BETWEEN RESISTANCE AND ACCOMMODATION:
EVANGELICAL CHRISTIAN THERAPISTS ENGAGING THE SECULAR WORLD

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ABSTRACT

Living in a secularized society, how do religious practitioners navigate role and identity conflicts involving their faith? In this dissertation, I explore this question by studying Christian therapists, evangelical Christian counselors and psychologists who practice a form of counseling that is distinct from that practiced by mainstream counselors, one that is based on their faith. Drawing on data from 70 semi-structured interviews of Christian therapists, I examine how, in their self-narratives and encounters with the mental health professions, clients, and churches, Christian therapists balance, integrate, and choose between conflicting values and approaches.

With few exceptions, the existing literature on evangelicals overwhelmingly focuses on evangelicals’ resistance and accommodation to the secular, but in this dissertation, I show that evangelicals also draw on strategies that offer a compromise between the two extremes. In one strategy, “reframing,” Christian therapists reflect critically on their faith. Unlike accommodation which involves making changes to appease the secular world, reframing portrays reflecting on and questioning one’s theologies as part of an overall effort to clarify and strengthen one’s religious understandings and commitments. Reframing provides Christian therapists flexibility in confronting a complex, pluralistic world: they can maintain that a singular “truth” exists, but there are multiple paths they can take to reach their final goals. Additionally, they have the freedom to amend their religious understandings as they encounter secular sources of knowledge.

Another strategy, “reconfiguring one’s faith,” involves foregrounding certain components of one’s religion while de-emphasizing and downplaying others. Reconfiguring happens in places where Christian therapists’ religious expression is limited, such as in the workplace or in accredited schools. In these settings, Christian therapists emphasize the aspects of Christian theology that are compatible with professional rules and norms, an approach that enables them to
remain authentic to their faith without having to overstep the bounds of their professional roles. Reconfiguring also occurs in religious contexts: in churches, Christian therapists encourage lay evangelicals to prioritize the cultivating of relationships over traditional evangelical concepts like salvation and the afterlife. By helping lay evangelicals to develop new understandings of faith, Christian therapists contribute to the re-shaping and transformation of evangelical culture.
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CHAPTER 1: INTRODUCTION

The field of mental health has expanded exponentially in recent decades. According to the United States Department of Labor’s Bureau of Labor Statistics, in 2014 there were approximately 991,400 counselors, psychologists, and social workers in the United States (Bureau of Labor Statistics 2016a; Bureau of Labor Statistics 2016b; Bureau of Labor Statistics 2016c). Furthermore, the demand for these occupations will increase at a faster rate than most occupations in upcoming years. The amount of money spent on psychotropic drugs has mushroomed, from an estimated $2.8 billion in 1987 to nearly $18 billion in 2001 (Coffey et al. 2000; Mark et al. 2005).

Today, the field of mental health in general is focused on “solutions-based treatments” and psychotropic medication (Benjamin and Baker 2004). However, there is a growing group of individuals who take issue with many of secular psychology’s underlying norms, values, and assumptions. These individuals, who call themselves “Christian therapists,” are the focus of my research. They provide counseling therapy for psychological problems and, in conflict with secular psychology, explicitly incorporate Christian beliefs, teachings, and practices into their counseling. There are three types of Christian therapists: (1) biblical counselors, who stress the “primacy of Scripture” (Christian Counseling & Educational Foundation 2016a, para. 2) in understanding and treating psychological problems; (2) integrationists, who see psychology and theology as mutually informing (Stevenson, Eck, and Hill 2007); and (3) Christian psychologists, who seek to develop distinctly Christian psychological theories, research programs, and “soul
care” practices (Society for Christian Psychology 2016).\(^1\)

Christian therapists are religiously committed individuals who desire to create and practice a way of counseling that is based on their faith, but this could be difficult for three reasons. First, psychology has historically been a secularized profession. To distinguish themselves from their competitors, pastoral counselors, early psychologists in the late nineteenth century called their approaches “scientific,” which they contrasted with religion (Abbott 1998). Centering their research approaches on empiricism, objectivity, and methodological atheism, professional psychologists left limited room for religious ways of knowing. Today, the psychological profession remains less religious than other professions. In Neil Gross and Solon Simmons’ recent 2009 study of U.S. professors in the 20 largest disciplinary fields, 50 percent of psychologists agree with the statement, “I don't believe in God.” With other factors controlled, Gross and Simmons (2009) assert, “biologists and psychologists — relative to professors outside the top 20 fields — are less likely to believe in God and less likely to hold traditional views of the Bible” (p. 122). Second, psychology’s professional ethics and norms might be at odds with

\(^1\) I am using “Christian therapist” as a general term and the other three terms (integrationist, biblical counselor, Christian psychologist) refer to tendencies within the Christian therapist community. “Biblical counselor,” “integrationist,” and “Christian psychologist” are native terms used in the Christian therapy world. Those who call themselves “integrationists” are psychologists who are Christian, but they are distinct from those who identify as “Christian psychologists.” Christian psychologists see themselves as being more theologically knowledgeable and sophisticated than integrationists (see chapter 2’s discussion on distancing strategies). When it comes to the practice of therapy, however, I find Christian psychologists to be indistinguishable in their approaches from integrationists. Biblical counselors and integrationists have their own schools (which will be discussed in chapter 3), and have distinctive counseling styles (ideas which are elaborated in chapter 4). Practicing biblical counselors work in churches (chapter 5) and in Christian counseling centers; integrationists practice in Christian counseling centers and secular counseling centers. The Christian psychology movement emerged in the early to mid-2000s, so there has not been time for the formation of school programs that take a “Christian psychology” approach. This is why my interviewees who identify as Christian psychologists train in a variety of types of institutions: secular schools, biblical counseling schools, and integrationist schools.
evangelical beliefs. The call to evangelize and spread the Gospel conflicts with psychologists’ ethical obligation to “not impose their values” (American Counseling Association 2014; American Psychological Association 2010) on their clients. Third, evangelical and psychological views of the “self” differ. Therapy and evangelicalism are concerned with similar questions: what is human nature; how should people construct their life stories; what behaviors are acceptable; and how do people find meaning and purpose in their lives. Evangelicalism’s teachings – the need to be “born again,” the authority of the bible on moral matters, and the denial of the self – are seemingly incompatible with therapy’s emphasis on self-fulfillment and self-actualization (Holifield 1983).

As religiously-committed individuals inhabiting a secularized society, Christian counselors must balance, integrate, and choose between multiple values, approaches, and perspectives. They engage with “institutional logics” (Thornton and Ocasio 2008) that represent the different values and principles of modern society’s differentiated sectors—the family, religion, professions, the market, and corporation, and the law. The cultural content of these multiple sectors sometimes overlap, but often conflict (Friedland and Alford 1991). How Christian therapists make sense of and deal with tensions between the religious and the secular is the focus of my dissertation.

Evangelical Christians and their Responses to the Secular

To understand Christian therapists, we need to look briefly at what is known about American evangelicals more broadly because most Christian therapists identify as evangelicals. Evangelical Christians are a significant proportion of the population (Pew Forum on Religion and Public Life 2008). Their religious beliefs are centered on the bible, which they believe to be
the inspired word of God (Hunter 1983). Additionally, they believe that all people are naturally predisposed to sin, the willful disobedience and rebellion against God’s laws (Hunter 1983; Greven 1977), and that to achieve salvation, individuals must undergo a “born-again” experience that involves accepting Jesus Christ as “personal savior” (Hunter 1983; Smith 1998).

How evangelicals respond to the secular world has long been a topic of interest to sociologists. One line of research on evangelicals emphasizes their distinct subcultural identity. From this perspective, evangelicals are successful in the religious marketplace because of the ways in which they set themselves apart from secular society (Smith 1998). Another line of research takes a different approach and emphasizes the ways in which evangelicals have increasingly accommodated to the secular culture (Hunter 1983; Petigny 2009). Christian therapists wanting to resist the secular might withdraw from the mental health professions and work primarily in churches and seminaries in an unlicensed capacity. Therapy, in their view, would be a way to “convert” clients to Christianity. Therapists engaging in accommodation, in contrast, will probably be licensed and seek employment in secular mental health centers and universities. It is likely that they will have limited opportunities to discuss Christianity in therapy settings.

Relatively little work has been done to examine how these two literatures might be reconciled with one another. Marsha Witten’s 1993 book, *All is Forgiven: The Secular Message in American Protestantism*, is one of the few examples of such research. Witten argues that, in addition to resistance and accommodation, some religious individuals engage in “reframing” (i.e. separating symbols from meaning and reflecting critically on one’s own pronouncements). In the sermons she analyzes for the book, Witten identifies only a few examples of reframing; she expects, however, for reframing to become an increasingly popular strategy in the future. My
dissertation, which draws on recent data from 2011-2013, provides an update and extension of Witten’s work. In each of the dissertation’s chapters on the self, the professions, clients, and the church, I explore instances of evangelicals negotiating a middle way between resistance and accommodation.

In the following sections of the introduction, I describe the research methods used for this study and provide chapter summaries highlighting key findings of the dissertation.

**Methods**

The goal of this dissertation is to examine how Christian therapists construct stories, strategies, and boundaries relating their work and spiritual lives. Most of what I am trying to uncover are the “hows” and “whys” of Christian therapy. For example, I am trying to discover how Christian counselors view the relationship between the religious and the secular, and what implications this has for how they see their professional and religious identities as interrelated. I am also asking why and in what contexts Christian therapists will collaborate and partner with secular psychologists in practice and in the academy. There are no simple answers to the questions I am asking. Using surveys would mean limiting my answers to a set of multiple-choice options which would not provide the level of detail that I am seeking. Even open-ended questions in a survey would prevent me from following-up and probing for more detail. Therefore, for this dissertation, I conducted semi-structured interviews, a research method which yields rich and comprehensive data.

In order to find my initial respondents, I contacted churches in Philadelphia and asked them to refer me to Christian therapists. I also contacted leaders in parachurch organizations, in particular individuals connected to Princeton and to my undergraduate institution, Rice
University. From those initial contacts, I reached out to counselors in California, Texas, North Carolina, Pennsylvania, and New Jersey. At the conclusion of each interview, I asked the interviewee to provide the names of a few Christian therapists he/she knew personally; the individuals who were recommended to me were the therapists I contacted next to interview. The snowball method (Goodman 1961), I found, was a particularly effective way to reach biblical counselors. Biblical counselors traditionally reject psychology and many of the social sciences, and they are distrustful of higher education institutions like Princeton, which they view as “anti-Christian.” In order to establish trust with biblical counseling interviewees, it was helpful to be able to say to them, “your friend, so-and-so, recommended that I talk to you.”

**Interviewee Characteristics**

In total, I interviewed 70 Christian therapists over the time period November 2011 - April 2013. I included therapists who said that their Christian faith influenced their work and who were also somehow connected to the evangelical community: they were raised in the evangelical faith, attended evangelical colleges or universities, currently identify as evangelicals, are members of evangelical professional groups, and/or work in evangelical settings (e.g., seminaries, churches, Christian-affiliated schools, or Christian counseling centers). Appendix 1 summarizes the names, degrees, subject areas, licensure status, primary occupation, and affiliations of my interviewees. Interviews were approximately one hour in length. The majority – 54 – were conducted over the phone, 14 were in-person, and 2 were done via email. An oral consent (Appendix 2) was obtained from each interviewee before he/she was interviewed.

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2 In the sections that follow, all interviewees’ names are pseudonyms. I only use Christian therapists’ real names if the data are not from interviews (for example, if I am referring to an article that a Christian therapist published).
There were 41 female interviewees and 29 male interviewees. 15 interviewees identified as biblical counselors, 8 as Christian psychologists, 27 as integrationists, 18 who claimed no affiliation, 1 who considered himself both a Christian psychologist and biblical counselor, and 1 who identified as “Other.”

In terms of training, 34 interviewees attended a Christian university, 20 interviewees came from secular universities, 15 were trained at seminaries, and 1 interviewee attended both a secular university and seminary. The most frequent degrees my interviewees earned or were earning were the Doctor of Psychology (19), Doctor of Philosophy (17), Master of Arts (12), Master of Divinity (7), and Master of Science in Marriage and Family Therapy (7). 33 interviewees were licensed (2 of those were licensed to practice medicine\(^3\)), 19 interviewees were studying or preparing for licensure, 14 were unlicensed practicing therapists, and 4 were unlicensed academic psychologists.

Five interviewees worked in churches (1 counselor and 4 pastors), 16 were professors\(^4\) (15 at a Christian university or seminary and 1 at a secular university), 15 were students\(^5\) (10 at a Christian university or seminary, 5 at a secular university), 27 were practicing therapists (15 at a Christian counseling center, 5 who owned his/her own practice, 2 in a religious community mental health center, 1 in a secular community mental health center, 2 in a secular counseling

\(^3\) Both of these interviewees were former psychiatrists who later became biblical counselors.

\(^4\) Academic psychologists are included because they are part of the “world” of Christian therapy. They teach Christian therapy students, and they write about the practice of Christian therapy.

\(^5\) I include students because I am interested in the socialization processes of becoming a Christian therapist. By interviewing students, I gain insight into how Christian therapists are currently being trained. In some cases, I also get better quality data, as current students tend to recall their training better than working therapists who have not been in school for years.
center, and 2 at a secular university counseling center), 4 were retired, 2 were social workers, and 1 interviewee was trained in biblical counseling but changed careers to an unrelated profession.

The interviews consisted of questions on Christian therapists’ religious and professional backgrounds, training experiences, and current work (see Appendix 3 for the Interview Guide). If Christian therapists had a particular area of interest (for example, some therapists considered themselves specialists in therapies that reconciled faith and sexual identities), I tailored the interview to focus on what they had the most to say about. Interviews were transcribed, then analyzed using grounded theory (Charmaz 2011; Glaser and Strauss 2009).

Chapter Summaries

Chapter Two: Negotiating Christian and Therapist Identities

In the first part of chapter two, I explore the challenges Christian therapists face constructing cohesive identities that balance and reconcile their multiple roles (Simmel 1955). One of the key questions that Christian therapists ask themselves is, “How can I be true to my Christian identity while also being a therapist?” As evangelicals, Christian therapists desire their religion to be highly salient in their lives, but being a therapist can be seen as threatening to their faith: the psychological profession is secularized, religious and psychological views of the self differ, and professional ethics and norms conflict with Christian beliefs on evangelizing. To be a therapist, one might have to become “less of a Christian.”

6 Social workers are on the periphery of the Christian counseling world, but they still have an impact on Christian therapists, so they are included among my interviewees. One of the social workers I interviewed, for example, is a member of a small group made up mostly of psychology graduate students that meet together to talk about navigating professional life as a Christian. She contributes to the group by helping facilitate some of the meetings.
To make sense of their identities and affirm the strength of their religious commitments, Christian therapists construct narratives of their spiritual journeys. As discussed in the literature (Callero 2003; Giddens 1991; Sommers 1994), narratives help people to integrate the different parts of their lives into a coherent whole, to account for who they are and where they are going (Davidman 1991; Wuthnow 1999). The language of spiritual journeys is fluid and dynamic, which, writes Robert Wuthnow, is “an important part of what it means to live in a pluralistic culture…it becomes possible to understand that some people may have moved in other directions and that people also had many different starting points” (1999, p. xxxiii). In Christian therapists’ narratives of their spiritual journeys, their religious and therapist identities are portrayed as complementing one another: specifically, the pursuit of a psychology career is framed as a ministry or as a means to retain, deepen, and reflect one’s faith.

In addition to constructing self-narratives, Christian therapists embrace a particular subgroup identity – biblical counselor, Christian psychologist, or integrationist – and distance themselves from the other groups, in order to assert the authenticity of their faith commitments. Integrationists, who view religion and psychology as having a complementary relationship, prefer understated and institutional (Sikkink 1998) expressions of faith. Biblical counselors, on the other hand, focus on the conflicts between religion and psychology; they express their faith commitments by actively questioning and challenging psychological findings. Christian psychologists see themselves as taking the best of integrationist and biblical counseling; they seek to build a distinctively “Christian” version of psychology that draws insights from a variety of resources and disciplines, including philosophy, theology, secular psychology, and science.

In section two of chapter two, I examine how Christian therapists balance religious and secular knowledge. As evangelicals, Christian therapists are expected to view the bible as an
inerrant and infallible source of truth (Marsden 1991), but as therapists, they also rely on psychological scientific findings. I explore questions such as, “how do Christian therapists use the bible in their work?” and “how do Christian therapists deal with the possibility that psychological truths could conflict with biblical teachings?”

I find that Christian therapists tend to avoid fully resisting or accommodating the secular: instead, they seek to maintain maximal freedom to draw on both biblical and secular sources of knowledge as they see fit. For example, to give themselves some flexibility over biblical teachings, integrationists and Christian psychologists break the bible down into parts and contextualize it, saying the bible is limited in its scope (i.e. does not comprehensively speak on the topic of psychology). To avoid getting stuck in explaining and accounting for every verse in the bible, biblical counselors claim to focus just on the bible’s “big picture.”

When it comes to secular resources, Christian psychologists and integrationists argue that God sanctions the use of secular ways of knowing. Additionally, Christian therapists of all three types assert that it is possible to “be selective” with which parts of secular resources to use. Thus, they treat the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a “support,” a “communication tool” and as a “descriptor” of mental problems, but do not solely rely on it for explanations of the causes of mental disorder.

Chapter Three: Relating to the Mental Health Professions

As part of their ‘professional project’ (Larson 1977), early psychologists actively cultivated an image that differentiated themselves from their competitors, the clergy. Instead of addressing mental health issues spiritually, psychologists embraced science and treated their clients’ problems as issues of adjustment or as biological maladies (Abbott 1988; Holifield
1983). In the fight to claim jurisdiction over problems of living, psychologists emerged as the victors, the group that most of society considered as the “experts” in mental health. Today, professional training and preparation in psychology involves learning from a standardized curriculum that contains little, if any, religious content, as well as getting licensed and agreeing to practice according to a religiously neutral code of ethics. Christian therapists’ relationship with the mental health professions is the focus of chapter three. In part one of the chapter, I examine Christian therapists’ training and schools, and in part two, I explore the symbolic boundaries Christian therapists construct with the secular mental health professions.

Christian therapists, I find, relate to the secular mental health professions from three positions: outside of the profession, in the profession, and in the profession but in a niche. Therapists outside of the profession are biblical counselors, niche therapists include integrationists and Christian psychologists, and therapists in the profession are integrationists, Christian psychologists, or therapists who do not identity with any of the three Christian therapy groups.

Outside of the profession, students attend unaccredited Christian programs where Christian theology – not professional psychology – is emphasized in the curriculum. In the profession, in secular accredited schools, Christianity is not addressed formally in the classroom, but students take personal initiative to explore their Christian faith by forming diversity groups, attending campus fellowships, and seeking mentorship from professors open to investigating religion. In accredited Christian programs in the profession but in a niche, students are taught to integrate their Christian faith with the practice of psychology. Specifically, students learn that being a Christian means embracing scientific methods, encouraging client autonomy, and showing tolerance for different points of view.
An impermeable boundary separates therapists outside of the profession from secular, mainstream professionals. Therapists outside of the profession resist secular professional psychology by drawing on their own, distinct language to talk about psychological problems, cultivating “character” instead of pursuing formal credentials, and looking to the bible, not to science, to understand human behavior.

Therapists in the profession have the weakest boundaries with secular professionals. They play by secular professional rules, producing generalizable, scientific research on topics including measuring and operationalizing religion, virtue, and the relationship between religion and mental health. Therapists in the profession engage in two types of accommodation: (1) they hide or “bracket” their faith from their colleagues, and (2) they research religion and spirituality (not Christianity specifically).

Niche therapists have a complex relationship with the secular profession. To an extent, they distance and separate themselves from the mainstream psychological profession: they form and attend their own professional groups, counsel a predominantly Christian clientele, publish in their own journals, and run their schools according to strict lifestyle codes. In other ways, niche therapists are like the secular professionals: they seek professional accreditation of their schools, counsel according to professional ethics, and conduct research using the standard methodologies of their discipline. To justify a place for themselves within the profession, niche therapists engage in two strategies: they downplay their differences with secular professionals, and they portray themselves as similar to feminists and Buddhists, minorities who they say are accepted by the psychological profession.
Chapter Four: Relating to Clients

Chapter four explores how Christian therapists express their faith in therapy and contribute to the shaping of their clients’ spiritual and/or religious selves. The questions this chapter addresses are, “how do Christian therapists respond to pressures to evangelize and spread their faith?” and “how do Christian therapists negotiate between religious and therapeutic views of the self?”

To convey their faith, Christian therapists engage in translation – communicating concepts from their faith, but in a way that their religiously diverse clients will understand. Biblical counselors translate “sin,” while integrationists and Christian psychologists translate God’s love for clients through “relational therapies.” Christian therapists also are selective with their faith: they will mention Christian concepts that resonate with diverse audiences, such as forgiveness, love and acceptance, and affirming pain and suffering.

When it comes to the shaping of clients’ selves, Christian therapists take one of two approaches: they see themselves as molding their clients into Christians (a popular biblical counseling approach), or they encourage their clients’ general spirituality (this is mainly a strategy of integrationists and Christian psychologists). Molding clients into Christians means encouraging them to adopt “child of God” identities, teaching them to deny themselves, and urging clients struggling with their sexual identity to adopt a heterosexual identity and lifestyle. In contrast, taking a “spiritual” approach involves getting clients to consider the role of spirituality and/or religion in their lives. Therapists espousing “spiritual selves” support their non-Christian clients’ efforts to practice and explore their faith, and they encourage Christian clients to adopt sexual and religious identities of their own choosing.
Chapter Five: Christian Therapists in Churches

In chapter five, I discuss the role of Christian therapists in evangelical churches. I identify three factors which have helped give rise to Christian counseling in evangelical churches: changing responsibilities for pastors, which have left them less time to counsel members of their congregation; a growing desire among lay church members to get involved in church ministries; and evangelical churches’ willingness to develop and expand church ministries in order to attract and retain members.

In the second part of the chapter, I describe the distinguishing characteristics of church counseling. Church counseling, I find, is separate from professional counseling. Church counselors are unlicensed, so they are not subject to the same confidentiality as professionals. Thus, church counselors discuss what is said in therapy sessions with clients’ pastors, encourage clients’ friends and peers to accompany clients to therapy, and interact with their counselees outside of the counseling session.

Church counseling is also explicit about faith. The main topic of church counseling is exploring clients’ relationship with God. Clients talk about their religious beliefs, and praying and reading from the bible is almost always involved in the counseling session. At many churches, clients are required to attend Sunday church services on a regular basis if they are to receive church counseling.

Finally, church counseling is focused on relationships. Most churches are clear that they do not handle serious mental illness, like schizophrenia; their specialty, they say, is on relationships – helping to prepare clients for marriage, for example, or teaching people how to better “shepherd” their Christian peers. Taking advantage of the social resources of the congregation, church therapists get clients’ church friends involved in the counseling process.
Outside of the weekly counseling sessions, clients’ church friends help to “check in” and provide supplementary accountability and support.

In the third part of the chapter, I discuss the complementary relationship between Christian therapists and evangelical churches. Churches provide therapists a steady client pool; Christian therapists, in turn, help grow church ministries and encourage members to be more involved in their congregations. The small group is an example of one church ministry which Christian therapists have had a significant impact. In small groups, church members learn to reconstruct their identities and life stories, and they receive training to provide counseling to others.

Christian therapists impact church culture by shaping how their clients define and experience community. Christians, they teach, should be seeking “community” through their churches. Furthermore, they instruct, relationships among church members should be cultivated in particular ways: people should be spending time together regularly, sharing with one another their spiritual and emotional struggles, and providing support to each other at all times.

Church counselors also play roles shaping how their counselees understand their faith. In their counseling, certain traditional evangelical themes are emphasized: taking personal ownership of one’s faith is viewed as essential; sin is to be avoided and the church body relied upon for guidance and accountability; and people should put their faith into practice, “living it out.” Other aspects of Christian theology are simplified: concepts such as salvation and the afterlife receive little attention, and suffering and life’s difficulties are portrayed as temporary struggles that can be “overcome.”
Chapter Six: Conclusion

Chapter six, the conclusion, summarizes key findings and contributions to the sociological literature, identifies emerging trends and developments in Christian therapy, discusses the dissertation’s research limitations, and suggests areas for future research.
CHAPTER 2: CONSTRUCTING AUTHENTIC, CHRISTIAN IDENTITIES

As a teenager, Dr. Tonya Stone began distancing herself from the Catholic faith in which she was raised. She sought an alternative to what she perceived as Catholicism’s “formulaic, liturgical style” and its “nice and neat little answers to life’s tough questions.” Observing her Protestant friends, Tonya was drawn to how they had a personal relationship with God. Despite her family’s objections, Tonya spent her high school years exploring other Christian denominations and attending Protestant churches.

Recently, Tonya got married, a life event that prompted her to engage once more in the process of exploring “different ways of thinking about God and Christianity.” Wanting to find a church that both she and her husband would find comfortable, Tonya tried out several non-denominational Christian churches and Protestant Christian churches. While she has come to the conclusion that she prefers a more informal, contemporary worship style, she says that now that she is older, she has developed a greater appreciation of the rituals of her Catholic past. She describes herself and her husband as “traveling the gamut of Christianity, being comfortable living in a sort of ‘interdenominational status.’ There are things that we value and appreciate about different Christian denominations. It’s not a mishmash of denominations, it’s just being in an in-between space. We’re so very much ‘both/and’ type of people.”

Tonya continues to cultivate an appreciation for different denominational perspectives at the evangelical university where she works. She values that her university is a “community centered on Christ, with room for diversity within that central focus of Christ. We have people with many different understandings of their relationship with Christ, and I think that’s good because we learn from each other.”
Tonya views her work in psychology as a way to live out God’s calling for her life - to be a person who supports adolescents in their religious, spiritual, and civic development. Besides researching and writing on this topic, Tonya teaches courses on human development, practicing in the classroom what she calls “faith integration.” As a faith integrator, Tonya teaches the science of psychology while challenging students to think about the course materials in terms of their faith. For example, in class discussions, she covers issues like poverty, homelessness, and eugenics, and encourages her students to think of the ways they can become advocates for social justice. In addition, she incorporates biblical teachings in her lectures:

In my human development class, we talk about Freud and Erikson and Skinner, all the big names, but as part of that we also discuss different biblical views of children. I was just telling my students the other day, reminding them of the story of Jesus welcoming the children. When we think about the value of a person or the value of children, we can return to our understanding of the things that Jesus says about people, and in this case, children in particular.

Looking back on her life, Tonya says seeing faith and psychology as connected “is just who I am as a person.” In her experiences, the integration of psychology and Christianity has been “seamless,” allowing her to discover “who God has created [her] to be.”

**Negotiating Identities through Narratives of Spiritual Journeys**

Dr. Stone’s ability to balance her Christian and therapist identities with a “both/and” approach is surprising, considering how the existing literature suggests that therapist and Christian identities would conflict. Simmel, for example, argues that modern individuals are characterized by having multiple identity affiliations that compete with each other and threaten to undermine a sense of cohesive self (Simmel 1955:150-54). Additionally, the literature has found that scientists – in particular social scientists – have lower levels of religiosity resulting from the secularizing forces of higher education, their experiences navigating conflicting
scientific and religious knowledge claims, and their attempts to assert legitimacy and distinguish themselves from the general public (Faia 1976; Lehman and Shriver 1968; Leuba 1916, 1934; Stark 1963; Thalheimer 1973; Wuthnow 1985). As individuals who draw on science and the discipline of psychology in their work, Christian therapists could experience similar pressures and threats to their religious commitments. Finally, past research in the sociology of religion provides examples of evangelicals reconciling multiple identities by making accommodations to their faith. For example, when faced with religious teachings that forbid homosexuality, gay evangelicals adjust their views of biblical authority and adopt more liberal interpretations of scripture (Thumma 1991). Evangelicals of the “new class” absorb the values of the professions to which they belong, exhibiting lower levels of religiosity and more liberal social attitudes than their working class counterparts as a result (Hodge 2002; McAdams 1987; Schmalzbauer 1993). Taken together, the past literature predicts that being a therapist would undermine one’s evangelical faith commitments.

Contrary to what would be expected based on the existing literature, Dr. Stone’s “both/and” account was actually typical of the Christian therapists I interviewed. In this chapter, I examine how Christian therapists understand themselves to be fully Christian and therapist at the same time, despite the fact that the roles of Christian and therapist could conflict. I find that, in order to maintain their dual identities as therapists and evangelicals, Christian therapists engage in identity work, efforts “to create, present, and sustain personal identities that are congruent with and supportive of the self-concept” (Snow and Anderson 1987, p. 1348). As I will argue in this chapter, Christian therapists conduct identity work by constructing narratives that interlink their religious and occupational identities. In these narratives, being a therapist and
a Christian is intertwined, and the pursuit of careers in therapy is portrayed as a form of spiritual growth.

