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Fernando L. Garzon
Liberty University, fgarzon@liberty.edu

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Journal of Psychology and Theology
2005, Vol. 33, No. 2, 113-121
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Biola University, 0091-6471/410-730

Interventions that Apply Scripture In Psychotherapy

Fernando Garzon
Regent University

Christian therapists are sometimes challenged in their work with appropriately religious clients to develop treatment components that incorporate the Bible. Utilizing a case study format, this article describes various intervention strategies available for the clinician to consider. Psychodynamic, psychoeducational, theoeducational, cognitive, behavioral, and affective experiential therapeutic examples are presented. As long as sound ethical and religio-cultural assessment guidelines are followed, Scripture remains a rich resource for clinicians in their work.

For the word of God is living and active and sharper than any two-edged sword, and piercing as far as the division of soul and spirit, of both joints and marrow, and able to judge the thoughts and intentions of the heart. Heb. 4:12 (NASB)

He sent forth his word and healed them… Ps. 107:20 (NIV)

… in humility receive the word implanted, which is able to save your souls. James 1:21b (NASB)

The Bible, as seen from the passages above, makes no apologies for the potency of its message to heal. Accordingly, whatever our approaches to Christian therapy, we are challenged to discern how the Bible's message applies to our work. Christian counseling is a tremendously diverse profession (Johnson & Jones, 2000; McMinn & Phillips, 2001). Within this diversity exists a wide variety of perspectives on if, when, and how to use Scripture in psychological treatment. Some approaches might eschew overt strategies incorporating Scripture in treatment, others mandate such usage as the only true way to do Christian therapy (e.g., Adams, 1970), while others take a situation-specific, client-specific stance.

This article uses the case of George (a fictional amalgam composed from several different clients) to provide examples of various intervention strategies. The article is not an exhaustive literature review of all interventions that might incorporate Scripture as a resource; rather, the aim is twofold: first, to increase Christian therapists' awareness of the variety of types of Scripture interventions available, and, second, to stimulate "divinely inspired creativity" in the further development of strategies to incorporate the living Word of God in Christian psychotherapy.

The Case of George

George is a 30-year old single Caucasian male construction worker who presented for psychotherapy with chief concerns of depressed mood, low self esteem, suicidal thoughts, and trouble sleeping. He describes these symptoms as occurring "on and off" over the last 10 years. George has no plans or intentions of acting on his suicidal thoughts and agreed to a contract with me to monitor these thoughts. He commonly makes statements like "I'll never amount to anything " and "I'm a loser." He also displays a constricted expression of affect.

Currently, George is most depressed about his lack of progress in any career. He's been working construction or other odd jobs since he graduated from high school twelve years ago. George would really like to be a pilot, but he has not taken any steps in that direction. "They'd see right through me," he laments. He also has a tendency to take on too many overtime projects, leading to another comment, "I get anxious when I think about saying 'no' to offered work."

Prior to his current treatment, George has never seen a therapist. He reports suicidal thoughts as an adolescent but reports never making an attempt. "I came close a couple of times, but never did anything" he notes.

A version of this article was presented for the Scripture and the Disciplines Conference, Wheaton College, May 25th, 2004. Correspondence concerning this article may be sent to Fernando Garzon, PsyD, Center for Counseling and Family Studies, Liberty University, 1971 University Blvd, Lynchburg, VA 24502. Email: fgarzon@liberty.edu (effective August 7, 2005)

George says his father periodically ended up in alcohol treatment centers before dying 3 years ago of cirrhosis of the liver. His mother suffered from occasional bouts of depression and was periodically on antidepressants. George didn't know of any other history of mental illness in his family, and no abnormalities were noted in George's medical history. Aside from typical childhood illnesses, no major accidents or illnesses occurred. While he's been in occasional fights in his life, he does not recall any head injuries that resulted in unconsciousness. His developmental history also appeared normal.

Partly due to his father's history, George has avoided alcohol and drugs throughout his life. "I'll never do what he did to us [the family]," he reports.

His father worked as a plummer and his mother was a nurse's aid in a local hospital. A Vietnam war veteran, George's father had resorted to drinking to cope with the scars of war. It didn't work. Instead, his father displaced his frustrations and anger onto his wife and George when he was born. Verbal and physical abuse were common for both George and his mother. Indeed, it appeared the harsh comments during the abuse were most stinging. "You're a no good &*!@$ loser George. You stay in line or I'll send you back to your creator."

