

Position Paper #3

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Discussion

Basic Assumption

I assume that clients perceive me as warm, caring, and trustworthy, and I hope that my actions display these attributes to gain rapport and therapeutic alliance. I believe this is a necessary skill when working with clients in the change process, as change requires discomfort, vulnerability, and taking responsibility. It may be obvious and expected due to the ACA Code of Ethics and best practices in our training. However, it is notable to mention as much of the later development of this paper seems straightforward and could be conveyed as lacking an emotional component as I draw on cognitive therapy. Change in clients can occur without support; it is possible. Yet, I believe and research reiterates that change has a greater chance to occur in clients' lives to have a therapist who cares for them.

To integrate both spiritual and clinical understanding in the change process, I first need to address my basic assumptions of humans and change. Pecheur (1978) mentions that there is an assumption that people have the capacity and will to change. This assumption is at the heart of cognitive therapy, which focuses on changing the thought to change emotions and behaviors (Leahy, 2017b). Therefore, I find myself viewing people as their own agents of change. When they activate change, they are performing out of their free will.

I assume that change is a process that is not linear but dynamic. Prochaska & Norcross (2001; as cited in Cavaola et al. (2021)) outline the stages of change in five stages: (1) pre-contemplation, (2) contemplation, (3) preparation, (4) action, and (5) maintenance. Clients may not always begin in pre-contemplation but can initiate the change process at any stage (Caviola et al. 2021). Caviola et al. (2021) mention that clients inevitably can shift through

multiple stages in their attempt to change their life. I resonate with these ideas and draw from this framework when looking at changes in my own life and the lives of others.

Clinical View

Drawing from cognitive therapy and motivational interviewing, I believe that my work as a clinical therapist stimulates my clients' thought processes to assess their core maladaptive beliefs that address their behaviors and influence their emotions. From a clinical perspective, I am not responsible for the change in a client's life. I view myself as a moderator between their thoughts and behaviors. I also view myself as someone who can challenge and stir up questions and possible frustration for the client to reassess what they consider would be norms for them, behaviors that do not align with their values, and interpret possible connections within their lives that have been maladaptive. The goal would be to assist them in generating change where their actions match their beliefs and to lessen the distress in their cognition and emotions. In utilizing motivational interviewing, I assume the position of placing responsibility back on the client to decide the best course of action in relation to their beliefs and values. Motivational interviewing utilizes (1) partnership, (2) acceptance, (3) compassion, and (4) evocation (Caviola et al., 2021). I see motivational interviewing as a technique that aligns with my views of treating individuals respectfully and allowing them to operate within their own free will. It helps to limit me as a clinician from overextending myself and working harder than my client. In cognitive therapy, I can provide psychoeducation on anxious thoughts toward change and help clients identify the cognitive distortions that keep them from activating change.

Spiritual View

I don't see the change process as just change without God because I believe that each person holds His image and experiences Him in some way, whether it is made aware to them or

not. McMartin (2015) reflects this in writing, “What makes it spiritual is the therapeutic growth itself.” McMartin (2015) highlights the Holy Spirit’s function and purpose in secular and Christian contexts. He assumes that if we believe God to be omnipotent, we must also believe His common grace extends even in secular therapy sessions (McMartin, 2015). My views align with McMartin's as I believe that God exercises His authority and reveals His presence whether or not people acknowledge it (Rom. 1:20, NIV).

From a Christian perspective, I grew up with an underlying culture that once you accept Jesus, you will never return to your old ways. There is this unspoken expectation that relapse should not occur. I think the Christian culture can be oblivious, maybe stubborn, to the reality that humans are fallible despite having the Holy Spirit. The change process in the Christian life is not promised to be a linear journey. We are promised the Holy Spirit (John 14:23-27, NIV). Many stories in the Bible of individuals who were devoted to the Lord often relapsed to old behaviors or justified poor decisions. For example, King David justified stealing someone’s wife through murder because he was king. The apostles went back to fishing after Jesus was crucified and buried. In the same way, the change process in life is not linear, it’s not always instantaneous and can include failures and successes. Change is a learning process.

Pecheur (1978) highlights the importance of interdependence and interaction between God and the person regarding change and sanctification. To blend Pecheur and the stages of change, the person has the capacity to initiate change and have the desire to live differently. The Holy Spirit can provide support throughout the action and maintenance stages in return. McMartin (2015) posits that the Holy Spirit’s work is to perfect, complete, and provide order in someone who has been redeemed by Christ. To understand this in a secular setting, I see that it is common grace that God gives everyone so that they can heal and experience joy in their lives. I

appreciate the idea that common grace helps to prepare people to accept God as Lord because of the Holy Spirit's work of "animating life, restraining sin, and moving creation to its telos" (Bacote, 2005 as cited in Kim-van Daalen, 2012). Whether Christian or not, God intends people not to live in pain and suffering. As a Christian, I believe that common grace can help to level the power dynamic on a personal level to view this world as not separate from myself but as a world that God wants me to care for and tend to. I think this is where the "heart" of my purpose in treating people well is rooted; that God continues to provide and sustain whether or not people acknowledge Him.

The Clinical-Spiritual Collision & Sanctification

Christian or not, I am called to support my clients in creating healthier behaviors relating to themselves and others. Holeman (2012) writes, "Counselors are specialists in applied sanctification when they help Christian clients to conform their lives more closely to the image of God. To borrow a Wesleyan term, counseling can function as a means of grace, a process through which God can pour God's love into human lives." In my interactions with clients, I often hear them say they want to become "better." I have yet to hear clients share that they are content with everything in their lives and that nothing needs to change. The desire to be "better," I believe, reflects the image of God within each person; and the role of the Holy Spirit, who continually works to sanctify and bring into awareness each person's need for Him. To be a clinician in the midst of mediating change and the client, I find this role to be a calling. I believe that the Holy Spirit continues to do his perfecting work in everyone, no matter what. Therefore, I view myself as a tool in His hands, helping to bring change in the lives of fellow believers and reflecting His goodness and presence to those who are not believers.

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