The sociological literature finds that constructing identity narratives is a function of living in a modernized world (Callero 2003; Giddens 1991; Somers 1994). In the past, roles were pre-determined and options were limited; today, people work out their roles for themselves and choose among a wide array of possibilities (Giddens 1991). Questions such as “What to do,” “How to act,” and “Who to be” are “focal questions for everyone living in circumstances of late modernity” (Giddens 1991, p. 70). Self-identity, in the words of Giddens, is a “reflexive project,” as individuals continuously create and revise narratives about themselves, weaving together their past, present, and future into a coherent whole: “A person’s identity is not to be found in behavior, nor…in the reactions of others, but in the capacity to keep a particular narrative going. The individual’s biography… must continually integrate events that occur in the external world, and sort them into the ongoing ‘story’ about the self” (Giddens 1991, p. 54). Self-narratives help people to restore a sense of stability and predictability when “deal[ing] with the troubles created by departures from legitimacy” (Callero 2003, p. 124).

Narratives have also appeared as a subject of study in the sociology of religion. Much of the research on religious self-narratives has focused on the conversion story, a type of narrative that assembles past life events into a logical progression (Balch 1980; Beckford 1978; Downton 1979; Greil and Rudy 1983; Hierich 1977; Lofland 1977; Lofland and Skovond 1981; Long and Hadden 1983; Lynch 1978; Richardson 1985). In this chapter, I go beyond a discussion of religious conversion by examining spiritual journeys, and in doing so, I extend the work of Wuthnow (2000) and Davidman (1991) who argue that religious narratives allow people not just to account for who they are, but to explain where they are going. Conceptualizing faith identities
as spiritual journeys frees up a space for Christian therapists to draw connections between their religious commitments and occupations in personally meaningful, individualized ways. As will be discussed in this chapter, being a therapist is portrayed in my interviewees’ religious narratives as an expression and outworking of their continually transforming faith. My discussion of Christian therapists’ spiritual journeys is organized into two parts. The first section explores Christian therapists’ retrospective accounts of their early years up until their decision to pursue careers in psychology/counseling. The second section focuses on the current work of Christian therapists, including their affiliations with Christian counseling subgroups and their uses of religious and secular sources of knowledge.

In the section on therapists’ narratives about the early lives, I show that there are two types of spiritual journey narratives. In the first, Christian therapists – integrationists, biblical counselors, and Christian psychologists – say that their faith shapes and determines their work: being a therapist is a reflection of their faith or a ministry. In the second, integrationists say that their faith and work identities shape each other: being a therapist is a way to retain or deepen one’s faith.

When Christian therapists talk about their current lives, they mention embracing or distancing themselves from particular subgroups in the Christian counseling community. Integrationists, for the most part, are comfortable working with psychology. In their opinion, psychology overlaps significantly with Christianity. When psychology and Christianity come to different conclusions, integrationists believe, it is important to re-examine (and possibly change) one’s understandings of Christianity. Biblical counselors, by contrast, emphasize the differences

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7 Interviewees’ quotes are not meant to be read as biographic fact. They are presented as examples of legitimate narratives within each field, stylized stories from which one can learn about the culture of Christian therapists.
between psychology and Christianity. Psychology, they say, must be treated with caution and viewed “through the lens” of the bible. Christian psychologists see themselves as forging a compromise between integration and biblical counseling. They start from what they call a “Christian foundation,” and from there, draw on psychology and other disciplines to construct knowledge.

Another aspect of Christian therapists’ present spiritual journeys involves how they handle secular and religious sources of knowledge. Secular sources of knowledge, according to integrationists and Christian psychologists, are a “check” and a “test” to religious knowledge. Biblical counselors, on the other hand, prioritize biblical knowledge; if the bible conflicts with science, biblical counselors will trust the bible. In the biblical counseling worldview, one can draw on secular sources of knowledge, but only if those sources are compatible with biblical worldviews.

Despite relying on the bible extensively, Christian therapists do not want to get trapped in a position of reconciling every detail of the bible to other types of knowledge. To avoid having to account for everything in the bible, line-by-line, biblical counselors will focus on the bible’s “big picture.” Integrationists and Christian psychologists divide the bible into parts and say that the scope of the bible is limited, in their attempts to justify why they take some parts of the bible more literally than others and why, besides the bible, they draw on secular sources of knowledge.

**Spiritual Journeys – From Childhood to Becoming a Therapist**

As evangelicals, Christian therapists want to think that all aspects of their lives, including their work, are shaped by their faith. The problem, however, is that the connections between psychology and Christianity are not obvious or straightforward, and in certain respects, the roles
of Christian and therapist could be seen as conflicting. To make sense of and assert the importance of their faith, therefore, Christian therapists craft narratives that connect their faith and therapist identities. In the narratives Christian therapists construct of their early lives, faith is portrayed as a long-term personal commitment: beyond simple acceptance of Christian teachings and doctrines, Christian therapists say that they have made efforts to live out, deepen, and grow their faith. As part of their efforts to prioritize and cultivate their faith, Christian therapists claim, they have pursued careers in psychology/counseling.

**Long-term commitments to faith.** Consistent with the religious narratives examined in the existing literature (Bellah et al. 1985; Davidman 1991; Madsen 2009; Roof 1999; Wuthnow 1998; Wuthnow 1999), Christian therapists describe their faith in individualistic terms. They see themselves as making a choice to become Christians, then working to deepen and grow their faith over time.

Dr. Mark Davis, an integrationist, says that he has spent almost his entire life exploring different facets of his faith and growing spiritually. “I grew up in a Christian home. Accepting the faith probably came at quite a young age, maybe around the age of six in the sense of the classic, ‘accepting Jesus into your heart.’ That was the way I understood my faith at age six. It’s kind of been reforming it ever since then, just understanding what it means to be in a personal relationship with Jesus Christ, growing in knowledge and maturity, learning what it means to continue to commit to my relationship with God, and being part of a local church.”

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8 Unless otherwise indicated, “Dr.” refers to psychologists with a doctor of psychology degree or a Doctor of Philosophy in psychology.
Karen Lopes, a biblical counselor, describes how her faith has developed over time: “When you’re really young [faith] is really concrete, black and white, and as you get older, it gets more complex and nuanced. It’s been growing and understanding in the complexity of the Lord himself.” For Karen, embracing a Christian identity is not automatic; she purposefully works at aligning her life with biblical principles and teachings: “Faith is not something to slide along with. If I believe something, it has to impact every piece of my life. It means beginning to see inconsistencies with myself, ‘this is what I say, but this is what I do,’ and wrestling with that. Faith has to affect the way I interact with people and the decisions I make.”

Like Karen, Samantha, an unaffiliated therapist, claims to have taken more personal ownership of her faith over the years. Since committing to Christ at a very young age, Samantha has embarked on a “gradual learning about what it means to follow God.” As a child, she says, being a Christian meant “pleasing my parents and teachers and being nice to other kids,” but over time, her faith became more multi-faceted and self-driven:

Toward the end of middle school, I thought, ‘If I’m saying I believe the whole bible I should read the whole bible.’ I started reading it every day and finished when I was 13. In high school, I wanted to go deeper with my friends about spiritual things so I began meeting with other girls to talk about God. In college, I got involved in Campus Crusade and met with other girls on a regular basis to talk about the things that God was teaching us and to pray for one another. That was really meaningful to me. Now in grad school, I’ve gotten plugged into a church and attend a small group.

Dr. Francisco Rodriguez’s spiritual journey has involved exploring an eclectic mix of denominations and religious practices and activities. Raised in a moderate Catholic home, Francisco regularly attended his parents’ church growing up. While still staying involved in the Catholic Church, he became a born-again Christian at sixteen through a friend and attended a

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9 Unaffiliated therapists are therapists who do not identify as integrationists, biblical counselors, or Christian psychologists, but who still consider their Christian faith to impact their work.
Charismatic Christian bible study. During his college years, Francisco was a member of a Presbyterian congregation, and he played an active role in an evangelical campus Christian fellowship. Now, Francisco continues to pursue his faith through several avenues: he contributes regularly to Christian psychology publications, teaches psychology at a Baptist college, and in his free time, reads Christian philosophy and Christian non-fiction.

Charlotte Michael, an unaffiliated therapist, relates that her spiritual journey has been one of asking difficult questions about faith, differentiating herself from others, and arriving upon her own, personal interpretations of Christianity. Like many other Christian therapists who grew up in Christian homes, Charlotte talks about a time in her life when, instead of passively accepting what her parents taught her, she began to reflect thoughtfully on her faith on her own: in high school, she states, she began wondering things like, “Do I need to go to church every Sunday?”

In college, Charlotte started to ask more questions like, “What do I believe in?” and “Am I a Christian?” To explore these questions, she became involved in a campus fellowship, where, according to Charlotte, people responded harshly and judgmentally: “I didn’t completely belong in that circle. I was questioning a lot of things about religion and Christianity and I didn’t get the sense that I could question. Some of my friends would say, ‘You have to believe this, and if you don’t believe all types of things will happen.’ They didn’t want to have anything to do with me, and they didn’t try to really understand.”

For a while, Charlotte stopped attending campus fellowship meeting and going to church, but she continued to investigate religion on her own: “I just kind of explored it for myself. I was very interested in theology and I started reading.” With time, Charlotte started to feel more comfortable with her personal faith. “It was a process. I realized that just because I’m a
Christian doesn’t mean someone can box me into a particular label. I’m still my own person. We have different identities, and we have the freedom to express that identity.”

Now that she has been out of college for several years, Charlotte finally feels she has broken away from the evangelicalism of her past and claimed a faith of her own. The faith of her childhood “didn’t feel real” and was “fake,” she says, until she “got to explore different types of Christianity.” In recent years, Charlotte has continued examining Christianity in different ways: she attended Catholic and Lutheran churches, and she joined a group of young Christian mental health professionals to discuss the intersections of psychology and Christianity. Questioning, exploring, and being independent with one’s faith – Charlotte’s own approach to her religious identity – is how she encourages her religious clients to be in their lives.

**Being a therapist is a way to prioritize and cultivate faith.** According to Christian therapists, being a therapist is an important part of their spiritual journey. In one narrative, therapists portray their work as a reflection of their faith or as a ministry. The flow between one’s Christian identity and one’s therapist identity in this narrative is one-way: faith is the primary organizing identity that shapes and influences all other identities. Adopting a “reflection of faith” or “ministry” narrative is a popular strategy for all Christian counseling types.

A second narrative – more popular for integrationists than biblical counselors – is to depict therapy careers as a way to retain, as well as to deepen and extend, one’s faith. In these narratives, the flow between Christian and work identities is two-way: faith spills over into one’s work; one’s work helps to grow one’s faith.
**Psychology as a reflection of faith.** Becoming a biblical counselor has been a way for Edward Solomon to center his life on Christianity, something that his previous career in technology and marketing prevented him from doing: “When I got out of undergrad it very easy to just take the offer that was presented to me to make the most money possible and support my new wife and myself. I spent 15 years growing a career in technology and marketing. I began growing disillusioned with the corporate structure and I started to think about full-time ministry and how I could move into that.” As Edward reflected on his life, he realized that the one part of his job he liked was talking with people and understanding their needs:

I had the opportunity to pursue market research. I started doing qualitative research design, and I got into the context where I was interacting with CIOs and VPs of IT and really kind of digging into their thoughts, digging into what they were most excited about, being able to share things with them under nondisclosure agreements, talking about technologies that were coming down the path two and three years in the future and just seeing their eyes light up and connecting with them on those things. I look back and I realized it was the ability to have that kind of relational interaction in my career, even in the middle of something that is so non-relational in terms of circuit boards and electrical design and dollars and cents, the bottom line that the business is so focused on.

Being a Christian therapist has provided Edward a way to prioritize his faith commitments and to do what he is truly passionate about – connecting with others.

My wife and I have had to think through how we need to change our lifestyle based on [becoming a therapist] but it’s a small sacrifice in comparison to just the fact that our family now is marked with a consistency between who we are at home, who I am at work, who we are at church, how I am as a parent, how I am as a husband. It’s been quite a journey and recognize that I’m not a great debater, I’m not a great number cruncher, but I am somebody who just loves to get real with people and talk with them about the tough stuff.

For Dr. Elaine Taylor (an integrationist) and Pastor Donald Marshall (a biblical counselor), interviewees who converted to Christianity later in life, becoming a Christian therapist was an outgrowth of their deepening faith commitments. Elaine grew up in a broken home, was addicted to drugs, and left home at age sixteen. Following her conversion to
Christianity in her early twenties, Elaine worked to “completely turn [her] life around.” Her sense of purpose and meaning in life shifted, as did her sense of morality. She stopped using drugs and dating people who were not Christians, immersed herself in a Christian culture, found Christian friends, and read Christian books and the bible. Elaine learned that her church had a Christian counseling ministry and befriended some of the therapists that worked there; as she learned about their work, she became interested in pursuing psychology from a Christian perspective. She attended a Christian university, earning a bachelor’s and doctoral degree in clinical psychology, and following graduation, started a career as a clinical psychologist at a Christian counseling center.

Donald was already a couple of years into his first career as a television executive when he converted to Christianity. At first, Donald viewed faith and work as separate parts of his life, but as his faith deepened over the next few years, he started to perceive a conflict of values between Christianity and the entertainment industry. In his early thirties, Donald came to a major-decision point where career-wise, the next step would have been to move to Hollywood: “Frankly, the higher I moved up in television the less I felt that I really wanted to be a top executive in the business. Meanwhile, my faith started to take over as the most important thing in my life, so I cashed out my 401k and went to seminary.” In his current roles as a pastor and biblical counseling instructor, Donald has found a way to express and prioritize his faith.

Unlike the interviewees discussed so far, Dr. Saul Harper (a therapist who identifies both as a Christian psychologist and biblical counselor) says that his initial reasons for pursuing psychology had little, if anything to do with faith, although later, as his faith commitments grew stronger, he made changes in his career that reflected his spiritual priorities. Saul grew up in a Christian family, and as he describes, “discarded” his faith in graduate school but rediscovered
his faith after several years practicing as a licensed therapist. As his Christian faith became more important to him, he started re-evaluating his work in light of his religion, and he began to re-interpret many of his clients’ problems as sins, not psychological or mental problems. As a result of his changing worldviews, Saul stopped working as a licensed professional and became a professor of biblical counseling at a seminary.

Psychology as a ministry. Lana Bowen, an unaffiliated counselor, pursued a career in social work following two decades serving as a missionary overseas. In both roles, Lana saw herself doing the same tasks – addressing faith issues, educating and training others, and supporting and counseling women.

For Darya Sokolov, an integrationist, serving in her local church springboarded her into a Christian therapy career. Wanting to get more involved in ministry, Darya began serving in one of her church’s women’s groups:

The women came from low socioeconomic statuses; there were battered women and women who struggled with drug and alcohol abuse. At first, I just volunteered to make coffee for them, but then they said, ‘we need a facilitator.’ After a few meetings, I realized I was good at it. People resonated with me and were comfortable opening up with me, and I helped these women get out of their struggles.

Darya started taking a few online counseling courses, and when those initial courses went well, she quit her job in business and began applying to clinical psychology programs. At the time of our interview, Darya was a third-year student in a Christian integrationist program, training to incorporate religion and spirituality in marriage and family counseling.

Pastor David Cooper, an integrationist, explored different church ministries until he found the right fit in pastoral counseling:
I began to develop my faith and felt a calling to go into ministry, so I began serving in my local church and working in a local homeless shelter as a case manager. My primary work was in case management, helping single women and mothers gain employment and housing. But what I found myself doing was counseling them, which is certainly not what I was supposed to be doing. I figured out pretty that’s what I wanted to do and so I went to graduate school and got a degree in pastoral counseling and psychology. After I graduated I went to work for another nonprofit, but I also began doing counseling for a church I had started attending as well.

Soon afterward, the church sought to expand its counseling ministry and offered David a full-time job as a pastoral counselor, a position which he accepted.

Dr. Davis, Pastor Bryan Abney, and Dr. Walter Cassidy each worked as youth ministers before they became Christian therapists. Being a Christian therapist has been a way for them to serve the church, while avoiding the parts of their former jobs that they did not like. Walter, an integrationist, says that the move to Christian therapy allowed him to better engage with Christians’ personal, spiritual, and psychological issues: “I started off doing theology because I originally thought that I would work in a church. Through some of my experiences working in a church, I realized that there were a lot of issues that the church wasn’t able to address well, like depression, suicide, addictions, and other diagnoses. It wasn’t possible to address these issues without understanding people and patterns of behavior.” In his youth pastor role, Dr. Davis felt constrained and distanced from the people whom he was supposed to serve, but now as an integrationist therapist, he is able to have more personal and intimate conversations: “I worked as a youth pastor at a church for a period of time and that kind of pushed me away. I realized it just wasn’t for me. I didn’t want to be up in front preaching all the time. I felt more at home in one-on-one and small group relationships where I felt like I could actually help people with their issues.” Bryan, a biblical counselor, says he values how being a church counselor allows him to “still be a part of the local church”: “I started pursuing a counseling degree at first because I
thought it would make me a better youth pastor. After a while, I started to feel that lock-ins and those kind of things weren’t as much fun as they were in college, being married at that point. But, I really did love counseling, and the more I got into those [counseling] classes, I saw the way that counseling could be a part of the local church.”

**Psychology as a way to retain faith.** Dr. Kayla Becker, an integrationist, was born and raised as a Christian and grew up attending church, but by the time she was in high school, she started asking questions about Christianity: “I was asking a lot of questions, wondering, hey, is Christianity really true? Is it worth it? Is the bible really the word of God? And the church that I had grown up in wasn't all that – they weren't intellectual. They were very emotion based, and they really didn't have a lot of answers to the questions I was looking for.” Kayla attended a Christian college, and it was there that she was taught to approach Christianity from an analytical and intellectual perspective, becoming, in her words, “quite a heady geek.” Although college helped to quell the doubts from her high school years, new conflicts about her faith began to emerge.

I was now finding the intellectual answers to some of the questions that I had, but I was getting really frustrated with the huge gap between what Christians were believing and then what Christians were preaching, and what Christians were preaching wasn’t very helpful…There was just a lot of psychological, emotional, and spiritual turmoil that was just kind of being pushed under the rug, for the most part. A lot of people just wouldn’t talk about depression, and if you did talk about depression, the answer was to go and carry the bible and to pray more, and that didn’t help.

Feeling that Christianity failed to address the realities of psychological and emotional problems, Kayla was about to give up her Christian faith completely, but she started having conversations with the graduate teaching assistants in her psychology classes, doctoral students in the university’s integrationist program. “They started to really impress me because they were
dealing with the concerns and problems that I was seeing in the Christian community. These students weren’t afraid to talk about depression and they weren’t just giving the pat answers of, ‘Hey, go read your bible and pray.’ And actually going to [this school], that brought me back into alignment with my faith as a Christian.” Thus, for Kayla, dialogues with psychology, specifically psychology from an integrationist perspective, is what allowed her to remain a Christian.

*Psychology as a way to deepen and extend faith.* Dr. Grace Black, an integrationist, says that her second career as a psychologist has given her a chance to engage the spiritual interests she developed during her former career as a missionary. Working over a decade in church planting overseas, Grace became interested in the social dynamics of church congregations, but with only a theology background, she felt she lacked a “language” to articulate what she felt “God was teaching her”: “In the midst of being in a pastoring family, I really felt the need to understand the dynamics that were going on, not only within myself and my own faith journey but what I’ve come to understand are the transference issues that go on in congregations. I did some self-educating, reading a lot of psychology, and I looked forward to the day when I might expand on that with graduate studies.” After returning to the States, Grace pursued a doctorate degree in psychology, writing a dissertation on the effects of unhealthy spirituality on psychological growth. Today, Grace works part-time as a faculty member at a Christian university and as a counselor at a Christian counseling center, roles that she describes as growing her spiritually, personally, and intellectually: “I love the work that I get to do and I love it because it develops me as a person; continues to challenge me, to grow deeper in my faith
as well as in my science. It challenges me to grow deeper in my love of God, myself and others; all three. God, myself and others.”

All four types of narratives – psychology as a reflection of faith, psychology as a ministry, psychology as a way to retain faith, and psychology as a way to deepen and extend faith – paint Christian therapists’ work and faith as interlinked. Through the narratives, Christian therapist try to show that their faith is not something that is “tacked onto” the rest of their lives. Faith is a priority for Christian therapists and shapes all aspects of their lives, including their work.

What is most interesting about the two latter narratives (psychology as a way to retain faith and psychology as a way to deepen and extend faith) is that it portrays psychology as a vehicle for furthering one’s spiritual growth. With these latter narratives especially, Christian therapists challenge the idea that psychology must be reconciled with Christianity. Doing work in psychology is like reading the bible or engaging in prayer in these narratives; through it, therapists gain a deeper, more mature understanding of Christianity.

I provided two examples of the two latter narratives, so I am limited in my ability to generalize to the greater Christian therapist population, but I think it is worth noting that the therapists who did use the narratives are integrationists. Integrationists, in general, are comfortable embracing psychology; it makes sense that they would have no problem with viewing psychology as a way to explore and come to new, deeper understandings of their faith. Biblical counselors, on the other hand, are more distrustful of psychology; they tend to think that psychological perspectives should be “screened” first with one’s faith teachings. Thus, it would be unlikely for them to adopt the latter two narratives, both of which involve having one’s work in psychology shape and influence one’s faith.
**Social influences in Christian therapists’ spiritual narratives.** On the one hand, interviewees’ narratives emphasize themes of individualism: the therapists contrast their past and present selves and take personal ownership and responsibility for their faith. Yet, the religious narratives also reveal the influence of social networks in shaping what Christian therapists do. More specifically, I find that family members funnel interviewees toward certain career paths. Family struggles provide an impetus for interviewees to pursue psychology, parents encourage interviewees to explore the counseling occupation, and older generations serve as role models for integrating faith and work. My findings are consistent with those of Madsen (2009) who finds an “interplay between detachment and connection” (p. 1265) in American religious narratives. Though religious practitioners speak of “leaving home,” “the search for novelty [is] constrained by ritual heritage. It [constitutes] an argument within a family tradition, not a rejection of the tradition. Although the restlessness built into the American religion leads to a great deal of shifting around among the islands that constitute the archipelago of faith, there are practical sociological realities that limit how far away most individuals travel from the religion of their families” (p. 1297).

Dr. Amy Boyd’s decision to pursue psychology from an integrationist perspective was heavily influenced by her brother’s struggles with mental illness:

> My older brother had pretty severe mental illness which required that my family being in therapy. The therapy we went to was Christian therapy. God really worked through the therapy, did a lot of healing that way. God used the experience that I had been through, I thought he had really used them to lead me to use the experience to help others. I think having gone through the pain of mental illness impacting him and our family has made me very sensitive to the pain of others, and particularly to the pain of others relate to their own or others’ mental illness. I think I’m sensitive, I pick up on it, I’m attuned to it, and I’m very empathetic about it. I was probably 13 or 14 when I knew that I wanted to be a therapist and I knew I wanted to study it from a Christian perspective. It was all intentional to do psychology within a Christian setting.
Samantha Johnson and Alan Briggs’ parents played key roles in setting them on a Christian therapy career path. In her senior year of college, Samantha considered three career options: teaching, going on a staff for a Christian parachurch, or becoming a counseling psychologist. A conversation with her father, a director of counseling for missionaries, was the deciding factor for Samantha to pursue psychology: “My dad encouraged me to pursue graduate school and to go for a Ph.D. program. I decided to apply to Ph.D. programs and I thought if I didn’t get in I’d try my other ideas.” In college, Alan Briggs mentioned to his father that his idea of a dream job would be talking with people about their relationship with God. Following the conversation, Alan’s father, a seminary professor, set up a meeting between Alan and a seminary faculty member who taught in the biblical counseling department. This meeting was the first step that Alan took toward becoming a biblical counselor.

Laura Wilkinson, Dr. Paul Murray, and Dr. Lauren Pearce model themselves after their parents in seeing their work as a form of mission and ministry. Laura Wilkinson, an integrationist, sees herself walking in her missionary parents’ footsteps in her work as a counselor at a community mental health center. Like her parents who left the comforts of home to “redeem the world,” Laura says that it is her job to go to the world’s “dark places,” meet her clients “where they are,” and “try to make Christ real to them.”

The son of a pastor, Dr. Paul Murray traces his interest in Christian psychology back to his childhood growing up in a church. “As a young boy, I watched my father deal with a lot of conflict in the church. I was an observational type of child. I saw a lot of fakeness in the church, in myself and in others. I tried out social work in college; didn’t like that. I realized I had more of a pastoral heart.” Today, Paul views his work in psychology as “a ministry to the church,”
and in fact, he describes himself as a sort of “modern-day pastor who takes confession” from his clients.

Dr. Lauren Pearce says that the act of integrating faith with the rest of her life is “natural” for her, because she was exposed to integration from an early age. Lauren grew up in a family of missionaries; her father, in fact, was the only Christian mental health professional in the large, South American city where Lauren and her family lived. Observing her father at work, Lauren saw how psychology and Christianity complemented one another and could be used to serve people’s needs: “From my growing up years, I never really saw a sharp divide between psychology, mental health issues, and Christianity.” Later, when it came to attending a Christian college for her bachelor’s and graduate degrees in psychology and then pursuing a career in Christian academia, Lauren says she was “just continuing on that train of thought, where if you were a Christian, how could you not think about your faith and study psychology through that lens?” Today, as a researcher, Lauren continues to draw inspiration from her background. For example, her research on the psychological and spiritual well-being of missionaries and their families is informed by her own experiences growing up as a missionary kid.

**Spiritual Journeys – Current Work**

**Constructing an authentic Christian identity.**

“I see all of life as sacred. When I’m doing the dishes or when I’m doing something around the house or when I’m going for a walk at the lake I’m looking at the beauty of creation. Anything can be an act of love for others and for God and so I don’t see it as something separate, I don’t
see spirituality secular and sacred. I don’t think that they’re two separate categories.” - Dr. Francisco Rodríguez

“A true faith will change everything about you. It’s not like compartmentalizing your life and saying, ‘Church is something that I do on Sunday or is just one area of life,’ but what the gospel tells us is that faith changes everything about us, who we are, out motivation, our heart, out motives, our purpose in life. It gives meaning to everything and changes how we see the world.” – Sara Choi

Dr. Rodríguez and Sara, quoted above, articulate a commonly held belief amongst my interviewees that all things in life, including one’s work, should be shaped by faith. Dr. Bradley Wells refers to this perspective when he says that Christian professors must be careful to avoid that they are not just Christian “in process” but also “in content.” Being a Christian “in process” involves striving for excellence in one’s work and treating others with kindness, while being a Christian “in content” means actually letting one’s Christianity shape one’s research questions, methods, and interpretations of data. Dr. Pearce draws a similar distinction when she talks about “head level” and “gut level” integration in Christian academia:

Where I see some of my colleagues struggling is not the head level of integration but at the gut commitment level. I think that the socialization pressures in our different disciplines are really powerful forces. And so people have to be pretty intentional to make their interpretation skills more robust if they’re not working as a theologian or that kind of thing. Whereas on the psychology side of things there’s always the interpersonal pressures to think about the world in a certain way and to produce certain types of scholarship and not others and that kind of thing. So, it’s an issue of heart commitment… not in my head but in terms of the gut commitments that actually affect behavior.
Dr. Becker says that while it is easy to integrate faith and psychology intellectually, what proves more difficult is actually integrating faith personally – having one’s faith shape one’s actions and behaviors.

When it comes to overall integration, I actually think of it as two different levels. There’s what I call the small “i” integration where you say, ‘how does this theological principle mix with that psychological principle?’ It’s more an ideological integration. And then there’s what I call the capital “I” integration, where it’s an internal or personal or soulful integration of the person. And I have to say, with the big “I” integration, I’m still working on it. I’m asking myself, ‘Who am I as a clinician? Who am I as a therapist? And how do these things go together with me as a Christian in this moment?’

While prioritizing one’s faith is valued in Christian therapist circles, there is less consensus on what this looks like in the day-to-day. Central to the concerns of Christian therapists are questions revolving around authenticity: What should one’s work look like if one is truly Christian? In this section, I continue to examine the identity work of Christian therapists and discuss how, in their current roles, my interviewees assert the authenticity of their faith identities through the strategies of embracement and distancing (Snow and Anderson 1987). Embracement refers to “the verbal and expressive confirmation of one’s acceptance of an attachment to the social identity associated with a general or specific role” (p. 1354). Distancing occurs when individuals “have to enact roles, associate with others, or utilize institutions that imply social identities inconsistent with their actual or desired self-conceptions” (p. 1348).