George played a variety of sports growing up and had some friends. However, these friendships were not very deep and focused primarily on the common sporting interactions. George started dating when he was 16. Sadly, his relationships from then until now have all been short-lived (1 week to 4 months at the most). As George describes it, women have "felt sorry for me ... They date me to help cheer me up ... and then they leave when they see it hasn't helped." George was sexually active until he became a Christian two years ago.

Growing up, George's family rarely went to church. He became a Christian two years ago through a construction worker friend who had gotten saved and took him to a revival meeting. Since then, he's attended a local Baptist church. He finds support there, but also feels uncomfortable, believing that one day they'll discover, like others in his life, just what "a loser" he really is. "I know God loves me, but I still feel good for nothing," he laments. George's new found Christian faith has given him added incentive to keep from making any suicide attempts despite the recurrent depressions.

Diagnostically, George is experiencing a chronic depression, apparently trauma-induced from a childhood relationship with an abusive alcoholic father suffering from Post Traumatic Stress Disorder. George has developed an underlying core belief (schema) that he's worthless, which helps maintain his depression. It's likely also that internalized anger towards his father is also present. He is motivated for therapy but also feeling hopeless that anything can be done (Again, partly maintained by maladaptive worthlessness cognitions). It is encouraging that he does have a goal (becoming a pilot). He longs for the strength and courage it takes to "risk" enrolling in pilot school.

As treatment begins, individual psychotherapy will be implemented. If George's symptoms continue at high levels after a month of treatment, a referral for antidepressant evaluation will also occur. Finally, George's religious resources will be explored as potential assets in his treatment. George agreed with this treatment plan.

Ethical, Cultural, & Assessment Issues when Considering Scripture Interventions

Much has been written on the ethical usage of spiritual interventions in psychotherapy (Richards & Bergin, 1997; McMinn, 1996; Anderson, Zuehlke, & Zuehlke, 2000; Tan, 2003). Common ethical areas to consider in this pertinent literature concern dual relationships (religious and professional), imposing religious values on clients, violating work-setting (church-state) boundaries, informed consent issues, and clinician competency issues. Clinical applications of Scripture should therefore include good client religio-cultural assessment, a solid therapeutic alliance, clear informed consent procedures, avoidance of the imposition of religious values on the client, and the maintenance of intervention flexibility versus rigidly applying Scripture interventions to all Christian clients (Tan, 2003; Richards & Bergin, 1997).

For the clinician, values often play a large part in how overtly they utilize religious resources such as the Word of God. Richards & Bergin (1997) describe three guiding values important when considering such religious interventions: (a) respect for the client's autonomy/freedom, (b) sensitivity to and empathy for the client's religious and spiritual beliefs, and (c) flexibility and responsiveness to the client's religious and spiritual beliefs.

While most Christian therapists would agree in principle to the above, a visceral reaction often takes

place (positive or negative) when a discussion of Scripture techniques occurs. This is informative as an indicator of potential countertransference that can block the effective adoption of the above values, particularly in the area of flexibility and responsiveness.

For example, those with a positive initial reaction may be prone to incorporate overt interventions utilizing Scripture while neglecting a client's misgivings about such interventions. Has George experienced a legalistic and judgmental church environment for the last two years and does he see the Bible as a book full of condemning passages? If so, guilt and shame might be his primary affects in reaction to an intervention utilizing Scripture. Such interventions may be contraindicated, at least early in treatment, until a supportive therapeutic alliance has been developed (and perhaps throughout). Negative countertransferences likewise can have perilous dangers in this regards. George may be having a positive experience in his church environment and look upon the Bible as his sacred source of primary aid, but the therapist might have had painful experiences in a church that utilized Scripture in a heavy-handed legalistic or judgmental fashion. The therapist's own emotional reactions might be erroneously presumed to lie in the client as well, preventing the ability to see the Bible as a valuable coping resource for the client when it actually is. Thus, both positive and negative Scripture countertransference may lead to subtle or not-so-subtle impasses in treatment.

In summary, clients will have a mixture of experiences with the Bible based on their particular religio-cultural background. This background needs to be assessed carefully, and any Biblical interventions incorporated into treatment should be done in a highly ethical manner. In addition to considering the ethical, cultural, and assessment issues involved in incorporating Scripture in treatment, clarifying one's own countertransference reactions to the possibility of utilizing Scripture will enhance the ability to accurately assess an intervention's appropriateness in the individual client's care.

