

Dublin Business School

Name: Tomás West

Title: The evangelical therapist, God and their clients

Thesis submitted in partial fulfilment of the requirements of the BA Counselling and Psychotherapy

Supervisor: Siobáin O Donnell.

Date: 23rd April 2014

Table of Contents

ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	v
CHAPTER 1: INTRODUCTION	1
Irish Evangelicals	1
The research question	1
A Definition of Christian Counselling	2
Spiritual importance in psychotherapy.....	3
CHAPTER 2: LITERATURE REVIEW	5
Review Introduction.....	5
Historical perspective: Evangelicals and psychotherapy	5
Different positions in Christian Counselling.....	7
Levels-of-Analysis (Levels-of-Explanation).....	8
Integrationist.....	10
Christian Psychology	12
Biblical Counselling	14
Evangelical Distinctions.....	16
Prayer	16
The doctrine of Sin (and Original sin) and therapy.	18
The Evangelical Psychological Landscape.	20
Review Summary	22
CHAPTER 3: METHODOLOGY	23
Research design	23
Triple hermeneutic.....	24
Sample.....	25
Data Collection Method.....	26
Recruitment	26
Procedure.....	26
Ethical Considerations.....	27
CHAPTER 4: FINDINGS.....	28

Introduction	28
Theme 1: Influences.....	28
Sub theme 1 (a): Professional entry.....	28
Sub theme 1 (b): Theoretical orientation	30
Sub theme 1 (c): Evangelical therapeutic position	31
Theme 2: Working Practise.....	33
Theme 3: Particular evangelical doctrines and therapy	36
Sub theme 3 (a): Prayer	36
Sub theme 3 (b): Sin and original sin	37
CHAPTER 5: DISCUSSION.....	39
Introduction.....	39
Influences.....	39
Entering the profession.....	39
Theoretical orientation	40
Evangelical Therapeutic Position	41
Working Practise.....	43
Particular evangelical doctrines and therapy.....	44
Prayer	44
Sin and Original Sin	46
CHAPTER 6: CONCLUSION.....	48
Introduction	48
Strengths and Limitations	48
Recommendations	48
Further Research.....	49
Overall Conclusions.....	49
REFERENCES	50
<i>APPENDIX A: INFORMATION FORM.....</i>	<i>55</i>
<i>APPENDIX B: SEMI-STRUCTURED INTERVIEW.....</i>	<i>56</i>
<i>APPENDIX C: BRIEF BIOGRAPHY OF PARTICIPANTS</i>	<i>58</i>
P1	58
P2	58
P3	58
Researcher	58

ACKNOWLEDGEMENTS

I would like to thank the participants who gave their time and without whose input and careful consideration this research would have been impossible.

I would also like to thank Siobáin O Donnell, my supervisor, whose good advice, honesty and support kept me encouraged, grounded and on schedule.

Much gratitude is due to Angela whose patience and understanding went beyond the call of duty and meant all the difference in completing this project.

Finally in memory of Robert Dunlop pastor for many years at Brannockstown Baptist Church, Co Kildare. Robert had the courage to accept everyone regardless of where they were coming from.

*Warts and all exactly as I am
Not left stranded unsure of where I stand
But well accepted no strings attached.
Taken into your eternal friendship.*

Robert Dunlop, 1998

ABSTRACT

The objective of this research was to gain an understanding of the experience of evangelical Christians who practise counselling and psychotherapy. The study is an Interpretative Phenomenological Analysis (IPA) of their experience to determine how they view their practise from the perspective of their faith.

The study addressed the question, *“How do evangelical psychotherapists understand and experience their therapeutic practise in the context of their Christian faith?”*

Three therapists were interviewed and all were members of counselling professional bodies and evangelical churches. The study paid attention to their experiences both as therapists and evangelicals.

The study findings were principally in line with existing literature and studies. In general all three participants conformed to the Christian Counselling Integrationist model of therapeutic practise, integrating typical psychotherapeutic theories with an Evangelical Christian faith.

The results demonstrated many similarities between their practises with some differences in emphasis. All participants practised therapy that would be recognised by secular or non evangelical practitioners. They tended to perform from an integrative perspective with all three participants integrating, Person-centred, Psychodynamic and Cognitive Behaviour Therapy into their practise. In general their evangelical faith informed their own processes but, with some exceptions, were not specifically included in therapy and then only when explicitly requested by and agreed with the client. All participants worked with clients of different faiths (or none). There was some evidence of differing views and misunderstandings on psychotherapy both from within the evangelical community and the therapeutic profession.

CHAPTER 1: INTRODUCTION

Irish Evangelicals

The evangelical church community includes churches from a variety of Christian traditions. It includes groupings such as Baptist, Assemblies of God and other Pentecostal/ Charismatic churches, and independent fellowships

This study is an Interpretative Phenomenological Analysis (IPA) based on the experience of three subjects. The objective of this study is to gain an understanding of a psychotherapist's experience of working in full time practise while holding personal evangelical Christian beliefs.¹

The research question

This IPA study addressed the following question,

How do evangelical psychotherapists understand and experience their therapeutic practise in the context of their Christian faith?

There is evidence that many evangelicals (particularly in the US) are opposed to psychology and psychotherapy due to their belief that psychological problems experienced by people can be answered only in the context of a Christian faith that is based explicitly on the bible (Cecil and Stoltzfus, 2014; Johnson, 2012). Within this framework, their view is that, the bible and faith in God should provide all the answers for humankind and the largely secular and evolutionary approach of psychotherapy may be perceived as diametrically opposed to Christianity.

¹ This study sought to understand the psychotherapist's experience of working practise from within the framework of an evangelical belief system. The study gained an understanding on how this influences their application of theory and practise while working with clients (whether evangelical or non-evangelical) in every day applications. Core Christian concepts such as original sin, forgiveness and salvation may impact the therapist in the way they work and understand the process of therapy. The faith of the therapist (and/or client) may impact the therapeutic alliance and the course of their client work in ways that are different from a more secular therapeutic approach..

There is no research on evangelical therapist's views based in an Irish setting; the views of therapists working from such a faith perspective are of considerable interest. The study will examine their relationship to the different theoretical approaches and the tensions that may exist between theories and evangelical doctrines.

There is also the question of how evangelical therapists relate to other professionals working in the field. Brian Thorne points out that *"I have frequently been struck by the incredulity expressed by some professional colleagues when they learn of my Christian commitment."* (Thorne 2012 p.61).²

Empathy, congruence and unconditional positive regard are core humanistic therapeutic attributes but they also have a spiritual dimension. Rogers himself came from an evangelical Christian background (Thorne, 2012). Many humanistic therapists see people as physical, emotional, mental and *spiritual* beings (West, 2000). The dynamics that operate when an evangelical faith is made explicit as part of the therapeutic work, where the dyad may actually be a triad with both therapist and client's relationship with God as an authentic part of the process³ is of interest in this research.

There is very little research completed on the actual experience of evangelical psychotherapists, particularly outside of the US, and how they are working in the field. This research will give a voice to their experience.

A Definition of Christian Counselling

The Irish Association of Christian Counsellors (IACC) provides the following definitions, both for counselling and Christian counselling.

² This counter-transference has implications for the evangelical psychotherapist in the form of a lack of understanding and support from within the psychotherapist community itself. This may foster a feeling of separation and isolation for evangelical therapists.

³ James Fowler calls this the *"- implicit dimension of faith that informs the construction of the self and influences the clinical practise of psychology."* (Fowler, 2013).

“Counselling can be defined as ‘that activity which seeks to help people towards constructive change and growth in any or every aspect of their lives. The aim is to achieve this through a caring relationship and with agreed boundaries.’”

Christian counselling is defined with the following addition: “*..with agreed boundaries, according to Biblical assumptions, aims and methods practised within a framework of Christian commitment, insight and values.*”(IACC 2013). This addendum to the description of counselling makes the resulting faith aspect of the therapeutic relationship explicit at the outset of the contract.⁴

Professional qualifications and Christian commitment are both requirements made of the psychotherapist working as accredited members of the IACC.⁵

Spiritual importance in psychotherapy

Psychologists have overlooked the importance of spirituality in the lives of people for which it is of paramount importance (Shafranske, 1996). Clients who are struggling with life events that threaten their own spirituality and faith may view that struggle as centrally important to their therapy (Pargament et al 2013). This study provides an insight into such work from practitioners working in that field.

There are aspects of religious life that are relatively common experiences to many people such as, conversion, prayer sin and forgiveness. This study aimed to understand how the evangelical therapist works with these issues in therapeutic practise. Their views and

⁴ Some faith related requirements for accreditation with the IACC are, “*....a reference from the applicant’s minister or church leader who knows the applicant well and can attest to their continuing growth in Christian maturity. And a signed statement of faith and Code of Ethics and Practise.*” (IACC 2013).

⁵ *The debate about the place of spirituality in therapeutic practise dates back at least as far as Freud and Jung. (West 2004. P.17). Some others identify different philosophies as being essentially early forms of psychology, such as the views of Aristotle, Plato, the Stoics and Epicureans. From this perspective then Christianity can be viewed as a world view and by inference a form of psychology (Robert and Watson, 2010)*

experience of dealing with the spiritual will be of interest to a wider community of therapists who may never work with these issues in client practise themselves.⁶

There are different, and often, opposing views on the place of religion in the therapeutic practise. These range from the view that all religious belief is a form of pathology Ellis (1980), to the view that all psychotherapy is godless and opposed to the Christian faith (Williams 2009). Evangelical psychotherapists practise between these boundaries and how they make sense of this experience is informative.

⁶ When evangelicals meet to engage on any project it would be likely that they would pray together. To hear the views and experience of an evangelical therapist working with such an issue within the boundaries of a therapeutic practise may be of significant interest. Evangelical therapists may work in such a way with their clients that would appear to be unorthodox to non-evangelical therapists that could challenge and inform an alternative approach to psychotherapeutic practise.

CHAPTER 2: LITERATURE REVIEW

Review Introduction

It is quite difficult to define the term and meaning of spirituality (Egan, and Swedersky, 2003; West, 2000) but it does not equate to a doctrinal or religious faith.