10 In the following section, I explore the embracement and distancing strategies of both biblical counselors and integrationists. For Christian psychologists, I discuss only their distancing strategies because Christian psychologists’ embracement and distancing are interrelated (i.e. they define themselves by highlighting their differences from integrationists and biblical counselors).
**Embracing a biblical counseling identity.** Andrew Romano, a self-identified biblical counselor, believes that a good Christian counselor will talk openly and directly about God with his clients: “Counseling needs to be Christian on a meaningful level. What makes this different, where is the Christian in this, where is Christ in this, where’s the gospel in this, where is the view of suffering, sin and identity?” Similarly, Sara Choi believes that Christian counseling should “inform clients about their relationship with God and God’s purposes for their lives.” In her opinion, secular psychology is inherently inferior because it “misses parts about motivation, why we change, how we change, and for what purposes do we change.”

For Eric Owens, being a biblical counselor means evaluating secular psychology with a biblical “lens.” From this perspective, the bible contains basic foundational truths through which secular psychology must be interpreted and evaluated. Saul Harper’s way of applying a biblical lens to psychology is to examine and critique the worldview assumptions behind secular psychology terminology. He says, “I work with the categories and concepts of the secular counseling world as much as I can, but I want to redeem and redefine their language in such a way that I’m understanding them differently.” In particular, Saul argues that secular psychology overemphasizes biological explanations of mental illness, when spiritual factors should also be considered. Thus, he asserts, “When I use the term, ‘mental disorders,’ I reserve the right to define and interpret it in a way that is consistent with my [biblical] worldview.” Although today’s mental disorders are often considered a “disease,” Saul says that mental disorders are actually sometimes reflections of sin. For example, according to Saul, depression is not, as many in today’s culture would believe, a chemical imbalance; rather, it often a manifestation, a warning sign, of a person’s spiritual problems that need addressing. Using the term “mental disorder” suggests that problems can be solved with medication, when in reality, Saul argues, the
causes and solutions to psychological problems are spiritual. Pastor Donald Marshall judges secular psychological theories according to how closely they match what he believes are biblical views of human nature. According to Donald, the bible portrays humans in a balanced way – as made in the image of God but also sinful – while secular psychology tends to err on one side or the other: “I’m not very keen on some of their human anthropology and the way they see the person. They don’t see the person as someone before God and made in God’s image so they have a very low view of the person on the one hand. But when it comes to their problems they have a very high view and they don’t take sin seriously.”

**Embracing an integrationist identity.**

Integrationists who emphasize similarities between psychology and Christianity. Integrationists like Dr. Christine Edwards, Brenna Tsai, and Dr. Mark Davis emphasize the similarities between secular psychology and Christianity. According to Christine, the “developmental paths” of therapy and the Christian life revolve around the same goal, “getting people to heal and grow.” Brenna, like Christine, perceives several areas of overlap between psychology and Christianity:

In terms of similarities, both psychology and Christianity are interested in growth. In order to grow spiritually you need to be aware and real with your condition and I think for psychology and counseling, a major goal is to help people to come to terms with who they are. Both deal with stripping off layers to get at who you really are. Both psychological and spiritual growth require relationships, people who allow you to be real, accepted, and loved. Both are concerned about wholeness in people. With psychology you want people to go from being broken and hurting to whole and I think spiritually there’s that as well.

Brenna identifies a difference between psychology and Christianity, but it is of little concern to her:
In terms of differences, in Christianity there’s a greater emphasis on morality and in psychology there’s a lot more grey and a lot more ‘what does this mean for you,’ and it’s more relativistic. This hasn’t really bothered me because I feel like I tend to be more relativistic as well; I can see things from multiple perspectives.

In Dr. Davis’ experience, psychology is a broad discipline that allows him to pick and choose the theories that resonate with Christianity:

Sometimes I can talk about faith perspectives understanding that it goes hand in hand with psychology, and in other instances I have to try to figure out how the balance works. I haven’t really experienced that many conflicts. I can be fully Christian and fully psychologist at the same time. Psychology is an interesting field where you can hold a variety of beliefs and practice and function. I can be cognitive behavioral, I can be humanistic, I can be psychoanalytic. I’ve never really experienced many moments where I’ve felt I had either a faith crisis or a professional crisis in deciding what I should do in this moment. I really see them far more together than separate.

Integrationists who emphasize differences between psychology and Christianity. Other integrationists say that psychology and Christianity are different and interacting with those differences is a supplement – not a threat – to their Christian identities. Dr. Randall Buchman, for example, draws on the different perspectives of psychology and theology to have a fuller perspective of humanity.

So my sense of the person as made in the image of God and as fallen comes from my Christian perspective. But that’s where my Christian perspective on the human person ends. So much of how I think about development comes from secular psychologists. The idea of how we develop a sense of self and how we go through identity formation, how we separate from our care givers and even just develop a sense of ourselves as separate people comes from secular psychologists and then, you know, psychodynamic theory and theory of motivation as far as like utilizing cognitions and behaviors to help motivate us and change us I think comes from secular psychology.

Similarly, Dr. Lauren Pearce describes integration as a bringing together of multiple resources to get a fuller picture of God’s truth.

Integration is trying to understand people using all sources of truth that God has made available to us. That means that I can draw from God’s revealed word and some of the wisdom that’s accumulated over the centuries within the Christian
tradition. I can also draw on the way God has created people to be able to understand the world in systematic ways so that would be the psychology part of it.

Being an effective integrationist requires a combination of theological wisdom and scientific expertise, Lauren believes.

You have to know what you’re doing in terms of understanding what scripture has to say and in terms of understanding how to read research in the field of psychology. I think a lot of times integration can go wrong when people are weak in one area or the other, when they have a Sunday school knowledge of the bible or when they are unsophisticated consumers of psychology, when they don’t stop and look at operationalization and sampling, and what are the leaps that are being made in terms of the interpretation of data and that kind of thing.

For Dr. Black, being an integrationist means bringing together the different “languages” of psychology and Christianity:

For so long, theology and psychology have not been talking to one another. I see myself blending these two languages or helping the languages talk to each other. I have really appreciated having the language the psychology gives me in order to describe what I think God has often been trying to get me to understand in one way or another. I suppose if I was pushed into a corner I would certainly say I’m a Christian first and a psychologist second, but I’m a Christian who has found that I meet God in the pages of my psychology text also. So I think I know God better; I certainly know myself better, and I believe that the Holy Spirit has been active in my training as a psychologist and my development as a person.

Dr. Joanne Wilson, a marriage and family therapist, has found psychology and Christianity to be mutually informing. On the one hand, she has used biblical themes like covenant, grace, empowerment, and intimacy to help strengthen her clients’ relationships:

It’s a very deep level of trying to draw from what we’ve received in Christ or in our faith and how then does God want us to treat one another. One concept that the scripture talks about is covenant and unconditional loving. Another concept would be grace, the importance of acceptance and forgiveness. Another concept would be empowerment, which has to do with how we grow and get transformed, and in the context of relationship how God’s spirit works within us to transform and change us and help us reach our full potential. And then another aspect would be intimacy, which is a deeper knowing and being known, like how God wants to know us in a very personal way.
On the other hand, she has turned to psychology to arbitrate theological debates regarding gender roles in marriage:

Some people say that women need to submit to their husbands based on a biblical passage. What I would say is that mutual submission is a part of a relational God, the Trinitarian God, having us be in a reciprocal mutual relationships where each voice is important. So I could take this biblical principal, fit it with my differentiation theory and say that’s really more what it’s about; two are better than one because you have two strong persons that develop in a relationship. It’s just bringing in many of the concepts I’ve learned in the secular and how well that comports with basic principles that I think are there in scripture.

According to Dr. Cassidy, psychology and theology complement one another, as each has what the other lacks:

I want theology to be more holistic and I want psychology be more theological. Theology should do more to stress a holistic aspect of how we understand the human person. It’s not just filling the mind, but it’s also the body and the emotional state that are important. But then when it comes to psychology, I want psychology to stress the importance of spirituality… So, basically, bringing all these things back together I think is what’s important and what’s needed.

**Distancing strategies of biblical counselors.** Besides embracing certain Christian counseling identities, my interviewees distance themselves both from members of opposing Christian counseling subgroups as well as members of their own group. Distancing is a form of identity work whereby “identity is constituted not by essential characteristics but instead by a set of relationships to the Other, or whatever is not the Self” (Hess 1993, p. 43). In other words, to assert who one is, one describes who one is not. In the sociology of religion, scholars have observed that religious groups amplify their differences and distinguish themselves from others through distancing strategies (Madsen 2009; Sikkink 1998).

For biblical counselors, distancing serves as ways (1) to demonstrate and emphasize the depth of one’s faith commitments and (2) to address criticisms and critiques.
Distancing to articulate the depth of one’s faith commitments. Andrew and Alan, biblical counselors, contrast their deep faith commitments with what they consider to be a lack of consistency in the faith application of integrationists. Andrew says that integrationists think that merely doing a job excellently is “Christian,” when in his view, “that application of the Christian faith is pretty superficial.” For him, counseling is not “Christian” unless God is explicitly mentioned. Alan believes that integrationists have an unsophisticated view of faith that prevents them from incorporating Christianity consistently into counseling. According to Alan, “a typical integrationist believes that scripture is good for a number of things, psychology is good for a number of things and he is always trying to figure out what pool he should be drawing from.” Alan sees himself as taking a different approach: “I would say that the bible shapes what I’m doing in all of my ministry. Integrationists are just saying, ‘bible over here, psychology there, and I’m picking between the two.’”

Distancing to address criticisms and critiques. Besides distancing himself from integrationists, Alan sets himself apart from certain types of biblical counselors, in order to counter stereotypes that biblical counselors act judgmentally toward their clients. The first generation of biblical counselors, those who worked mainly in the 1970s, 1980s, and much of the 1990s, Alan explains, “focused too much on confronting and admonishing, and I would say admonishing is absolutely part of biblical counseling but not all of it.” Alan says that he identifies with the second generation of biblical counselors, those who account for “both sin and suffering.” Sara, a biblical counselor, also sets herself apart from the first generation of biblical counselors, in particular Jay Adams, one of the founders of the movement: “Jay Adams is a big name in the history of biblical counseling. He was very conservative and very focused on sin. I
think there were truths to what he said, but he overemphasized sin at the expense of other aspects, kind of to a detriment. He took a hardline stance where sin is the root of all problems.” Edward, who self-identifies as a biblical counselor, says that he “stands in the middle of a bunch of different counseling movements and wants to re-appropriate the term of biblical counseling.” He says that he draws on “biblical principles” in his counseling, but he is not like the majority of biblical counselors, who, in his opinion, assume that reading from the bible or praying automatically make counseling “biblical.”

**Distancing strategies of integrationists.**

Integrationists distance themselves from biblical counselors to highlight and emphasize the breadth and depth of their own expertise and knowledge as well as to defend and protect their status as professional counselors. To emphasize their commitment to their faith, integrationists will also at times distance themselves from certain members of their own group who, they say, fail to adequately express their faith at work.

**Distancing to demonstrate the breadth and depth of one’s expertise/knowledge.** When integrationists talk about biblical counselors, they assert that the problems people go to counselors for are complex, involving spiritual, biological, social, and psychological considerations. Biblical counselors’ treatments, they say, are focused narrowly on the bible and are inferior to integrationists’ more comprehensive therapeutic approaches.

Hannah Gardner, for example, asserts that while “biblical counselors look just at the spiritual side of things,” she examines her clients from multiple angles:

Looking at the spiritual side is helpful if the problem is just occurring in one realm. But often, and always with the people I work with, there are impacts on
Similarly, Dr. Baker believes that sometimes, a client’s “particular obstacle isn’t about their faith,” in which case biblical counselors’ approaches are not appropriate:

Biblical counselors will contextualize whatever the struggles are in the context of biblical answers, with the understanding that if this person applies the bible and turns toward God, that problem will be healed. The bible and the scriptures in and of themselves are sufficient for all problems.

Dr. Davis describes how, in contrast to his approach which considers the impact of biology on mental disorders, biblical counselors see all problems as a result of sin:

Biblical counselors tend to view things as related to sin. They say that most mental issues have a component of sin whether it be pride or unbelief. I would differ and say that I don’t think it has to do with that. I have much more of a belief in the diathesis model, basically that there are genetic predispositions for certain disorders. If one encounters the right stressor, the certain disordered behavior or experiences will be there.

Dr. Black calls biblical counselors’ therapies issue-specific; her integrationist approaches, on the other hand, supposedly change the entire person. She says she and her colleagues “help clients to identify the more recalcitrant patterns from their own past,” not “tell clients what they ought to do or identify a biblical principal that might apply to a particular situation,” as she feels biblical counselors do.

*Distancing to protect and defend the status of counseling.* Joyce Wiseman and Dr. Taylor take issue with how biblical counselors call their work “counseling.” In their view, the title “counselor” should be reserved for people who work according to the rules and standards of
the counseling profession. It is important to them that a clear separation is made between integrationists (who are professionals) and biblical counselors.

Joyce calls biblical counseling “radically different” from integrationist counseling: “A biblical counselor says, ‘well let’s look at the bible and see what the bible has to say about this situation.’ If somebody wants that I would sent them to a pastor. I’m very uncomfortable with even calling that therapy or counseling because there is something else being privileged over the person’s experience.”

Dr. Taylor agrees that biblical counselors bring their values overtly into the counseling session, which she feels is a direct violation of what “counseling” should be about. Sometimes, she relates, Christian clients will come to her expecting biblical counseling, but this is “not therapy at all. This is pastoral advice.” When one “teaches values of the bible” they are providing “something other than traditional psychotherapy.” Dr. Taylor has serious reservations about the values communicated in biblical counseling, which she says is “certainly not the kind of therapy I practice.” In her opinion, a true counselor “discloses his theology” and has a “lot of openness and humility about Christians coming to different conclusions about theology.”

*Distancing to demonstrate one’s commitment to expressing one’s faith.* Dr. Barry Liao and Dr. Pearce distance themselves from certain types of integrationists who they feel succumb to pressures to minimize or downplay their faith. Being a “true” Christian means expressing one’s Christian identity in one’s work, Dr. Liao and Dr. Pearce believe, but not all integrationists do this. When Dr. Liao was in graduate school, for example, he got the impression that his integrationist professors wanted students to hide their Christian identities from their clients: “Our program really instilled in us a ‘closeted’ Christianity. Like, we have to be a psychologist first,
and if the clients wants to talk about Christian issue, only then can we bring it out and be like, ‘oh, haha here’s my secret—I’m a Christian as well.’ Otherwise, it was like, ‘hide it as much as possible,’ is the vibe that I got, which is ironic since we were in an integrationist program.” Dr. Liao considered himself unique in how he states openly in his website that he is a Christian and is willing to work with clients on a range of spiritual issues.

Dr. Pearce also distances herself from certain integrationists who she feels do not express their Christian perspectives enough in their work. Dr. Pearce says that at other integrationist schools, people are “much more swayed by what the larger field of psychology wants to see so there’s actually not much integrative research that comes out of that schools. It tends to be just Christians doing what most other psychologists do.” It is important to Dr. Pearce that at her school, her approach to integration, engaging deeply in theology and publishing primarily in Christian – not mainstream – journals, is accepted and welcomed.

**Distancing strategies of Christian Psychologists.**

**Distancing to exercise personal discretion over the merging of faith and work identities.**

A common critique of biblical counselors and integrationists is that they are too “extreme” – biblical counselors are reputed to be closed-minded and to rely too heavily on the bible at the expense of other valuable sources of knowledge, while integrationists are said to blindly consume secular psychology without first applying an appropriate “biblical lens.” To avoid these extremes, a few of my interviewees identify as Christian psychologists. Dr. Ethan Marcus, Melanie Whelan, and Dr. Murray say that they identify with Christian psychology because they view it as offering a compromise between integrationist and biblical counseling schools of
thought. According to Ethan, Christian psychology includes elements of secular psychology like “clinical practices, research, and theory-building,” but also “approaches psychology with a Christian interpretation of human beings and assumes the existence of God, sin, and the power of Christ to offer some measure of psychological healing.” Furthermore, Christian psychology allows Ethan the flexibility to draw from the various approaches of the different Christian counseling subgroups:

All of the Christian counseling movements developed because they were seeing some side of the complexity of psychology. They all ought to be taken seriously and listened to. The dialogue between people who have different views seems to be to be really important as a way that God works in the world. One of the downsides of the counseling wars of the last 40 years is these folks tend to kind of stay to themselves and kind of reinforce their own views, but they all have something to contribute for us to gain the most comprehensive understanding of psychology.

Melanie finds that she is able to negotiate a balance between faith and work through Christian psychology.

On the one end, there are people that really keep their faith and their work totally separate. They might say, ‘I’m a psychologist and I’m a Christian and those have nothing to do with each other.’ On the other end, there are people who would say that a pastor is the only legitimate person to do counseling and the bible provides all the resources need to counsel people. I would put myself in the middle where I think that my faith does have a direct relation to the work I do and the bible has a lot to say about things that are addressed in therapy. Christian psychology is a theory of psychology and therapy that is built from and sifted through a Christian worldview from the ground up.

Dr. Murray has degrees from both biblical counseling and integrationist schools and currently serves as a director of a biblical counseling program. A self-identified Christian psychologist, Dr. Murray’s teaching and counseling philosophy pieces together various parts of his integrationist and biblical counseling background. Dr. Murray says he does not want to be like the biblical counselors of his past who were “arrogant” in their refusal to learn from secular psychology, but he does seek to emulate the ways they centered their lives on God:
[The biblical counseling school I attended] taught me how to think. The reformed theology is some of the most intellectually rigorous in thinking about life. All of life is before the face of God. There isn’t stuff that’s secular or stuff that’s Christian in that sense from a Christian perspective. There’s no such thing as secular work. Reformed theology really sets out a pervasive worldview for how to view what’s happening. Why is there suffering? Why is there evil? What am I supposed to about it? I’m not trying to fix it so there’s no more evil, and yet my job is to work in mercy and ministry. Jesus heals, but our job is still to do that work.

From the integrationists, Dr. Murray has learned to be open to secular psychology, but he disapproves of what he considers to be the shallowness of their theology: “They can have a doctoral view of psychology but a Sunday school view of Christianity, a psychology that have some Christian flavors to it.” Rejecting the theological approaches of integrationists, Dr. Murray sees himself drawing on his biblical counseling training to articulate a “robust relationship between psychology and Christianity.”

**Connections to the sociological literature.** The integrationist/biblical counseling conflicts revolve around the issue of authenticity: how should a committed Christian express his or her faith at work, and how should he or she relate to secular psychology? Biblical counselors talk about God explicitly in their counseling, and they view secular psychology with caution, critically evaluating theories and schools of thought through a biblical lens. Integrationists, by contrast, are more comfortable with secular psychology, and they emphasize that Christianity and psychology can be brought together in a mutually informing way. Those who seek a compromise between biblical counseling and integrationism identify as Christian psychologists. Despite taking different approaches to psychology, all three types – biblical counselors, integrationists, and Christian psychologists – seek to relate their faith to their work in personally meaningful ways.
Differences between integrationists and biblical counselors parallel the orthodox/progressive divide summarized in Carroll and Marler’s (1995) ethnographic study of two Protestant seminaries. For orthodox adherents, “truth is ‘back there,’ instantiated in an inerrant Scripture. The task of the Christian is to interpret the biblical text accurately so that it can be applied to issues of personal and social life” (pp. 15-16). This approach is similar to that of biblical counselors who look to the bible as the primary source of truth and who reject secular psychological theories that conflict with biblical teachings. Integrationists are like progressives who believe that “truth is ‘in here’ – inherent in human beings and the natural order, and ‘out there’ – a state that the world is moving toward…Traditional institutions and the beliefs that undergird them are subject to revision in the light of contemporary experience and/or the current standards of scientific advance” (p. 16). For integrationists, secular psychology and the bible are sources of truth, and while each may have their shortcomings and biases, therapists can exercise their personal judgment and draw on a combination of both sources in order to develop a fuller picture of reality.

Besides the orthodox/progressive contrast, Sikkink’s “nascent” and “institutional” groupings apply to biblical counselors and integrationists (Sikkink 1998). According to Sikkink, “the nascent-institutional division [revolves] around mostly a question of style, that is, how one [can] and should appropriately express one’s inward identity in one’s outward, public life” (p. 69). “Nascent types [feel] that some kind of symbolic stance [needs] to be included in one’s identity either through political involvement, community service, or interpersonal relations” (p. 66), while institutional types express their faith subtly, like the interviewee in Sikkink’s study who says, “I think if you live your everyday life as a Christian, people are going to know you’re a Christian. I don’t think you have to go around shouting it from the rooftops” (p. 69). When
biblical counseling interviewees like Andrew Romano ask, “Where is the Christian in this [counseling]? Where is the gospel, the discussion of sin and suffering?” they are drawing on a nascent expression of faith. In contrast, an institutional perspective is reflected in Ryan Martin and Dr. Yvonne Baker, integrationist therapists who communicate their faith in understated ways. Ryan summarizes his approach in the following way:

The label isn’t on my shirt. Faith can be expressed in numerous ways but it doesn’t have to always be an overt passage of scripture and things of that nature. Being a Christian is very integrated into my life and how I live my life as an advocate for people in need. I’ve been in business experiences where people have put the fish symbol on their business card or something as if that lets people know that their business practices are with integrity. I would prefer people to discover that not from a symbol that I have on my card but just how I live my life.

Similarly, Yvonne says that she does not use “faith as a tool in counseling,” so it may not be obvious to outsiders that she is a Christian; nevertheless, being a Christian is a “powerful piece that is integrated into all aspects of [her] life.”

Ryan and Yvonne’s statements reveal that communicating obliquely about one’s faith can be viewed by integrationists as a way of being authentically Christian. This perspective bears similarities to the “gay integrators” described in Wayne Brekhus’ book, *Peacocks, Chameleons, Centaurs: Gay Suburbia and the Grammar of Social Identity*. According to Brekhus (2003), gay integrators’ “gay identit[ies] are turned on all the time, but at low volume. Their marked trait becomes just one of a number of facets by which they organize their life and identify themselves” (p. 29). Although they do not display distinguishing “gay” ways of talking, dressing, and behaving, they consider themselves authentically gay. Brekhus explains, “For the integrator, presenting oneself as just a regular Joe is not merely a calculated political strategy to be assimilated into mainstream society. Instead, it is indicative that the integrator’s multiple social locations and not just his most politically salient location shapes his values, interests,
attitudes, and worldview” (p. 79). Thus, while gay integrators may be lumped in “the assimilationist side of the assimilationist/separatist debate…this categorization limits our full understanding of the ways in which gay integrators attempt to manage their identity. The integrator possesses a nuanced self that is shaped by his ‘multiphrenic’ (Gergen 1991) social location among many simultaneously competing social affiliations, identity groups, and thought communities” (p. 94). Similarly, for integrationists like Ryan and Yvonne, Christianity and psychology complement and affirm one another, so there is no need to communicate a distinctively “Christian” message. For integrationists, biblical counseling approaches are less authentic, over-the-top expressions of faith.

**Negotiating Religious and Secular Sources of Knowledge**

One of the potential threats to the religious identities of Christian counselors is the multitude of ideas that they encounter as members of a pluralistic world. When faced with a variety of viewpoints, many of which may challenge or contradict their religious beliefs, the literature predicts that evangelicals would take one of two responses: (1) They would view their evangelical beliefs as less plausible and adjust them to align more closely with secular ideas (Berger 1967; Hunter 1983); (2) Alternatively, they would resist any secular ideas that conflict with their religion, and in effect, draw only on religious sources of knowledge (Smith 1998). Interestingly, I find that Christian therapists engage in a combination of the two responses outlined above: they use both religious and secular resources, but do so in ways they feel avoid compromising their Christian worldviews and identities.
Using the Bible

According to the existing scholarship, evangelicals believe that the bible is the inspired word of God (Smith 1998) and is inerrant and infallible with regard to all spiritual, ethical, and religious matters (Hunter 1983). The bible is a unified whole, a cohesive story about the nature of God and humanity, written in a straightforward manner, and to be understood ‘in its plain and obvious sense’ (Bielo 2009). From a traditional evangelical perspective, the bible speaks to all things, so that “whatever we discover through human agency has already been stated, in some measure, in the Bible…Various epistemologies (natural science or physical and emotional health) are fully justified only when they are verified by the Bible” (p. 53). Much like the evangelicals described in the existing literature, interviewees hold the bible in high esteem, describing it as “a source of truth,” “a guide to know God,” “a way for people to understand their purpose,” and “a sign that points to God’s plan.” However, they depart from traditional evangelical approaches by saying that the bible’s truths are not self-evident and must be discovered through careful interpretation and study.

Dr. Taylor, Dr. Pearce, and Joyce Wiseman, integrationists, do not treat the bible as a unified whole, choosing instead to break the bible down into its “parts” and “contextualize” it. Dr. Taylor says, “the bible is a complicated series of books, letters, and writings from several different cultures over a very long time. Certain books might be historically accurate, and some parts may have some misinformation or some non-factual information. There’s different genres, there’s poetry, there’s personal correspondence between different people in the church, there’s stuff that’s more allegorical, and there’s some that is more of an oral storytelling.” Thus, each section of the bible should be treated individually, evaluated for its original purposes and intentions, and applied to psychological/counseling issues only after it is translated into the
present context. Similarly, Dr. Pearce says that while she uses the bible, she will account for the “genre of the text” as well as tease out its “historical and cultural” biases. Joyce says that the various contributors to the bible were shaped by the cultures of their time. As fallible people, they inserted their biases and “personal perspectives” in the text. Thus, according to Joyce, “biblical interpretation should be taken on with great humility.” Christians need to be open to the possibility that the text of the bible may not actually reflect God’s intended truth for his followers. By breaking the bible down into its part and contextualizing it, Dr. Taylor, Dr. Pearce, and Joyce, in effect, depart from traditional evangelical perspectives and carve out a space to exercise their own judgment with the bible. They can “tune out” what they feel is irrelevant and reinterpret parts to better fit their sense of what is true.

Dr. Vogel (an integrationist) and Dr. Rodríguez (a Christian psychologist) say that the bible is true but does not speak comprehensively on all topics. They are like Catholics who treat scripture not as a textbook with the details of the physical world but as a guidebook to salvation (Harris 2002). Specifically, Dr. Vogel looks to the bible as a guide for her life, but not as a resource for treating mental health issues: “I think the bible is the inspired word of God. I believe it has authority, but I don’t think it includes a cure for all things. It’s like, if you’re working on curing cancer, you can’t look at the bible and have your whole treatment come straight of there.” Dr. Rodríguez prioritizes his use of the bible but will draw on other sources to inform his work as a therapist: “The bible is my primary source of truth. Of course, I also consider things like science, my own personal experience, logic, reasoning, you know, the classic elements of epistemology; I factor all those in. But, I have an authoritative source of knowledge and scripture as well.” In saying that the bible does not address all mental health issues, Dr. Vogel and Dr. Rodríguez justify their use of other resources, including secular psychology.
To avoid having to account for each detail in the bible, Pastor Abney (a biblical counselor), Sara (a biblical counselor) and James (a biblical counselor) focus on the bible’s “big picture.” For Pastor Abney, the bible provides “the big picture, broad brush strokes of what we need to understand and help people.” In his view, counseling problems can be situated in the general narrative found in the bible, one of “creation, the fall, and redemption.” Similarly, Sara talks about how the “bible is relevant and informs every part of our life” through its “timeless principles.” James says that the bible is a “sufficient” resource for all of the issues that come up in counseling, but therapists have to do the work to relate the specifics of their situation to the bible’s themes:

Sufficiency of scripture for me means that the scriptures certainly provide us with everything that we need to develop a comprehensive understanding of human nature in terms of just the core elements of a human beings, like sin and the grace of God working itself out in the person. So I do believe that the bible gives us all the elements that we need to come up with a very comprehensive understanding of humanity at its most critical level. The scriptures in terms of sufficiency provide us with a profound paradigm of change, what does change look like, what is the purpose of change and then the scripture even teaches us a lot about methodology of change…So take obsessive compulsive disorder. Does the scripture directly talk about obsessive compulsive disorder? It does not. But does it talk about a person being consumed by anxiety? Does it talk about a form of desire, coveting to the point of sin and destruction? The bible speaks to all of these things.