Potential Scripture Interventions for George's Treatment

Careful assessment of George revealed a man utilizing his Christian faith as a main support in his life. He was very open to discussing spiritual issues and having spiritual techniques incorporated as a part of his care. He had a positive view on the inclusion of the Bible as a part of his treatment, so some interventions applying this resource were used. Intervention samples described in George's care below came from a variety of theoretical orientations. These interventions serve only as samples that can be found in a potentially broad literature.

Implicit Scripture Intervention

Psychodynamic and psychoanalytic Christian therapists sometimes emphasize an incarnational perspective on spiritual interventions such as utilizing the Bible in treatment (White, 1984; Benner, 1983). In George's care, for example, they might emphasize the therapist's empathic stance towards George as the key mode of integrating the Bible. Such an empathic stance models the character of Christ as seen in the Bible when He ministered to wounded people. Quiet and non-overt strategies, such as praying for George outside of sessions and perhaps quietly during sessions, complement this approach. Tan (1996a) describes these interventions as types of implicit integration. Other aspects of implicit integration include the personal spiritual life and development of the counselor. Tan contrasts such an approach with explicit integration, which more systematically incorporates spiritual resources, such as the Word of God, purposefully in treatment. It is important to note that implicit and explicit Biblical strategies are not mutually exclusive and exist on a continuum. Each client's individual diagnosis, symptom severity, and presenting problems can lead to different levels of implicit/explicit integration.

Indeed, implicit and explicit integration strategies are closely linked in client care. The therapist's own implicit spiritual growth, development, and quiet prayer for George may still have a direct impact on the quality of care and a client's treatment outcome, even with varying levels of explicit integration. However, this linkage is not complete, as research suggests that explicit spiritual interventions strategies can sometimes be used by non-Christians with Christian clients to great effect (e.g., Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). This perhaps surprising preliminary finding appears quite consistent with Scripture (e.g., Matt. 7:22-23).

Psychoeducational

George may need education around the appropriateness of experiencing his emotions, as well as a framework for understanding the place of assertiveness and

limit-setting around declining requests to work overtime. In discussing these areas with him, it appeared he felt men should not have much affective awareness and that declining the extra work would be unchristian. The Bible contains many pertinent passages that might be appropriate to discuss with George in session and/or to assign to him as homework.

For example, in regards to men and emotions, many of the Psalms reflect great affective awareness in David's on-going conversation with God (e.g., Ps. 3, 4, 7, 23, 35, 139, etc.). Examining passages pertaining to Jesus that are reflective of his emotional awareness, such as His weeping over Jerusalem (Luke 19:41-42), his anger in the temple (Matt. 21:12-13), and his struggle in Gethsemane (Matt. 26:36-46) might help George be more accepting of his emotional side. For other clients who are defended against their normal grief process, the book of Job might also be very helpful.

George's tendency to view all assertiveness negatively reflects an inaccurate understanding of Biblical principles of stewardship and calling. Several books have been written amplifying on these Biblical themes. For example, *Boundaries* (Cloud & Townsend, 1992) is a commonly recommended book by many Christian professionals (Johnson & Johnson, 1998). This book and in-session discussion with George might help him understand Biblical assertiveness and help him distinguish this from an unbiblical self-sufficiency and disregard for others' needs.

Theoeducational

Some of George's comments during the early sessions suggested that he may suffer from "worm theology," a view that overemphasizes one's sinfulness, the fallen nature, and God's judgment while minimizing God's love, acceptance, and the reality of George's new position in Christ as a Christian. Assessment of George's condition suggested that part of this theology may be based on his early experiences with an abusive father. I also assessed the theology promoted through George's church, both in conversations with him and in conversations with other persons I knew who went to his church.

As work continued on his relationship with his father, he became more open to input in regards to his theological stance. Homework assignments around passages of Scripture emphasizing God's caring nature and acceptance of George and bibliotherapy (e.g., Anderson, 2000) were fruitful in readjusting his perspective.