The terms Evangelical, Evangelical protestant, Christian Fundamentalist, Born Again Christians, conservative protestant are all used throughout the literature and generally equate to the same thing. Evangelicals subscribe to many different confessions and doctrinal statements but generally cooperate with each other under a broad statement such as that used by the Evangelical Alliance Ireland (EAI), “*the dual commitment to the final and exclusive authority of the Bible and to the saving power of the gospel as achieved in the atoning death of Jesus Christ on the cross*” (Evangelical Alliance Ireland EAI, 2006).⁷

Historical perspective: Evangelicals and psychotherapy

Historically it was the place of the church and its priests and ministers to take care of the spiritual needs of their members. The growth of Psychoanalysis meant that to a certain extent the care of the psyche-soul was to an extent placed in the hands of a secular professional that owed more loyalty to science than it did to Christianity. Many of these professional analysts and psychologists were, or were perceived to be, anti-Christian. Freud along with Darwin and

⁷ Evangelical communities (practise and behaviours) may vary considerably from country to country. Much of the literature relates to evangelicalism in a US context rather than in a European (where it is a minority faith) context.

others were seen as enemies of biblical Christianity. The evangelical antipathy towards psychology and other sciences dates from this time.⁸

An evangelical who is experiencing psychological issues is often likely to conclude that it is because their relationship with God is at fault rather than viewing it as a purely emotional or psychological problem (Hyder, 1971; King, 1978).⁹

The attitude of evangelicals towards psychology has undergone a change since the 1960's. The Christian Association for Psychological Studies (CAPS), an (United States) evangelical organisation came into being in 1956 and publishes the Journal of Psychology and Christianity (Eck, Hill and Stevenson 2007). Pastoral and seminary students began to be evaluated psychologically for suitability and evangelical colleges began to introduce psychological courses for students.

This does not mean that all evangelicals embraced the psychological sciences as is evidenced by the debate on the different positions in Christian counselling. It did mean that evangelical mainstream entered the debate in a more meaningful way (Esau 1998; Swinton 2001).

If secular psychotherapy can be accused of not placing enough emphasis on the religious views of their clients (Adams, 2010; Powlinson, 2010; Thorne, 2012; West, 2000; West, 2004), then there is the danger that evangelical counsellors are not sufficiently able to separate their own religious views and prejudice when engaged in therapy (Cecil and Stoltzfus, 2014). Though Stegman, Kelly and Harwood (2003), point out that there is simply not enough research completed to answer this question.

⁸ The antipathy was not all one sided, Freud's belief that religion was a neurotic defence mechanism has also influenced subsequent generation of psychologists. While there was an acceptance of science including psychology among liberal Protestants the evangelical wing remained conservative, rejecting that psychology had any part in the pastoral care of its members (Esau,1998). Although there is a recent concern among the profession to re-evaluate the benefit of addressing the spiritual in psychotherapy, it still has some way to go. (Swinton, 2001; West, 2001; West, 2004).

⁹ This blurring of the lines between pastoral and psychological care is consistent throughout the literature. It is often difficult to determine if a psychological or theological argument is being made. Evangelicals may view the emotionally disturbed as having sinned in some way rather than viewing it purely as a psychological issue (Esau,1998).

Pastors and religious leaders of churches are being trained professionally as psychotherapists and utilising such skills in their ministries (Frederick, 2009; Ramsey, 2004)¹⁰. Other Christian theorists have attempted to evaluate the main theories of psychotherapeutic theories to see which is best suited for Christian counselling (Frederick, 2009; Kiely, 1990).

Evangelicals differ on many theological matters that range largely from liberal protestant to deeply conservative denominations. The views that evangelicals hold on psychology also conform to this paradigm, with the more conservative most likely to question the value of psychological theories (Johnson, 2010).

Different positions in Christian Counselling

There are quite different views on psychology. In an attempt to categorise attitudes, four main streams or positions on the relationship between psychology and evangelical counselling have been developed (Browning and Cooper 2004).

Each of the following authors, are evangelical Christians who also practise therapy or are engaged in psychology (Browning and Cooper, 2004; Johnson and Jones, 2000). Their views and their leading representatives are identified in this review as a “Levels-of-analysis” view represented by David Myers. An “Integrationist” perspective¹¹ represented by Gary Collins. The “Christian Psychology” position represented by Roberts and Watson and a Biblical Counselling view represented by David Powlinson.

Though it may be somewhat simplistic it may also be helpful to understand that the four different views represent a greater scientific psychological emphasis for the Levels of

¹⁰ Differences exist amongst the evangelical community on the extent and relevance of the bible to psychotherapy theories and practise. Throughout the literature the tension between theology and science is obvious. Since the 1960's evangelicals have placed more emphasis on the practise of counselling. The more conservative theologically orientated the therapist then the more they are likely to question what they view as the secular bias and unchristian attitude of psychological theories (Cecil and Stoltzfus, 2014; Johnson, 2010).

¹¹ The term integrationist in the context of Christian psychotherapeutic practise is not to be confused with an integrative psychotherapist that practises psychotherapy that might combine a number of different theoretical orientations into a combined approach. Integrationist in the Christian context refers to the integration of different theoretical orientations *with* a Christian belief and philosophy.

Analysis view to a more exclusive emphasis on the theological for the Biblical Counselling approach. The other two approaches are evenly dispersed about the mean¹².

Levels-of-Analysis (Levels-of-Explanation)

The Levels of explanation view does not see a reason for conflict between theology and psychology because they function on different levels of analysis. A theologian and a psychologist will have different perspectives on a single phenomenon, both are equally valid, complimentary and each can contribute value. Psychology is seen as an important perspective from which to understand ourselves but it is not the only one. We apply this same rule to the scientific observation of any complex system. For Myers, and others, the awe that science inspires in him is related to his religious faith in God.

For the Christian, self-righteous pride was the original sin separating man from God but it can also damage human relationships, parental and marital. This, negative perspective on, pride does not rule out self-esteem which also has a religious parallel. The positive affirmation for individuals, which comes from God via divine grace, relates to the “unconditional positive regard” that is a psychological/psychotherapeutic humanistic concept (Myers & Jeeves, 2002; Myers, 2000; Myers & Scanzoni, 2006).

Psychology as a science and a practise can lead to a better understanding of ourselves, others and society. When used wisely it can lead to human betterment in the same way that faith in God can lead to personal responsibility, accountability and a desire for growth in the future (Myers, 2000).

¹² Evangelicals and therapists do not sign up to a particular one of the four therapy positions as outlined and it is common to find attitudes that belong to one or more views held by individuals. The four streams are used as a form of classification to describe the general principles of how different evangelical therapists operate in practise.

Psychological studies point to the fact that religious faith correlates to better rates of health and wellbeing.¹³ There is a positive correlation between faith and coping with crisis and a positive correlation between religiosity and happiness (Pargament, 2011). However, Shafranske, and Sperry (2013), are careful to point out that while this is true and advantageous for a person when their religion is integrated, internalised and based on a secure relationship with God it is not true for a religiosity that is seen as obligatory or not worked through.

This is perhaps an element of where the Levels of Analysis view comes in for some criticism, particularly from authors who hold the more theologically orientated Biblical Counselling perspective. Whenever the Levels of Analysis approach conflicts with established psychology it seems to accept the established psychological theory rather than the biblical viewpoint. Therefore Christianity takes second place to scripture which is not acceptable in some evangelical counselling communities (Adams 2010; Browning, and Cooper 2004; Lambert 2012).

¹³ A Levels-of-Analysis view can also challenge faith. A number of studies have shown that there is no evidence that intercessory prayer has a positive effect on outcome (Myers 2000). Here science helps inform theology, perhaps the church needs to rethink its view on such forms of prayer. Similarly scientific research into sexual orientation leaves Myers convinced that sexual orientation cannot be reversed and is in agreement with the APA that it cannot be changed. Thus science informs the church that it must re-evaluate its views on homosexuality. (Myers & Jeeves, 2002; Myers, 2000; Myers & Scanzoni, 2006).

Integrationist

The integration of evangelical faith and psychology can be implemented in clinical practise in an explicit (overt) or implicit (covert) way. This may depend on the clinical situation, the client or therapist but requires a prayerful approach (Tan 2010). Integrationists see scripture as being authoritative and that the theology must be carefully understood and then applied to the context of Christian therapy. The bible is comprehensive, if not exhaustive (Tan 2011). This view does not reject accepted psychology at all but seeks to interpret it in the context of biblical Christianity. Secular psychology fails to place enough importance on the reality of God and the impact this reality has on the psyche and the therapeutic relationship (Shafranske, 2013).

Jones (2010), states that the fully secular view of psychology, where religion and psychology do not overlap, such as the Levels of Analysis view is not generally accepted by evangelicals. The Christian isolationist view, where psychology is not required due to the sufficiency of scripture such as biblical counselling is also unlikely to meet requirements for psychotherapy for Christians in a meaningful way.

Integrationists reject the purely scientific view that might eschew miracles but rejects the biblical counselling view because the bible cannot be “*an all-sufficient guide for the discipline of counselling*”. The bible cannot, nor does it, claim to reveal everything which humans might want to know (Jones 2010; Jones & Butman 1991).¹⁴

Integrationists believe therapy is not grounded in religious authority and makes distinction between the activities of a minister or pastor who may be qualified in psychotherapy and a

¹⁴ The integrationist view is directly influenced by the Christian faith but committed to good scientific practise. Knowledge in both fields is crucial and any tensions or conflicts between the two can be understood to be coming from careless biblical or theological interpretation equally as from an unscientific theoretical frame (Jones, 2010).

therapist working with clients. Their roles are different.¹⁵ This is an important distinction and is not accepted by those of the biblical counselling orientation.

Under an integrationist perspective therapists are to be expected to behave within ethical constraints and help their clients live their lives as they perceive and understand, regardless of their own beliefs and theology (Pargament 2007).

The integrationist view respects and works within the psychological and scientific framework but insists that the spiritual Christian beliefs of the client are also fundamental if the client is going to be met at the point of their needs (Jones 2010; Jones & Butman 1991; Pargament 2007; Tan, 2010).