James supplements the bible with secular resources, only after evaluating them from a biblical lens:

I’m dealing with someone who is a cutter, who self-mutilates. I do believe that there are some things in the secular literature to give me insight as to what’s going on inside that person, and techniques that have been effective in helping extinguish that kind of behavior. But there’s always this need when you’re reading the secular literature to read it with a careful eye and very often it requires almost a reinterpretation because the secular literature is viewing a human being very different than I view the human being. Although information in that article can be very helpful you have to reconstruct it through a biblical lens at the end of the day.
Overall, the strategies of contextualizing and breaking the bible down into parts, limiting the scope of the bible, and focusing on the bible’s big picture offer flexibility in the ways that Christian therapists apply biblical teachings to their work. Christian therapists are able to retain a high view of the bible just like other evangelicals, without having to get bogged down in all of the details. Focusing on interpretations of the bible as opposed to the truth of the bible provides therapists the wiggle room to change their approaches over time and to use the bible in their own ways. Instead of saying, “the bible must be wrong,” therapists can say, “I was wrong in my interpretations before but now am interpreting the bible correctly,” or “That other therapist is coming to a different conclusion than me because he is not applying a historical approach, recognizing the bible’s limitations in this situation, or discerning the overall message.”

Using Secular Sources

Besides using the bible, some of the Christian therapists I interviewed talked about using secular sources, drawing on two types of justifications for doing so: (1) using secular sources is sanctioned by God; and (2) it is possible to be selective in one’s use of secular sources.

**Using secular sources is sanctioned by God.** Darya (an integrationist), Dr. Rodríguez (a Christian psychologist), and Dr. Marcus (Christian psychologist) say that the use of secular resources is sanctioned by God. According to Darya, “God doesn’t think of psychology as a sin. Truth isn’t just found in the bible, and science can be used for the glory of God.” Similarly, Dr. Rodríguez asserts that God reveals his truths in sources besides the bible, such as science and psychology: “God gave us a mind, he gave us the ability to explore creation and to learn from creation. I see science as a gift from God. It’s applying different methods and our reasoning to
explore creation and to learn from it.” Dr. Marcus says that “psychology ultimately belongs to God and all the good work that’s being done by non-Christian psychologists is good work that belongs to God and I want to make use of it.”

**Being selective with secular sources – using secular psychology.** Another justification for using secular sources is to say that with careful discernment, Christian therapists can selectively choose which parts of secular sources to use. Eli Graham, for instance, reports “[incorporating] everything from psychology to literature. I find books, poetry, and stories effective. I’ll bring in things from philosophy, sociology, and history. I’ll draw from science and stuff that’s not science. It depends on the person and their interest. They are fair game in terms of connecting with clients.” A biblical counselor, Eli says that he draws heavily on the perspectives of Irving Yalom, a psychiatrist who does not share Eli’s Christian background: “I enjoy Irving Yalom; he has a lot of insights that are great. Yalom is interested in the relationship between the client and counselor. He’s an existentialist humanist, and he wouldn’t say there’s an overall purpose in life. But in terms of the topic, ‘how you talk with someone,’ I agree with and take. He asks good questions like, ‘what are the assumptions about people,’ ‘what is wrong with the world,’ and ‘what are struggles and how do you overcome them.’”

Dr. Murray, a Christian psychologist, also selectively draws on the work of secular psychologists, arguing that their insights help Christian therapists like himself to “rethink where we’ve missed issues.”

I don’t look for secular psychology to give me a theology of persons, but they can flesh out my worldview and help me understand how people work. There’s a Buddhist behaviorist psychologist who’s done a fair amount of work with people who are diagnosed with Borderline Personality Disorder. She has spent a lot of time studying how to keep them committed to treatment, and she has found that
validation is a huge component of treatment. Frankly, I think some of her work can be a rebuke to Christians, who have not thought well about, ‘how do you love somebody who is so damaged by abuse?’

To justify using the work of the Buddhist behaviorist psychologist, Dr. Murray refers to the concept of “common grace,” the idea in Protestant theology that God expresses his goodness to believers and non-believers alike: “Now I don’t look for her to give me a foundation. Why she loves people I can’t tell you. But it’s still good work. And so it’s a common grace model, that God in his common grace gives wisdom to everybody, even those who are out there to seek and destroy the idea of Christianity.”

Dr. Hughes, a professor of biblical counseling who identifies with the Christian psychology movement, says that he borrows the “techniques” but not the “underlying philosophies and moral assumptions” of secular counselors:

At a technical level, when I’m dealing with a client, I do use behavioral principles, and I do recognize that being genuine, empathetic, and warm are important characteristics. At a philosophical level, I like to think about the assumptions that are behind the secular therapies, the aims and goal of the therapy, and I evaluate them and compare them with a Christian worldview. So, I agree on some levels, disagree on others.

Pastor Marshall teaches a course in biblical counseling at a seminary, and one of his teaching strategies is to assign books written by non-Christians so that his students can test their religious discernment skills: “Most of the books I assign are not Christian books. I like my students to look at what is written and say, ‘how would I look at this biblically?’”

**Being selective with secular sources – using the DSM.** The DSM supports a medicalized view of mental illness (Horwitz 2002), a perspective rejected by many of my interviewees; yet, a few of these interviewees report using the DSM. Dr. Elaine Taylor, an
integrationist, uses the DSM as a “supporting tool” in her work, as a checklist reminder to ensure that she is considering multiple aspects of her clients’ mental disorders:

The DSM just helps me organize different parts of their life, kind of picking through. Has this person had a traumatic experience? Has this person had a history of substance abuse? Do they have a medical history, is there something medical there? How do they function in a relational sense? It’s just sort of picking through these different parts. The DSM prompts you with that.

Dr. Becker, an integrationist, uses the DSM to communicate efficiently with other mental health professionals: “What the DSM does is it allows therapists to have a common language, a shorthand of what’s going on and these are the symptoms. I can very clearly communicate with psychologists or psychiatrists, I can very clearly give them maybe five or six words that will encapsulate what’s going on and they can take it and run with it.”

Jeannie Wang, a biblical counselor, states that the DSM “puts a label on a person but doesn’t tell a counselor how to best the person or help in understanding why this person has reached the point they are at.” Similarly, Alan, a biblical counselor, uses the DSM for its “descriptions,” not “explanations,” of mental disorders.

Oppositional defiant disorder, is a good description of what it is: a kid that is oppositional and rebellious. Now the word ‘disorder’ is loaded and in a medical culture people hear that and they go, ‘this is a disease and it’s a physical thing.’ I totally disagree with that. The DSM is not saying it’s biological. The DSM is saying, ‘here’s what we observe, here are the criteria.’ I have no problem with DSM categories as long as they are descriptive and not explanatory.

**Being selective with secular sources - using science.** In general, evangelicals believe that religious and scientific methods will produce the same truths (Toumey 1994), although they do challenge scientific conclusions on a few issues such as climate change, evolution, and reproductive genetic technologies (Evans 2010; Evans 2011; Evans 2013; Evans and Evans 2008; Evans and Feng 2013; Numbers 1992). In the limited instances that evangelicals report
conflict with science, their main critiques are that scientists have allowed secular biases to obscure the process of research design and data interpretation, and/or that scientists have inappropriately imposed secular moral agendas on the public (Ellison and Musick 1995; Evans and Evans 2008; Evans and Feng 2013).

Like the evangelicals described in the literature, Dr. Vogel and Dr. Black (both integrationists) believe that science is a process that involves making subjective interpretations. Dr. Vogel says “the science used in psychology is not pure science; there’s an art to it.” Moreover, “there’s so much to human nature that we’re never going to be able to measure and completely make sense of it scientifically. There’s a mystery in it too.” Dr. Black similarly describes science as “an interpretive art.” Due to faulty underlying assumptions or poor methodologies, “some of the science that is done is very bad,” so Dr. Black says she has to apply a critical eye and “weigh and balance” the findings of scientific research.

Alan, a biblical counselor, agrees with most of the scientific findings he encounters in his work, but on one issue – the medicalization of mental illness – he draws the line. In his opinion, science oversteps its boundaries when touches on moral issues and refers to sins as “mental illnesses”: “If you have a category where science says ‘the body seems to be doing this,’ and scripture tells me this is sin, I’m always going to listen to scripture and re-evaluate the science.” Darren Washington, a biblical counselor, is also selective with what scientific findings he will accept. He welcomes scientific research on depression, but he takes issue with scientific studies that support a pro-choice perspective. On depression, Darren states, “if you think that the best thing is to sit down with a client and give them scripture about having a joyful heart, then let’s also look at what the science says about their depression and training their mind and thoughts to be in line with the bible.” In contrast, Darren’s response to an APA report supporting a pro-
choice position is to say, “If it’s truly science, it’s going to be cohesive with the bible. Most academics will have some kind of agenda because research science is tainted by people who have the money and say, ‘we want to find a scientific link between this and this.’ You can do anything with statistics.”

Unlike the evangelicals in the literature who err on the side of religion in times of religious/scientific conflict, Melanie (a Christian psychologist), Eric (a biblical counselor), Dr. Murray (a Christian psychologist), and Dr. Rodríguez (a Christian psychologist) acknowledge the interplay between science and religion, the ways that science and religion can clarify and correct one another. According to Melanie, no one is immune to biases: scientists make faulty assumptions sometimes, and Christians can have cultural “blinders.”

I want to be aware of what aspects of my faith are not necessarily biblical, but just have to do with cultural differences. For example, I think historically white evangelical Christianity has tended to focus on personal sin and sanctification, and black Christianity has tended to focus on liberation or freedom. I think people can have some blinders and miss aspects to their faith.

Scientific findings can point to theology’s blinders, by “pushing or challenging our understandings of special revelation.” At the same time, “a biblical framework should shape our interpretation of science.” Thus, in Melanie’s view, science and religion “should be considered in tandem because they challenge each other.” Similarly, Dr. Murray believes that “all scientists are evangelizing towards something, a view of what is healthy, of what is good development,” but he also says that “you can’t have bias-free theology or bias-free Christianity.” Conflicts between science and theology can alert people to the need to reexamine and refine what they know.

Eric encourages Christian therapists to approach the process of discovering scientific and theological truths with patience and humility. While his general philosophy is to apply a
“biblical lens” to secular psychology, he admits that there have been moments in history when things that Christians believed to be true were actually proved later as incorrect. Similarly, he says that any one scientific research study should never be viewed as settling the truth on any matter. For a scientific theory to carry weight, findings must be replicated across several studies.

Sometimes it’s my biblical expectations that are inaccurate and I really need to rethink my understanding of scripture, and sometimes it’s that the research is not confirmed. I think especially in that dialogue between scientific observations and scripture, we have to have a significant season of saying, ‘I don’t know.’ ‘I don’t know’ gives us opportunity to consider our theology.

According to Dr. Rodríguez, religion provides a “moral check” to science, such as in the area of emerging technologies: “Theology has some things to say about the potential pitfalls and dangers we have as created in the image of God. At the tissue level, growing organs sounds like a good thing to me, but I don’t know if cloning is such a good thing. That’s an example of an area that theology, psychology, biology, and science need to interact.” At the same time, Dr. Rodríguez states, science serves as a progressive force for theology: when science and Christianity come into conflict, theologians can “revisit their hermeneutic” and perhaps discover that things which they thought were “rooted firmly in scripture” are merely social or cultural constructions.

**Evaluating Resources – Putting Them All Together**

Pastor Cooper, an integrationist, claims to take a unique, “eclectic approach” to piecing together secular and religious knowledge. He says, “it continues to be an evolving process of taking advantage of my counseling training and all the techniques there, using biblical principles, and integrating those into a framework. I think it’s just figuring out how to do that.” Although Pastor Cooper makes exercises personal judgement in how he will piece together various
resources, he looks to other Christians, including his pastor and other Christian psychologists, for guidance: “I’ve counseled under the head pastor of my church who is not a trained counselor, but he has done a lot of reading on his own and he’s just an incredible counselor. I’ve learned a lot from him. Besides that, there’s a lot of different books I’ve read and learned from. I’ve used the work of Christian psychologists like Townsend and Cloud and also HOPE focused counseling.”

When faced with new information, Joyce will look first to her professional training and integrationist background, but ultimately, she makes the final call on what resources she will adopt:

Back when I was in graduate school, I trusted that the professors were choosing good resources. I know I read the standard texts in the field. Does it mean I agree with every word and every textbook? No. But I’m going to honor it is the standard of the field and I’ll take from it what works. Any person’s going to have a complex discernment process about what they consider true or not. Does the research seem to be following from previous research? What’s the bibliography on the materials? I’m just as likely as anybody if I’m curious about something I’ll just go online and see what I see. I’m going to judge the sources of it, am I getting it from WebMD, am I getting it from looney website that appears to be written in somebody’s basement? I have to bring my mind and intellect and discernment to bear on judging what is being used and of course my training, draw heavily on my own training.

When integrating psychology and Christianity, Dr. Black draws on her personal faith, as well as from the integrationist community. She says, “I look to my colleagues in CAPS (Christian Association of Psychological Studies), my faith community, as well as my own experience of the holy spirit and my best interpretation of scripture. It’s sort of a three-legged stool on which I situate my faith so these sources of revelation are all important to me.” Like Joyce, Pastor Cooper, and Dr. Black, Angela Burns (an integrationist) has a go-to list of groups and people when she faces a difficult case. Specifically, she seeks answers from her colleagues at the Christian counseling center where she works and from the California Association of Marriage and Family Therapists, a professional association of which she is a member. Working as an
individual consultant, Darren (a biblical counselor) cannot turn to fellow colleagues or supervisors for support, so he supplements his work with the resources of two Christian/biblical counseling organizations, Christian Counseling & Educational Foundation (CCEF) and American Association of Christian Counselors (AACC). Darren refers to the resources that are published on the organizations’ websites and also attends CCEF and AACC conferences where he participates in seminars and networks with other counselors.

Discussion

For the discussion of this chapter, I summarize (1) my findings on Christian therapists’ resistance, accommodation, and reframing when dealing with psychology; and (2) the implications of Christian therapists using a spiritual journey metaphor to understand and describe their faith.

Resistance, Accommodation, and Reframing

More than the other types of Christian therapists, biblical counselors engage in forms of resistance: in their stories relating their faith and work identities, they start with their faith, and their faith, in turn, shapes and is manifested in their work. Being a biblical counselor, they say, means viewing psychology through the “lens” of their faith. Most biblical counselors assert that when psychology conflicts with the bible, the bible takes precedence.

Still, it is worth noting that biblical counselors depart somewhat from traditional evangelical views. Biblical counselors acknowledge that not all the details of the bible are easy to reconcile with psychology and science, and so they look at the bible’s “big picture” instead.
Furthermore, a few biblical counselors will admit that evangelicals can get things wrong with their theology, and if there is enough countering evidence, theology needs to be amended.

Instead of seeing Christianity as a set of unchangeable truths, faith for integrationists and Christian psychologists is more dynamic: theology to them can be changed to fit scientific and psychological findings. Adjusting one’s theology is not, from the perspective of integrationists and Christian psychologists, accommodation to the secular. Accommodation means making concessions with one’s faith in order to minimize conflict with the secular; what integrationists and Christian psychologists feel they are doing – what I call “reframing”— involves recognizing that truth is hard to discover, and feeling a need to turn to other sources of knowledge like science and psychology as a check to their religious understandings. Unlike accommodation which involves a weakening of one’s religion, in reframing, one’s motivation for consulting multiple resources is rooted in a desire to clarify and to ultimately deepen one’s faith commitments.

**Spiritual Journeys**

In this chapter, I argue that Christian therapists maintain and negotiate their religious and occupational identities by constructing self-narratives that interlink their spiritual journeys and careers. My interviewees see themselves expressing and developing their Christian faith through their roles as psychologists and counselors. Conceptualizing their faith as a spiritual journey provides Christian therapists three advantages: (1) instead of having to conform to a singular way of being a Christian and therapist, spiritual journeys allow for a wide range of faith expression; (2) the long-term nature of spiritual journeys frees Christian therapists from having to reconcile
difficult theological issues all at once; and (3) seeing one’s faith as a spiritual journey opens up the use of multiple resources, religious and secular.

Spiritual journeys are individualized and personalized, allowing for a diversity of perspectives. Thus, Wuthnow states, spiritual journeys are “an important part of what it means to live in a pluralistic culture…The fluid language of journeys…adds a dynamic element, so that it becomes possible to understand that some people may have moved in other directions and that people also had many different starting points” (Wuthnow 1999, p. xxxiii). In the narratives of Christian therapists, choosing a career in psychology is related to faith in a variety of ways: becoming a therapist can retain, extend, or reflect faith. Furthermore, there are different perspectives on what constitutes an authentically “Christian” way of interacting with psychology. For biblical counselors, authenticity is defined as applying a critical lens to secular psychology and critiquing the ways that psychology falls short of religious truths. For integrationists, being authentic means recognizing the ways that secular psychology enhances and reflects religious truths. Studying psychology and adopting its theories is considered a way of engaging one’s spirituality and deepening one’s Christian commitments. Christian psychologists avoid the extremes of the other groups and seek a balance between perspectives.

A second advantage of the spiritual journey metaphor is that it buys Christian therapists time when it comes to reconciling difficult theological matters. Because they view their spiritual journeys as ongoing, Christian therapists have less pressure at any point in time to have all the answers to their faith. Eventually, they say, somewhere down the road in their spiritual journey, they will know why a particular bible verse is worded in the way it is, or why some psychological theory fails to comport with their current theological understandings.
For integrationists and Christian psychologists, the language of spiritual journeys provides justifies their use of multiple resources, religious and secular. One should explore psychological resources, integrationists and Christian psychologists argue, to counter the pitfalls and issues associated with biblical interpretation. Furthermore, they say, theology is supposed to be dynamic; it needs to be reviewed, tested, and refined with secular sources. De-constructing and re-constructing one’s theology is not viewed as an accommodation to the secular world or an assimilationist strategy. Rather, it is understood as a reflection of one’s commitment to discovering the truth and learning more about God and his creation. This perspective parallels those of emerging evangelicals who, James Bielo observes, “do not narrate their sense of self through the kind of conversion genre we have come to expect from conservative Protestants. Theirs is a narrative of deconversion: a narrative of critique, of contrast, of rethinking, of recovery, of revelation, and ultimately of keeping the faith” (Bielo 2011, p. 46).

In taking ownership of their spiritual development through psychology, Christian therapists are drawing on what Wuthnow calls a “practice-oriented spirituality” (Wuthnow 1998, p. 17). According to Wuthnow (1998), spiritual practices are “intentional activities concerned with or relating to the sacred” (p. 170) that take place in everyday life. When Christian therapists say that they engage in psychology to retain, grow, and reflect their faith, they are drawing on the language of practice spiritualities. My interviewees come to understand their spiritual journeys and themselves in relation to their work as psychologists/counselors, illustrating Wuthnow’s (1998) argument that spiritual practice involves “deep reflection about who one is” (p. 186) and a restructuring of one’s core narratives.

According to Wuthnow (1998), “dwelling-oriented spirituality has become increasingly difficult to sustain because complex social realities leave many Americans with a sense of
spiritual homelessness,” (p. 168) and “seeking-oriented spirituality…provides freedom to maneuver among the uncertainties of contemporary life and capitalizes on the availability of a wide variety of sources for piecing together idiosyncratic conceptions of spirituality…yet results in a transient spiritual existence characterized more often by dabbling than by depth” (p. 168). Spiritual practices offer the best of both worlds by situating an individual’s efforts to deepen faith within a morally binding greater community (Wuthnow 1998). Thus, when my interviewees engage with psychology as a spiritual practice, they are able to strike a balance between their personal faith and the greater Christian tradition: they exercise a certain degree of autonomy piecing together secular and religious resources, but working within the confines of the integrationist, biblical counseling, and Christian psychology movements, they avoid getting lost in a sea of spiritual possibilities. In the next chapter, I will expand on the socializing influences on Christian therapists, focusing on the secular profession and the schools that Christian therapists attend.
CHAPTER 3: CHRISTIAN THERAPISTS AND THE MENTAL HEALTH PROFESSIONS

Limited Room for Religion in the Mental Health Professions

Clergy once took a prominent role in providing counsel, but beginning in the late 1800s, neurologists (and later psychiatrists), took over jurisdiction over problems of living (Abbott 1998; Holifield 1983). Claiming to draw on science, neurologists and psychiatrists conceptualized problems of living as issues of adjustment or as biological maladies in need of medical treatment (Abbott 1998; Holifield 1983). Today, pastoral counseling continues to exist but is overshadowed by the mental health professions. Psychologists, counselors, marriage and family therapists, and social workers are the main providers of talk-therapies, while biological aspects of mental illness are typically handled by psychiatrists. For practicing therapists, licensure requirements include a degree from an approved educational program (usually CACREP or APA accredited), supervised clinical experience, and the passing of an examination. Accredited schools’ core curricula do not include instruction on religious matters, and professional codes of ethics specify that therapists cannot “impose their values” such as their religious beliefs on their clients.

Despite the secular leanings of the mental health professions, Christian therapists may be able to carve within it a niche for themselves. First, Christian therapists may be able to capitalize on psychology’s emphasis on client-centered, “culturally competent” therapies (American Counseling Association 2014; American Psychological Association 2010). Cultural competency means that mental health providers must respect the diversity of their clients (race, gender, sexual orientation…etc.) and devise treatments that are adapted to their clients’ backgrounds. Christian therapists working to gain the approval of the profession might frame their approaches
as addressing the needs of a particular segment of the population, clients who desire faith-based, Christian therapies.

Second, the rise of postmodern thought in psychology (Gergen 2001) also potentially opens up a space for Christian therapists in the profession. Postmodernism “moves toward a plurality of narratives that are more local, contextual, and fluid; it moves toward a multiplicity of approaches to the analysis of subjects such as knowledge, truth, language, history, self, and power…We cannot have direct knowledge of the world; we can only know it through our experiences. We continually interpret our experiences and interpret our interpretations. And, as a result, knowledge is evolving and continually broadening” (Anderson 2008, p. 36). Ideas such as standpoint epistemology (Harding 1991) have helped diversity psychology, as groups traditionally overlooked by the discipline (e.g., women, sexual minorities, racial minorities…etc.) are now viewed as having their own unique insights to contribute to the field.

Third, there are already indications of the psychological profession opening to religious voices. One of the divisions of the American Psychological Association, for example, the Society for the Psychology of Religion and Spirituality, focuses on work at the intersections of psychology and religion. Its mission is “to promote the application of psychological research methods and interpretive frameworks to diverse forms of religion and spirituality; encourage the incorporation of the results of such work into clinical and other applied settings; and foster constructive dialogue between psychological study and practice on the one hand and between religious perspectives and institutions on the other.” Additionally, two of the APA-affiliated journals, *Psychology of Religion and Spirituality* and *Spirituality in Clinical Practice*, are devoted to topics on religion and/or spirituality.
Potential Evangelical Responses to the Mental Health Professions

Christian therapists can relate to the mental health professions from three positions:

-- Being in the profession:

Drawn to the status and prestige of the professions, some evangelicals will attend secular, APA-accredited universities and become licensed professional therapists. In the process of following professional ethics and disciplinary norms, these therapists may find themselves having to make accommodations to their faith. The majority of therapists in the profession will identify as integrationists, Christian psychologists, or be unaffiliated.

-- Being outside of the profession:

Some Christian therapists might resist APA accreditation and professional control, and, as other evangelicals in the past have done (Harding 2000; Rosin 2005), form their own independent schools where they are free to teach as they see fit. The majority of therapists outside of the profession will be unlicensed biblical counselors.

-- Instead of being completely in or outside of the profession, some Christian therapists may choose to be in the profession, but in a niche.

Therapists in a niche will invoke client-centricity and cultural competence arguments in order to establish a place for themselves in the field. Their clients will be majority Christian, and their research will be on topics in the psychology of religion. The schools of niche therapists will be Christian affiliated, but also professionally accredited. They will seek the acceptance of the mainstream secular field while also striving to maintain a distinct, Christian identity. Niche therapists will identify as integrationists or Christian psychologists.
This chapter is divided into two sections: the first explores the training of Christian therapists, and the second investigates Christian therapists’ current work and boundary-making with the mental health professions.

In the training section of the chapter, I examine the three types of programs that Christian therapists attend: accredited secular programs in the profession, accredited Christian programs in a niche, and unaccredited Christian programs outside of the profession. I begin by providing a brief overview of the accreditation process. Then, drawing from interview data, school websites, and journal articles, I analyze the professional and religious training that occurs in these programs.

Programs in the profession, I find, compared to other types of programs Christian therapists attend, provide the fewest formal opportunities to learn about Christianity, and they attract integrationist, Christian psychologist, and unaffiliated students who desire to be marketable to secular counseling centers. Niche programs draw integrationist and Christian psychologist students who plan to be licensed but who also want to engage directly with Christian ideas in their training. As accredited programs, niche programs teach psychology and counseling of accredited programs, but unlike programs in the progression, they also include course requirements in Christian integration. Programs outside of the profession, which are heavily theologically-focused in their curricula, appeal to biblical counseling students who are interested in pursuing church ministry careers.

In the boundaries section of the chapter, I explore the boundaries that therapists outside of the profession, in a niche, and in the profession construct with the mental health professions. I find that therapists outside of the profession – biblical counselors – construct the strongest boundaries with the profession, although the exact nature of those boundaries has changed over
time. Founders of the biblical counseling movement viewed themselves as engaged in an active struggle against professionals, while today’s biblical counselors continue to see themselves as separate from professionals, but also willing to co-exist with them in society. Niche therapists’ boundaries with the professions are context-dependent: when they are advocating for the right to do things in their own ways, they emphasize their distinctiveness from the profession, but when they talk about being taken seriously as a major player in the profession, they portray themselves as similar to mainstream professionals. Therapists in the profession have the weakest boundaries with professionals; they share the mainstream profession’s ways of conducting research. Instead of Christianity, therapists in the profession deal on a broader level with spirituality and religion. In order to be viewed as equals in the profession, some therapists in the profession view it as necessary to make accommodations to their faith.

**Training**

**Accreditation**

Attending an accredited school facilitates obtaining licensure: students of accredited schools tend to score higher on national qualifying exams, and in some states, only therapists who have earned a degree from an accredited school will be considered for licensure. In the United States, the Council for Accreditation of Counseling & Educational Programs (CACREP) and the American Psychological Association (APA), are the main master’s- and doctoral-level accrediting bodies.

To become CACREP-accredited, programs must demonstrate that they (1) are well-resourced; (2) meet core curricula standards (courses must include professional orientation and ethical practice, social and cultural diversity, human growth and development, career
development, helping relationships, group work, assessment, and research and program evaluation); and (3) offer professional practice opportunities (practicum, internship, and supervision) (Council for Accreditation of Counseling & Related Educational Programs 2016). APA-accredited programs are required to meet standards in four areas: (1) training goals, objectives, and practices; (2) student, faculty, and financial resources; (3) program policies and procedures; and (4) student competencies. (American Psychological Association 2006).

Accreditation occurs in four steps: a program writes a self-study, reviewers conduct a site visit, programs submit a written follow-up addressing issues from the site visit, and the program is assigned an accreditation status by the accrediting body.

**Programs “In the Profession”**

**Motivations for attending programs “in the profession.”** When Brenna, an integrationist, applied to graduate programs, she considered factors like costs and career goals. The secular program that she ultimately chose to attend provided funding and, in her opinion, offered the most flexibility in terms of career opportunities in the secular field: “I had a concern that if I didn’t want to exclusively work with Christians, would attending a Christian program make it harder? Would I have to explain myself?” Samantha, an unaffiliated therapist, chose to attend a secular program in the profession for similar reasons: she was afraid that if she attended a Christian school, she would only be able to find work at Christian counseling centers. A degree from a secular school, she reasoned, would appear “more credible to the outside world.”

**Experiences with Christianity in programs “in the profession.”** Older Christian therapists, like Dr. Wells who was trained in the 1970s and Eric who was in graduate school in
the 1980s, felt that religious perspectives were lacking in their training in secular institutions.

Dr. Wells, who currently identifies as a Christian psychologist, says his secular graduate program trivialized religious perspectives. To illustrate, he told me about a time his clinical supervisor belittled a client’s faith:

> I had a devoutly Christian client who was depressed and was seeking my help in a therapy capacity. She was pretty convinced that her issue was a spiritual struggle and I remember very distinctly my supervisor laughing when he saw this on a videotape and he said, ‘Please disabuse your client of this spiritual claptrap.’ He was behaviorist, so he said that what was going on with her was that she was not getting enough reinforcement. It had nothing to do with God.

