon, K.** (2018, September). A Picture is Worth a Thousand Words: Photo Voice as a Supervision Approach. National presentation at American Association of Creativity in Counseling conference, Clearwater, Florida.

McGibbon, K. & Arndt, K.J. (2018, November). Effective Approaches to Counseling Suicidal Women. Presentation at All Ohio Counselors conference, Columbus, Ohio.

Park, J., Hudson, J., & **McGibbon, K.** (2019, February). Building Bridges Between Supervisors/Professors and Minority Trainees/Students. Site Supervisor webinar hosted by Colorado Christian University, Lakewood, Colorado.

McGibbon, K. & Arndt, K.J. (2019, May). Microaggressions in Supervision for Site Supervisors. Presentation given at Winebrenner Theological Seminary for Site Supervisors. Findlay, Ohio.

Selin Philip, Adam Feltz, **Karen McGibbon**, David Welch (2022). Alcohol Use Interventions among American Indian/Alaska Native Adults: A Meta-Analysis. *Universal Journal of Psychology*, 10(1), 1 – 10.

PROFESSIONAL PRESENTATIONS (non-refereed)

Dealing with Peer Pressure - Immaculate Conception High School; **2002**

Parenting Seminar - Boulevard Open Bible Church; **2002**

Parenting Workshop - Emmanuel Christian Academy Prep; **2003**

The Real Me: Sexuality - Female Awareness Day, Ardenne High School; **2008, 2012**

Stress Management - Grade 13, Immaculate Conception High School; **2012, 2013**

Achieving your Academic Goals - Grade 12, Immaculate Conception High School; **2012**

Parenting Seminar - St. Andrew High School for Girls; Organizer and Facilitator; **2007, 2008, 2009**

Parenting Forum (Grades 7, 8, 9) - St. Andrew High School for Girls; Organizer, Facilitator and Presenter; **2010, 2011**

Form Teacher Essentials - St. Andrew High School for Girls; **2010, 2011**

Parenting Forum (Grade 7) - St. Andrew High School for Girls; **2012**

Caring for the Caregiver - Workshop on essential skills for personal care assistance; Revamp Comprehensive Rehabilitation Centre; **2012**

Life...Staying Motivated - Vocational Training Development Institute Staff Retreat; **2013**

Providing Pastoral Care to Broken Students - Caribbean Staff Education and Training program (Trinidad), Co-presenter; **2013**

Happiness Seminar (Grade 13) – Immaculate Conception High School; **2013**

Parent as Coach Seminar (Grade 10) - St. Andrew High School for Girls; **2013**

Child Sexual Abuse Forum – Ministry of Education, Panelist; **2015**

Marriage Enrichment Seminar – Webster United Church, Presenter; **2014, 2015**

Understanding Christian (Women's) Sexuality – Christian Life Fellowship Family Conference; **2015**

“It’s Gonna Be Alright” – National Housing Trust Stress Relief Village; **2016**

“Let’s Talk About Sex” – Christian Life Fellowship Family Life Seminar; **2016**

“Success – Is it really?” – St. Andrew High School for Girls;
Grade 13 Leadership Development Program; **2016**

Lay Counselors Training – Operation Save Jamaica/Choose Life International; **2018**

Confronting the Stigma: Dismantling the Shame Surrounding Mental Illness in the Church - Mental Illness in the Church Conference, Winebrenner Theological Seminary; **2019**

PROFESSIONAL SERVICE

Northwest Ohio Counseling Association: Past President - 2021

Northwest Ohio Counseling Association: President - 2020

Northwest Ohio Counseling Association: President Elect - 2019

Northwest Ohio Counseling Association: Chair, Scholarship Awards Committee - 2018

Winebrenner Theological Seminary: Distance Learning Committee – 2018

Winebrenner Theological Seminary: Curriculum Review & Dev Committee – 2017/18

Winebrenner Theological Seminary: Library & Learning Commons Committee - 2017

Chi Sigma Iota Poster Session Proposal Reviewer – September 2014, 2015

Chi Sigma Iota Global Network Blog Administrator – September 2014 – 2015

Counseling Consultant: Provide trainings, workshops, seminars and professional counseling to students and staff as necessary.