A Christian integrationist therapist is likely to demonstrate the same theoretical orientation as a secular therapist but with an emphasis on a biblical and spiritual element in therapy. They criticise the over emphasis on the optimistic essential goodness of humans as they seek self-actualisation within the person-centred or Rogerian orientation. The biblical integrationist view balances this with the biblical perspective that humans are also capable of sin and evil and do not always seek growth (Tan, 2010).

From reviewing available literature and research, Pargament (2007) is of the view that the integration of healthy forms of religiousness into therapy is of benefit to the therapeutic process. He also stresses, however, that spirituality cannot be the focus of the therapy but is a factor in the background. It is also important to recognise that religious views (irrational religious views) can be counterproductive and the therapist must be capable of spiritual discernment (Pargament, 2007).

¹⁵ *“Unlike the pastoral counsellor, the therapist cannot claim to offer absolute truth or to deliver the rituals and sacraments of a religious tradition.”* (Pargament, 2007).

Integrationists rely on the spiritual understanding on the part of the therapist to make such an assessment. They propose that this be completed in cooperation with the client on a case by case basis.

It is important to consider that while religion is “*god centred, spirituality is subject and experience centred*”. Spirituality is relationship orientated¹⁶ and if it is experienced as such by the client then it is in this perspective that it belongs in the therapeutic space (Pargament, 2007).

A criticism of integrationists is that they may be attempting to integrate two substantially different concepts that cannot effectively be married and is more dualistic than integrative in its approach. It has as its foundation a secular psychological structure (Roberts and Watson, 2010).

Christian Psychology

The Christian psychology view is based on the understanding that secular psychotherapy is a particular world view that is not shared by those of an evangelical faith¹⁷ (Browning and Cooper, 2004).

This view does not explicitly utilise any established therapeutic orientations but takes scripture as its starting point. Whereas the Integrationist view is likely to start with a psychotherapeutic theoretical basis the Christian Psychologist view will begin with a biblical

¹⁶ Evangelicals often describe their faith as “knowing Christ” or being in a relationship with God. Prayer is seen as a form of two way communication between the two and therefore a valid relationship (English et al, 1982).

¹⁷ The Christian Psychology approach is to begin with the view that, “*Secular psychology is so infused with ideology that we must develop a full “Christian psychology” before we begin any sort of discussion*” (Jones 2010).

concept and develop a psychological process¹⁸ or theory from that standpoint. It does however follow standard psychological training and practises.

Within the Christian way of life lies the psychology that is of value to the Christian psyche. Forgiveness, purity of heart poverty of spirit, penitence, humility and self-unawareness are all values that are good psychology that leads the client to be blessed. Psychopathology is seen in terms of opposites to the blessed way of life such as those desiring of revenge, lust, hatred, adultery, greed and judgemental-ism.

This is clearly at odds with contemporary psychotherapies of today and this is recognised by the Christian Psychology view (Robert and Watson 2010). Pursuing empirical research to establish the Christian psychologies it is also clear that there are differences between the stated aims of this view point and contemporary psychology.

Christian Psychology does not aim to be “objective” or neutral in its purpose. Once it is possible to discern what the correct biblical state that mankind ought to live within then research should set out to prove its efficacy.

Roberts and Watson (2010) point out the differences that secular psychology and Christian psychology maintain when evaluating the doctrine of sin. Secular psychology might stress that sin can bring about a psychopathological form of guilt in the client while the Christian message counters this with the view that the power of sin is neutralised by Gods grace that results in a healthy Christian psyche.

The extraction of a singular Christian psychology from the pages of scripture is problematic.

A criticism of this view point is that there are many Christian psychologies that can be argued and all from a valid biblical viewpoint. Which Christian psychology is then to be tested

¹⁸ This is best illustrated with an example. A trained psychologist develops a therapeutic model based on a Christian concept of forgiveness. Using standard research and scientific process the programme is developed and used in practise. However the starting point is the Christian principle of forgiveness (Worthington, 2010).

empirically and then used as the basis for Christian psychological growth (Jones, 2010)? The viewpoint is also based more firmly on a theological argument rather than a psychological one.

Biblical Counselling

Is a relatively straightforward view in that it maintains that psychology, psychotherapy and counselling practises are the preserve of the church alone. It calls upon the church to reclaim its responsibility to provide biblically based counselling to its community. The Christian Counselling and Educational Foundation (CEFF) was established in the US in 1986 to develop a biblical model of counselling (Williams 2009). It sees the church as basically in competition with secular counselling, with psychotherapists¹⁹ usurping the role that should be provided by pastoral leaders trained in biblical counselling within the church. (Adams, 2010).

There are two main points in this movement, the first is that the scriptures are sufficient and contain all that is required for spiritual and mental health. The second is that counselling is a ministry and essentially a theological task. Therefore, secular psychotherapy cannot help Christians with mental health issues because they essentially fail to take heed of Christ and the scriptures. The theoretical basis for psychology is scientific and man centred.²⁰

Essentially anti psychology, Powlinson's view is that the psychologies wield such power because they are embedded in society, social roles and locations and not because they have any intrinsic superiority over religious theory and practise (Powlinson, 2012). In the way that mental health institutions and the professions are based on faulty theories they are in conflict with the church (Powlinson, 2012).

¹⁹ Proponents of Biblical Counselling take a bleak view of the founders of psychotherapy. Theorists such as Freud, Ellis, Maslow, Perles and Rogers are presented as being essentially opposed to Christianity. Much of their opposition is also levelled at those evangelicals who propose an integrationist model that seeks to combine the psychological theories of these theorists with biblical truth. (Adams, 2010; Lambert, 2012; Williams, 2009).

²⁰ Where evangelical Christians have integrated secular psychological theories into their practise they will fail to formulate their theology faithfully (Lambert, 2012).

The biblical counselling view seems to present an excluding view of psychology for Christian believers. It presents the scriptures as all that is needed for psychotherapy with clients.²¹

Jones and Butman (1991) question this premise and point out, that while the bible is inspired and provides the ultimate answers for mankind it does not itself make the claim that it is sufficient for all aspects of counselling.

Jones (2010) also points out that within Christian theology there are many different interpretations of scriptures even on fundamental issues such as what it means to be made in the image of God and what is the nature of man and soul. Given these debates, uncertainties and different doctrinal views within the evangelical church, Jones asks, how then can it be possible to rely solely on scripture for all psychotherapy?²²

²¹ This view also raises the question for a Christian counsellor engaged in therapy with an unbeliever, should they not seek the client's conversion to evangelical Christianity as a priority? If faith, bible and salvation contain all that is needed by man for good mental health (from a Biblical Counselling perspective) then the logical answer is likely to be yes.

²² Some of the opposition to the Biblical Counselling claim that psychology is not required in bible based counselling actually comes from within evangelical circles and not just on scientific grounds. Braun and de Oliveira 2009 reject the Biblical Counselling view based on the fact that it "*reflects poor exegesis, theology, and logic*".

Evangelical Distinctions

There are many areas where evangelical faith differs from others and has its own particular distinctions. In each of these distinctions there will be many different, often opposing views within the evangelical community itself.²³ It is valid to draw upon some features characteristic to evangelical faith and review the literature related to them from a psychological perspective.

During the Methodist revival of the 18th century two distinctive characteristics were noted and are present in all evangelical revivals. This was an emphasis on prayer and repentance for sin (English et al, 1982).

There is value in exploring the effect of prayer and sin in psychotherapy. Neither doctrine is peculiar to evangelicals. Both may impact therapy directly. Prayer and the communication between the believer and God is what motivate the Christian to action (Wallis, 1981). Explicit prayer within the therapy room opens the client-therapist dyad to the possibility of the divine in the dyad.

Sin, particularly original sin and the psyche's understanding of self in relationship to sin will have an important influence on both therapist and client (Thorne, 2012).

Prayer

Prayer may be an area where differences between “secular” therapy and therapy as experienced by evangelical forms of counselling is most apparent. The place of prayer plays a significant part in the life of evangelical Christians and will be relevant to both client and

²³ This can be evidenced by the earliest attempts of evangelicals to define their beliefs and doctrines in statements such as “The Twenty Nine Articles” of the Anglican Church in 1634 (Church of Ireland), the “Westminster Confession of Faith” of the Presbyterian Church 1647 and many other such documents that contain clear doctrinal differences.

therapist in counselling. Rose (2002), outlines a number of ways that prayer may be an integral part of therapy. It may be as a point of discussion on the practise and the value of prayer in the client's life, but it may also relate to both their prayers during the time between sessions. It may also be that the therapeutic session can be opened with prayer from either or both client or therapist. Many counsellors use (silent) prayer for assistance during difficult sessions and as a supportive resource outside of sessions where they can leave their anxiety about clients in the hands of God (Rose, 2002).

Meyers (2000) points out that many Christians have a flawed view on prayer approaching that of illusory thinking. God is not a genie to answer all petitionary prayer; rather he is a God who is present with those who suffer.²⁴

This implies that the client has some responsibility for their own mental health. This view is also supported by Anderson, Zuehlke, and Zuehlke (2009), who insist that it is the one who is suffering who should be praying. For them the responsibility lies with the client and God reveals himself to the client.

However, Anderson et al (2009) lists prayers that may be used by the therapist or client in their practise for particular circumstances, occultism, suicide, eating disorders, homosexuality and many others are included. Prayers of this type are prescriptive, perhaps directive and clearly occupy a particular religious stand point.

Prayer by the therapist as part of the counselling process can also be counterproductive. It can create the impression that the therapist has better access to God than does the client and reinforce a power imbalance. The therapist may believe in the value and place of prayer and

²⁴ Alistair Ross, a Baptist minister and practising psychotherapist in the United Kingdom warns against viewing prayer as a “*quick fix*” during therapy rather than allowing the client to face the uncomfortable feelings being experienced. These uncomfortable feelings may be the actual process that facilitates movement for the client in therapy and simply awaiting God to answer the client's prayers allows avoidance of the work (Ross, 2003).

still refrain from praying with their client because they are concerned for the “*psychological effect of such prayer*” will have on the client (Rose, 2002).