Eric, who now works as a biblical counselor,\(^\text{11}\) says that while religion was not necessarily talked about negatively in school, it was often overlooked or ignored. He describes his graduate program as “ahistorical and aphilosophical,” meaning that it failed to reflect on itself and to consider religious points of view: “It didn’t realize it was at a particular historical moment. There wasn’t the basic questions of: Why do we do what we do? What is our view of who people are? What is the basic philosophical infrastructure to our work?”

Since the 1970s and 1980s, there has been more emphasis on multiculturalism in the greater culture and in counseling training, and the expectation is now that clients’ identities – their race, sex, and religion – should be respected in therapy. Additionally, psychology of religion as a discipline has grown; in 1976, for example, the APA Psychology of Religion division had 437 members (American Psychological Association n.d.), and by 2016, the membership had increased to 703 (American Psychological Association 2016). Younger Christian therapists – students in-training like Melanie, Brenna, Samantha, and Yuyuan –

\(^{11}\) Later, Eric attended seminary where he earned a degree in biblical counseling.
describe their training in more positive terms than Dr. Wells and Eric, although their experiences are still mixed.

Melanie (Christian psychologist), a current graduate student, says that in the classroom, she has never felt personally judged for her faith, but Christian clients are sometimes talked about in a negative way: “I’ve had a couple negative experiences…just sort of been frustrated in class by offensive or ignorant comments from faculty members about people who believe in God, just sort of comments about their mental sophistication and that sort of thing.” Additionally, at times, Melanie has experienced challenges balancing her religious commitments with the demands of graduate school: “I guess it’s hard in terms of time and priorities. I’m pretty involved in my church. I usually don’t do schoolwork on Sundays. Just things like that are a little different from how most of my classmates do school.”

Brenna, an integrationist, reports that among her graduate student peers, she perceives that socially and academically, only certain “types” of Christianity are tolerated in her graduate program. The norm appears to be that it is acceptable to be religious as long as one keeps those beliefs private, but “if you [are] quoting bible verses and inviting people to go to your church, that [isn’t] okay.” In terms of clinical supervision, some faculty are “touchy and sensitive” about religion, but others are affirming and welcoming. For example, Brenna told me about one supervisor who became “reactive” when a client’s religiosity was mentioned:

My supervisor saw the way [the client] was living out his faith as primarily a negative thing. There was a strong negative component, a lot of assumptions. He would say things like, ‘Obviously [the client] is using his faith to be harder on himself, and his church is probably really judgmental.’ I didn’t completely disagree with what he was thinking, but it wasn’t a conversation with me about what I thought.

On the other hand, there was another supervisor, an atheist, who talked openly with Brenna about faith. This supervisor taught a seminar where therapists-in-training talked about their
multicultural identities: “It wasn’t just ‘I’m black, you’re Asian.’ It was also looking at socioeconomic status, education, religion. It was an open discussion of, ‘Yeah we’re all different and that will influence how we are and what we think.’” During supervision sessions, the supervisor encouraged Brenna in her personal faith reflections:

She supervised one of my clients who was struggling with being gay...It was really interesting to share the same religious background or beliefs of my client but not necessarily come to the same conclusions or way of handling this. A lot of supervision was around my supervisor asking me how I was feeling and my own internal struggle: what is my role with her and what resources should I provide her. This was helpful because it wasn’t like my supervisor was making assumptions of me for being a Christian; she was just very open and appreciated my willingness to explore my own internal struggle.

Like Brenna, Samantha (unaffiliated) has had mixed experiences with religion at her program. With one of her faculty supervisors, a Christian, Samantha “[feels] safe to explore issues on integrating faith with counseling.”

My supervisor worked part-time at a Christian counseling center. This semester, I had a client who was a Christian who asked for a Christian counselor. I am a Christian and I wanted to bring that in the counseling since she was asking for that but I wasn’t sure what would be appropriate or wise. I explored that question a lot with my supervisor, where to draw the line between my counseling and something else and how much I should reveal about my own religious beliefs. My supervisor told me that I should honor the context in which I’m working: some things are okay when working at a Christian counseling center but not okay at a university counseling center. For example, in a university setting, it is fine to talk about scripture if the clients brings it up, but I should not offer any interpretation. If I were in a spiritual setting, I would probably offer an interpretation.

However, she finds that other faculty members – in particular the ones who are not religious themselves – can overlook the nuances of their clients’ spiritualities:

I was on a case presentation, the client said they were a Christian. The person doing the case presentation and the other counselors doing feedback didn’t think to ask what that Christianity meant to the client, what denomination they were a part of, what church they went to, or what their view of God was. They didn’t know the right questions to ask because they haven’t experienced it or their own experience of Christianity didn’t mean much to themselves.
Feeling that they cannot explore religion as deeply as they would like in their graduate programs, Yuyuan, Brenna, and Melanie have taken their own initiative to explore the interrelationships between professional psychology and Christianity. Yuyuan started a diversity and inclusion committee which brings together students of various backgrounds – race, gender, sexuality, and religion—to share their experiences with prejudice and to devise strategies to improve relations between members of the psychology department. In addition, Yuyuan founded a Christian fellowship group on her campus. Open to all graduate students, the group meets weekly for dinner and a bible study.

Brenna and Melanie seek guidance from church members as well as Christian therapists working/studying outside of their schools. Brenna reached out to three members of her church who work in the professional mental health field and started a small group with them. Similarly, Melanie is discipled by a church member who is a biblical counselor. Melanie also meets monthly with a group of local Christian counselors and graduate students to discuss topics in Christian counseling, and she has plans in the near future to be mentored by an eminent Christian psychologist working at another university.

**Programs “In a Niche”**

Three examples of niche programs are the master’s in clinical mental health counseling at Denver Seminary, the clinical psychology doctorate at Regent University, and the clinical psychology doctorate at Biola University. I describe these programs in order to show what programs in a niche have in common and in what ways they differ. All three programs are concerned with cultivating a strong academic reputation, and all three include classes on integrating religion and psychology. The programs differ in a few respects: the master’s – level
program has fewer course requirements than the doctoral programs, and doctoral – level programs place varying degrees of emphasis on integration.

**Niche program example: Denver Seminary.** The Clinical Mental Health program at Denver Seminary is an example of a CACREP-accredited program “in a niche.” Of the nine faculty members in the department, seven hold a Ph.D. or Psy.D. degree; the remaining two have degrees in ministry. The program curriculum, which is 60 credit hours in length, covers both counseling (48 credit hours) and theology (12 credit hours) (Denver Seminary 2016).

Denver Seminary markets itself as offering the best of both professional and religious worlds. In a promotional video for the program, (Denver Seminary 2015) one student claims that “good theology undergirds everything” in the program. Another student praises the quality of the program’s professional training, stating that 98% of the students pass the national counseling exam. A third student tells about a successful job interview she had: although the interviewer was hesitant about her seminary degree, he felt reassured once he learned of Denver Seminary’s CACREP-accredited status.

**Niche program example: Regent University.** Regent University’s clinical psychology Psy.D. is an APA-accredited program in a niche. According to the school website, training in the program aims to be “faithful to the scientific and professional discipline of clinical psychology while maintaining a distinctively Christian approach to mental health” (Regent University 2016b, para. 1).

In certain important ways, Regent is indistinguishable from other APA-accredited programs. First, the required elements for graduation from Regent – 124 hours of coursework, a
written dissertation, and a 2000 hour internship – are essentially the same as those of secular accredited schools. Second, the curriculum covers all of the core topics in clinical psychology: history and systems of psychology, individual differences, cognitive/affective bases of behavior, biological bases of behavior, human development, social bases of behavior, research, statistics and design, methods of assessment, clinical practice, and ethics. Third, the licensure rate of Regent graduates, 82%, is comparable with other APA programs (Regent University 2016d, Licensure Rate by Year of Graduation Table).

Regent differs from secular accredited schools in how its psychology program includes Christian components. 13 of the required 121 course hours are classes in Christian integration (Regent University 2016a). In addition, students are encouraged to pursue research on Christian topics for their dissertations. Some examples of dissertations with a Christian component are: “Reentry Program Impact on Missionary Kid Depression, Anxiety, and Stress,” “Beliefs of Safety: Sexual Violence Perceptions among Christian College Students,” “God Image Self-Help Manual: A Pilot Study,” and “Sexual-Minority Christians: A Typology of Identity Outcomes and Tension Resolution” (Regent University 2016c).

**Niche program example: Biola University.** Biola University's clinical psychology Ph.D. website emphasizes the program’s academic and theological strengths. The program website states, “At Rosemead, you’ll experience a reputable, APA-accredited program with an established record of preparing graduates for highly competitive positions. You'll also benefit

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12 I am referring to the same program when I use the terms, “Rosemead” and “Biola.” Rosemead is the name of Biola University’s school of psychology.
from a supportive Christian environment that nurtures the whole person: spiritually, emotionally, intellectually, and professionally" (Biola University 2016a, para. 3).

Biola seeks to be known as a provider of high quality professional training. The website highlights the program’s longstanding success: Rosemead has “held accreditation from the American Psychological Association since 1980” and “for more than 20 years, U.S. News & World Report has classified Biola University as a National University” (Biola University 2016d). In addition, the website presents statistics demonstrating the successful job outcomes of its students: "82.6% of Rosemead graduates who took the EPPP licensure exam between 2005-2009 passed the test. This compares to the average program pass rate of 76.6%...Our survey data indicates that 88% of our Ph.D. graduates are licensed within two years following graduation...The average Ph.D. graduate secured a job within one month of graduating from Rosemead...95% of Ph.D. graduates have a job in the field of psychology” (Biola University 2016b, para. 12).

Integration at Rosemead is portrayed as a program distinctive, something that goes over and above the usual standards. Students spend an extra year in their programs to complete 31 credit hours of integration-focused classes, and they are required to receive their own spiritual direction and/or therapy (Biola University 2016c, para. 2). They also have options to collaborate with faculty on integrative research through Rosemead’s Institute for Research on Psychology and Spirituality.

Motivations for attending niche programs. Among my interviewees who attended niche programs, research interests, desires for Christian community, and practical concerns regarding licensure and training were the drawing factors to these programs. The typical
attendee of a niche program is interested in studying faith/psychology integration in a Christian setting and has plans for getting licensed.

Dr. Edwards attended a niche Psy.D. program so that she could explore her research interests in the interrelationships between psychology and theology. She recounts:

As an undergrad, I was at a secular undergraduate institution where I was writing papers that were integrating faith and that was not an easy process. I wanted to get some mentorship – I mean, how do you write a paper about the Holy Spirit in psychology class? I really wanted to be taught about how to do integrative work so I only applied to two places. I knew I wanted a Ph.D. so I could teach and do clinical work and so I only applied to two places and they were both Christian affiliated.

Dr. Vogel attended a niche integrationist program because it resonated with the ways she saw psychology and Christianity as interconnected: "As I was researching programs, I kept getting drawn back to programs that were integrative. I think in studying psychology there's so much that has to do with questions of human nature and how we thrive and heal, and I think there's a lot that Christianity has to say about those things." Dr. Davis based his decision to attend a particular integrationist program on his research interests and career goals. He was interested in God-images, a topic which faculty at integrationist programs researched. It was also important for him to attend a school that was accredited because he wanted to get licensed. In his view, attending an un-accredited Christian program would "just make it more difficult, having to jump through extra hoops to get licensed." Having grown up as a fundamentalist, Dr. Buchman was afraid that attending a secular program would cause him to lose his faith. Thus, he was drawn to integrationist programs where he believed that he would be able to study psychology and spirituality within a supportive, Christian community. Dr. Pearce grew up with missionary family members who worked in the psychological field, and from an early age, she knew she wanted to do integrative work. For graduate school, she chose to stay at the same institution.
where she received her bachelor's psychology degree. From her undergraduate experience, she knew that the school was serious about fulfilling its Christian mission, a factor that she prioritized when it came to choosing a graduate program. For Dr. Murray and Dr. Barry Liao, integrationist programs were the only viable option they had to pursue professional training. Dr. Murray was turned down by all of the secular programs he applied to, and he attended the one place that accepted him – an integrationist school. Barry had a relatively poor undergraduate academic record, a factor which discouraged him from applying to selective secular programs. Feeling that the applicant pool at Christian universities was less competitive, Barry applied to and enrolled in an integrationist doctoral program.

**Experiences teaching and learning Christianity in accredited Christian programs.**

**Integration classes.** In accredited Christian schools, part of the curriculum is specifically set aside for Christian integration. For example, at Wheaton College, 23 of the 120 required hours are devoted to integration and theology. At Azusa Pacific University, students spend 21 of 133 course credit hours in integration-specific classes. As discussed previously, Biola’s integration requirements are more extensive (31 hours), but the time to degree is extended by a year as a result.

Integration courses are designed, in the words of Professor Mark McMinn, "to help tomorrow’s psychologists develop a reflex to think deeply about the theological and spiritual implications of their work, and to draw on faith resources as they practice psychology" (McMinn, Moon, and McCormick 2009, p. 46). Courses teach students to relate biblical themes to psychology, as well as to incorporate spiritual and religious perspectives in therapy. They also aim to promote students' spiritual growth and formation. For example, in one of the integrative
courses at George Fox, students attend retreats where they engage in Franciscan, Ignatian, Thomistic, and Augustinian spiritual practices. Dr. Vogel, whose school required her to have an ongoing spiritual practice, found that meeting with a spiritual director made her a better psychologist and professional: "I found spiritual direction very valuable. Whether you're a Christian or not, I think it's good practice to have your own personal discovery process. If you don't know yourself and aren't aware of your own habits and processes, you're not going to be as effective as a therapist."

**Theology in core psychology classes.** In addition to integration classes, the APA-required, core psychology courses are a context within which professors of accredited Christian programs incorporate Christian elements.

**Theology in psychological theory.** In Terri Watson and Elisha Eveligh’s psychological theory class, theological and psychological concepts are taught together (Watson and Eveligh 2014). Existential therapies are taught alongside eschatology; community psychology is discussed with ecclesiology; experiential psychotherapy is paired with pneumatology. Students are then asked to synthesize the psychological and theological class material. In the abnormal psychology course, for example, “students learn the major psychological theories and read Christian appraisals of emotional and behavioral difficulty. Students are asked to write a paper conveying their current perspective of abnormal behavior in light of theory and theological principles such as the doctrine of imago Dei” (p. 204).

Dr. Vogel reflects on how, during her graduate school experience, attachment theory was used to explain how people relate to God:
In my class, we reviewed research on how early relational experiences with people affect our sense of self, our personality, and our ability to develop mentally, psychologically, and emotionally. Applying these theories to our views of God, there’s research that shows that if we have secure relationships with people we’ll have a secure relationship with God. People who have really critical parents might view God as very critical. People who have really traumatic experience may feel God as cool.

One of the drawbacks of teaching theology only when there is a corresponding or complementary psychological theory, Dr. Liao says, is that the theological material can come across as “disjointed” and “fragmented.” During graduate school, Dr. Liao was exposed to a variety of theological ideas, but what he really wanted was to develop a firm theological foundation for his psychological work:

It almost seemed like they were patching on Christianity to being a professional psychologist...It’s like the analogy of pillars. There was a pillar for psychology, a pillar for Christianity, and a pillar for philosophy. But that’s not how I see things. I see Christianity as the pillar for me. That's how my worldview is shaped; that's how I see things. Psychology is just a way of adding to my understanding, which is ultimately based on faith a Christian worldview.

*Theology in research and statistics.* In Dwiwardani and Ripley’s statistics and research classes, students are taught the standard skills of conducting and interpreting statistical tests and formulating effective research designs (Dwiwardani and Ripley 2014). An integrative component is added when students are trained to see science and theology as partners to one another. They learn that while “science can help to be a ‘check’ or balance on Christian teachings” (p. 221), theology “[offers] a buffer against the fallacy of idealizing science as the only way of knowing truth” (p. 221). Moreover, they learn to embrace dual identities as Christians and scientist-researchers. For the first research methods class, Dwiwardani opens with a reading from the book of Psalms, the content of which spurs a discussion on the uses of general revelation. The goal of the discussion is to instill the idea that through science and
research, people can “come into deeper worship of…God” (p. 220). Throughout the rest of the course, the theme of the compatibility of Christian and scientist identities is addressed by class devotionals. During one devotional, for example, the class reads quotes from a book that argues that engaging in scientific endeavors glorifies God. In another devotional, students are instructed to consider the questions, “‘What do we typically think of when we think of a spiritually mature person’” and “‘Does our image of spiritual maturity involve someone who is savvy in research and scientific activities’” (p. 223). These questions, Dwiwardani states, uncover students’ underlying assumptions regarding “the false split between spirituality and scientific endeavors” (p. 223).

Theology in ethics. One of the course goals in Biola’s ethics class is for students to identify the ways that their faith interacts with the psychological profession’s code of ethics. To accomplish this, Professor Tamara Anderson has her students “assess their ethical decision-making heritage” (Anderson 2014, p. 166). When students “are aware of how, and by whom, their moral and ethical decision-making was shaped” (p. 166), she argues, they “can better understand how this history shapes their current ethical reasoning and decision-making process” (p. 166).

Anderson’s class is organized into small groups, and hypothetical cases involving an ethical challenge are presented. Students discuss the following prompts:

1. Identify who the client is.
2. Identity what client characteristics are salient (e.g., age, ethnicity, gender, religion, etc.).
3. Identify your role (e.g., individual therapist, family therapist, evaluator, etc.).
4. Identify the context (e.g., private practice, clinic, and organization).
5. Identify the ethical dilemma(s).
6. Identify the ethical standards that apply.
7. Identify any legal or risk assessment issues.
8. What is your best course of action, if any? (p.169)
According to Anderson, it should be rare for Christian therapists to encounter ethical dilemmas in their work, because in most ways, professional ethics and biblical principles align with each other:

The Preamble to the ethics code states that work as a psychologist “requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems” (p. 3). The Bible has similar exhortations. Hebrews 10:24 states, “And let us consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another…” (English Standard Version). Principle A—Beneficence and Nonmaleficence—urges psychologists to do no harm, while Principle B—Fidelity and Responsibility—calls psychologists to work well together and to be mindful of possible misuse of influence. Paul’s letter to the churches around Ephesus makes similar points: “I therefore…urge you to walk in a manner worthy of the calling to which you have been called, with all humility and gentleness, with patience, bearing with one another in love, eager to maintain the unity of the Spirit in the bond of peace” (Eph. 4:1-2, ESV). Proverbs is a collection of Israelite wisdom literature, which reads like Principle D—Justice—and E—Respect for People’s Rights and Dignity. Proverbs 31:9 states, “Open your mouth, judge righteously, defend the rights of the poor and needy” (ESV) (p.165).

When therapists do perceive a conflict between their religious beliefs and professional ethics, the latter should take precedence if therapists are acting in a licensed capacity, Anderson instructs. She explains, “The state of California does not licensed me as a Christian psychologist. I am licensed as a psychologist, and I am a Christian” (p. 168).

Theology in multiculturalism and diversity. In Fuller Seminary’s multiculturalism and diversity class, students confront whether “being present with difference, e.g., different religious beliefs, different sexual orientations, different cultural mores, [implies] condoning the belief or behavior” (Eriksson and Abernethy 2014, p. 180). During the course, students spend time reflecting on what “their values are, and what impact [those values] have on the treatment goal for the client” (p. 180). They are also presented with two ways of dealing with differences: they
can limit their clientele to certain populations, or they can “expand their zone of toleration” (p. 181) and embrace clients whose behaviors or values are different from their own. Whatever approach is taken, professors instruct, therapists should not feel like they are being asked to be untrue to their own values.

Joyce and Dr. Taylor are two Christian therapists who, during their graduate training, reflected on the impact their values would have on their treatment philosophies. Joyce remembers writing response papers in class which helped her to clarify her position on “hot-button issues like divorce, abortion, and homosexuality.” Although her teachers never “imposed” a particular treatment approach, they did emphasize the need for Joyce to “know [her] own position.” Similarly, Dr. Taylor describes “getting some perspective on issues of morality” through her graduate experiences:

For example, if your Christian or non-Christian client is disclosing behavior that you consider as a Christian to be immoral, how do you react? Do you use the authority of the Bible? Do you use the authority of psychological processes? Do you not make a judgment? I don’t think that the school necessarily would tell us exactly what the ‘right answer’ was, but rather it would stimulate us students to think about the issue and be aware of how we are were valuing our clients’ morality and where our judgments were coming from.

Theology in clinical supervision. During clinical supervision, students (therapists-in-training) meet with an experienced faculty member (supervisors), to review cases and treatment plans. In accredited Christian schools, one discussion topic that emerges in supervision is how to handle faith-related issues in therapy. Students learn that, as part of following professional norms and ethics, therapists should welcome a variety of spiritual perspectives. For example, Darya, a graduate student working at her university’s counseling center, is instructed by her supervisor to let clients decide whether they will engage in “religiously-accommodated” or standard, non-religious therapies. Similarly Dr. Boyd tells me that, through her supervisors, she
learned to “follow [her] client’s lead” on spirituality. Being “client-centered,” Dr. Boyd has come to understand, means allowing clients to “bring whatever faith issues they need to explore, in whatever timing is comfortable for them.” Dr. Taylor, a practicing professional therapist, says that her graduate school professors taught her to encourage her clients to pursue their religious beliefs and practices – even non-Christian ones – so long as they do not harm clients’ healthy functioning and well-being.

Programs “Outside of the Profession”

Two examples of programs outside of the profession are the biblical counseling programs at Covenant Theological Seminary and Westminster Seminary. Both programs focus on theology and attract students who are interested in church-related careers. The programs differ in the extent to which they are licensure-friendly. Covenant provides options for students to pursue licensure by offering licensure-required classes as electives. Westminster, on the other hand, does not offer a licensure track.

Programs outside of the profession example: Covenant Theological Seminary.

Covenant Theological Seminary is an example of a non-CACREP accredited master’s biblical counseling program. The program is relatively small: there are three faculty members at the seminary who teach mainly in the counseling department, and in 2014-2015, 33 Master’s degrees in pastoral studies/counseling were conferred (National Center for Education Statistics 2016). Though the program is not CACREP-accredited, it presents itself as licensure-friendly: According to one student in a promotional video for the program, Covenant provides a “wonderful mix of solid counseling training that can be transferred anywhere.” Another student
says, “They prepare you to understand your part in God’s redemptive story, but at the same time to be able to understand mental illness and psychological matters and science to a degree that that you can compete with anyone from a secular university because you are the same level as they are.” (Covenant Theological Seminary 2016a).

The Covenant counseling program consists of a three year curriculum with two parts: coursework provides a theological and theoretical foundation, and a counseling internship allows the student to experience working with clients firsthand. A total of 64 credit hours must be completed to obtain the Master’s in counseling, with 19 of the required core credit hours being in theology (Covenant Theological Seminary 2016b). Unlike the CACREP-accredited Denver Seminary counseling program, the core curriculum at Covenant does not include career counseling, educational/psychological measurement, and group techniques, courses which are required for licensure. Students who plan to pursue licensure take the three courses as electives.

Programs outside of the profession example: Westminster Theological Seminary.

Westminster Theological Seminary’s programs, the Master’s of Counseling and the Master’s of Divinity with counseling emphasis, are not geared toward students pursuing professional licensure; instead, they target students preparing for careers in church ministry, campus ministry, or missions. Without professional licensure or CACREP accreditation as concerns, Westminster’s counseling programs are free to focus on theology: 24 of the required 56 hours for the Master’s of Counseling (Westminster Theological Seminary 2016b), and 69 of the 92 hours for the Master’s of Divinity are in theology (Westminster Theological Seminary 2016a).

Being able to immerse herself in theological studies was what drove Sara Choi, one of my interviewees, to Westminster. “I wanted to go to Westminster to study counseling because I
wanted to get a good foundation in the Bible, to go deeper in the word. I was also impressed with Westminster’s model of Christian counseling. I remember being blown away with how they were applying the Bible in practical ways to people’s lives.”

Unfortunately, after graduating, Sara failed to find employment as a counselor. As she describes it, “Biblical counseling is a pretty new field. My classmates and I had to be creative with how to use our degree.” Laura, who also attended Westminster, says “the ideas at [my school] sounded nice, but then I struggled with, ‘well how do you make that applicable?’” Dr. Murray and Dr. McAdam felt that their biblical counseling training at Westminster did not prepare them to handle clients with serious mental illness. After a few years working in the field, both sought additional training at accredited, integrationist schools. Dr. Murray describes his transition away from biblical counseling:

As a biblical counselor, I just didn’t know how to interact with schizophrenia or eating disorders, and I also knew that I wanted to teach most likely, so I would need further education. At [my integrationist school], I worked with people with severe mental illness, and I realized that the skills I learned in biblical counseling were good, but I hadn’t learned the actual intricacies of how you relate to people in counseling, and where change is taking place.

Licensure

After completing their studies, Christian therapists decide whether or not they will pursue getting a professional license. Pastor Cooper (an integrationist) and Alan (a biblical counselor) are therapists who have chosen to forgo licensure. As a pastoral counselor, Pastor Cooper feels that licensure would only limit, not open up, opportunities. Being licensed would not improve his marketability to church employers; it would just prevent him from talking openly about Christian morals in counseling. Alan, a biblical counselor who works at a Christian counseling center, chooses not to get licensed because of the conflict he perceives between APA and Christian
ethics. He states, “Currently, the status of the APA on homosexuality is that if someone wants to change their sexual orientation, counselors are welcome to try to help clients do that. But the APA could cut that out and they could say, ‘no, this is an orientation and you may not counsel people to change.’ If that were the case, that would significantly change my ability in good conscience to pursue a license.”

From the perspective of students in accredited Christian and accredited secular programs, licensure is associated with skills, competency, and improved job outcomes. Angela, for example, says licensure will give her “more freedom” in terms of what she can do and where she can work. Similarly, Melanie plans to get licensed because it “provides more opportunities to work outside of a church setting, like in an urban mental health clinic or mental health center.”

Dr. Edwards (an integrationist) takes comfort knowing that the psychological profession has had a history of thinking through ethical issues; it feels “safe” to her “to practice within the rules and restrictions of the profession.” Dr. McAdam (an integrationist) talks about the trade-offs of being licensed: on the one hand, she is less able to talk about the bible in counseling, but on the other hand, the process of getting licensed has forced her to “jump through a lot of hoops, which is a good thing.” Ultimately, she says, pursuing licensure has pushed her to “be the best psychologist I can be, and understand as much as I can of this field.” For Dr. Davis (an integrationist) and Darren Washington (biblical counselor), a therapist’s licensure status reveals something about his overall quality: Dr. Davis connects licensure with “competence”; Darren relates licensure to being “more disciplined.”

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13 Darren Washington attended an accredited integrationist program, and following graduation, got licensed. Over the years, he came to identify as a biblical counselor for theological reasons. While he prefers the theology of biblical counselors, he maintains a positive view of licensure.
For some members of unaccredited schools, licensure is viewed as a means to an end, as a way for Christians to gain influence and impact the secular world. According to Christian psychologist Dr. Harper, “Licensure…does indeed provide access to and legitimize one’s presence in an array of settings…It provides a recognized and well-reputed identity that lends integrity to our particular views and voices.” Dr. Murray, a Christian psychologist who believes Christians should have a greater voice in the public, encourages his students to get licensed because it is “the current way to show you have skill.” James Lawson, a biblical counselor, uses his licensed status a way to empower churches and pastors.\textsuperscript{14} In the past, some pastors of conservative churches have turned to James for counseling advice, because they view Jeremy as an authority in counseling. James takes the opportunity to encourage pastors and reassure them that they are capable of handling most issues on their own.

**Discussion on Christian Therapists’ Training**

Accredited programs in the profession (which offer minimal instruction on religion and spirituality) are dominant in the mental health counseling world, and their influence is felt in niche schools and, to an extent, Christian therapy schools outside of the profession. Schools model themselves after accredited programs in the profession, which can pose challenges in terms of including as much theology as they would like: to fit all of the required courses in niche schools, for example, minimal room is left for classes devoted to integration, and even in certain

\textsuperscript{14} James Lawson, like Darren Washington, attended an accredited integrationist program for graduate school. During graduate school, he interned at a Christian counseling office where he was introduced to biblical counseling. Today, he considers himself a biblical counselor, but remains licensed.
unaccredited schools like Covenant Seminary, there are pressures to offer licensure-friendly tracks.

Still, it is worth noting the ways that Christian therapists find workarounds to their faith within the profession. For example, instead of seeing licensure as a constraint on Christian ethics, some therapists will reframe licensure as a form of pastoral empowerment or as a way of making a Christian impact on the secular world. In addition, students of programs in the profession engage with their faith identities by joining Christian fellowship groups and seeking mentorship from faculty who are sympathetic to religion. In niche schools, professors capitalize on areas of overlap between their faith and psychology and discuss Christian themes in core psychology courses.