Behavioral

Assertiveness was briefly addressed above. George also suffered from anxiety symptoms as seen in his difficulty falling asleep. Benson (1996) described a deep-breathing relaxation technique which he adapted for religious individuals to increase compliance, motivation, and efficacy. In applying this technique to George, I explained to him the rationale behind deep breathing relaxation and asked him if there were a Scripture or supportive phrase he would like to use as he exhaled during each repetition of the exercise. George readily responded, "Psalm 23, 'The Lord is my shepherd.'" He was then trained to inhale deeply, holding to a count of five, and to exhale slowly repeating this comforting line of Scripture. After a few repetitions, regular breathing followed, and then another set of deep breathing. George felt this technique was helpful, so he was encouraged to try it as an aid in falling asleep at night.

Cognitive

Much has been written on applying the Scriptures from cognitive perspectives emphasizing Rational Emotive Behavior Therapy styles (e.g., Nielsen, Johnson, & Ellis, 2001; Johnson, 2001; Backus, 1985; Johnson, Devries, Ridley, Pettorini, & Peterson, 1994; Pecheur & Edwards, 1984), as well as styles resembling the work of Aaron Beck (e.g., Propst, 1988; Hawkins, Tan, & Turk, 1999; Tan & Ortberg, 1995). The brevity of this article will lead to a focus on one sample intervention from each major cognitive therapy "camp."

REBT utilizes reason and logic as primary tactics to change core irrational beliefs (Ellis, 2000), while cognitive therapy emphasizes idiosyncratic or individualized dysfunctional perception styles and a more experimental, empirical modality to alter these misperceptions (Beck & Weishaar, 2000). George experienced one episode during treatment that will highlight the two strategies.

Around eight sessions of treatment, George decided to apply to take flying lessons at a local small airport. The pilot instructor said he would review the application and get back to George within two weeks. George hadn't heard from him at this time, so I encouraged him to call and ask what had

Figure 1. **Sample REBT Intervention**

Activating Event	Irrational Belief	Consequent Emotions	Disputations of belief	Ratings of original belief following disputation
Pilot instructor hadn't reviewed application	"He knows what a loser I am" [rated as 90% believed]	Discouragement, sadness, depression	This instructor has only met me briefly & hasn't talked with me for over 3 minutes. He couldn't possibly know me enough to make a judgment! God's Word says "I can do all things through Christ who strengthens me" (Phil. 4:13) and "Beloved, now I am a child of God" (I Jn 3:2), so I'm not a loser, no matter what the instructor might think anyway! I am pleasing to God.	35% belief in original thought.

happened. The instructor apologized and said he hadn't gotten around to it since he was very busy. George felt discouraged and believed the instructor was "stalling because he knows what a loser I am." Figure One highlights a common REBT written exercise that might be helpful in addressing George's irrational belief. In the technique, he describes the incident, his belief, and then disputes the belief. Afterwards he rates his endorsement of the original maladaptive thought. This activity often is done originally in-session with the therapist.

As can be implied from the above, the clinician may need to educate George on promises found in the Bible to counteract his negative belief if George does not know these from his past two years as a Christian. Many times, a more Beckian approach is equally suitable to address what happened to George.

The Seven column technique developed by Greenberger and Padesky (1995) reflects such a perspective. This technique applies an inductive, Socratic strategy for exploring the evidence both for and against the key maladaptive cognitions George has in an effort to help him develop more balanced thoughts. Care is taken to empathize with George's experience before asking him inductive questions to find evidence against his belief. Figure Two depicts the seven column technique altered to include questions in column five that facilitate the utilization of Scripture in generating contradicting evidence. Several thought records over several different situations may be needed to substantially reduce George's belief in his maladaptive thought and increase his belief in the more balanced thoughts. Many other REBT and Beckian cognitive techniques exist and can be adapted for addressing George's condition.

Affective Experiential

Affective experiential approaches normally seek to activate the client's cognitive/emotional matrix related to a core issue (like George's belief that he is a loser) and to bring these minimally processed or "nonmetabolized" feelings into the here and now with the clinician so that the emotions can be identified and processed (Magnavita & Carlson, 2003). Strategies utilizing the Bible may have a similar goal, except that the desire is to bring these core issues and connected emotions "into the living presence of God" for processing, as well as for processing with the therapist. One biblical intervention seeking to facilitate resolution of core affective issues is inner healing prayer.