Much of the literature agrees that prayer by the therapist as part of their own private practise is a significant benefit. Any concerns about prayer should not devalue the place of prayer in therapy (Ross, 2003).²⁵

This duality is a common theme in the literature; prayer is seen as important personally for the therapist in self-care, and in, privately, seeking support for their work with clients from God. Awareness of the counterproductive effect it may have on clients when it is made explicit in therapy is a consideration observed by many (Pargament, 2011; Rose, 2002; Ross, 2003; Scott, 2011).

The doctrine of Sin (and Original sin) and therapy.

The psychotherapeutic response to sin illustrates an issue that is obvious from reviewing the literature. Sin is a doctrinal theological issue and a psychological issue. It is also clear that there is no evangelical agreement on sin, and original sin and its relationship to man. Brian Thorne, an Anglican Christian is of the opinion that Carl Rogers crisis of self acceptance was due to the doctrine of original sin and states that it was indicative of the “*insidious and damaging power of the doctrine of original sin*” (Thorne. 2003). He is not alone in this view, taking the Adamic story literally, means that mankind is subject to and guilty of original sin . If this view is accepted it means that, “*we don’t simply enter a sinful world; we are sinful for simply showing up!*” (Browning and Cooper, 2004).

Browning and Cooper believe this undermines the freedom that gives meaning to man, talk of meaning in our lives is fruitless and has clear psychotherapeutic consequences if original sin

²⁵ Anne Scott found that the practitioners she interviewed reported that they prayed for their clients but did not necessarily make this activity known to them. They were also more circumspect about making prayer explicit or incorporated into therapy (Scott, 2011).

is to be assumed to operate in the lives of all humanity. A psychotherapeutic response to sin may stress that the guilt associated with sin can develop into a psychopathological guilt response (Roberts and Watson, 2010).

For some evangelicals this view of sin strikes at the heart of the Christian message. Without sin there can be no salvation. Ignoring sin leads to the elevation of self esteem at the cost of the gift of God's grace in redemption. Psychology has resulted in "*a thousand therapies against our saving sense of guilt*" (Rief, 2006).²⁶

This disagreement on the place and importance of sin and original sin goes to the heart of the conflict between evangelicalism and psychotherapy, particularly for those who propose the biblical counselling model. Evangelicals believe that the guilt of original sin can only be removed by forgiveness in Christ. When therapists work to deny the guilt associated with sin then they are not doing the client any favours (Adams, 2010; Powlinson, 2010; Williams, 2009; Williams, 2010). The guilt experienced by the sinner is there for a reason.

Powlinson (2010), states that the correct therapeutic approach is to encourage the client to, "*deal honestly with your sins and sufferings. When you learn truly about yourself, you gain sympathetic understanding for others*"

²⁶ Evangelicals also claim that liberal theology has an overly optimistic view of man and his potential (Browning and Cooper, 2004).

The Evangelical Psychological Landscape.

Some research of a quantitative nature sets the context in which evangelical therapists work, McLatchie and Draguns (1984), set out to determine the relationship that US based evangelical protestants had towards mental health services. The results showed that evangelicals were not more disinclined to seek psychological help than the general population but sought therapists that shared similar faith views as themselves. They also tended to view emotional problems as essentially spiritual problems that required spiritual answers. It was also clear from their research that there was a belief among evangelicals that many mental health professionals were opposed to their particular faith and were out to change them.

Cecil and Stoltzfus (2014) lend some support to this view but add that some evangelical therapist's may have difficulties when confronting unhealthy distortions of faith or when faith is being used by the client as a means of resistance to psychological work. Raab (2007), points out that religious themes pervade manic depression and may require a therapist who is well versed in the particular religious view of the client. The practitioner must ensure that they encourage religious views that enable positive coping while challenging irrational religious views.

However, religious clients who attended secular psychotherapy were interviewed in a study conducted by Mayers, Leavey, Vallianatou, and Barker (2007) and demonstrated anticipation that their religious views would be dismissed prior to attending therapy. Their experience after therapy tended to be more positive even if their faith issues were not addressed in therapy.

In his study examining attachment styles within the evangelical population Ross (2007), found that there was a higher than average (20% higher) number of secure attachment styles among the measure group. In a study of students to determine a measure of self-actualisation

among evangelicals Lindskoog and Kirk (1975) discovered that self-actualisation was more related to a socio-economic grouping rather than church or theological affiliation.

Interestingly they also found that students who were deemed to be more self-actualised were less loyal to their own denominations, favoured social change and felt more freedom to express their beliefs differently while still retaining an evangelical faith.

In a different research study student clients were polled to discover if religiously orientated clients anticipated a better working alliance in therapy practise if they were provided with a theistically informed consent prior to attending therapy. The results indicated a positive correlation that suggests the therapeutic alliance for evangelicals may be improved if the consent form addressed those concerns that are central to their lives (Shumway and Waldo, 2012).²⁷

Evangelical therapists tend to be trained either at secular or religiously affiliated psychology programmes. Psychologists as a group rarely if ever receive education in the psychology of religion (Shafranske, 2013). In a study to compare the two education systems for therapists Hale and Sorenson (2002) discovered that the students trained in the *secular* programmes tended to be more conservative ethically and morally than their religiously trained counterparts. They were also more likely to use explicitly religious techniques and applications in psychotherapy practise.

These studies all provide evidence that the evangelical population does have significant differences in their attitudes, behaviours and expectations of psychological counselling.

²⁷ The suspicion and mistrust that is demonstrated by evangelical clients prior to therapy is a consistent theme throughout the literature. It does indicate that therapists who are also evangelicals and are willing to incorporate their client's beliefs and religious concerns into the therapeutic alliance is appreciated by evangelical clients. Mayers et al, 2007 suggest that the reason why evangelicals are so distrustful of secular psychotherapy would be a useful further research question.

Review Summary

Evangelicals are a diverse population, from the literature it is impossible to define a clear uncontested theological framework accepted by all and this diversity is also reflected in the multiple approaches to psychotherapy and counselling.

There are clear indications that a general mistrust of psychotherapy among the general evangelical population exists to some extent.

There are also some differences between secular psychotherapists and evangelical psychotherapists. These tensions are also apparent within the evangelical psychological and therapeutic communities.

CHAPTER 3: METHODOLOGY

Research design

This study used Interpretative Phenomenological Analysis IPA, and aimed to address the overall question of how evangelical psychotherapists understand and experience their therapeutic practise in the context of their Christian faith. It is a qualitative study and the question is well suited to an IPA methodology for a number of reasons.

Phenomenology is the study of the lived experience (Smith et al, 2013); in this study it is concerned with what the experience of being an evangelical therapist is like. It has its roots in a philosophical approach to understanding rather than statistical, mathematical and qualitative. It is interested in the perceptions and psychological processes of the therapist within the margins of their world. In this case the phenomenological aspect of IPA is concerned directly with the evangelical therapist. At best it allows their voices to be heard so that they can record their experience and how they take and give meaning to that experience.

An IPA study is not solely concerned with the subject's experience. It is also an interpretation of the data collected. It is an interpretative analysis. Essentially the researcher is making an interpretation of the therapist's experience. There is value in this process as it requires an understanding and perception of what may be "going on" for the therapists, it may make interpretations that are not obvious to the evangelical subjects themselves. Drawing on common themes or ambiguities from the data analysis it provides another perspective on the phenomenological (Smith et al, 2013).

While valuable there is also a danger in this approach. Just as the subjects will record their experience from within the framework of their own perceptions so too will the researcher (Smith et al, 2013). This is important to consider from two standpoints,

1. The researcher conducts the interviews with the subjects. While the intention is to allow for them to record their experience, *unimpeded*, as far as is possible it is the researcher that sets out the format of the semi structured interview. It is the researcher who reacts and responds during the interview. Despite awareness and a desire to allow subjects to speak directly to the question it cannot help but contain some input from the researcher. Thus the researcher's frame of reference is directly implicated in the process from the outset.
2. The researcher also makes an interpretative analysis of the data collected. While every attempt is made to get as close as possible to the *truth* of the subject's experience it is humanly impossible to entirely bracket off the researchers previous life experience from the analysis. Thus the researcher's frame of reference may also colour the analysis.

Triple hermeneutic

Appropriately, given the subject of this study, hermeneutics was an attempt "*to provide surer foundations for the interpretation of biblical texts*" (Smith et al 2013 p.21). This study results in a triple hermeneutic. The evangelical therapists are interpreting their experience of their practise. The researcher is interpreting their recorded experience and any reader of this research is making an interpretation of the researcher's analysis.

The conclusion of the last paragraph outlined two points of possible weakness in an IPA. In order to "bracket off" the researcher's bias in as far as is possible two measures have been taken.

1. This research is concerned with the experience of three subjects, however, a pilot interview was conducted initially with a fourth subject. The primary purpose of this pilot was to refine the content of the semi structured interview. This had the dual objective of ensuring that the formats of the interview questions were as unobtrusive as possible and that it was examined (and amended) for researcher bias. The overall objective being to allow as unimpeded recording of research subjects experience as possible. The composition of the interview was radically re-drafted after the pilot to ensure a more open question format. Eleven questions were defined but the interviewee's were invited to explore and discuss as they felt appropriate.
2. As is common for IPA studies a brief biographical introduction for each of the research subjects is provided to provide context for their work. As the researcher's interpretation is also part of the study a brief biographical statement of the researcher is included in appendix C.

Sample

The sample chosen for the study had two main criteria. The first was that they were qualified as counsellors and psychotherapists on a recognised course to degree level and were practising as psychotherapists either privately or at a counselling centre. The second was that they were members of an evangelical denomination or faith community. All three participants fulfilled this requirement.

Two candidates were produced through personal approaches and the third was a volunteer from a Christian counselling organisation.

No other requirements were made such as gender, age or therapeutic orientation.

Data Collection Method

The interviews were recorded using a digital Voice recording Dictaphone. A list of 11 interview questions (Appendix B), were compiled as a semi structured interview format but were not rigidly adhered to as often the participant being interviewed answered some or part of a subsequent question earlier in the process.

At times the participant sought to expand or digress during the process and this was encouraged by the researcher. At some points follow on questions were utilised that were not part of the list of questions but were pursued to add further depth. This procedure is in line with and recommended for IPA semi-structured interviews (Smith et al, 2013).