**Christian Therapists’ Current Work and Boundaries**

In this section of the chapter, I turn my attention to Christian therapists’ current work and to the ways that therapists outside of the profession, in a niche, and inside of the profession see themselves in relation to secular, mainstream professionals. I examine Christian therapists’ symbolic boundaries, “conceptual distinctions” (Lamont and Molnar 2002, p. 168) that “divide the world into social groups” and that “offer scripts of action—how to relate to individuals classified as ‘us’ and ‘them’ under given circumstances” (Wimmer 2008, p. 975).

Overall, the existing literature on evangelicals paints a relatively simplistic picture of evangelical boundaries with the secular world: evangelicals divide the world into two groups, evangelicals and non-evangelicals, and they resist (Smith 1998) or accommodate (Hunter 1983) the secular. As cultural sociologists have advanced their understanding of symbolic boundaries, the literature on evangelicals has not been updated to reflect these developments.
In this chapter, I add to scholarly understandings of evangelical boundaries, using Lamont and Molnar’s (2002) paper, “The Study of Boundaries in the Social Sciences,” as a framework and guide. In this paper, Lamont and Molnar identify several areas of needed research on boundaries. One topic deserving of research attention is the properties of boundaries (i.e., their permeability, salience, durability, visibility). Another interesting topic involves investigating the conditions under which boundaries assume certain characteristics. Finally, it is worth investigating how people perform their differences and similarities with other groups.

Andreas Wimmer is one scholar who has sought to address the research gaps identified by Lamont and Molnar. He finds that “characteristics of a field – the institutional order, distribution of power, and political networks – determine which actors will adopt which strategy of ethnic boundary making” (Wimmer 2008, p. 970). He also observes several ways that individuals contest, change, and negotiate boundaries. For example, people can “create a more encompassing boundary by grouping existing categories into a new, expanded category” (p. 987). Conversely, they can “promote narrower boundaries than those already established in the social landscape” (p. 987). A third strategy, “normative inversion,” involves individuals targeting the hierarchical orderings – instead of the locations – of boundaries (p. 986).

In the sociology of religion, Fuist and Josephsohn (2013) examine two dimensions of boundaries – their ‘permeability’ and ‘relevance’— and the interplay between them. Permeability “refers to the ability of social actors to interact across a boundary” (p. 197), and relevance “refers to how important a particular boundary is for everyday interaction between groups or individuals on different sides of it” (p. 197). Someone invoking a permeable, relevant boundary says, “I am different from people who are X but not so much that we can't be friends or partners. Nonetheless, we find ourselves having to discuss our differences a great deal” (p. 198).
An example of an impermeable, relevant boundary is: “I am very different from people who are X, and therefore refuse to interact with them, or see them as an out-group” (p. 198). Those drawing on a permeable, irrelevant boundary state, “I am somewhat different people who are X, with many points of similarity, but it doesn’t come up at all, and we can still be friendly” (p. 198). Finally, a person who constructs an impermeable, irrelevant boundary would assert, “I am very different from people who are X, but as long as I don’t think about it, it doesn’t come up in day-to-day interaction” (p. 198).

**Boundaries of Therapists Outside of the Profession**

**How therapists outside the profession perform their differences from professionals.**

Therapists outside of the profession see themselves as separate from the profession, and they perform their differences from professionals in multiple ways: forming alternative groups to professional organizations; questioning professional licensure; critiquing the skills training of professionals; and rejecting the quantitative research methods used by academic psychologists in the profession.

Instead of the APA or ACA, therapists outside of the profession join organizations like the American Association of Christian Counselors (AACC). AACC members agree to practice according to the AACC ethics code, a code which significantly departs from that of the profession in important ways: according to the AACC, the bible is the final authority on all matters, therapists are to actively discourage clients from abortion, divorce, and assisted suicide, and therapists making referrals will, as a first choice, seek out the best Christian-based help available (American Association of Christian Counselors 2014).
Therapists outside of the profession assert that the Church and the bible, not professional licensing boards, should have the authority to grant counseling rights to others. In Bobgan and Bobgan’s (1996) words, “the care of souls is the exclusive ministry of the church” (p. 11) and “is a common calling for all believers” (p. 13). David Powlison, a leader in the biblical counseling movement, urges pastors to be more involved in counseling (Powlison 2012). He claims, professional counselors are, “from the church’s standpoint,” “laypersons, not professionals” (p. 295). Licensed counselors, according to Powlison (2010), “attempt exceedingly significant and delicate work in people’s lives in a dangerously autonomous way” when they should be subject to “guidance and checks from the church” (p. 295).

According to therapists outside of the profession, obtaining training in the skills and techniques of counseling (as taught by programs in the profession), is secondary to cultivating character and spiritual maturity. To Ed Bulkley, the “essential qualities” of a competent counselor – “an extensive knowledge of the scriptures,” “divine wisdom,” “goodness,” “an ability to relate to others,” “an ability to communicate,” and “a genuine desire to help others” (Bulkley 1993, p. 79), are developed in the course of one’s spiritual journey, not necessarily taught in school. Similarly, according to David Poliwson, the “key ingredients” of counseling are not the typical skills and techniques taught in accredited schools, but rather “love, wisdom, humility, integrity, mercy, authority, clarity, truth-speaking, courage, candor, curiosity, and hope” (Powlison 2012, p. 26). Reverend John Koopman of Chilliwack Free Reformed Church asserts, “it is not the counselor’s professional knowledge that gives understanding and changes a person, but the power and work of God…a competent counselor does not rely on professional degrees, professional certification, or governmental licensing…whether someone is competent to
counselor or not must be defined by God’s standard, not man’s standards” (Chilliwack Free Reformed Church 2013, para. 6).

Therapists outside of the profession are wary of quantitative research methodologies used by psychologists in the profession. Quantitative research, to them, does not capture the variability and complexity of human behavior. In Ed Bulkley’s belief, “one’s reaction to events, circumstances, and other stimuli cannot be predicted or tested using scientific methods” (Bulkley 1993, p. 50). Ed Welch (2012) states that in quantitative research, important variables are often “uncontrolled” (p. 11) and overlooked, leading to inaccurate conclusions and findings. Thus, instead of uncritical, wholesale acceptance of quantitative research, he tends to have a “patient, wait-and-see attitude when particular [quantitative] studies make definitive claims that can affect counseling” (p. 11). Ed prefers information obtained through qualitative methods – biography, memoirs, and other in-depth studies of the individual – which he claims “helps us understand the complexity of human experience” (p. 11).

As described in chapter two, biblical counselors are uncomfortable with using scientific findings to guide their counseling, especially when those findings conflict with what they believe to be biblical truths. In biblical counselors’ opinion, quantitative studies are considered by society as “objective,” when in reality, scientists consciously or unconsciously manipulate scientific studies to suit their agendas. Bobgan and Bobgan (1996) articulate a popular view among biblical counselors that secular counseling theories are “deceptive ideas” cloaked under a “clever disguise of science and medicine” (p. 17).

Therapists outside of the profession are like the “unqualified” workers in Alaszewski and Meltzer’s study (1979) of the roles of knowledge and qualifications in defining and legitimating the division of labor. The way that therapists outside of the profession view their bible-based
knowledge in relation the scientific expertise of mental health professionals is similar to how unqualified workers consider their “practical knowledge” superior to the theoretical knowledge of qualified workers:

The power of the qualified worker stems from their theoretical knowledge (science-based treatment technologies). The unqualified workers have to exploit their practical or common-sense knowledge. The qualified workers maintain power through his/her knowledge of the general characteristics of the patient's physical condition, i.e. knowledge of the characteristics that the patient shares with other similar patients and knowledge of the characteristics that make the treatment situation a typical situation…Qualified workers stress the objective course of action elements in the treatment situation, whereas the unqualified workers stress the subjective, personal type elements (p. 299).

How boundaries have changed over time: formerly engaged in struggle with the professions. Like the evangelicals described by Christian Smith (1998) who are “passionately engaged in direct struggle with pluralistic modernity” (p. 88) and who thrive in conditions of “tension and threat” (p. 89), early biblical counselors of the 1970s, 1980s, and 1990s saw themselves as being at war with secular professionals.

Jay Adams, one of the founders of the biblical counseling movement, wrote that psychiatrists and clinical and counseling psychologists sought to “supplant the church in its work of counseling” (Adams 2010, p. 5). Mental health professionals were, in his view, doing the work of theologians. According to Adams, “this whole business of psychology and psychiatry is not some separate discipline. It has declared itself to be, but it really has not right to do so” (Adams 2000). Ed Bulkley (1993) expressed a similar viewpoint, arguing that professional psychologists were “brainwashing” (p. 74) the public into thinking that they alone were competent to deal with serious problems (p. 74). Tim Crater (1981) expressed his concern for secular psychology’s growing influence schools, accusing mental health professionals of
“cloaking” their ideas in science and feigning “neutrality and objectivity” (Crater 1981, p. 5). Medicalized views of children’s behavioral problems, Crater (1981) argued, were “an attack on traditional moral values” (p. 8).

Anyone who saw value in secular mental health professionals’ ideas – even niche therapists/integrationists – were considered the “enemy” by the early biblical counselors. Bobgan and Bobgan (1987) decried how integrationists were buying into the “subtle and dangerous deception” (p. 3) of secular psychology – a sign, they argued, “of the failing and falling of Christianity” (p. 16). Similarly, David Powlison (1996), another influential leader in the biblical counseling movement, called the church “intellectually derivative, structurally subordinate, and practically weak” for assuming that “God’s people must learn things from Adler, Freud, Skinner, Rogers, and Jung” (p. 35). John MacArthur (1993) criticized integrationists, for, in his view, “besieging the church” and working “to establish psychology as superior to Scripture for dealing with behavioral and emotional problems” (p. 13).

**Emphasizing differences with professionals.** Boundaries between the early biblical counselors and secular professionals were impermeable and relevant: biblical counselors saw themselves as very different from secular professionals, and they talked about these differences often. Ed Bulkely (1993), for example, drew a sharp contrast between Christian therapy’s “life-transforming” effects, and professional counseling “quick-fix”: “Of course therapy can make people feel better – temporarily. But does it truly change them? Does it help them solve their problems? Do they become more like Christ? Are they led into Christian maturity? Are their thought and behavior patterns brought into conformity to God’s Word?” (p. 79).
Bobgan and Bobgan (1996) depicted biblical counseling as flexible and adaptable to different situations; professional counseling, in contrast, was portrayed as taking a “one size fits all” approach:

Psychological counseling is a limited (one to one), timed (50 minutes), fixed (one day a week), paid ($50 to $150 per hour), routine (one right after another), relationship that leaves little room for depth or creativity (p. 18). The biblical care of souls involves more than just biblical conversation, it involves biblically caring for the whole person. Such care can be as simple as a cup of water given to a thirsty traveler or as complex as helping a family get through a crisis. It can be as gentle as a touch on the shoulder or as strong as a rebuke rightly rendered in love and truth. It can be working through issues with the Bible in one hand and a shovel in the other (p. 33).

As a way of distancing biblical counseling from professional counseling, Bobgan and Bobgan (1996) urged biblical counselors to use their own, distinct language. It was important, they asserted, for Christians to free themselves from “terms…bound to the meanings, expectations, and procedures of psychotherapy” (p. 6). In place of the term, “counseling,” Bobgan and Bobgan (1996) preferred to use phrases such as “ministering, evangelizing, teaching, pastoring, discipling, coming alongside, advising, giving godly wisdom, encouraging, admonishing, exhorting, edifying, equipping, nurturing, assisting one another to find help in God’s word” (p. 6) to describe their work.

Larry Spalink (1979) called for biblical counselors to reject professional notions of confidentiality in their work. Thus, he recommended that when counselees revealed their personal sins to church counselors, the church community should be aware and get involved. If counselees did not change their behaviors after being confronted by their counselors, the next steps were to include admonition by church elders and even “going before the whole church” (p. 61) to face possible expulsion.
**Contemporary boundaries: distinct but not in conflict.** Contemporary biblical counselors continue to be outside of the mental health professions but do not see themselves embattled with the secular to the same degree as the biblical counselors of the 1970s, 1980s, and early 1990s. In their writings on the professions, today’s biblical counselors discuss navigating the legal and ethical aspects of their work and co-existing with the profession.

**Legal and ethical aspects of working outside the profession.** According to Robert Jones, “the closer a biblical counseling ministry stays to the center of the church, the safer that ministry remains. We lessen the likelihood of lawsuits when we use informed consent agreements that stipulate that our counseling ministry is a church-based ministry of God’s Word—an extension of our normal evangelistic and discipleship ministries” (Jones 2016, para. 10).

Bob Kellemen urges biblical counselors to be clear in communicating to clients that they are not professionals. They should express in writing that they are “not trained, authorized, or licensed to provide professional counseling psychological treatment, or psychological diagnosis” (Kellemen 2011a, para. 3). Furthermore, they should use explanatory phrases to clarify what they mean when they say that they are counselors. Specifically, Kellemen (2011a) suggests that biblical counselors use terms like “ministry, discipleship, and local church” in order “to highlight the non-licensed, spiritual nature of the help offered” (para. 4).

Ed Welch urges biblical counselors to articulate and practice within the scope of their expertise, which he acknowledges is limited. He states: “We want those we counsel to be as clear as possible about who we are and what we are doing…We must avoid offering recommendations in areas where we are less experienced” (Welch 2015, para. 7).
Leslie Vernick (2016) recommends that biblical counselors be prepared to address issues of therapist-client confidentiality, even if they are acting in an unlicensed capacity:

If you are a church counselor or a non-licensed professional, you are not governed by state licensing rules but that does not mean you should not have your own guidelines on confidentiality to ensure you and your clients well-being. Your clients will want to know if everything she talks about is totally confidential. If not, what are the exceptions? It would be wise to think about these ahead of time and have your guidelines in place so that you are consistent and can let your counselee know what he or she can expect from you. A client may also want to know where you keep your written notes of sessions. Who else has access to read or see those records especially if you are in a church setting? (They should be in a locked file). You should also let your counselee know what your policy is if someone from their family or church contacts you in order to talk about your work with them. Can they trust you not to talk about them without their written consent? Your client would feel safer having these consents and confidentiality guidelines in writing so that there is no misunderstanding (para. 8-12).

Co-existing with the profession. Boundaries between therapists outside of the profession and secular professionals are somewhat more permeable than before. Instead of trying to prove they are “right” and professionals are “wrong,” today’s biblical counselors portray differences as a matter of degree; while professionals provide a baseline level of success, biblical counselors are “the best.” In certain cases, some of today’s biblical counselors say, biblical counselors can even learn or benefit from the work of secular professionals. For example, in his 30+ years in biblical counseling, Ed Welch has always believed that biblical counseling goes “deeper” than secular psychology. The “useful observations” made by secular research, Welch asserts, are made better and stronger by “biblical re-interpretation, deepening, and enrichment” (Welch 2012, p. 12). When comparing between his current and past characterizations of secular counselors, however, it is apparent that Welch has softened his views over time. In 1990, Welch called secular psychiatrists the “enemy” of biblical counselors: “this usurper, modern medicine, has been getting away with murder. It gradually has been abolishing sin and personal
responsibility…and it has pronounced the church as impotent to ‘treat’ most anything” (p. 28). In contrast, in 2012, Welch states that “in complicated situations,” biblical counselors “want help” (p. 11) and can benefit from the case experience of professional specialists in areas such as ADD, bipolar, or drug addictions. Secular research, Ed Welch says in 2012, is neither all good nor all bad: “sometimes it is useful, and sometimes it is not” (p. 12).

Heath Lambert goes a step further than Lane and Welch: he calls medical professionals his “allies” in “caring well for people” (Lambert 2014, para. 2). Biblical counselors, in his opinion, have a specific scope of expertise: they are the experts in spiritual matters, but not the physical. To put another way, biblical counselors have shifted toward seeing themselves as complements, rather than alternatives to professionals. Thus, “if a person is having a problem that the Bible defines in moral terms (like repeated lying, for example) we say they need spiritual care and the grace of Jesus to address that problem. If a person is experiencing a problem that is not a moral or spiritual issue in any way (like the hallucinations of a Parkinson’s patient) then we say they have a medical problem that requires treatment” (Lambert 2014, para. 3).

Besides partnering with medical professionals, therapists like Bill Smith (1996) are now reaching out to integrationists. In an article in the *Journal of Biblical Counseling*, Smith (1996) writes that “ignoring or lambasting psychology” is “not viable” (p. 20). “The church is filled with integrationists,” he observes, “yet little is written to reach this population…it is unconscionable to treat out brothers and sisters as enemies” (Smith 1996, p. 20).

In the same 1996 volume of the *Journal of Biblical Counseling*, the work of Robert Roberts, professor at Wheaton University (a college associated with the integrationist movement), is featured. In the article, Roberts encourages readers to “sympathetically [understand] and carefully [evaluate]” secular psychology (Roberts 1996, p. 31). While
Christian therapists should not accept secular psychology “uncritically and whole hog,” Roberts states, there are certain aspects of psychology that can “offer insights and practices” and “can be helpfully adapted for Christian use” (Roberts 1996, p. 31). The fact that *Journal of Biblical Counseling* included the voice of a non-biblical counselor, I believe, is indicative of the biblical counseling community’s growing tolerance of diverse perspectives.

**Factors that explain changing understandings of boundaries.** Biblical counselors have always remained outside of the profession, but the ways they understand the boundary between themselves and others have changed over time. Historically, biblical counselors sought to reclaim from mental health professionals the sole jurisdiction to counsel; today, biblical counselors seek to practice independently while co-existing with mental health professionals.

Multiple factors could be contributing to the shifts in biblical counselors’ attitudes toward the profession. First, biblical counselors may be adjusting the ways they talk about professionals to account for their clients’ upward mobility and higher levels of education. As more clients of biblical counselors join the professional ranks, they may be less receptive to biblical counselors’ characterizations of mental health professionals as “the enemy.” Second, credentialing and licensure pressures have only increased since the 1970s and 1980s when biblical counselors first entered the scene. It is simply unrealistic for biblical counselors to think that they can somehow “reclaim” counseling from mental health professionals. A more attainable goal is for biblical counselors to co-exist with professional counselors, taking a “you do your thing, I do my thing” approach. Third, complementary approaches signal that the biblical counseling movement has entered a new stage in its development: having established what it is not, the movement is seeking to define *what it is*. Attacking enemies was helpful in the past for biblical counselors to
coalesce around a common identity, but now, the focus of biblical counselors has turned toward establishing a place for themselves in the evangelical world.

**Boundaries of Therapists in a Niche**

**Where niche therapists work.** Niche therapists – Christian therapists in the profession, but focused on the Christian community – work in Christian universities, seminaries, and Christian counseling centers. Dr. Marcus, professor of pastoral care, explains that working at a seminary allows him to talk freely about his faith and incorporate Christian practices like prayer and reading the bible in the classroom. Dr. Murray, who directs a counseling program at a seminary, tells me that his goal is to train Christians “to become best counselors in the world.” Dr. Pearce, a professor at a Christian university, appreciates that her colleagues are well-versed in theology; she can “go deep” with theological ideas in her research, instead of “speaking broadly.” Dr. Rodríguez reports striking a balance between Christian community and diversity at his university. At the Christian university where he works, all the faculty members are Christian, but they approach their faith from different perspectives and theologies. Having Christian colleagues who see their faith and work as intertwined is what Dr. Lyons identifies as the highlight of working at a Christian counseling center. Angela, another therapist who works at a Christian counseling center, tells me that in southern California where her practice is located, there is an oversupply of therapists, so it helps to specialize in particular client populations (such as Christians) in order to distinguish oneself from competitors.

Christian Association of Psychological Studies (CAPS) is a professional association whose members are comprised mainly of therapists “in a Christian niche.” CAPS members get to be a part of a community of Christian mental health professionals, and they have access to the
organizations’ continuing education activities, Christian counseling resources, and conferences. One of the points that CAPS make clear is that it seeks to be a Christian supplement—not an alternative—to its members’ professional activities. Unlike the AACC which specifies certain instances in which professional and religious ethics come into conflict, CAPS calls its members to follow professional ethics: “As Christian leaders, we are called to be ethical, not as a legalistic obligation, but as part of an ever deepening intimate and convenantal relationship with God in Christ” (Christian Association of Psychological Studies 2005 para. 2).

Niche therapists in academia. The *Journal of Psychology and Theology* and *Journal of Psychology and Christianity* are considered the flagship journals of the niche therapy community. The aim of *Journal of Psychology and Theology* is “to communicate recent scholarly thinking on the interrelationships of psychological and theological concepts, and to consider the application of these concepts to a variety of professional settings” (“About the Journal of Psychology and Theology” 2016). Similarly, the *Journal of Psychology and Christianity* is designed “to provide scholarly interchange among Christian professionals in the psychological and pastoral professions” (“Journal of Psychology and Christianity” 2016, para. 1).

Journal articles written by niche therapists center on three themes: (1) instructing Christian therapists on incorporating religion in therapy in a professionally ethical manner; (2) studying psychological outcomes in Christian populations; and (3) clarifying the boundaries between niche therapists and secular mental health professionals.

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15 This section of the chapter focuses on niche therapists’ research. I discuss niche therapists’ practice of therapy in chapter four.
The writings of niche therapists reveal that they share many similarities with the rest of the profession, though they remain distinct and different from other professionals in certain ways. Niche therapists follow professional ethics, like other licensed professionals, and use the same research methods as other psychologists in their discipline, but unlike mainstream professionals, they focus on research topics mainly of interest to Christians. Feeling at times marginalized by the rest of the profession, they see a need to correct what they consider are mainstream professionals’ misperceptions of them.

**Incorporating religion in a professionally ethical manner.** In an article published in *Journal of Psychology and Theology*, Wayne Chappelle (2000) explains the steps Christian therapists should take when using Christian spiritual interventions in psychotherapy. First, says Chappelle, Christians should examine whether using spiritual interventions is included within the scope of their roles. Second, they should reflect on the settings in which they practice: if they are in a civically-funded setting, Chappelle recommends, it is best to avoid incorporating spiritual disciplines in therapy. Third, therapists should reflect on whether the particular situation calls for spiritual intervention. If spiritual interventions seem reasonable, therapists should obtain the appropriate informed consent from their clients.

The papers “Integrating Spiritual Direction into Psychotherapy: Ethical Issues and Guidelines” and “Three Voices, One Song: A Psychologist, Spiritual Director, and Pastoral Counselor Share Perspectives on Providing Care” explore the relationships between Christian therapy, spiritual direction, and pastoral counseling. Siang-Yang Tan (2003) argues that spiritual direction “has a valid place in psychotherapy that is more wholistic and integrated” but “should not completely replace psychotherapy in the therapy session” (p. 19). Similarly, psychotherapist
Theresa Tisdale encourages professional Christian therapists to learn from and partner with spiritual directors and pastoral counselors (Tisdale, Doehring, and Lorraine-Poirier 2003).

**Studying psychological outcomes in Christian populations.** “Parental Attachment, Reverse Culture Shock, Perceived Social Support, and College Adjustment of Missionary Children,” a paper published in the *Journal of Psychology and Theology*, employs empirical research methods (t-tests and multiple regression analyses) to examine psychological and social outcomes that are commonly studied in mainstream psychology (e.g. attachment, social support, and college adjustment) (Huff 2001). What makes this paper different from those published in mainstream psychological journals is that it focuses on a specific Christian population, children of missionaries. “Calling and Conflict: A Qualitative Exploration of Interrole Conflict and the Sanctification of Work in Christian Mothers in Academia,” also published in the *Journal of Psychology and Theology*, takes a similar approach: the main outcome of interest, interrole conflict, is studied using standard research techniques and methods (e.g. interviews and grounded theory); the research subjects, however, are limited to a particular population, Christian mothers in academia (Oates, Hall, and Anderson 2005).

**Clarifying boundaries with the profession.** Despite being different from mainstream professionals in select ways, niche therapists feel that mainstream professionals often overstate their differences and view niche therapists as second-rate or inferior. In some of their writings, therefore, they try to minimize their differences from mainstream professionals. They (1) turn the critique that Christian therapists impose their values on its head and call out professionals for their own biases; (2) draw attention to the ways that secular professional psychologists, like
Christian therapists, fall short of practicing “pure” science; (3) portray their Christian therapies as client-centered and multicultural; and (4) create a more encompassing boundary – expressing an affinity with minority groups (e.g. feminist and Buddhist psychologists) that they claim have been accepted by the mainstream field.

They are like us – professionals have biases and values too. John Schmalzbauer (2003) has observed how individuals will invoke the language of objectivity as a form of boundary-making. For example, to assert a place for themselves in the social sciences, evangelicals will focus on the meta dimensions of scholarly inquiry, “[calling] attention to the philosophical and religious assumptions that undergird all academic knowledge” (Schmalzbauer 2003, p. 184). Eric Johnson and Steven Sandage, Christian therapists, do this in “A Postmodern Reconstruction of Psychotherapy: Orienteering, Religion, and the Healing of the Soul,” an article which challenges the notion that secular professional psychologists are value-free. According to Johnson and Sandage (1999), all psychotherapies are inherently “permeated with values because values provide answers to such questions as ‘Why engage in psychotherapy?’ ‘Why alleviate suffering?’ ‘What is abnormal and what is health?’ ‘How serious is this problem?’ ‘What treatment should be applied in this case?’” (p. 3). In fact, Johnson and Sandage argue, it is fair to say that “psychotherapy as practiced today is religious” (p. 7). Like religion, psychotherapy addresses the “‘salvation,’ the making whole, the edification of one seeking help” (p. 6).

They are like us – professionals in the discipline do not practice “pure” science, either. Elizabeth Hall’s article, “God as Cause or Error?: Academic Psychology as Christian Vocation,” attempts to address critiques that Christian perspectives fall short of being “scientific enough”
for the psychological discipline. Hall argues that it is important to distinguish between what psychologists say they do scientifically and what they actually do in practice. If the discipline were to reflect thoughtfully on itself, it would realize that it gathers knowledge in ways that deviate from “pure” natural scientific methods, argues Hall. For example, instead of limiting itself to observation and “the identification of “strictly repeatable patterns,” psychology often examines broader, “underlying causal structures” (p. 204). A focus on underlying causal structures makes room for Christian perspectives, Hall believes, “[opening] the door for exploration of…God’s providential activity” (p. 204).

We are like them – we are client-centered and multicultural. According to John Schmalzbauer (2003), some evangelical journalists justify incorporating religion in their writing on the grounds of “populist anti-elitism”: “Contrasting the religiosity of the country with the religious tone-deafness of their colleagues, they [charge] that the news media are incapable of representing the views of middle America” (p. 66). Fernando Garzon, a professor in the Center for Counseling and Family Studies at Liberty University, engages in a similar strategy when he says that the views of religious/spiritual clients are underrepresented in therapy:

Gallup polls consistently find more than 90% of U.S. citizens believe there is a God, more than 80% try to live according to their faith, and about 85% self-identify as Christians. These percentages suggest that the majority of clients coming to therapy will have a spiritual perspective. The statistics for mental-health professional differ substantially…Only 46% of clinical psychologists identify themselves as Christians, 38% endorse other religions, and 16% state they are agnostic, atheists, or had no religious faith” (pp. 22-23).

Garzon cites research showing that Christian clients want to involve religion in their treatments: “Clients who are deeply committed to their faith appear to prefer clinicians who can incorporate prayer, Scripture, and other faith resources in therapy. They also expect the therapist to bring up
the subject of prayer in therapy rather than having to bring it up themselves” (pp. 23-24). In Garzon’s reasoning, niche therapists who incorporate Christian perspectives are addressing an unmet client need; they are being client-centered and culturally sensitive, just as the profession calls them to be.

The statistic that Garzon presents of 85% of U.S. citizens self-identifying as Christians does not match the numbers I found when I conducted a search of the Gallup website. According to Gallup, in 2011, the year in which Garzon’s article was published, 75% of respondents identified as Christians (42% Protestant, 10% Christian – nonspecific, 23% Catholic), and 42% responded yes to the question, “Would you describe yourself as a ‘born-again’ or evangelical Christian” (Gallup 2016). Either way – if we assume that 85% or 75% of Americans self-identify as Christians – a much higher proportion of Americans compared to psychologists identify as Christians. It is still worth noting, however, that in this article, Garzon overstates the extent to which there are religious differences between the American population and the psychological profession, which is perhaps indicative of how he perceives Christians in the psychological realm to be more embattled than they really are.

We are like the accepted minorities of the field. Dr. Rodríguez argues that the mainstream psychological profession should be open to testing the efficacy of Christian therapies, as it has done with Buddhist mindfulness therapies.