Inner healing prayer consists of "a range of 'journey back' methodologies that seek under the Holy Spirit's leading to uncover personal, familial, and ancestral experiences that are thought to contribute to the troubled present" (Hurding, 1995, p. 297). Many of these approaches focus on helping the

Figure Two. **Seven Column Technique with Scripture-Focused Questions in Column Five**

Situation	Feelings & ratings of intensity (0-100, 100 highest ever)	Beliefs	Evidence for beliefs	Evidence against beliefs	Alternative Beliefs & Beliefs & rating of believability	Ratings of Feelings after exercise
Pilot instructor hadn't reviewed application	Discouragement (90%), sadness (80%), depression (85%)	"He knows what a loser I am", [believed 90% at beginning]	He didn't process my application. He's had enough time to process it. Other people have seen I'm a loser in the past.	[Empathy and support prior to questions below to generate contradictory evidence] What might your best friend point out in this situation that you have underemphasized? [& other standard questions] What Scriptures come to mind that suggest you are not a loser? What promises are there in the Bible that might encourage you here? Whom might your pastor/good Christian friend bring to your mind that doesn't see you as a loser yet knows you well? What persons in the Bible had to display patience and wait before they "obtained the promise"? Were these people losers?	The instructor is busy and focused on other things. He could only have an initial impression of me. Some people see me as competent and some don't. God knows me fully, loves me fully and has empowered me to do all things. I'm learning patience here. [65%]	Discouragement decreased to 30%, sadness to 25%, depression 5%

client process affectively painful memories through vividly recalling them and asking for the healing presence of Christ to resolve the pain. This prayer form was carefully used to help George process affectively laden memories that reinforced his perception that he was a loser (See Garzon & Burkett, 2002, for a description of a variety of approaches).

In inner healing prayer, the counselor's knowledge of Scripture is used as the backdrop or grid through which to interpret what occurs as the client's describes the experience of inviting Christ to come into the memory. Perceived occurrences out of line with Jesus' character are quickly addressed. Sides (2002) recommends that appropriate Biblical passages should be assigned following a successful implementation of this prayer form to ground the experience in the Word of God and continue the healing process. Overt incorporation of the Word of God following the prayer helps maintain a balance between affective experience and continuing growth from that experience through its interpretation via the Bible. This was done in the case of George. While some question the legal and ethical ability to use some forms of inner healing prayer in psychotherapy (e.g., Entwistle, 2004), others believe they can be used in a clinically sensitive manner as a part of treatment (Tan, 1996a; Garzon, in press).

The historical Christian contemplative prayer tradition also contains affective experiential strategies that utilize Scripture to seek spiritual resolution of core emotional conflicts. The client's awareness of the pertinence of Scripture to his or her condition is deepened through the experiential impact of God's Living Word and through discussion of the experience with the therapist. More than being just projective or assessment measures, these interventions seek to facilitate the treatment of core issues. The ultimate goal is attaining more Christlikeness, with increased emotional well-being often flowing out of this improved relationship. As can be seen from this description, the intersection between Christian counseling and spiritual direction becomes apparent. Current explorations of the commonalities, differences, and the ethical application of spiritual direction-like techniques are occurring in the literature (Benner, 2002, 1998; Tan, 2003, 1996a, 1996b). The writings of Madame Guyon (1975) and Saint Ignatius of Loyola provide creative starting points for the application of these rich historical resources. One example from this tradition will be given.

St. Ignatius of Loyola, founder of the Jesuit order of Catholic priests in the 16th century, developed the contemplative practice of "Living Scriptures" as a component of his spiritual development practices (Endean, 1990; Lonsdale, 1990). In the therapy context, the strategy sometimes may be described as follows. The client and therapist together read through a carefully selected Biblical passage (a story from one of the Gospels, for example, or a parable). The client is then asked to take the part of one of the characters in the story, and with "the sanctified imagination" (Foster, 1998, pp. 25-26) relive the Gospel story with as much sensory experience as possible. The client is encouraged to "imagine seeing, hearing, smelling, and physically feeling or touching all that is going on in the Scriptural scene" (Cook, 2004, p. 177).

Prayer is recommended at the beginning of the exercise asking for the Lord's covering and protection over the entire process. In the psychotherapy context, the therapist sometimes facilitates Living Scriptures through verbal descriptions of scenes in the story. At the end of this "experiential Gospel episode," the client is asked to talk with the Lord (silently or out loud) about what transpired and anything discovered in the process. The therapist then explores with the client the experience of the intervention, connecting what happened with the client's treatment as appropriate.