Recruitment

The evangelical community is quite small and a degree of difficulty was experienced in recruitment due to the small number of suitable candidates. A number of different centres and Christian organisations were canvassed. It had been anticipated that a snowball effect would produce the three participants once the pilot interview was completed from his personal knowledge but this did not prove possible.

Participants were informed of the broad outline of the interview questions prior to being interviewed but were not provided with lists of questions.

Procedure

A pilot interview was conducted with a Christian psychotherapist who was born outside of Ireland. The purpose of this interview was an aid to developing the question format and defining the time period for the interview. The number of questions was reduced as a result of

the pilot and a more open manner of questioning was developed. The contents of the pilot are not listed in the findings or reviewed in the discussion.

Ethical Considerations

All research studies are required to pay particular attention to the ethical considerations of the study. This study ensured that it was inclusive of informed consent and that confidentiality would be maintained throughout. The names and details of the participants have remained known only to themselves and the researcher.

All participants were asked to read and sign an Information Form (Appendix A) prior to conducting the interview. All were made aware that the participants were to remain anonymous but that the findings of the study could be published and made available to other researchers in the field.

As the evangelical community is small a minimum degree of biographical information is provided in Appendix C.

All recordings, notes and transcripts of the interviews are to be kept in a safe and secure environment for a period of five years. All participants were provided with contact details for the researcher and the College and have been informed that they had a right to withdraw from the study at any time prior to submission.

CHAPTER 4: FINDINGS

Introduction

This chapter outlines the findings from the interviews with three therapists. The therapists are identified throughout as, **P1** for participant one, **P2** for participant two and **P3** for participant three. Three main themes are explored and two themes are further divided into sub themes. Quotes from the participants are included to support the findings.

Theme 1: Influences.

This theme explores the influences that the therapists experienced that forms their practise. There are three sub themes: **Sub theme 1 (a)** is how they entered the profession and what informed this decision. **Sub theme 1 (b)** relates to the therapists theoretical orientation and looks at the psychotherapeutic theories that inform their practise. **Sub theme 1 (c)** defines the evangelical position they might hold with respect to the balance held between faith and psychological positions

Sub theme 1 (a): Professional entry

Two therapists had entered the profession through Christian run courses. P1 because it was advertised at a women's Christian conference and P3 because a close friend was suffering emotional distress and,

“ I had already been curious about how people operate and how they function.... this opportunity came up for me to do this course in the church and I started on that” P3.

P2 had first trained in social work to degree level but had always determined to train in counselling. Familiar with therapy through her mother she attended a diploma in

Christian counselling and actually holds both a secular and Christian certificate for the same course.

All participants were evangelicals at the time of entering training; P1 continued to complete a degree in psychology, followed by a Masters in counselling psychology.

P1 experienced opposition to her attending a counselling (Christian provided) course when she informed her church of her intention,

“I am going to do this course, it does lead on and there was nearly a violent reaction ‘the Holy Spirit is our counsellor we don’t need to do these things’ ”P1.

Having lived outside of Ireland previously P1 was more comfortable with therapy and believes that the general culture (not just her evangelical church) was wary of counselling.

P1 recalls praying about attending the course and when with some trepidation she had her first client.

“It was like Oh my goodness, this fits. So I felt God is doing something here, you know, this is a calling” P1.

P3 experienced the avenue of self discovery that training provided and determined to work professionally in counselling, working from home and being self sufficient

“I wanted to be able to help people and then being involved in the church as well there was another avenue to it. It’s just helping people open up.”P3

P1 felt that there was reluctance²⁸, even fear to have counselling within the church.

“ a reluctance to accept that anybody, you know, that we could use the word counsellor with anybody else” P1

²⁸ (This relates to the usage of the word Counsellor a biblical term for the Holy Spirit). This reluctance may also have been related to the general reluctance of Irish society to embrace counselling.

Sub theme 1 (b): Theoretical orientation

All three participants work from an integrative perspective utilising person centred, psychodynamic and CBT. P2 uses some psychodrama in therapy while P3 also uses mindfulness.

P1 expresses the relationship between psychology theories and evangelical faith as being entirely compatible, “*Science is proving God*” and draws a parallel between the scripture directive to make every thought obedient to Christ (2 Cor 10.5) and the cognitive behaviour therapist’s methodology that state we catch our thoughts,

“*that’s a negative thought, I need to turn that around, I need to examine where this is coming from*” **P1**.

P1 also sees the connection between the Rogerian concept of self actualisation and the biblical statement, ‘He has set eternity in the hearts of men’ (Ecclesiastes 3.11). The desire to self actualise is created, within man, by God to achieve exactly that. P1 is aware that not all Christians would agree with this.

For P1 her faith is what provides her with support, a wholeness that comes from the Holy Spirit, “*when I get it wrong there’s a nudge*” **P1**

P2 feels her Christianity informs her behaviours but not her client’s behaviours. She feels her clients’ religion and faith is their own business and she may not always know what belief they hold.

Christianity certainly gives a particular world view for herself. Her own beliefs need to be kept in check and not to become part of the process that is happening to her client. On occasions where her beliefs are clearly in conflict with her client’s behaviours then it is something for supervision.

“but I believe every counsellor has some sort of view point, has some sort of something, whether it be a faith, a value, a belief.....so something drives everybody” P2.

Her Christianity influences her to be accepting of her clients, because both therapist and client are children of God and no different in the sight of God. They may chose things that she would not but that does not alter their standing with God.

P3 relates that though she operates from an integrative theoretical perspective the overall guidance is Christianity.

“ And so for me, to view somebody with the significance of having the potential of God in them, the person-centred fits very nicely with that because I am actually sitting with that person..... they are part of God’s creation and they’re born with the ability for excellence” P3

Sub theme 1 (c): Evangelical therapeutic position

None of the participants expressed knowledge of the main evangelical psychological positions outlined in the literature review. Most of P2 and P3’s clients are non evangelical.

P1 states that there is “no conflict” between psychology and evangelical Christianity. However, there are certain theories that are not fully accepted by her,

“OK let’s take Freud. I don’t quite buy that everything goes back to sex, I don’t” P1

But P1 also makes the point that you don’t have to be an evangelical to think that, though perhaps evangelicals have more of a problem with it!

P2's previous experience as a Social care worker has provided some influence particularly in an ability to accept people where they are. P2 also draws parallels between Rogerian person-centred theory and Christianity but notes that for other Christians therapists she has observed difficulties that they have accepting others who they feel have broken God's laws,

" who is maybe gay and you know a prostitute or a drug dealer...and you kind of think, 'well actually hang on a minute, you need to visit that one yourself' " **P2.**

While in training P2 noticed definite opposition to the Rogerian concept of accepting the client among her fellow Christians. This was countered by the trainers with the view that *"everybody is a child of God, so if you hold on to that bit"* **P2**

Self actualisation was another area that was a difficulty in training for some Christians (though not for P2). This related to their view that the drive for self actualisation was not within the person but that they were to be led by God.

P3 noted her own dilemma when working with gay and lesbian clients that though it may conflict with her understanding of what the bible says on the issue it does not affect the way she works with her clients. P3 notes that there can be a conflict between biblical theology and psychology.

P1 observed that there can be false assumptions made by professional colleagues and some clients that being a Christian and therapist is incompatible. *" Oh here they come they are going to pray for us now."* **P1** These assumptions would not be verbalised for other faiths and P1 has had experience of having to work this through with colleagues. P1 does balance this with awareness that on occasions evangelicals have *"...totally made asses of ourselves at times"*. **P1**

P1 has also experienced an anti religious bias in some psychology lecturers that assumes no existence of God.

Theme 2: Working Practise.

This theme explores how the therapists work in practise with clients and how their faith and the faith (or not) of their clients affects the therapy.

P 1 does not see that her faith or her client's relates directly to the therapy. Having worked with both a secular state organisation and a Christian one she approaches both in the same way with perhaps more freedom in the Christian organisation to explore spiritual issues.

Faith brings her to express that,

“I see hope, I see hope, there is always hope. That’s how my personal faith affects me and I tell them that, I share that with them.” P1

While her faith informs her own behaviours in therapy P1 does not feel it is correct to make her beliefs explicit in therapy. This is from a moral, professional and psychological perspective.

P2 is very aware that their client's faith is to be respected regardless of what it might be (Christian, Buddhist, Jewish or none). It can only enter the therapy if it is brought in by the client, though and this depends on the client, the dynamic and how long the therapeutic relationship is in place.

Christians may suffer from a reputation, unfairly, that they will work to convert and that may make them even more reluctant than others to address spiritual matters.

“So they almost denounce their Christianity in the room to almost be a secular counsellor and ignore their faith and ignore their intuition because God forbid you be one of those crazy Christians in the counselling room” P2

P3 sees the working alliance with clients unchanged regardless of their religious views. However, it also leaves room to address the spiritual if the need is expressed and this would extend to seeking encouragement from the scriptures if appropriate. As an example of how this works she recalls clients who had received an abortion and were consumed by a fear of un-forgiveness. Part of the therapeutic process was to,

“help her to accept that God still loved her, in spite of everything and anything she would have done.” P3

P3 is able to hold this relationship with the client even though being personally opposed to abortion as it is not her remit to judge. *“...it doesn't affect how I relate to the client” P3*

P3 sees some issues that are particular to evangelicals, shame regarding matters such as pre-marital intimacy related to a fear of exposure and judgement from fellow believers.

P2 also related the sense of judgement that evangelical clients sometimes feel. Some evangelical clients feel they should not be suffering psychologically as God should have healed them or they fear that their faith is not strong enough. This compounds the problems that they might be suffering. For them counselling might be the last resort,

“...what is so wrong with me that I have to come here, because it's the end of the road for a lot of people” P2

P2 deals mostly with clients under 25 years and is aware that Christian clients have the added difficulty of having to process the guilt and shame related to their church as well as the original issue causing the psychological issues.

In P2's experience Christian clients will talk about God like another person in their life,
*"...I suppose that in that sense God is in the room,.....there is always another presence,
for me anyway there is."* **P2**

There are also issues relating to gay or homosexual clients. This results in a moral
dilemma for P3 as she knows the conflict between her understanding of the scriptures and
the fact that her client may be loving and caring. Some evangelical therapists,
"....would not take them on if they were gay" **P3**

This view of other Christian therapists presents a difficulty for P3 as it should not be the
case that clients cannot come for therapy because of their orientation.