Ministry of Justice – Office of the Children’s Registry; **November 2010 – 2016**

St. Andrew High School for Girls; **2011 – 2016**

Immaculate Conception High School; **2012 – 2016**

St. Hugh’s High School; **2012 – 2016**

Vocational Training Development Institute; **2012 – 2016**

Revamp Comprehensive Rehabilitation Center; **2012 – 2016**

COMMUNITY SERVICE

Regular Contributor – “Mental Health Moments” Column – The Courier; **2017 – present**

Mentor – St. Hugh’s High School students; **2012 – 2016**

Assistant Cell Group Leader; **2001– 2005**

Alpha Course Group Leader; **2001–2003**

Moorlands Camp Co-Commandant, 15/16 co-ed camp; **2006, 2007**

Ministry Team Leader – Trumpet Call Ministries; **2001 – 2002**

Ministry Team member – Stony Hill Remand Center; **2001 – 2002**

Marriage and Family Ministry Coordinator - Christian Life Fellowship; **2000–2016**

Counseling Ministry Team Member - Christian Life Fellowship; **2004–2016**

Hospitality Ministry Team Member - Christian Life Fellowship; **2005–2016**

Prophetic Ministry Team Member - Christian Life Fellowship; **2006–2016**

Appendix D



“Winebrenner equips leaders for service in God’s Kingdom.”

Term: Summer 2024

Course: Theology for Clinical Counseling

Professor of Record: Dr Karen McGibbon

Email: karen.mcgibbon@winebrenner.edu

Office/Contact Hours: Monday through Friday, by appointment.

COURSE DESCRIPTION

Our theological perspective on the nature of God, ourselves, and humanity shapes our praxis, and how we integrate our Christian faith in our counseling. The course will examine a selection of issues in theology including free will, the image of God, sin and salvation, spirituality, and community. Attention will be given to the implications of our understanding of theology for clinical mental health counseling.

COURSE OUTCOMES

Outcomes: At the conclusion of this course, learners will...

1. Appreciate the value of theology in clinical mental health counseling.
2. Integrate theological doctrines in their professional and ministry life.
3. Integrate course concepts with experiential activities.
4. Engage in theological reflection to fulfill personal growth goals.

Objectives: In order to achieve the course outcomes, learners will...

1. Participate in thoughtful and stimulating discussions on diverse theological perspectives.
2. Articulate a brief theology of clinical counseling.
3. Integrate course concepts with praxis application in the clinical mental health context.

REQUIRED TEXTBOOKS

Baldwin, Jennifer. *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma*. Eugene: Cascade Books, 2018. ISBN 9781498296847

Grenz, S. J., Guretzki, D., & Nordling, C. F. (2010). *Pocket dictionary of theological terms*. InterVarsity Press.

McMinn, M. R. (2012). *Psychology, Theology, and Spirituality in Christian Counseling*. Tyndale House Publishers, Inc..

Stanford, M. S. (2017). *Grace for the afflicted: A clinical and biblical perspective on mental illness*. InterVarsity Press.

Additional required reading available on Populi.

METHODOLOGY

The course will utilize didactic and experiential learning activities, such as a lecture and discussion, multimedia, role-plays, discussion boards, and in-class and out of class assignments to develop critical thinking skills. Class will meet online at regular intervals utilizing Zoom technology.

EVALUATION AND GRADE SCALE

Grade Scale

Letter Grade	Percentage
A	96–100%
A-	90–95%
B+	87–89%
B	83–86%
B-	80–82%
C+	77–79%
C	73–76%
C-	70–72%
F	Below 70%

A course grade of F will not meet the requirements for degree credit.

Calculation of grade will be based on the following:

Participation:	15 pts.
Theology of Counseling Paper:	10 pts.
Case Study Presentation:	20 pts.
Discussion Board Posts:	18 pts.
Theological Immersion Assignment:	25 pts.
Theological Reflection Assignment	12 pts.
<hr/> TOTAL =	100 pts.

Participation grades are 15% of the total course grade and may include class engagement, attendance, on time arrivals, timely responses to instructor emails, completion of required readings, engagement in synchronous sessions (online), and discussion board posts that meet the instructor’s standards for quality and quantity (online).

COURSE REQUIREMENTS

Students must satisfactorily complete each of the course projects. Grades will be calculated on a total of 100 points for the course. Format for projects is double-spaced with appropriate documentation of sources, utilizing the *Publication manual of the American Psychological Association*, Seventh Edition.