Buddhism has had a lot of scientific research and has been integrated well by secular non-Buddhist clinicians in their treatment. There’s a lot of Christian versions of meditation, but they’re not empirically explored. When working with a Christian client, in addition to mindfulness should you consider some Christian forms of meditation, would that be more appropriate? That’s both a multicultural competency question and a scientific one and I think we need to do the research to bring it to the table.
According to Liz Hall (2004), feminist psychologists have achieved recognition by the profession, and they provide Christian therapists a blueprint for how to assert a place for themselves in the field.

An interesting model for challenging out discipline comes from the area of feminist psychologist... While seen as a “fringe” movement by some, many feminist psychologists are now in key positions of influence in our field... We can learn important lessons from this movement regarding the power of advocating as a community, the legitimacy of advocating for our values, the need for a change agenda with the expectations that this will take time, effort, and will involve setbacks, and the encouragement that change can happen (Hall, 2004, p. 208).

In emphasizing their closeness to feminists and Buddhists, niche therapists employ what sociologist Mitch Berbrier (2002) calls a “cartographic” approach to boundaries. Berbrier cites Thomas Gieryn’s assertion that “boundaries differentiate this thing from that” but cartographic perspectives emphasize “the relative positioning in locations – central versus peripheral; contiguous versus distant; separate, overlapping, or nested” (Gieryn 1999, p. 7). Under normal circumstances, Christian therapists may not see themselves as similar to feminists or Buddhists, but because feminists and Buddhists have an established “in” with the profession, niche therapists want to be perceived as being like them.

**Engaging with the mainstream profession.** The boundaries between niche therapists and the rest of the profession are permeable and relevant: niche therapists engage with secular professionals, during which they find themselves discussing their differences a great deal. For example, Dr. Murray meets with the state licensing board to defend his school’s lifestyle codes: “We’ve had some issues in [my state] where we were accused of being discriminatory because

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16 Liz Hall and other niche therapists portray feminist psychologists as having achieved success in gaining recognition in the field; feminists in the psychological field, however, might quarrel with the idea that they have completely gotten their way and face no more challenges.
you have to be a Christian to be a student [at my school]… You can’t be behaving outside of Christian tradition, as far as sexual ethics goes. There were folks who were really upset with that, and not sure they wanted us to be a part of the professional counseling world in [my state]. I’ve had to have meetings with them.”

Dr. Pearce’s main engagement with the wider profession is through the American Psychological Association’s Division 36, Society for the Psychology of Religion and Spirituality. At conferences, she talks with other Division members about making personal faith commitments a more explicit part of one’s work:

I often bump into people who wish that their Christian commitments were more integrated with their practice of psychology and that don’t even know there’s an alternative. For example, I had a very interesting conversation with a woman who’s been in the field and who’s been president of our division. I’ve heard that she is a very committed mainline Christian, active in her church and that kind of thing. I talked about some ways that I try to avoid reductionism even when I’m writing in more secular venues. She was absolutely fascinated by it. It’s like it never occurred to her. It opened up just different ways of thinking about things for her.

Dr. Pearce also sees her participation in Division 36 as a way to break down stereotypes of evangelicals:

A lot of what I do is bridge-building and just letting people see that I’m a normal person. The stereotype tends to be that evangelicals are fundamentalist with a lot of intellectual naiveté and a lot of judgmentalism. The other day, I spoke with someone who came out of a fundamentalist church when she was a teenager and has not been back since. She said to me, ‘I think my karma is bringing me to you to shape up my ideas of what an evangelical is.’

Alan Tjeltveit, who writes on the topic of ‘love,’ engages in two forms of research, one for Christian audiences, and one for the secular mainstream: “We will best understand love through an alternation between first rate particular reflection (e.g., a Christian psychology of love) and more general, high quality public reflection, both of which are valid” (Tjelveit 2006, p.
Whereas a Christian psychology of love “draws explicitly and deeply on Christian ethical and metaphysical assumptions” (p. 17), a public reflection on love involves developing a "universal understanding of human beings which all who believe in science will affirm” (p. 17).

Dr. Marcus envisions a future where psychologists will be free to express their ‘particular reflections’ in mainstream professional publications. He says, “Maybe in twenty years, fifty years from now, the human sciences will become more pluralistic and all world views will be welcome and you can contribute research and theory building that is reflective of your worldview.” In Dr. Marcus’ ideal world, Christian-specific psychologies will have a place in the field and be taught alongside Buddhist, Hindu, naturalist, humanist, Jewish, and Muslim psychologies.

**Boundaries of Therapists in the Profession**

**Who are therapists “in the profession”?** While niche therapists work in Christian environments and write in Christian journals, therapists in the profession are “cosmopolitans” (Johnson 1972) who work in secular institutions and write mostly for mainstream audiences. Some therapists in the profession work primarily with clients; others focus on teaching and research.

**Working with clients.** Like the evangelicals who “bracket” or separate out, their professional and religious identities (Schmalzbauer 2003), Dr. Vogel, a therapist at a secular university counseling center, withholds her Christian identity from her colleagues. Her fear, she shares, is that if her colleagues knew about her faith, they might question her intellectual abilities or assume she is homophobic. Dr. Buchman, a post-doc at an Ivy League university, is unsure of
how his colleagues would react if they knew he was a Christian; thus, to “play it safe,” he keeps his religious beliefs to himself. In fact, he confides, he has “kept secret” from his co-workers his upcoming plans to attend a Christian counseling conference.

Unlike Dr. Buchman and Dr. Vogel, Dr. Davis has support from his workplace to openly embrace his Christian identity. The inpatient counseling center where he works advertises that it provides spiritual support, including Christian counseling, to clients expressing an interest in faith-based therapy. Dr. Davis, who is the only Christian therapist on staff, tells me that his colleagues consider him a specialist on faith matters; when a religious client seeks therapy from the center, Dr. Davis is the go-to person who gets assigned the case. Dr. Edwards, a therapist who teaches at a secular university, says that her class on counseling supervision lends itself to talking about religion. Dr. Edwards often draws on her own experiences as a Christian practicing psychology to teach her students how to handle their personal beliefs in therapy.

Researching.

Factors drawing Christian therapists to the profession. In the 1970s when PJ Watson and Everett Worthington were beginning their careers, they took the typical career path of research psychologists at the time: they obtained academic appointments at secular universities. Once they established themselves in the field and the integration movement gained ground, Watson and Worthington began including more religious topics in their research.

Joshua Hook, a current assistant professor, applied to 25 secular and religious colleges and universities, and only one – a secular university—offered him a job. Julie Exline, who had a wider array of options, made the conscious decision not to work at a Christian university. She explains, “I was reluctant to identify myself with a particular branch of the church, as some
places seemed to require. More broadly, I worried about what would happen if my beliefs, behaviors, or spiritual experiences didn’t quite conform to expectations, or if they might shift later to the point where I no longer fit with the faith statement or vision of the organization” (Exline 2012, p. 62). At secular institutions, in contrast, Exline found people “open to discussing religious or spiritual issues, just so long as these discussions took place in an atmosphere of mutual respect” (p. 62). She adds, “I often feel a sense of kinship with those who want to discuss matters of faith, including areas of struggle and doubt. Some of these individuals are Christians, and some are not. Some believe in God, and some do not…I’ve been amazed at the meaningful connections and learning that can result from simple listening and sharing” (p. 62).

**Playing by professional rules and respecting disciplinary norms.** Unlike niche therapists whose research interests focus on Christian populations, therapists in the profession examine religion and spirituality on a broader scale. Using similar quantitative research techniques as those employed by niche therapists (e.g., factor analysis, meta-analysis, regression, randomized controlled trials), therapists in the profession (1) design and test religious constructs; (2) assess the impact of religion on mental health; and (3) explore virtues in positive psychology.

**Creating spiritual and religious constructs.** Don Davis and his colleagues designed the Source of Spirituality Scale, a way of capturing a person’s closeness or connection to nature, oneself, humanity, the transcendent, or a theistic being (Davis 2015). PJ Watson, who specializes in cross-cultural psychology, tests whether measures of religious commitment and experience are applicable across countries and religious traditions (Watson, Chen, and Ghorbani 2014).
Everett Worthington created the “Religious Commitment Inventory,” a way of measuring a person’s adherence to his/her religious values, beliefs, and practices in daily life (Worthington et al. 2003). Worthington emphasizes that, unlike existing religious commitment measures which are limited to Christians and Jews, his inventory is usable by Buddhists, Muslims, Hindus, Christians, Jews, and the non-religious.

In the paper, “The Religious and Spiritual Struggles Scale: Development and Initial Validation,” Julie Exline details her process of creating a “religious struggles” scale (Exline, Pargament, Gruggs, and Yali 2014). Exline relates that it was important to her that her measure be applicable to people of different faiths; thus, in her scale, she avoided language specific to any one theistic tradition (e.g., “church,” “temple,” “sin,” or “salvation”).

Religion and mental health. PJ Watson investigates how religion shapes mental health outcomes including inner-awareness (Watson et al. 2002), self-esteem (Watson, Morris, and Hood 1987), hopelessness, and stress (Khan and Watson 2006). David Myers identifies some of the mechanisms linking religion to positive health outcomes: religion promotes self-control, which in turn facilitates healthy behaviors; religion provides social support (through faith communities and marriage); and religion encourages positive emotions (e.g., a sense of hope for the long-term future, feelings of ultimate acceptance, a stable, coherent worldview) (Myers 2015, p. 513).

In a paper that draws data from university students following Hurricane Katrina, Stephen Cook and colleagues (2013) examines how religion serves as a coping resource and helps to support physical/mental health. Julie Exline and colleagues study how people relate to and perceive the divine. Her paper, “Seeing God as Cruel or Distant: Links with Divine Struggles
Involving Anger, Doubt, and Fear of God’s Disapproval,” which draws from data on Protestants, Catholics, Jews, Hindus, Muslims, and Buddhists, tests two hypotheses, ‘Seeing God as cruel predicts anger at God and disapproval toward the self,’ and ‘Seeing God as distant is predictive of doubt about God’s existence.’

In a meta-analysis comparing the efficacy of Christian and secular therapies, Worthington and his colleagues (2011) find that Christian therapies outperform secular therapies on spiritual, but not psychological outcomes. Based on these findings, Worthington recommends that “when the primary or exclusive treatment outcome is symptom remission,” “there is no empirical basis to recommend R/S psychotherapies over established secular psychotherapies,” but “for patients and contexts in which spiritual outcomes are highly valued, R/S psychotherapy can be considered a treatment of choice” (Worthington, Hook, Davis, and McDaniel 2011, p. 212).

Virtue and positive psychology. In People of Faith, John Schmalzbauer discusses how, in secular settings, evangelical social scientists and journalists draw on “bridging languages” that are capable of eliciting multiple interpretations. Virtue, a topic that has been popularized by the positive psychology movement, acts as a bridging language for Christian therapists. To Christian therapists, concepts such as “forgiveness,” “humility,” “gratitude,” and “narcissism” are not just interesting from a psychological perspective; they carry theological significance and meaning, as well.

17 In this paper, Worthington and his colleagues provide examples of spiritual vs. psychotherapeutic outcomes. Examples of spiritual outcomes are “becoming more like Jesus Christ” or “adhering more closely to the teachings of Buddha.” An example of a psychological outcome is “level of depression,” as measured by the Beck Depression Inventory.
Everett Worthington, whose personal and professional mission is “to promote forgiveness in every willing heart, home, and homeland,” studies the factors that facilitate forgiveness, (Carlisle et al. 2012; Hook et al. 2012; Van Tongeren et al. 2014), and he designs and evaluates forgiveness psychotherapeutic interventions (Miller et al. 2013; Rye et al. 2012; Wade, Hoyt, Kidwell, and Worthington 2014). Some of his research focuses on a specific population, such as individuals with eating disorders (Watson et al. 2012), and individuals struggling with addiction (Scherer et al. 2012). Of particular interest to Worthington are people who identity as "religious" or "spiritual". Worthington seeks to understand how religious and spiritual people experience and respond to transgressions (Davis et al. 2010; Davis et al. 2009), and he designs forgiveness psychotherapeutic interventions that incorporate clients' religious and spiritual beliefs (Van Tongeren et al. 2012; Worthington et al. 2011; Worthington, Lin, and Ho 2012).

In a paper published in the *Asian Journal of Social Psychology*, Joshua Hook and his colleagues compare forgiveness in individualistic and collectivistic cultures. Drawing on data from research subjects in New Zealand and China, the authors find that, for collectivists, making a decision to forgive is an important predictor of efforts toward reconciliation, whereas for individualists, the internal experience of replacing negative emotions with positive, other-oriented emotions drives efforts toward reconciliation (Hook et al. 2013).

PJ Watson defines and measures ‘narcissism’ in his research, as well as explores whether being narcissistic is associated with poorer psychological outcomes (Watson 1984; Watson 1987; Watson 1991; Watson 1992). Julie Exline has written about narcissistic entitlement as a barrier to forgiveness (Exline, Baumeister, Bushman, Campbell and Finkel 2004), and she has studied how humility predicts generous motives and behaviors (Exline and Hill 2012). Don Davis has published on inter-group forgiveness (Davis et al. 2015), self-forgiveness (Davis et al. 2015), and
the relationship between forgiveness and spirituality (Davis et al. 2014). In addition, he has written about psychotherapeutic interventions to increase gratitude (Davis et al. 2016) and on the ways humility repairs and encourages social bonds (Davis et al. 2013). Robert Emmons, a professor at UC Davis, researches the psychology of gratitude and the psychology of grace. Examples of his work include a grant, “Project Amazing Grace: Understanding the Nature of Divine Grace,” sponsored by the John Templeton Foundation, books on gratitude (Emmons 2007) and the psychology of ultimate concerns (Emmons 1999) and an article exploring gratitude as a psychotherapeutic intervention (Emmons and Stern 2013).

**Discussion on Boundaries**

In this chapter, I have examined the properties of Christian therapists’ boundaries with the secular profession, the conditions under which boundaries assume their characteristics, and how Christian therapists perform their similarities and differences with secular professionals.

**Properties of boundaries.** Historically, an impermeable boundary separated therapists outside of the profession from secular professionals. This boundary was inverted in nature: not only did therapists outside of the profession think of themselves as different, they believed they were better than professionals. Over time, boundaries with the profession have become more permeable: while today’s biblical counselors remain outside of the profession, they will engage with some ideas from secular psychology.

For niche therapists, boundaries with the profession are permeable and relevant. Niche therapists see themselves as crossing boundaries, interacting with secular professionals, in their efforts to advocate for a “Christian” way of doing psychology. Niche therapists are relatively
accepted by the profession (for example, niche programs are able to get accredited, graduates of niche programs get licensed at high rates, and niche therapists publish occasionally in mainstream journals), yet many of them consider themselves to be marginalized by, and to a degree, “embattled with” (Smith 1998) the mainstream.

Compared to therapists outside of the profession and niche therapists, therapists in the profession have the more permeable boundaries with secular professionals. Many of them successfully publish and counsel on spiritual and religious topics. To gain the full acceptance of the profession, some therapists in the profession feel a need to withhold their Christian identities from their colleagues.

**Conditions which boundaries assume characteristics.** Traditionally, therapists outside of the profession spoke of being “at war” with the profession, but today, therapists outside of the profession look to peacefully coexist with secular professionals. Three factors may be contributing to this change: first, therapists outside of the profession are reflecting the views of their evangelical clients, who themselves are increasingly joining the professional ranks and are less likely to harbor anti-professional sentiments than before; second, over the years, it has become clear that drawing on inflammatory language is ineffective at actually dismantling secular professional control; and third, having established what biblical counseling is not, biblical counselors have turned their attention to defining what biblical counseling *is.*

When niche therapists defend and advocate for campus lifestyle codes, they emphasize their differences and their independence from the profession: they are a unique and distinct group, they say, and they should not have to follow the same rules and norms of the mainstream. On the other hand, when they talk about how they believe they are perceived by the mainstream
profession, they minimize their differences with professionals. In these instances, they create a more encompassing boundary and highlight their commonalities with the rest of the profession: they say that secular professionals, like them, have values; that they are client-centered, like other professionals; and that they, like the other minorities in the field of psychology, deserve a hearing from the profession.

Therapists in the profession are more likely to see a boundary between themselves and secular professionals when the people with whom they interact at work – employers and colleagues – have expressed negative views of religion. Therapists at an earlier stage of their careers – those that have yet to establish themselves in their field – are especially cognizant of and sensitive to what their peers think about religion. Unless they are confident that their religious identities and perspectives will be accepted, early-stage psychologists tend to hold back or bracket some of their personal religious beliefs.

**How people perform their similarities and differences with secular professionals.**

Therapists outside of the profession perform their differences from secular professionals in several ways: they use their own, distinctive language to describe what they do, they eschew scientific methods, and they “cultivate character” instead of attaining credentials. Niche therapists are different from secular professionals in how they form their own professional associations, publish in Christian journals, and counsel a Christian clientele. Like mainstream professionals, niche therapists seek professional accreditation of their schools, research using the conventional methodologies of their discipline, and counsel according to professional ethics. Therapists in the profession, like other members of their discipline, view the purpose of research as creating generalizable knowledge; thus, they study religion, but on a broad scale. Instead of
limiting themselves to just Christians, therapists in the profession include in their research members from a variety of religious and spiritual traditions.

**Resistance, Accommodation, Reconfiguring, and Reframing**

In their interactions with the profession, Christian therapists engage in strategies of resistance, accommodation, reconfiguring, and reframing.

Of the three types of Christian therapists – therapists outside of the profession, niche therapists, and therapists in the profession – therapists outside of the profession (i.e., biblical counselors) engage in the most resistance. In schools outside of the profession, for example, teaching theology is prioritized, and many of secular psychology’s teachings are rejected.

The degree to which therapists outside of the profession resist the profession has changed over time. Previously, therapists outside of the profession viewed themselves as being in direct struggle with secular psychology. Anyone who did not fully subscribe to their views – including Christian niche therapists – were considered “the enemy.” Now, in contrast, therapists outside of the profession speak of the profession in more positive terms: at times, they acknowledge, the professions offer valuable insight into counseling. A growing number of therapists outside of the profession are willing to accept co-existing with professionals, as long as professionals keep to themselves and do not interfere with their work.

Therapists in the profession – unaffiliated therapists and integrationists – are the most likely to engage in accommodation. Some therapists in the profession accommodate by bracketing or hiding their faith completely; others will reveal their faith identities at work to a trusted few. On the whole, academic therapists in the profession avoid publishing in mainstream
journals on Christian-specific subjects, but they will write about religion/spirituality more broadly.

Niche therapists’ boundaries with the profession are the most complex and varied. At times, they want to be seen as “equals” and no different from their secular counterparts. At other times, they defend the right to be distinct from secular professionals (for example, having special moral and lifestyle codes at their schools and studying Christian-specific topics in their research).

Through their schools, niche therapists are contributing to the reconfiguring and reframing of evangelicalism. Because niche programs’ curricula are driven by the core psychology requirements, professors are forced to be selective with the parts of Christianity they teach. Specifically, niche programs focus on the aspects of Christian theology that are compatible with psychological theories and ethics. They teach that being an evangelical means accepting different faiths and letting clients make their own decisions. They also teach that “good” religions are those that help people to be psychologically healthy. In ways such as these, niche schools are producing and transmitting new versions of faith to the younger generations of evangelicals.
CHAPTER 4: CHRISTIAN THERAPISTS AND CLIENTS

Challenges Christian Therapists Face in Working with Clients

In their interactions with clients, Christian therapists face several competing tensions. As evangelicals, Christian therapists desire to express their faith at work (Schmalzbauer 2003; Smith 1998; Lindsay and Smith 2010) and perhaps even evangelize their clients (Smith 1998), but in their counseling roles, they are expected to hold back their personal beliefs and values (American Counseling Association 2014; American Psychological Association 2010) and not push one religion over another.

Christian therapists also face challenges in creating their clients’ selves: do they want their clients to be made into “Christian” or religious selves, or do they shape their clients into the “therapeutic selves” that are typical of therapy? According to the sociological literature, these two selves – religious and therapeutic – are at odds with one another. Religious selves are rooted in communities, institutions, and traditions, while therapeutic selves are inwardly-focused, constructed without reference to religion (Furedi 1991; Lasch 1979; Turner 1976).

Christian therapists could respond to these tensions and challenges by engaging in resistance, accommodation, or reconfiguring/reframing. Resistance therapists, viewing themselves as advocates and defenders of a “Christian” way of life, will openly express their faith and seek to mold their clients into Christians. Therapists engaging in accommodation, by contrast, will avoid talk of religion with their clients; their therapies will be indistinguishable from standard, secular therapies. Therapists who reframe and reconfigure their faith will incorporate Christian concepts in therapy, but do so in a subtle, non-imposing way.
I begin the chapter describing one resistance approach taken by biblical counselors – avoidance. Certain biblical counselors purposely avoid working with clients who are different from them. They screen out diverse clients and only work with clients who share their religion and values.

To communicate their faith, therapists will “translate their faith” – take Christian concepts and put them into a language that clients will understand. Biblical counselors, in particular, like to translate the concept of “sin,” while integrationists and Christian psychologists translate God’s love through what they call “relational therapies.”

In addition to translation, Christian therapists will communicate their faith “selectively.” By emphasizing themes found in the bible that mesh well with therapy culture (e.g., forgiveness, pain and suffering), Christian therapists feel that they are engaging with Christian ideas in therapy, but in a way that almost all clients will accept.

When shaping their clients’ sense of self, Christian therapists take one of two paths: (1) they try to mold their clients into “Christian selves” (this strategy is most popular among biblical counselors); and (2) they help to cultivate “spiritual selves” in their clients (integrationists, Christian psychologists, and some biblical counselors take this approach). Transforming a client into a “Christian self” involves getting clients to see themselves as “children of God” and to abide by strict, biblically-based moral code. “Spiritual therapies,” by contrast, are more inclusive; a wide range of religions and spiritualities are considered acceptable. In spiritual therapies, clients are encouraged to look within themselves, not to outside authorities – the “bible” or the “religious community” – in determining who to be and how to act.
Strategies for Dealing with Clients

Avoiding Differences

Some biblical counselors will actively avoid the work/faith dilemmas that arise from working with diverse clients. These therapists, the majority of whom are unlicensed biblical counselors, see themselves as “Christian” specialists, and they actively limit their clientele to people who are like them. From the beginning of therapy, they are clear that their treatment approach/philosophy involves discussions about Jesus and God. Clients are asked to report on their intake forms the details of their spiritual lives, including their beliefs about Jesus as lord and savior, how often they attend church, and how often they pray and read the bible. They then sign a written consent indicating their agreement to the terms of therapy. Few non-religious clients would agree to these terms, so they are, in effect, screened out from participating in this type of counseling.

Expressing Faith through Translation

One of the ways that Christian therapists evangelize their faith and respect their clients’ differences is by taking on the role of “translators of faith.” As translators, therapists communicate the fundamentals of Christianity to their clients in a non-confrontational manner. They speak to clients in a double-language, like Debbie Carson in Robert Wuthnow’s Acts of Compassion. As Wuthnow (1991) describes, Debbie Carson, an evangelical, has developed a language to talk about her faith in the relativistic, individualistic culture in which she lives. She “puts things in words familiar to [the non-religious], and then translates back into her own Christian vocabulary” (p. 138). “Debbie Carson requires the listener to engage in his or her own
decoding process. If the listener is sensitive to her evangelical subculture, he or she can pick up the cues, recognize that a kindred spirit is speaking, even probe for more detail. If the listener is not familiar with evangelicalism, Debbie’s speech will sound ordinary and inoffensive” (p. 140).

In the following, I discuss two instances when translation is a popular strategy: (1) when discussing sin; and (2) when providing “relational” therapies.

Talking about sin. Traditionally, the topic of sin was a central part of pastoral counseling. Pastoral counselors viewed helping parishioners attain salvation as the primary purpose of counseling, and getting people to reflect and repent of their sins was an important part of achieving this goal (Holifield 1983). Over time, pastoral counselors, in particular those of the mainline Christian traditions, began to adopt a secular therapeutic approach. Their counseling became “less a matter of correction and exhortation” (p. 352) – an approach they now considered “too dreary” (p. 352) – than about helping clients maximize their own potential and realize themselves.

Biblical counselors, and on occasion, integrationists and Christian psychologists, see themselves challenging counseling culture by bringing up their clients’ sins in therapies. However, they are also aware that their clients may not always share their beliefs and values, and they recognize that the topic of sin may not appeal to clients. Thus, they “translate” sin (i.e., talk about sin, but in untraditional ways). Translating sin allows Christian therapists to accomplish multiple goals: they get to feel that they are shaping their clients into moral people, but at the same time, they avoid making direct references to Christianity that could come across as imposing their faith in an unwanted fashion.
Christian therapists have multiple ways of translating sin. One way is to replace declarative statements with softer approaches. Some Christian therapists, for example, ask their clients for permission to take a confrontational approach to sin. Therapists will also confront with gentleness, such as in the case of Eric Owens. Claiming that “the scripture is unusually rich in the way we speak about sin,” Eric, a biblical counselor, says that he ask clients “lingering” questions such as, “What do you think? Do you have the right to be angry?” This type of questioning, Eric argues, gets clients to self-reflect, but allows them to have the final say on their behaviors. Eli, also a biblical counselor, takes a similar gentle approach to addressing clients’ sin, explaining that, “in the bible, Paul talks about the strong, the unruly, the fainthearted, the weak, and how he deals with all of them differently. For someone who is fainthearted and easily discouraged, if you rebuke them, you’re going to crush them. You have to be so careful in how you say it…I think you can confront someone in a lot of different ways. It’s not always in their face.” Alan Briggs notes that in biblical counseling, there are “good ways and not so good ways” to confront people on their sins. It is not effective to “yell” and to “be right in a person’s face.”

A second way to translate sin is to emphasize the psychological and relational benefits to addressing sin. Eli Graham says that his “goal as a counselor is to show clients that there’s another way. That way is good, it’s attractive. It’s something that they want.” Rejecting medicalized views of behavior, Alan Briggs says that “your body cannot make you sin and that’s actually a very hopeful thing. You’re never under the control of this physical animal that just has you and forces you to sin even though you don’t want to.” Pastor Marshall, a biblical counselor, expresses a similar view when he argues that talking about sin gives his clients “freedom.”

The client said I’m an INFJ. So I pulled my Myers-Briggs book off the wall and said, ‘now let’s go through the whole thing. It says this. Is this accurate?’
He’s like, ‘Yeah, that is so me.’ Now you’re going to look at your wife and you’re going to say ‘I’m going to continue doing these things because a book called Myers-Briggs has lumped me in with a bunch of other people who have a similar personality…I am robotically that person, I must not change, I am this person. I will never change and you should never expect that of me.’ It’s awfully limiting to say that we can’t do certain things. You are being told that you can’t be a good husband.

According to Pastor Marshall, if clients accept that their behaviors result from having a certain stable personality type, then there is no hope for change. In contrast, by calling a bad behavior “sin,” clients have the opportunity to make different choices and to improve their lives.

A third translation strategy for Christian therapists is to draw on secular, psychological language while still working to achieve what they see as religious ends, like the evangelicals who “outsource moral authority” in their writings on pornography. Sociologist Jeremy Thomas (2013) observes that, instead of “religious forms of moral authority such as scriptural prohibitions and derivative ideas about God’s plan for society,” evangelicals are increasingly basing their anti-pornography arguments on “secular forms of moral authority such as humanistic conceptions of individual rights and psychological health” (p. 457). This shift, Thomas speculates, has happened because evangelicals consider secular arguments “more effective and persuasive for…influencing American culture” (p. 469). Christian therapists take a similar approach when they underemphasize religious sources of authority such as the Bible. Edward, a biblical counselor, argues that “if [clients] don’t accept [the Bible] as an authority, [they are] not going to accept its requirements.” Eli expresses a similar sentiment when he says that reading from the Bible comes across as “working through some formula or just a bunch of theological words.” The challenge, Eli says, for Christian therapists is to develop “fresh, exciting, and helpful” messages that inspire clients to change. Dr. Rodríguez, a Christian psychologist, describes his approach as “not talking about things in terms of sin and violation of God’s will,
but talking about clients’ values, their choices in life, and where their choices are leading them.”