P1 has an impression that Christian clients have guilt issues that are directly related to
faith or their particular church. This means that they can be very defended, particularly
around sexual issues. In her view this leads to the client not dealing with the issue and it
often remains hidden even at the risk of relationships failing. In her view it may be better
if their therapist was not a Christian and she would advise Christians to go to non
Christian therapists on some occasions.

*" Otherwise sitting in front of a Christian (therapist) I am not only dealing with that (the
issue) I have a huge shame base because this wouldn't be the Christian kind of thing"* **P1**

Theme 3: Particular evangelical doctrines and therapy

This theme explores two aspects of evangelical faith that are of significance in the lives of a Christian. There are two sub themes: **Sub theme 3 (a)** looks at the place of prayer both inside and outside of the therapy room. **Sub theme 3 (b)** looks at sin and the concept of sin and original sin and what these doctrines bring to bear on the process.

Sub theme 3 (a): Prayer

Each participant expressed the fact that prayer was of personal significance and importance in their lives.

P1 does not use prayer in therapy, such as opening and closing the session in prayer, regardless of the faith of the client. She feels that this is not respectful of the other person. Even if working in a Christian organisation P1 applies the same principle. The space belongs to the client and she is there to serve them.

P2 has considered the place of prayer in therapy. She had experience of a Christian therapist (P2 was the client), “*..who just prayed out of nowhere*” **P2**.

This made her very uncomfortable and is never something that she would want to do with a client of her own as it is not appropriate in her view.

P2 does however greatly value prayer for her clients and also silently during therapy during times of difficulty.

P3 regards prayer as almost like breathing and is very much a part of who she is as a person. P3 is very open to praying with clients or allowing her clients to pray but there are boundaries. P3 thinks that,

“It’s (prayer) a powerful addition to the counselling field, but it’s only going to be tapped into if there’s agreement on both sides.” P3

For P3 to pray without agreement from the client is not acceptable.

P1 related her concern that prayer, particularly where the prayer is a request from the client for deliverance, can be a method employed by Christian clients to avoid doing the therapeutic work. *“ I feel that maybe there is hiding going on” P1.* This needs to be challenged gently in therapy.

Sub theme 3 (b): Sin and original sin

P1 relates original sin with the secular in the,

“... whole not feeling good enough... what is the point, nothing is ever going to change. I think that’s the work of therapy, we are good enough, we have been set free if you are a Christian . We are more than good enough; we are made in his image.” P1

Every client feels they are not good enough to different degrees depending on pathologies or life’s circumstances. This P1 feels is the result of a fallen world. There isn’t a secular or a Christian way of dealing with it. Where some make distinctions between two ways of looking at our condition (the secular or the evangelical) P1 doesn’t buy it.

For P2 the doctrine of sin can be misunderstood by Christians, there is a relationship between sin and acceptance, *“if they have grasped the piece that God accepts me, so I can accept me.” P2.* People are never going to be perfect and that is the purpose of faith. She is aware that this is a pastoral care issue really but if a client wanted to work on the issue P2 would do so.

For Christians sin and faith in God are linked, and should result in acceptance from God and then self acceptance,

“...and sometimes I think if their doctrine was just sound, their life would be a lot easier like.” P2

P3 sees that original sin is like a bias in our nature towards doing wrong. Original sin would not mean much to a non evangelical but in therapy she believe it is valuable for people to,

“become curious about how you’ve become the person you are.” P3

Original sin does have an effect in everyone’s life and while faith is the answer to that it would not affect how P1 works in counselling. Psychologically P1 is aware that dealing with the issue of sin cannot be complete without the forgiveness that means the guilt does not have to be carried around.

CHAPTER 5: DISCUSSION

Introduction.

This chapter will critically evaluate the findings from the interviews in the relation to the existing literature on evangelicalism and psychotherapeutic practise. The three themes outlined in the previous chapter will form the basis for the discussion.

Influences.

All three participants were comfortable to talk about the influences that affected their practises in education, theoretical orientation and the relationship to faith and theory in their practises.

Entering the profession

All three therapists entered the profession through a Christian training programme of some form. P2 attended a Christian psychotherapy 3rd level training programme while P1 and P3 attended Christian counselling training followed in P1's case by a secular Psychology and Counselling course. P1 experienced antipathy (and open hostility) towards religious faith from lecturers in the secular programme which supports the view that there is often little emphasis on the spiritual dimension in secular programmes (Adams, 2010; Powlinson, 2010; Thorne, 2012; West, 2000; West, 2004).

Both P1 and P3 experienced some opposition from within their evangelical communities towards their decision to train as therapists. The evangelical attitude that questions the value of psychotherapy for believers and emphasises the sufficiency of faith to deal with psychological issues as outlined by Esau, 1998; Jones, 2010, is to some extent a reality.

The belief among evangelicals that identifies psychological issues as spiritual issues that

required spiritual answers as identified by McLatchie and Draguns, 1984; Cecil and Stoltzfus, 2014 seems to influence the evangelical community and was experienced by P1 and P3. It also indicates that the desire for a spiritual (not just evangelical) input into psychotherapy by religious clients as outlined by authors such as Ross, Shafranske, Swinton, Tan, Thorne and West²⁹ is a current requirement.

It was also noted that the ambivalence of evangelicals towards counselling (Esau, 1998; Jones, 2010) and the perceived anti Christian bias of some professionals (Shafranske, 2013) towards Christian beliefs were both experienced by P1 from the outset of her career. These attitudes define boundaries that might influence the practise of evangelical therapists in their practise and faith communities where they may often hold a minority viewpoint in both.

Theoretical orientation

All three therapists work from an integrative theoretical manner combining, Person-centred, psychodynamic and CBT theories into their practise. Their conformity in the usage of recognisable psychological and psychotherapeutically theories indicates that they work from within either a Levels-of Analysis or a (Christian) Integrationist theological perspective (Browning and Cooper, 2004; Johnson and Jones, 2000).³⁰

It is more difficult to determine whether they favour a more orthodox, Levels-of Analysis approach or an Integrationist approach. P1 is less likely than P2 and P3 to be overt in her usage of Christian theology in the therapy space as outlined by Tan, 2010. Although it is likely that P1 does work from the (Christian) Integrationist mode. The fact that both P2 and P3 are more willing to work with prayer and other Christian aspects directly in

²⁹ Ross, 2003; Shafranske, 2013; Swinton, 2001; Tan, 2010; Tan, 2011; Thorne, 2012; West, 2000; West, 2004 all make a case for a greater consideration of spiritual input into the practise of psychotherapy.

³⁰ The other two views, Christian Psychology and Biblical Counselling do not tend to use standard psychological or psychotherapeutic theory.

therapy would place them more obviously in the Integrationist approach to counselling as defined by Johnson and Jones, 2000.

Evangelical Therapeutic Position

None of the participants expressed knowledge of the four different evangelical approaches to therapy practise and approached their practise from an integrative perspective as described by Tan, 2010; Johnson and Jones, 2000. All were appreciative of the fact that some aspects of evangelical belief could be distorted or over emphasised as outlined by Pargament, 2007.

A criticism of the Integrationist view is that it is effectively trying to integrate two different concepts (that of Christian theology and psychological theory) that results in a more dualistic approach to the concepts rather than the integration of them more fully into a single Christian Integrative therapeutic approach to counselling (Roberts and Watson, 2010).

Both P2 and P3 noted the tension between biblical theology and psychological theory around some issues such as homosexuality. Though they were both willing to work in this area they noted that some Christian psychotherapists were not, possibly due to their theological perspective.³¹ This does indicate some difficulties in fully integrating both views into a therapeutic approach as described by Roberts and Watson, 2010.

³¹ Though it is important to note that there are likely to be non Christian therapists that cannot work with certain issues, and this does not cast doubt on their right to claim an adherence to an integrative approach. However, the difficulties outlined by P2 and P3 do at least question how well evangelical theology and psychology can be integrated. Can they be integrated to the extent so as to overcome such conflicts to the satisfaction of most practitioners?

Both P2 and P3 related that though they may have different views to their clients they were not in a position to judge. This prohibition on judgement came from a therapeutic space *and* a scriptural understanding.

P2 approached these conflicts from a considered theological and therapeutic perspective.

“..but you also need to constantly remind yourself of what your role actually is and it’s not in teaching, it’s not in judging the world because that’s up to God and not you.” P2.

Here there are indications that P2 perceives that the therapeutic principle of holding an accepting and non judgemental attitude as defined in the person-centred approach (Rogers and Stevens, 2010), is fully compatible with the Christian theological principle of leaving judgement in God’s hands such as described in Matthew 7:1-3.³² In this sense, integration of Christian beliefs is possible to be fully integrated with a psychological approach.

This does depend, however, on what theological argument is chosen to be made. One could equally argue from the perspective of an anti-homosexual theological viewpoint such as Romans 1:27.³³

This confusion as to whether the scriptures are able to address all of man’s psychological issues and exactly which biblical interpretation is to be used to inform psychological theory are questions that are asked by, Jones and Butman (1991) and Jones (2010) and indicates some of the difficulties that may be experienced by evangelical therapists.

³² Judge not, that ye be judged. For with what judgement ye judge, ye shall be judged; and with what measure ye mete, it shall be measured to you again. And why beholdest thou the mote that is in thy brothers eye, but considerest not the beam that is in thine own eye?

³³ And likewise also the men, leaving the natural use of the woman burned in their lust one toward another; men with men working that which is unseemly, and receiving in themselves that recompense of their error which was meet.

Working Practise.

All three participants used person-centred theory as part of their integrative approach and emphasised that their Christianity influenced their attitude towards their work.

P1 equated the Rogerian positive approach of self actualisation to the positivity of God's desire for mankind and the fact that we can exceed human potential because God says "*you can reach mine*" P1. This does not seem to agree with one of Tan's views (Tan, 2010), that the humanistic view is overly positive for Christian therapists. It also relates a theological rationale for holding the theoretical viewpoint of self-actualisation.

P3 also equates these two principles, "*And so for me, to view somebody with the significance of having the potential of God in them, the person-centred fits very nicely with that*" P3.