In working with George, I selected Luke 13:10-17, the story of the woman in the synagogue who was "bent double and could not straighten up at all" (Luke 13:11b, NASB). The purpose was to help address his core schema, "I'm a loser." Given George's gender, we changed the main character of the Gospel story to be a man with this condition. George closed his eyes and I then used the following dialogue, proceeding slowly and monitoring his nonverbals, to facilitate George's experience.

"It's a hot desert day … the Sabbath. You are led from the sandy street into the synagogue but immediately pushed towards the back. You are unclean with this heavy burden you carry, which slumps you over, so you cannot come towards the front …

"You wait for the teaching to begin. The smell of sweat fills the air, and your eyes can only see the dirt floor, sand, and people's feet … It's the same as always, your view for the last eighteen years of your stooped-over-existence … You are a loser in the people's eyes, condemned to an existence of staring at the desert ground …

"You hear a man start to teach. He's different than the other rabbis you've heard. His words are like no other … He pauses in his sermon … 'Why?' You wonder …

"People are whispering. He speaks, 'You, come up here.' He's noticed you … He tells them to bring you forward. A mass of feet now crowd around you. You struggle to walk his way, trying to avoid the converging mass of legs, dirt, and sand that stand in your way …

"Finally, there is only one pair of sandy feet before you …

"'Son, you are freed from your sickness.' The weight of 'I'm a loser' falls off your back … He stoops down and places His hands on you, helping you straighten up. For the first time in many years, you are standing straight up, seeing someone face-to-face, your healer, Jesus.

"Others try to object to what has occurred, but He is stern. 'And this man, this son of Abraham, whom Satan has bound for eighteen long years, should he not have been released from this bondage on the Sabbath day?' … He defends you. The entire crowd rejoices at this great miracle. You are healed …"

Tears streaming down his face, George is clearly moved by this experience. I invite him to have an intimate conversation with Jesus about what had occurred, quietly in silence or out loud as he preferred. He whispers thanks and praise. He pours out his heart and worships the King. After waiting for this holy encounter to cease, I process with George this exercise. He notes that he feels like the charge, "I'm a loser," had symbolically fallen off his back.

It should be noted that some Christians have great concerns about using imagery in their experience of the Scripture. Foster (1998) notes

> Jesus himself taught in this manner, making constant appeal to the imagination … There is good reason for concern [about using the imagination though], for the imagination, like all our faculties, has participated in the Fall. But just as we can believe that God can take our reason (fallen as it is) and sanctify it and use it for his good purposes, so we believe he can sanctify the imagination and use it for his good purposes. (pp. 25-26)

One might also point out the rich usages of imagery seen in the psalms (Psalm 23, for example) and highlight our regular usage of imagery in our daily functioning. While some people don't have the capacity to imagine visual images, for most the skill is readily apparent. When one thinks of a red car, for example, a mental image often accompanies the words "red car." In another example, the command "don't think of a pink elephant" leads automatically to an image of a pink elephant. Foster's comment, the biblical application of imagery in many passages, and our daily experiences with imagery suggest an alternative position to the "never use imagery" view, one emphasizing the importance of submitting this ability into the hands of God for His guidance and control. As always, the client ultimately chooses which view he or she will ultimately adopt.

Conclusions

"Spirituality" has become a popular topic in both secular and Christian environments. With appropriately religious Christian clients who desire the integration of spiritual resources into their treatment, therapists are sometimes challenged to find meaningful ways to incorporate the Word of God effectively into clinical care. George's case highlights just a few of the myriad ways Scripture can be used as an intervention. Perhaps the sample techniques described in his care have served as a catalyst to stimulate deeper reflection about how the Bible can be applied in typical therapeutic modalities. When appropriate ethical and religio-cultural assessment guidelines are followed, the Word of God demonstrates itself a living, powerful resource to be humbly handled by clinicians in their work.

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AUTHOR

GARZON, FERNANDO L.: *Address*: Center for Counseling and Family Studies, Liberty University, 1971 University Blvd, Lynchburg, VA 24502. *Title*: Associate Professor. *Degrees*: PsyD, Fuller Theological Seminary. *Specializations*: Religious psychotherapy; forgiveness; and multicultural counseling.