ASSIGNMENTS:

- 1. Participation (Professional Behavior)-** A portion of your grade will depend upon your level of participation during class each week. This means arriving to class on time, staying for the duration of class, and remaining focused during the allotted class time. This also means being prepared for class by bringing textbooks, articles, and other course material to class each week. Additionally, reading required materials and viewing required videos prior to class time is essential as students cannot enter into class discussions and activities with relevant questions and comments if they are not prepared. Spontaneous assessments may be given as a means to assess student preparedness. As we strive to provide a biblically-based approach to counseling, it is expected that you evaluate all readings and discussions from a Christian perspective and work to integrate biblical truth into your life, thought, and work.
- 2. Theology of Clinical Counseling Paper -** Write a 3 to 4 page paper (APA format) exploring the nature of your own personal values, faith identity and worldview, and how it relates to the clinical counseling process. Students are to incorporate the core doctrines of the Christian faith covered in the course and articulate what they believe on the doctrine, explaining the practical relevance to their clinical counseling practice. Specific questions will be provided on separate sheet along with grading rubric.
- 3. Discussion Board Posts –** For this collaborative discussion board, the student will be required to create a thread in response to the provided prompt for each forum. Each thread must demonstrate course-related knowledge. In addition to the thread, the student

is required to reply to 1 classmate's thread. Each initial post must cite at least 1 source. These discussion board activities are designed to allow the student to discuss, articulate, analyze, and integrate the various aspects of the theological issues related to clinical counseling. Deadlines for initial and response posts will be provided by the instructor.

4. **Theological Immersion Experience:** *This assignment consists of two papers, each one graded and worth 25 points total.* See grading rubrics provided. You are required to connect with a religious/spiritual community about which you have acknowledged preconceived ideas. You will attend at least 3 worship services (or similar type of gathering), observing and interacting *as appropriate*. At one or more of these gatherings, interview someone about the group: why they gather, what it means to them. You will journal after each experience, outlining all of the following: 1) your reactions to the experience, 2) your thoughts and feelings about them, and 3) your thoughts and feelings about yourself in relation to them. NOTE: This journal will be submitted with the first paper, Part 1, outlined below.

Part 1: Reflect on your journal and on your prior preconceived ideas. Remember to stay organized as you will need to turn in this portion of the assignment. Which of those preconceived ideas are now open to re-interpretation and why? What have you learned about yourself and about them, now that the immersion is over? (5 pts).

Part 2: Now you will take what you have learned about this group and yourself and apply it in a counseling context. Assume you have a client from this faith community. (20 pts). Using your textbooks and class material, such as scholarly articles, and APA format, discuss each of the following:

- What are some likely counseling issues you might expect and why?
- What counseling approach will you use and why?
- What do you need to do now to be ready to meet this future client?

5. **Theological Case Study Presentation** - Select (or design) a clinical case study highlighting a **religious/spiritual belief system** that you know little about and from which you did not select for your immersion assignment. Refer to textbooks and other scholarly resources (e.g., academic journal articles) to supplement your knowledge.

- a. **Population:** _____

Create a **power point presentation** to give to the class. This presentation should last no more than 30 minutes and should include the following:

- 5 Pretest/Posttest Questions
- Background on the theological belief system/worldview
- What specific things should counselors know when working with this population?
- Case study

- b. **Experiential component.** Following the presentation, model or engage the class in demonstrating specific techniques and/or theoretical concepts to resolve the presenting problem in the case study. During this time, students will learn ways to specifically counsel this population using various theories and techniques.
6. **Theological Reflection Paper:** Write a (5–6 pg.) reflection paper referencing an incident from your own life that elicited questions that *challenged your view of God, yourself as a person of faith, and/or others*. The paper should conclude with any new theological insight you acquired and should demonstrate the personal and spiritual growth you gained from going through this experience.

WEBSITES

American Counseling Association (ACA)

<http://www.counseling.org/>

Association for Spiritual, Ethical, & Religious Values in Counseling

<https://aservic.org/spiritual-and-religious-competencies/>

Christian Association for Psychological Studies (CAPS)

<https://www.caps.net/>

Ohio Counseling Association (OCA)

<http://www.ohiocounseling.org/>

Purdue Owl APA Writing Assistance

<https://owl.english.purdue.edu>

State of Ohio Counselor, Social Worker, Marriage & Family Therapist Board

<https://www.cswmft.ohio.gov/>

CLASS SCHEDULE

Week	Topic	Readings/Assignments	Class Location
1	Course Overview Introducing Theology in Clinical Counseling	McMinn – Chapter 1 Stanford – 1 & 2	Zoom
2	Ethical & Legal Issues in Spiritual Integration: <i>ACA Code of Ethics, ASERVIC Competencies</i>	McMinn – Chapter 2 Stanford – 3 & 4	Discussion Board