Although both P1 and P3 relate self-actualisation to a theological principle it should be remembered that research into evangelicals by Lindskoog and Kirk, 1975 did not make any correlation between self actualisation and church or theological affiliation.

All participants integrate "secular" psychological theories into their practise and this leaves them open to the criticism from more theologically conservative viewpoints that they have failed to formulate their theology faithfully (Lambert, 2012) and are not providing biblically based counselling to the evangelical community (Adams, 2010; Lambert, 2012; Williams, 2009). This criticism of counselling was experienced by both P1 and P3 from fellow evangelicals when making the decision to train in counselling.

This debate becomes a theological argument and again raises the question asked by Jones, 2010, that if the biblical basis for certain psychotherapeutic attitudes is itself uncertain then how is it possible to rely solely on scripture for all psychology?

This overlap between a spiritual issues and psychological issues is in line with Hyder, 1971 and King, 1978 who relate the fact that an evangelical is likely to conclude that their problem is due to their relationship with God being at fault rather than attributing it to a psychological or emotional problem.

Therapy is not grounded in religious authority and all three participants saw their task as helping clients to live their lives as the clients perceived regardless of their own beliefs and theology was in line with the views expressed by Pargament 2007 as a basis for (Christian) Integrationist mode of therapy.

Particular evangelical doctrines and therapy.

The concepts of sin and prayer are significant in evangelical theology (English et al, 1982). Both these concepts have therapeutic impacts at some level in practise. Prayer will figure in Christian therapy either explicitly or implicitly (Rose 2002). Sin and original sin may impact the client's view of self and acceptance (Thorne, 2012).

All participants had reflected on the place of these concepts in their therapeutic practise and there were some differences in emphasis.

Prayer

P1's therapeutic practise did not appear to be as overtly Christian as P2 and P3 and this was apparent in the differing attitude towards prayer. P1 does not use prayer in therapy out of respect for the client but also for the psychologically motivated principle that praying for deliverance from a crisis could be an attempt by the client to avoiding working through an emotional issue. This agrees with (Ross, 2003) who believes that the

“quick fix” prayer is an attempt to avoid the painful feelings being aroused by the therapeutic process. It may be the very work the client needs to experience. Scott, 2012 also found that her subjects though they prayed for their clients were more circumspect about prayer with clients.

This is also referred to by Meyers, 2000 where he expresses the concern that many Christians have “flawed thinking” about prayer and that therapists should be aware that God is not a genie to answer all petitionary prayer; rather he is a God who is present with those who suffer.

Rose 2002³⁴ points out that, practitioners vary in their attitude to prayer but should be cognisant of the effect of prayer with a client. P2’s reluctance to use prayer came from her own uncomfortable experience with a Christian counsellor who prayed unasked and feels that prayer has a place in therapy but not necessarily with a client. This view is outlined by Rose 2002.

P2 uses silent prayer in therapy for assistance during times of difficulty and prays for her clients outside of therapy. This practise is seen by Rose, 2002 as of value therapeutically, *“As we take others into our lives and pray for them, we are often given insight into their lives at a deep level”*

P3 is open to using prayer in therapy with clients and has done so with good effect in the past, however she too expresses caution and discernment and feels that it can also be an intrusion. Significantly this more cautious view of the place of prayer with a client became clear during training and was opposed by others within evangelical circles.

³⁴ *“The counsellor who says-consciously-to himself, ‘although I am a person of prayer, I do not know what the psychological effects of such a prayer will be on the person in front of me, so I will treat this quite separately from the work I have been trained’ for may be doing the client great service”* Rose, 2002.

Anderson, Zuehlke, and Zuehlke 2009 also question the practise of praying with clients and believe that it is the client who should be praying and not the therapist.

Sin and Original Sin

Sin, original sin and its relationship to the acceptance of self has divided the evangelical psychological community. The Biblical Counselling viewpoint that sin and the failure of secular therapies to address it properly are indicative of all that is unhealthy in psychology (Rief, 2006).

P3 believes that original sin is not a concept that would be familiar to non evangelicals and therefore is not of any significance to them. Original sin is like a bias in our nature towards doing wrong and guilt associated with sin is a concept that that she is familiar with and it can result in distress. This doesn't affect how she counsels.

P1 also sees original sin in terms of a fallen world and the work of therapy is to help alleviate the hurt that is caused by this circumstance and makes no distinction between the effects of a fallen world and issues that clients have in therapy.

P2 links self acceptance with sin but makes the points that for Christians faith is the answer that provides acceptance. For Christians attending therapy if their belief about sin is grounded in good doctrine on sin then self acceptance can follow. However, this issue strays into pastoral care but if clients wanted to work on it she would be willing to do so.

This issue divides Christian therapists with some such as Thorne, 2003 and Browning and Cooper, 2004, Roberts and Watson 2010 attributing severe adverse psychological consequences to original sin. The more conservative Biblical Counselling proponents (Adams, 2010; Powlinson, 2010; Williams, 2009; Williams, 2010) insist that

Integrationist Christian therapists may work to alleviate the guilt of sin without any mention of salvation.

Cecil and Stoltzfus, 2014 make the point that it is difficult for Evangelical therapists to confront what can be understood to be distortions of evangelical belief that may be causing distress to the client.

All three participants seemed careful to make a distinction between their own Christian or theological issues and their work with the client in therapy.

P2 believed that the counsellor has to have clear theological discernment. If working with Christian clients who she feels may have an incorrect doctrinal understanding then she might suggest they discuss the doctrinal issue with a church elder.

CHAPTER 6: CONCLUSION

Introduction

In general the findings of this IPA study reflected the literature on the subject. There are different views and emphasis throughout the literature on the relationship between therapy and Christianity but the views of the participants were represented in some format within the literature.

In this sense the study adds to the current literature and provides further insight into the subject from an Irish context.

All three participants worked in similar ways with only minor variations in emphasis on some matters. All made the distinction between their own evangelical belief and the boundaries that were required to be maintained in therapy with clients.

Strengths and Limitations

Much of the literature relating to therapy and evangelicalism, was based in a US perspective and may differ in a European or even Irish setting where evangelicalism is a distinctly minority faith.

The overlap between theology and psychology was obvious in both the literature and the participant's interviews. This is often difficult to determine and clarify but perhaps reflects the complexity of the subject itself.

Recommendations

Psychotherapeutic training institutes might consider incorporating a module exploring how and when to address spiritual issues within therapy.

Further Research

Though this study was a qualitative research project it would be of value to carry out some qualitative research on attitudes of evangelicals towards psychotherapy in order to set the context for evangelical therapy in an Irish setting.

Overall Conclusions

From the literature and the recorded experience of the therapists it was clear that they often work with misunderstanding from both the evangelical community and the “secular” psychotherapeutic profession.

The unique issues being addressed by evangelicals working with evangelical clients differs quite considerably from a more secular therapeutic perspective and calls for a different approach.

The different frame of reference that evangelical therapists occupy and the influences this brings to bear on therapy challenges contemporary practise.

REFERENCES

- Adams, J.E. (2010) *A theology of Christian counselling*. Michigan Zondervan
- Anderson, N.T., Zuehlke, T.E. and Zuehlke, J.S. (2009). *Christ-Centred Therapy*. Michigan: Zondervan.
- Browning, D.S. and Cooper, T.D. (2004) *Religious thought and the modern psychologies*. Minneapolis: Fortress Press.
- Cecil, D.P. and Stoltzfus, K.M. (2014). *Relational Social Work Practise with Evangelical Christian Clients*. In Rosenberger, J.B. (Ed.). *Relational Social Work Practise with Diverse Populations*. New York: Springer.
- Dealney, H.D.(Ed's) *Judeo-Christian Perspectives on Psychology: Human nature, motivation and change*. Washington: American Psychological Association.
- Dunlop, R. (1998). *Pathways to Peace*. Durham, United Kingdom: Paper Doll
- Eck, B.E., Hill, B.E and Stevenson, D.H (2007). *Psychology and Christianity Integration: Seminal Works that Shaped the Movement*. Illinois: CAPS International
- Egan, M. and Swedersky, .J (2003). *Spirituality as experienced by occupational therapists in practise*. *The American Journal of Occupational Therapy* 57, 525-533
- Ellis, A. (1980). *Psychotherapy and atheistic values: A Response to A.E. Bergin 's "Psychotherapy and Religious Values"* *Journal of Consulting and Clinical Psychology*, 48, 635-639.
- English, D., Fackre, G., France, D.,Gitari, D., Kirk, A., Nicholls, B., Packer, J. and Padilla, R. (1982). *Handbook of Christian Belief*.Herts. England: Lion publishing plc.
- Esau, T.G. (1998). *The Evangelical Christian in Psychotherapy*. *The Americal journal of Psychotherapy* Vol 52.No. 1.
- Evangelical Alliance Ireland (EAI) (2006). *Population of Evangelicals in Ireland*
- EAI: downloaded from <http://www.evangelical.ie/index.php/component/content/article/68-news/latest/12-affiliation> on 22April 2013

