

CONSULTING ROOM ISSUES

Vignette 1

A Muslim family are referred to you after the death of one of their children in a road accident. One of the siblings is suffering from post-traumatic stress having witnessed the accident. You are being asked to assess and treat the child. In the process of your assessment you realise that you are dealing with bereavement issues for the whole family and that the father who was formerly a committed Muslim is questioning his faith which is causing great concern to his wife.

Vignette 2

A depressed young woman is referred for therapy. In her quest to find answers about the meaning of life she has got involved with tarot card reading. She seems to find meaning in this and indirectly seeks your approval.

Vignette 3

An elderly man is terminally ill and is terrified of dying. He is referred to you for counselling. To date he has had no particular religious beliefs but now he is desperate for reassurance that he will be going on to a happy place.

What clients might bring

- A** Specific issues in which spiritual, religious or moral issues could be pertinent e.g., bereavement, homosexuality, extra-marital affairs
- B** Searching for guidance, looking to the therapist for answers about the “meaning of life” – may believe whatever you tell them
- C** A strong belief and commitment to a non-Christian religion
- D** A strong Christian belief
- AB** A combination of A and B
- AC** A combination of A and C
- AD** A combination of A and D

Possible positions of a Christian psychologist

1. Believe that therapist’s personal issues including spiritual and religious ones should not influence psychotherapy therefore try to remain “neutral” in all situations.
2. Consciously avoid introducing or addressing religious or spiritual issues due to lack of confidence/training, fearful of harming therapeutic relationship and going against BPS Guidelines.
3. Believe that religious and spiritual issues should be central within any therapeutic work. Encourage the client to explore their values system even if it is that of a non-Christian religion. Try to remain “open” in all situations.
4. Confident regarding integration of their Christian values with therapist epistemic values and can distinguish between indoctrination and imposition and open and genuine discussion. If appropriate will disclose that they are a Christian.
5. See the consulting room as a God-given Christian missionary field: grasp every opportunity to evangelise, pray with clients, recommend Christian books and participation in Christianity.
6. Have unresolved religious and spiritual issues and may opt to confront these issues within their clinical work in order to vicariously pursue and resolve them.

Questions for discussion/personal reflection

- (i) Do you think that any of these positions are indefensible from either a Christian or professional standpoint?
- (ii) Do you recognise yourself on any of the above therapist positions? Are you happy with this position or would you like to be in a different position? If so what would need to happen for you to shift?
- (iii) How would you respond to what clients might bring as suggested above?
- (iv) If you were supporting/counselling someone at Church or as named Christian counsellor would your approach be different to that in a secular work setting?
- (v) What specific interventions would you feel were appropriate to use with a client
 - a) in a secular work setting?
 - b) at church?

Taken from Shafranske and Malony (1990):

Know clients' religious backgrounds
Pray with a client
Pray privately for a client
Use religious language or concepts
Use or recommend religious or spiritual books
Recommend participation in religion

- (vi) Are there any situations in which you might you feel it would be appropriate to refer a client on to another therapist, a Christian counsellor, or to a religious leader e.g., where there was an irreconcilable client-therapist values conflict, or where a client was seeking specific religious teaching and guidance.

Resources

Scriptures

Submit to authority (BPS, secular setting):1 Peter 2:13; Romans 13:1.
Speak openly about your faith: see Disclosure Primer.

Professional Guidance

In *Code of Conduct, Ethical Principles and Guidelines*, The British Psychological Society, (1998)
A Code of Conduct for Psychologists, Section 5: Personal Conduct

“Specifically they shall

5.3 not exploit any relationship of influence or trust which exists between colleagues, those under their tuition, or those in receipt of their services to further the gratification of their personal desires;

5.4 not allow their professional responsibilities or standards of practice to be diminished by considerations of religion, sex, race, age, nationality, party politics, social standing, class, self-interest or other extraneous factors;

Papers

Bergin, A.E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology* **1**:95-105. *Two major value systems dominate mental health - clinical pragmatism and humanistic idealism - both exclude religious values which are important to a large percentage of the population. Proposes an alternative system - theistic realism - that extracts prominent themes from religious traditions which may be a positive addition to clinical thinking e.g. commitment to relationships, self-control, and forgiveness.*

Bilgrave, D.P. and Deluty, R.H. (1998). Religious beliefs and therapeutic orientations of clinical and counseling psychologists. *Journal for the Scientific Study of Religion* **37**(2):329-349. *Research on sample of 237 American psychologists which produced some interesting findings: (1) specific religious beliefs are differentially associated with specific psychotherapeutic orientations e.g. Christian psychologists tend to choose cognitive-behavioural perspective (but keep its “deeper structure” at arms length); (2) the more conservative/orthodox the Christian psychologist the more influence their faith has on their practice of psychotherapy; (3) Christian psychologists do not perceive their work in psychotherapy as particularly influencing their religious beliefs unlike psychologists of Eastern or mystical belief systems.*

Grimm, D.W. (1994). Therapist spiritual and religious values in psychotherapy. *Counseling and Values* **38**:154-164. *Therapist’s spiritual and religious values are expressed directly and indirectly during therapy. To discuss this more openly could have positive effects. Suggests that therapists be aware of their own values, of their attitudes towards others’ values, the vulnerability of their clients, and any unresolved issues pertaining to these values. Recommends training to deal with these issues in religious and secular settings.*

- Patterson, C.H. (1989). Values in counseling and psychotherapy. *Counseling and Values* **33**:164-176. *Attempts to define values. Gives reasons why therapists should not impose values on clients but recognises that values of therapist cannot be kept out of therapy relationship. Therapist should be aware of their values and be clear about how they are involved in the therapy. Suggests self-actualisation as the best therapeutic approach to solve this dilemma.*
- Shafranske, E.P. & Malony, H.N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy* **27**:72-78. *This study, taken within the context of previous data suggested that clinical psychologists appreciate religious and spiritual concerns; view religious and spiritual issues as relevant to clinical practice; utilize interventions of a religious nature to varying degrees; and receive limited training respective of religious and spiritual issues.*
- Strupp, H.H. (1980). Humanism and psychotherapy: A personal statement of the therapist's essential values. *Psychotherapy: Theory, Research, and Practice* **17**(4):396-400. *It is unrealistic to think that therapist's values will not enter psychotherapy. Distinguishes between essential, optional and idiosyncratic values - essential values: the right to freedom and independence; taking responsibility for your own actions; the right to make mistakes etc. Discusses the essence of psychotherapy quoting from Freud, Fromm and Szasz and challenges Bergin's "theistic realism" describing it as authoritarian. Concludes that if therapist is committed to essential values then other values become more or less irrelevant (incl. religious beliefs).*

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