3	Religion in the Counseling Office	McMinn – Chapter 3 Stanford – 5 & 6	Zoom
4	Toward Psychological and Spiritual Health	McMinn – Chapter 4 Stanford – 7 & 8	Discussion Board
5	Prayer	McMinn – Chapter 5 Stanford – 9 & 10	Zoom
6	Scripture <i>Class Presentations</i>	McMinn – Chapter 6 Stanford – 11 & 12 Theology of Clinical Counseling Paper Due	Discussion Board
7	Sin <i>Class Presentations</i>	McMinn – Chapter 7 Stanford – 13 & 14	Zoom
8	Confession <i>Class Presentations</i>	McMinn – Chapter 8 Stanford – 15 & 16	Discussion Board
9	Forgiveness <i>Class Presentations</i>	Baldwin – Chapter 1 & 2	Zoom
10	Redemption	Baldwin – Chapter 3 & 4	Discussion Board
11	Mental Illness & The Church <i>Class Presentations</i>	Baldwin – Chapter 5 & 6	Zoom
12	Final Thoughts & Reflections	Baldwin – Chapter 7 & 8 Theological Reflection Paper Due Immersion Assignment (pts. 1 & 2) Due	Discussion Board

THE SEMINARY POLICIES FOR PAPERS AND LATE WORK

All work is due to the professor on or before the final day of class, according to the syllabus schedule.

Late Work during the Term

A student who submits assigned written work late during the trimester, when the lateness is not due to a serious illness or death of a family member or extreme life/ministry situations outside his/her control, will have his or her grade on such late work reduced a total of 10% for the first week's lateness (from one to seven days). The reduction will be an additional 10% for the second week's lateness (from eight to fourteen days, for a cumulative total of 20% penalty); and another 10% for the third week's lateness, after which the grade on the late work becomes an F. This same policy will also apply to scheduled examinations or tests. Students may petition the instructor in writing for an exception to this policy. When such exceptions last longer than the initial one week, the Academic Dean's office shall be notified by the instructor.

The instructor may have a stricter policy provided they consult with the Academic Dean to make a final determination. It must be clearly stated in the syllabus with corresponding reasons for the exception, such as multiple assignments building on each other. Late work may not be submitted after the end of a term without filing for a request for an extension of the course through the Academic Dean's office.

DISABILITY INFORMATION

If you are a student with a disability, it is your responsibility to notify your professor and the Student Success & Records Coordinator at least one week prior to the needed service so that reasonable accommodations can be made. See the catalog for the full policy.

ACADEMIC INTEGRITY

Academic integrity is the personal responsibility of students to represent as their own work in reports, papers, or examinations only what they are entitled to honestly present. Violations of academic integrity include dishonesty and plagiarism. If a student violates the standard on academic integrity, he or she will be subject to disciplinary action determined by the instructor and Academic Dean.

PROFESSIONAL DISPOSITIONS

The Master of Arts in Clinical Counseling Program has adopted a set of dispositions to be demonstrated by all students. These dispositions include:

- Commitment - including counselor identity, investment, advocacy, collaboration, and interpersonal competence;
- Openness to ideas - including learning, identifying needed changes, giving and receiving feedback to and from others, and engaging in self-development;
- Respect for self and others - including honoring diversity, self-care, and wellness;
- Integrity - including personal responsibility, maturity, honesty, courage, and congruence;

- Self-awareness - including humility and self-reflection.

These dispositions represent the values of the Department of Counselor Education at Winebrenner Theological Seminary. All students should embody these dispositions inside and outside the classroom to the greatest extent possible.

All students are subject to policies outlined in the Winebrenner Catalog.

Syllabus revised: 07/05/2023

Appendix E



Institutional Review Board

Research Proposal Recommendations

Principal Researcher: Karen McGibbon

Proposed Research Title: Theologically Informed Counseling: Developing a Theology Course for Graduate Level Counseling Students

Dear Karen:

Congratulations! Upon review of your research proposal and related materials, the Winebrenner Institutional Review Board has approved your research proposal indicating that you may begin to implement your research procedures according to the timeline established by you and your research advisor.

The attached documents include comments from Dr. Dave Barbee and myself. These questions and suggestions in no way affect your permission to implement your research; rather, these notes are included to provide opportunities to clarify and delineate your research.

Once again, congratulations and best wishes upon implementing your research. May God grant you His wisdom, knowledge, understanding, strength, and persistence as you carry out this work. In all, may He be gloried.

Please contact me if you have any questions (iiames@winebrenner.edu).

Best wishes,

Dr. Mary Steiner Iames
Winebrenner Theological
Seminary Institutional
Review Board Chair