- Fowler, J.W. (2013). Pluralism and Oneness in Religious Experience: William James, Faith-Development theory and Clinical Practise. In Shafranske, E.P. (Ed.). *Religion and the Clinical Practise of Psychology*. Washington: American Psychological Association.
- Frederick, T.V. (2009). *Models of Psychotherapy: Implications for Pastoral Care Practice* Pastoral Psychol (2009) 58:351–363 DOI 10.1007/s11089-009-0200-3
- Hales, S. and Sorenson, R. L. (2002). *Comparing Evangelical Protestant Psychologists Trained at Secular versus Religiously Affiliated programmes*. Psychotherapy: Theory/Research/Practice/Training 2002, Vol. 39, No. 2, 163–170
- Hyder, O. Q. (1971). *The Christian handbook of psychiatry*. New York: Old Tappan.
- IACC (2013). *Code of Ethics and Practise Section 1. Statement of faith and definitions* IACC: Downloaded from <http://www.iacc.ie/>19 December2013
- Johnson, E.L. (2010). A brief history of Christian in psychology. In Johnson, E.L. (Ed.), *Psychology and Christianity: Five views*. Downers Grove Illinois: IVP Academic.
- Johnson, E.L. and Jones, S.L. (2000). *Psychology and Christianity: Four views*. Illinois: InterVarsity.
- Jones, S.L. (2010). An Integration View. In Johnson, E.L. (Ed.), *Psychology and Christianity: Five views*. Downers Grove Illinois: IVP Academic.
- Jones, S. and Butman, R. (1991). *Modern Psychotherapies: A comprehensive Christian appraisal*. USA Illinois: Intervarsity Press.
- Kiely, B (1990) *Can There Be a Christian Psychology?* An Irish Quarterly Review, Vol. 79, No. 314 (Summer, 1990), pp. 150-158 : Irish Province of the Society of Jesus
- King, R. R. (1978). *Evangelical Christians and professional counseling: A conflict of values?* Journal of Psychology and Theology, 6, 276–281.
- Kirk, R.E., and Lindskoog D. (1975) *Some Life-History and Attitudinal Correlates of Self-Actualization Among Evangelical Seminary Students* Journal for the Scientific Study of Religion. 1975,14:51-55.
- Lambert, H (2012) *The biblical counselling movement after Adams*. Illinois: Crossway

- Lyall, D. (1995). *Counselling in the pastoral and Spiritual Context*. Philadelphia: Open University Press.
- Mayers, C., Leavey, G., Vallianatou, C. and Barker, C. (2007) *How Clients with Religious or Spiritual Beliefs Experience Psychological Help-Seeking and Therapy: A Qualitative Study*. *Clinical Psychology and Psychotherapy* 14, 317–327.
- McLatchie, L. R. and Draguns, J.G. (1984). *Mental health concepts of evangelical protestants*. *The Journal of Psychology* 118(2), 147-159, (Accessed from J Stor on 12 April 2013).
- Myers, D.G. & Jeeves, M.A. (2002). *Psychology through the eyes of faith*. San Francisco USA: HarperOne.
- Myers, D.G & Scanzoni, L.D. (2006). *What god has joined together: The Christian case for gay marriage*. USA San Francisco: HarperOne.
- Myers, D.G (2000). A Levels-of-Explanation View. In Johnson, E.L. (Ed.), *Psychology and Christianity: Five views*. Downers Grove: IVP Academic.
- Pargament, K.L. Murraw-Swank, N.A. Magyar, G.M. and Ano, G.G. (2013). *Spiritual Struggle: A Phenomenon of Interest to Psychology and Religion*. In Miller, W.R. and Delaney, H.D. (Eds.) *Judeo-Christian Perspectives on Psychology: Human Nature, Motivation and Change*. Washington: American Psychological Association.
- Pargament, K.L. (2007). *Spiritually Integrated Psychotherapy. Understanding and addressing the sacred*. London: The Guildford Press.
- Powlinson, D. (2010). A biblical counselling view. In Johnson, E.L. (Ed). *Psychology and Christianity: Five views*. Illinois: Intervarsity Press.
- Raab, K.A. (2007) *Manic depression and religious experience: The use of religion in therapy* *Mental Health, Religion & Culture* September 2007; 10(5): 473–487
- Ramsey, N. J. (2004). A time of ferment and redefinition. In N. J. Ramsey (Ed.), *Pastoral care and counseling: Redefining the paradigms* (pp. 1–43). Nashville, USA: Abingdon.

- Rief, P. (2006) *Charisma. The Gift of Grace and How it Has Been Taken Away from Us*. New York: Vintage Books
- Roberts, R.C., and Watson, P. J. (2010). A Christian Psychology View. In Johnson, E.L. (Ed.), *Psychology and Christianity: Five views*. Downers Grove Illinois: IVP Academic.
- Rogers. C.R., Stevens B. (2007) *Person to person. The problem of being human*. Wales: Souvenir Press
- Ross, A. (2003). *Counselling Skills for Church and Faith Community Workers*. Maidenhead UK: Open University Press.
- Ross, T. (2007) *Attachment and Religious Beliefs—Attachment Styles in Evangelical Christians* *Journal of Religion and Health*, Vol. 46, No. 1, March 2007.
- Rose, J. (2002). Pastoral Counselling and Prayer. In Lynch, G. (Ed). *Clinical Counselling in Pastoral Settings*. New York: Routledge
- Scott. A. (2011). *An exploration of the counsellor's experience of integrating Christian faith with clinical practise*. Doctoral thesis Manchester university. Downloaded from <https://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:124231&datastreamId=FULL-TEXT.PDF> on 22 April 2013
- Shafranske, E.P and Sperry, L. (2013). Addressing the Spiritual Dimension in Psychotherapy: Introduction and Overview In Shafranske, E.P and Sperry, L. (Eds.). *Spiritually Orientated Psychotherapy*. Washington: American Psychological Association.
- Shafranske, E.P. (2013). Introduction: Foundation for the Consideration of Religion in the Clinical Practise of Psychology. In Shafranske, E.P. (Ed.). *Religion and the Clinical Practise of Psychology*. Washington: American Psychological Association.
- Shumway, B and Waldo, M. (2012) *Client's Religiosity and Expected Working Alliance With Theistic Psychotherapists* *Psychology of Religion and Spirituality* 2012, Vol. 4, No. 2, 85–92

- Smith, J.A. Flowers, P. and Larkin, M. (2013). *Interpretative Phenomenological Analysis Theory, method and research*. London: Sage publications.
- Stegman, R. S., Kelly, S.L. and Harwood, M.T. (2013). Evidence-Based Relationship and Therapist Factors in Christian Counseling and Psychotherapy. In Worthington, E.L., Johnson, E.L., Hook, J.N. and Aten, J. D. (Eds). *Evidence-Based Practices for Christian Counseling and Psychotherapy*. Illinois: Inter Varsity Press Academic.
- Swinton, J. (2001) *Spirituality and Mental Health Care: Rediscovering a "Forgotten" Dimension*. London: Jessica Kingsley Publishers.
- Tan, S-T.(2010). My Integration Journey; Reflections of a Christian Psychologist and Pastor. In Moriarty, G.L. (Ed.) *Integrating Faith and Psychology. Twelve Psychologists Tell Their Stories*. Illinois: InterVarsity Press.
- Tan, S-T.(2011). *Counselling and Psychotherapy. A Christian Perspective*. Michigan Baker Academic Publishing.
- Thorne. B. (2012). *Counselling and Spiritual Accompaniment: bridging faith and person-centred therapy*. Chichester UK: John Wiley and Sons Ltd.
- Wallis, J. (1981). *The call to Conversion*. Herts. England: Lion Publishing.
- West. W. (2000). *Psychotherapy and spirituality: Crossing the line between therapy and religion*. London: Sage publications.
- West. W. (2004). *Spiritual Issues in Therapy: relating experience to practise*. Hampshire, United Kingdom: Palgrave MacMillan.
- Williams, E.S. (2009). *The Dark Side of Christian Counselling*. London: The Wakeman Trust.
- Williams, E.S. (2010). *Christ or therapy*. London: The Wakeman Trust.
- Worthington, E. L. (2010). Surprised by Grace. God's Faithfulness in Developing a Christian Psychologist. In Moriarty, G.L. (Ed.) *Integrating Faith and Psychology. Twelve Psychologists Tell Their Stories*. Illinois: InterVarsity Press.

APPENDIX A: INFORMATION FORM

My name is Tomás West and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring the experience of evangelical Christian therapists. I will be exploring the views of people like yourself, all of whom work as psychotherapists

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, in being engaged in such relevant work. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 90 minutes maximum to complete. The structure of the interview is semi structured and is aimed at understanding your experience of the work relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be stored in a locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature_____

Date / /

APPENDIX B: SEMI-STRUCTURED INTERVIEW

1. Could you talk a little about how you come to work as a psychotherapist, what informed this choice?
2. How, in your understanding, does psychotherapeutic theory/s relate to your evangelical faith? What are the synergies and/or conflicts?
3. There is considerable debate among evangelicals on how integrated psychotherapeutic theories can be with an evangelical biblical faith. Could you talk a little about your experience of this and how you work it out in your practise?
4. When you meet with a client for the first time how does faith (yours or the clients) relate to the establishment of a therapeutic contract and how you will work together?
5. Do you think there are specific issues that are experienced by evangelical Christian clients that differ from people of other (or no) faiths? Could you explore what may be at work?
6. This question may not be applicable, but if you were to work with clients who do not express a Christian faith, does the way in which you work differ in the way you would work with an evangelical client?
7. How do you deal in therapy with such issues as original sin (or any other doctrine that might come to mind) and its consequences for the psychological well-being of your clients?
8. From reviewing the literature I came across different views that evangelical therapists hold about prayer, can you talk a little about prayer and its place in your therapeutic practise?
9. Some research, particularly in the US, seems to point to a degree of suspicion among evangelicals towards psychology/psychotherapy. What is your experience of this does it have any relevance in your practise?

10. This question comes from a different side, Brian Thorne writes “....*I have frequently been struck by the incredulity expressed by some professional colleagues when they learn of my Christian commitment.*”What is your experience of the assumption implied that you cannot be both psychotherapist and Christian?
11. What question/s have I not asked that is of real importance to you and your work as a psychotherapist? How might you answer that question?

APPENDIX C: BRIEF BIOGRAPHY OF PARTICIPANTS

P1

Is an evangelical Christian and practising therapist of over 18 years. She initially attended a one year counselling course provided by evangelical counsellors. She went on to study for a primary degree in psychology over three years, followed by a Masters in counselling psychology. P1 currently works in a Christian centre.

P2

Participant B is an evangelical Christian and comparatively recently qualified psychotherapist. Though Irish she initially trained outside of Ireland. P2 currently works as a therapist in a Christian counselling centre that accepts clients from all (or none) religious denominations.

P3

Participant C is an evangelical Christian and practising psychotherapist accredited with IACP. She has been a practising counsellor for over 15 years. P3 currently works as a therapist in a Christian counselling centre that accepts clients from all (or none) religious denominations.

Researcher

The researcher had worked in the telecommunications industry for over 30 years before training in psychotherapy. The researcher was a member of an evangelical church for 15 years. He has not been a member of any church for the past 18 years and does not express a strong religious faith.