Eric reports that though he avoids referencing the Bible, he draws on universal principles of morality that are aligned with Biblical teachings:

If I’m talking to somebody and they’re not faithful in their marriage, I’m going to say, ‘We have a real problem here. This is not the way life works. You’re living a deception. It’s not the way it’s supposed to be. You’re living in violation of commitments that you made. Don’t you hate that.’ When I say that to a person, I’m thinking very consistently with scripture, but I’m not necessarily citing scripture with them. If it’s true with scripture, then I should be saying things that are recognizable to you, because scripture is talking about all of humanity. Faithfulness, truth telling, they are good things. You’re going to like them. Life goes better when we live according to the template that God has given us. Obviously you want to speak in a way that makes sense to a person. The word ‘sin’ wouldn’t have carried the freight. Sin is, in some ways, a richer term. It’s you’ve done wrong against this person, but it’s also wrong against God. I’m recognizing the God word element of it, at that particular moment, he’s not going to see it, but it’s still sin all the same. My desire is, when I speak about morality, for a person to be able to say, ‘Yeah, duh. Of course that’s right.’ Then the issue is what do we do with that? Here’s what else you know. If you continue in that way, it’s going to go really, really bad for you. It’s going to be miserable for you and for other people. Otherwise, it’s going to be more – it’s not appealing to scripture. It’s essentially the Biblical categories.

Another example of drawing on secular, psychological language is when Christian therapists substitute the word “sin” with other, closely related words. Explaining that non-Christian clients may not have been exposed to the word “sin,” Jeannie, a biblical counselor, uses more familiar phrases such as “you’re acting really crazy” or “things are really broken in your life.” Dr. Romano says that because some clients have had negative experiences with being called sinners, he uses words with less negative connotations in his biblical counseling like, “this is wrong,” “there’s no justifying this,” “there’s nothing right about this,” “this is selfish,” or “this isn’t kind.” Dr. Liao, an integrationist, explains that he does not use the word, “sin” because clients “clam up when they hear that word.” Instead, he will say, “well, how is that working for
you?” When working with Christian clients, Alan reframes sin and motivates his clients using what he calls, “backhanded compliments.”

I find a way to talk about sin that surprises [clients]…So an example of this would be something like a parent saying that they are yelling at their kids too much. Well especially in a situation like that where someone is already naming their own struggle, I don’t feel the need to rename it for them…But if I were going to challenge them I might challenge them along the lines of man it sounds like you have a really hard time right now embracing the fact that God really loves you as his child…. It sounds like you have a serious issue, you need to go before the Lord and that issue is you’re not resting and the love that he has for you and you’re not reminding yourself and remembering that he really cares about you… I want my challenges to be surprising and to always have this hint of grace and encouragement in them.

**Relational therapies.** An even less direct way to translate Christianity in counseling is to provide relational therapies. In relational therapies, Christian therapists convey their faith not in what they say but in how they act and in the overall atmosphere they create in therapy. The majority of therapists using a relational therapy approach are integrationists and Christian psychologists, although there a few exceptions. Edward, for example, a biblical counselor, prefers taking a relational therapy approach with many of his clients. He explains that in his prior job as a church counselor, he was required to quote bible verses and pray during counseling sessions, but this policy had detrimental effects on clients who had traumatizing past experiences with religion. The inflexibility of the church’s counseling approaches was what prompted Edward to quit his job and seek employment outside of church environments. In his current role at the Christian counseling center, Edward says he covers biblical “principles” and themes (love, accountability, repentance), even if “there may not be a single bible verse that is quoted.”

Laura, an integrationist, tells me about a time she took a relational approach with one of her clients, “making Christ real” to her. The client had been abused and victimized several times in her life, and as a result, had low self-esteem and poor self-concept. Being read bible passages
that God loves people was not going to resonate with her, Lydia believed. Instead, Laura sought to “translate” biblical concepts into the “language of [the client],” so that “it made sense in [her] world and in her language.” For example, in encouraging her client to define what “happiness” meant to her, Laura saw herself as “bringing pieces of lasting, healing truth in a spiritual sense” to the client.

Charlotte, an unaffiliated counselor, believes that not all clients are “at a point where they can appreciate or understand” God’s love directly, but indirectly, clients can experience God’s love through their relationships. Thus, she tries to help clients “recognize areas where they do see real love” in their lives. She states, “there are so many fruits of God’s work even in secular settings. When clients tell themselves [as a result of therapy], ‘I’m worth it, I do have something offer, I’m not such a bad person,’ that’s God’s message, God’s grace right there.”

Dr. Lyons and Dr. Vogel, integrationists, see their therapies as a first step for some of her clients to get to know God. Dr. Lyons communicates what she calls “God’s truth” about her clients: “that they are valuable, precious, worthy beings.” In doing so, she believes, she “paves the way” for God to be a greater part of their lives. Similarly, Dr. Vogel states that if “[clients] can have a new relational experience with me…that might help open them up to have a greater relational experience with God.”

Dr. Wells, a Christian psychologist, does not “enter into Christian rhetoric” with non-Christian clients, but he will try to help them become “better related and connected,” an approach which he considers reflective of Christianity’s Great Commandment and Great Commission. He calls himself a “relationalist” in his therapies:

> How we handle relationships is crucial and I think that’s reflective of the Great Commandment and Great Commission and things like that. My style of doing counseling or therapy in a Christian manner is really in some sense to try to help people be better related and connected and to be better at loving others and being
loved. In which case I find most people are completely in favor of that and I don’t have to enter into Christian rhetoric.

Some therapists using relational therapies see themselves as modeling Christ (i.e. they relate to their clients in the way they believe Christ relates to people). Dr. Liao, an integrationist, sees himself as “extending the same grace, acceptance, and patience” God has shown him to his clients. He lets his clients “wrestle the same way God has let [him] wrestle.” Dr. Buchman, another integrationist, says he “[doesn’t] see himself as needing to impart explicitly the Christian story.” Instead, he “implicitly” impacts his clients with what he calls “the Christ that is in [him].” He explains, “I’m trying to love them, trying to demonstrate that there is a reason to hope in this world, that there is such a thing as love, that there is such a thing as goodness.” Dr. Buchman says he is “preparing the soil, so to speak,” so that “in the future [his clients] will be more open to the idea that a loving God exists.”

Drawing parallels between their approaches and Christ’s is a way Christian therapists justify their more subtle expressions of faith. Ryan Martin, an integrationist for example, emphasizes that his therapies which “meet people where they are,” is “more the model of Christ than it is model of my own perspective.” Dr. Baker, an unaffiliated counselor, tells me that she does not lecture her clients on their sins, because in the bible, “whenever someone was judging, every single time Jesus would turn to the person and go, ‘Cut it out. It’s not your place to do that.’” Lana Bowen, an unaffiliated counselor, says that she “lets [clients] know they have autonomy,” citing how she “[does] not see in scripture any instance of when Jesus imposed his will on others.”

**Strengths of translation strategies.** Translating faith is a popular strategy that gives Christian therapists the opportunity to engage with and express their faith, without having to
come across as offensive to clients. The strength of translation is that therapists get to decide what is truly “essential” or important to their message; therapists can tell themselves that they did not mention a certain problematic part of Christianity because it’s only “secondary” to the main message, or because “the message doesn’t exactly translate” into the hearer’s language. In other words, “things get lost in translation,” and that is to be expected and acceptable.

Translating faith focuses on what the therapist does, not a pre-determined end-result (e.g., the client “converts” to Christianity). Although Christian therapists may not be doing much in the way of actually converting clients in relational therapies, they see themselves as engaging in a form of evangelism, preparing and making room for God to be a bigger part of their clients’ lives. Also, they are developing their own Christian identities through translation – they think about the theological implications of their work, and they reflect on their own relationship with God.

Expressing Faith Selectively

Being “selective with faith” is another way Christian therapists express their religious beliefs to diverse audiences. Instead of translation (taking ideas in Christianity, engaging in some interpretative work, and putting those ideas into a language/format that makes sense to clients), being selective with faith involves sticking to select parts of Christianity that overlap with secular values. By being selective with what parts of Christianity to express in therapy, Christian therapists get to engage with Christianity with their clients, but in a way that does not offend or come across as an imposition of their personal beliefs on others. Discussing concepts like “forgiveness,” “relationships and identity,” and “pain and suffering” are examples of being selective with faith.
Dr. McAdam, an integrationist working at a secular mental health center, tells me that she “brings in Christian principles which are in alignment with what people know as best in relationships.” For example, she encourages her clients who have been wronged to forgive. Forgiveness is, in Dr. McAdam’s view, a central theme in the bible, and “people, Christian or not Christian, know that forgiveness is good and that continuing to have anger only hurts ourselves.”

Another integrationist working at a secular mental health center, Dr. Liao, says that he speaks “Christian truths that are truths for everybody.” In his opinion, themes like “love, need for relationship, and need for identity” are “woven throughout theology” and also resonate with people of all religious backgrounds.

Validating clients’ pain and suffering is another way that Christian therapists are selective with their faith. Eric, a biblical counselor, says that with non-Christian clients, he might not use “Christian-specific terminology” but he will engage with his client’s struggles in what he considers a “Christian” manner, asking questions like, “what is on your mind, what is hard for you, and what presses on you.” In Eric’s opinion, God cares when people are hurting, and most clients, Eric tells me, no matter what their religion, appreciate this line of questioning.

Joyce and Angela are integrationists who say they are comfortable referencing Christianity when it helps them to validate their client’s pain and suffering. Joyce avoids quoting bible verses about God comforting people (this sends the message to clients that their emotions are invalid, she believes), but she will quote the verse of Jesus saying that he feels forsaken by God to affirm the emotions her suffering clients experience. When one of Angela’s clients expressed that she felt selfish for wanting people to spend time with her during a particularly difficult time, Angela referred to a biblical passage in which “Jesus asked for someone to sit with
him and pray with him.” This was Angela’s way of assuring the client that her feelings were justified.

Creating Selves

In this section of the chapter, I discuss the selves that Christian therapists seek to construct in their clients. The sociological literatures distinguishes between “religious” selves which are rooted in communities, institutions, tradition, and moral codes and “therapeutic” selves which are more subjective and inwardly focused. Christopher Lasch (1979, p. 13), for example, calls therapy an “antireligion” because in therapy, the client is not encouraged to “subordinate his needs and interests to those of others, to someone or some cause or tradition outside [of himself].” Similarly, Frank Furedi (1991, p. 91) states that while religion “provides a focus for communal cohesion and for acting collectively,” therapy “provides a script for the self.” The rise of therapeutic culture, according to Ralph Turner (1976), parallels a shift from “institution” to “impulse”: “At the institutional pole, one recognizes the real self in the pursuit of institutionalized goals. At the impulse pole, by contrast ‘institutional motivations are external, artificial constraints and superimpositions that bridle manifestations of the real self’” (p. 992).

As I discuss in this section of the chapter, some Christian therapists – primarily biblical counselors – see themselves as creating “Christian” selves in their therapies. They want their clients to adopt “child of God” identities and to follow traditional, “biblical” morals. Other Christian therapists seek a compromise between the religious and therapeutic, focusing on clients’ “spiritual” selves. Unlike religion, which is associated with “community affiliation and organized practices,” spirituality is a “more abstract concept than religion” and “[includes] nontheistic notions of a higher power” (Schlehofer, Omoto, and Adelman 2008, p. 411). In
taking a spiritual approach, Christian therapists see themselves as affirming the importance of faith in clients’ lives, while also making room for diverse religious beliefs and perspectives.

**Christian selves.** Some Christian therapists – biblical counselors especially – see themselves as pushing back on therapeutic culture and advocating what they consider to be a more “biblical” interpretations of the self. Andrew, a biblical counselor, characterizes modern secular therapies as hyper-focused on building clients’ “self-esteem,” when Christianity, he says, teaches people to deny themselves. Pastor Abney, another biblical counselor, encourages his counselees to adopt “child of God” identities: instead of defining themselves by their struggles, Pastor Abney wants his clients to say they are “children of God who happen to be struggling with certain issues” (for example, instead of saying “I am bipolar,” Pastor Abney tells his clients to think of themselves as “children of God who happen to be struggling with bipolar disorder.”)

When working with LGBT clients, some therapists try to uphold what they believe to be traditional, “biblical” views of sexuality. Theologically, they believe that engaging in romantic relationships with same sex is a sin, and so when they work with gay clients, they will (1) reframe their clients’ issues or (2) encourage their clients to reject gay identities. Eli, a biblical counselor, says that he will not compromise his religious beliefs in supporting his clients’ homosexuality, but he would be open to working with gay clients if they focused their discussion on “other parts of their experiences.” Dr. McAdam, an integrationist, believes that homosexuality is “clearly contradictory with Christian views,” and she is hesitant to work with clients who want to talk about their sexuality during therapy. She will, however, work with gay clients if she determines that the “root of their issue is not actually directly related to being gay.” She is much
more comfortable when she is able to situate her client’s sexuality in fear, rejection, bad family dynamics, or trauma.

Dr. Harper, a therapist who identifies with both the biblical counseling and Christian psychology movements, believes that Christians today live in an anti-religious, over-sexed culture. Secular society, according to Dr. Harper, pressures Christians to embrace their sexual impulses and to disregard the bible’s teachings that homosexuality is a sin:

People are generally unaware that they are making choices about whether or not they’re going to identify with same sex attraction as a key and primary aspect of their identity…It’s important for us to understand that we are active agents in constructing our identity as interact with our environmental surrounds, instead of blindly accepting whatever the latest identity scripts are in our culture…Many clients come in and say, ‘If I experience same sex attraction, therefore I am gay.’ Well who says so? Our culture says so. Has it always been that way? Well no, it’s not. It’s just the way that we come to think about that now.

As a seminary professor, Dr. Harper teaches biblical counselors in-training to defend “Christian” ways of life. Biblical counselors, in his opinion, should communicate to their clients that it is possible – and preferable – for Christians experiencing same-sex attractions to embrace a heterosexual identity.

**Spiritual Selves.** In the majority of my interviews, therapists talked about creating what I term “spiritual selves” in therapy. Instead of pushing a “Christian” version of the self, integrationists, the unaffiliated, Christian psychologists, and a few biblical counselors will often encourage clients to consider more generally the role religion/spirituality plays in their lives. In this section of the chapter, I explore a variety of examples of instances when Christian therapists encourage their clients’ spiritual selves. With Christian clients, they provide “congruency therapies,” God image therapies, and distinguish between healthy and pathological religions. Their approach with non-Christian clients who are religious/spiritual is to help them articulate
their faith beliefs and encourage them to pursue their individual faith interests. With clients claiming no religion, Christian therapists try to encourage discussion on meaning and purpose, an approach they consider “spiritual” in nature.

In constructing “spiritual” selves in their clients, Christian therapists offer a compromise between therapeutic and religious selves. In their “spiritual” therapies, my interviewees make it a point to ask clients about their religious/spiritual identities, and they work to include those perspectives in therapy. Unlike in the creating of “Christian” selves, spiritual therapies take a more inclusive view of faith (i.e., a wider variety of faith traditions and practices are deemed acceptable), and in general, the self is given greater priority than the religious community.

As the first step in creating a spiritual self, Christian therapists ask clients about their spiritual beliefs during the initial intake session. Darren, a licensed biblical counselor, asks his clients whether and how they would like their religion/spirituality to be a part of their counseling. He asks his clients questions like, “What style of counseling do you want? If you want me to interact with you about scripture, do you want me to ask for permission at the time or do you want to give me the freedom to do that?” Dr. Black, an integrationist, says she asks clients, “Do you have any religious or spiritual matters that you would like to discuss or that you’re looking for in counseling?” How the client responds, Dr. Black tells me, informs the rest of therapy. Dr. Boyd’s approach is similar:

I tell clients that I’m a Christian who’s a psychologist. I tell them I’ve had training in understanding health spiritually. Some of my training is in the Christian theology of emotional health, what’s emotionally healthy and spiritually healthy…I will allow them to bring religion as much as I allow them to bring anything up. The clients are in control of what we’re going to talk about.

Spiritual therapies take different forms, depending on clients’ religious backgrounds. Integrationist therapists, for example, will expose their evangelical clients to more liberal,
broadened perspectives on sexuality and God images. They will also distinguish between “healthy” and “pathological” forms of Christianity.

**Sexuality – congruency therapies.** For clients who struggle with gay identities, many integrationists will employ what they call a “congruency” therapy approach. Congruency therapies are based on the assumptions that (1) people have different interpretations on what the bible says about homosexuality; and that (2) in addition to their religious identities, Christian clients have other competing identities (such as their sexual identities) they may prioritize over their faith. Instead of suggesting one particular outcome, integrationist therapies promoting a congruency approach encourage clients to explore and to decide on the religious and sexual identities that work best for them. Therapists have done their job when clients feel that they have aligned, or “made congruent” their religious and sexual identities. As Dr. Liao puts it, “Let’s work together; let’s figure out what your identity is together…who you are, who you have been, who you want to be, where you are in question.”

**Reasons for providing congruency therapies.** Most evangelicals say homosexuality should be discouraged by society, but a growing proportion – 26% in 2007 and 36% in 2015 – say it should be accepted (Murphy 2015). Evangelicals from the younger generations (Pelz and Smidt 2015), and evangelicals who do not believe in the inerrancy of the bible (Perry 2015), tend to be less likely to adopt a traditionalist stance on homosexuality. Among the congruency therapists I interviewed, all were licensed or working toward licensure, were either integrationists or unaffiliated, and were trained by their graduate programs to let clients decide their own sexual identities. Many of the congruency therapists I interviewed said that they do
not view homosexuality as a sin; the others said that while they believed homosexuality was wrong, their training in school taught them to withhold their personal beliefs on the matter in therapy. People in their schools – professors, fellow students, and supervisors – modeled to them how one could be a Christian and support clients in their congruency-making processes.

Dr. Black, an integrationist, says that her professional roles and responsibilities determine how she deals with her clients’ sexuality; when interacting with clients, her personal feelings on homosexuality should not matter. As a professional therapist, she reminds herself that she is dealing with “[her] clients’ lives, not [her] own life.” In therapy, her role is to “offer [clients] the best opportunity to explore the full meaning and ramification of their choices: psychologically, spiritually, personally, and emotionally.”

In the case of Hannah Gardner, an integrationist who believes that homosexuality is a sin, a combination of professional factors and early-life church experiences contribute to her taking a congruency approach. Hannah relates that as a child, she was deeply troubled by her church’s practices of rejecting people who experienced same-sex attractions. Her church taught that if someone experienced same-sex attraction, he was gay, and if he was gay, he could not be a Christian. Hannah thought it was wrong that her church was condemning people for experiencing feelings that they could not control, and she was disturbed that her church took away people’s abilities to define themselves. Throughout her childhood and young adulthood, Hannah felt alone in what she considered a “heterosexist and prejudiced” church culture.

It was not until Hannah attended a Christian graduate school that she began connecting with Christians who validated her perspectives, and who, in her opinion, treated sexual minorities with compassion and mercy. Her graduate classes exposed her to concepts that gave her a new way to think and to talk about sexuality. It was especially illuminating to learn about
the differences between sexual attraction and sexual identity: sexual attraction describes what people feel, and sexual identity refers to the meaning that people attach to their sexual attractions. Through Hannah’s professional socialization, she has come to think of sexual identity as something subjective and personal, like racial identity:

Let’s say that a child is born from one Caucasian parent and one African-American parent. Technically they are 50-50. They have to select their racial identity from the realms available to them. They might choose to identify themselves as African-American or Caucasian or somewhere in the middle or not select an identity at all. It’s their choice. With regard to clients’ sexualities, people have to figure out what is most congruent with their experience and most descriptive of how they’re living.

Her professors have taught her that, when in a professional role, a therapist’s “views of morality should be put on the back burner.” Morality can “impact one’s work,” but a professional therapist’s “job is not to tell clients, ‘I think what you’re doing is wrong.’” Therapists have an obligation to “help” their clients, Hannah has learned, and what is helpful is giving her clients the tools to “find congruence” in their lives.

Dr. Hoffman, another congruency therapist, draws on Christian teachings about treating people with love, grace, and acceptance when explaining why she values congruency. She explains that her therapeutic approaches, along with her religious beliefs, have shifted toward congruency over time. According to Dr. Hoffman, in the beginning of her career, “the moral code of my religious beliefs is what took priority. There was a perspective of judging is this morally right or wrong. This is what drove me in the past.” Believing that homosexuality was a sin, Dr. Hoffman sought to change her clients’ sexuality in therapy and to teach them to base their identities in Christianity. Over time, Dr. Hoffman started encountering problems with her therapeutic approach. For example, she noticed that her clients did not easily fit into the gay/straight dichotomy that she had initially conceptualized. Furthermore, it became apparent
that attempting to change her clients’ sexualities did not work and often exacerbated clients’ feelings of isolation, rejection, and self-hatred. As Dr. Hoffman reflected on her work, she found herself reassessing her theologies.

I had to really look at what is really important here, when you’re sitting with people like this. There are no easy answers. The Gospel isn’t to make sure what we’re doing is right or wrong. The call of the Gospel is that we come into fullness of life, into the gift of life God has given us. God has already dealt with the sin, so we’ve got a call to be authentic human beings and to love our neighbors as ourselves. That is the greatest commandment.

While Dr. Hoffman re-prioritized her theologies, she also began to reformulate her therapeutic approaches. Today, Dr. Hoffman says that does not have a moral agenda for her therapies. Instead, she views therapy as a way to “expand clients’ lives and options.” Therapy, Dr. Hoffman asserts, should be a judgment-free “safe space” that enables clients to explore the deeper parts of their lives.

*Congruency therapies as process – focused, not outcomes – focused.* Congruency therapists believe that there should not be a pre-determined “best” religious and sexual identity for clients; instead, there are a variety of acceptable religious and sexual identities which are worth considering in therapy. The role of the therapist is to help a client through the process of making choices that align with his personal values. To be process-focused involves (1) getting a client to reflect on his/her motivations for changing his/her sexual identity; and (2) engaging in the “whole person” of the client, not just his/her sexuality.

*Reflecting on motivations for changing sexual identity.* According to Christian therapists employing congruency therapies, many Christian clients struggling with same-sex attraction have been taught to believe that homosexuality is a sin, and so they come to therapy with the
goal of changing their sexuality. Instead of proceeding with therapies aimed toward changing clients’ sexualities, congruency therapists first examine the motivations underlying their clients’ stated desires. Dr. Buchman, an integrationist, for example, encourages his clients to assess the role of outside agents in shaping their goals to change their sexuality. Growing up as a fundamentalist, Dr. Buchman relates that too often, he felt pressured by his parents and his church into following their rules and their interpretations of scripture. When it comes to relating to his clients, then, Dr. Buchman seeks to be different from the Christians he encountered in his youth. He wants his clients to feel that they have autonomy, and so he focuses on having his clients come to an individualistic, personal understanding of “what’s driving [the conflict] for them.” After engaging in critical self-reflection, Dr. Buchman states, “some individuals realize that their desire to pursue a heterosexual lifestyle is more grounded in their parents or religious community,” in which case they should be free to “[explore] the limits” of their sexual and religious identities.” At the same time, he is also willing to support the decisions of clients who, after engaging in reflection, conclude that they genuinely want to change their sexualities.

Some congruency therapists believe that it is worth considering whether clients’ struggles with sexuality are rooted in misperceptions of Christianity. Brenna, an integrationist, describes herself as holding more “liberal” views of morality, including those on sexuality, than most other evangelicals. Recently, she came across a client whose strict, conservative Christian upbringing, in Brenna’s opinion, limited and biased her views on sexuality. Wanting to expose her client to different perspectives, Brenna suggested that the client read a book that presents theologically liberal interpretations of homosexuality.

Dr. Taylor, an integrationist, encourages her Christian clients to critically examine their spiritual lives when they express interest in changing their homosexuality. As a Christian and as
a psychologist who has received professional training in religious issues, Dr. Taylor says that she is well-versed in the ways that conservative Christians think. Often, she describes, Christian clients “experience an either/or dilemma, in which they feel that they have to either reject their faith and embrace a non-majority sexual orientation or ignore all of their feelings around their sexuality and embrace their spirituality.” In Dr. Taylor’s opinion, the topic of sexuality is rarely discussed healthily in the Christian community, so therapy provides an alternative, safe, and protected environment for Christians to examine their sexual and religious identities.

When clients come to Dr. Taylor with goals of “erasing” their homosexuality, she encourages them to assess whether underlying spiritual issues are involved. She asks questions that encourage clients to “explore their internal worlds and their relationships with God,” such as “what is your understanding of God,” “what do you think God thinks of you,” and “how do you feel and what do you want to do about those feelings.” In the process of articulating their spiritual beliefs, clients may gain insights on their motivations for changing their sexuality, and they may decide that options besides rejecting their homosexual identities are possible. Allowing her clients to come to their own conclusions about sexuality and religion is consistent with Dr. Taylor’s personal experiences with God. Having never experienced God forcing her into certain directions with her life, Dr. Taylor says that she does not want to force her clients into anything either.

Engaging in the whole person of the client. In the process of creating a congruent client, Christian therapists say that it is important to address the whole person, not just their sexuality. This is what Dr. Taylor, in the previous example, does when she asks her clients questions about their spiritualities. Dr. Cassidy, an integrationist, takes a similar approach when he states that
“changing clients’ sexualities bypasses more important issues and ignores a huge amount of information.” He argues that therapists should contextualize their clients’ struggles with sexuality. Thus, before addressing clients’ sexualities, Dr. Cassidy asks his clients about their relationships with God, when they began experiencing problems, what their family environments are like, and what emotions they are feeling.

Dr. Hoffman, the therapist who saw her therapies shifting towards a congruency approach over time, says that instead of focusing specifically on her clients’ sexualities, her current therapies “expand the foundations of clients’ personal identities.” She helps clients to gain a general understanding of who they are, which lays a foundation for them to make decisions about their sexuality. In Dr. Hoffman’s view, “Often what happens is when clients come to their sense of value and worth the answers become very clear. Clients reflect on their struggles, their weaknesses, what people they like, what things interest them, what they are about, and on and on…When they know who they are, their passions, what makes them tick, that begins to direct them, that will inform decisions around how they’re going to live around sexual identity. That’s where I see congruency emerge.”

As a therapist, Dr. Hoffman believes that her role is to guide her clients in their processes of reflection and decision-making. Furthermore, she helps her clients to see view their sexualities in pragmatic terms. Instead of picking the “right” or “wrong” identities, Dr. Hoffman urges her clients to choose identities that are compatible with their values and their particular life situations:

It’s a balance of finding an equilibrium between family pressures, cultural pressures, the social community, the church community, and so on. Clients have to carve out their niche. My job is to take how the client is going to live a fulfilling whole life so that she is congruent and achieves a level of peace with her surrounding communities…I ask my clients to weight out the implications in their
lives. I tell my clients, ‘Let’s look at the pros and cons. Is this risk worth it or not, and let’s look at the options.’ It’s methodical and takes a lot of time.

Given that evangelicals are more likely than the rest of the population to be opposed to homosexuality, it is unsurprising that there are Christian therapists who reject clients’ homosexuality. What is perhaps more unexpected is that there are quite a few Christian therapists who encourage their clients to make a personal, “congruent” decision about sexuality, even if it means that some clients ultimately embrace a gay identity and lifestyle. For these therapists, what matters in the therapeutic context is not what the bible says about sexuality, but how clients interpret their faith and the meanings that clients assign to their various identities.

*Images of God.* In their therapies, integrationists portray God as engaged – accepting, nurturing, and involved in people’s lives – but not angry, a departure from the typical authoritative images of God of evangelicals (Froese and Bader 2010). According to the integrationists I interviewed, some Christian clients misperceive God as angry and punishing. These clients ask questions like, “Does God hate me because I don’t like my spouse anymore,” “Why has God abandoned me,” and “What did I do wrong that my life isn’t turning out and why isn’t God blessing me with a life that I want to have?” Integrationists intervene in these situations by trying to adjust their clients’ God images. In their view, negative God images result when clients project their human relationships onto God. Thus, once clients learn to separate dysfunctional parent-child relationships from their relationship with God, they will realize God for who he really is: intimately involved in people’s lives, loving, kind, and compassionate.
Joyce, an integrationist, expresses such a perspective when she says: “My Christian clients are afraid that they will be upsetting God, and they do not have an experience in their relationship with God as one of acceptance or one of flexibility. They experience God as rigid, angry, or disappointed. Often, in looking at a person’s history, I understand their concept of God as being more related to their experience of other authority figures in their life.” Her clients have heard things like, “What’s wrong with you that you’re fat? God doesn’t like fat kids,” and “Your job is to go home and submit to your husband, even if he’s beating you.” Joyce sees herself as “giving clients a reparative sense of what it means to be Christian.” She assures her clients that God is not judging them and that Jesus cares for them. Helping clients to develop a gentler view of God is a way that Joyce sees herself “evangelizing” in therapy.

Dr. Boyd, an integrationist, describes a common approach taken by Christian therapists to shift clients’ images of God. When talking with a client one day, Dr. Boyd says that it really caught her attention when her client said, “I know I’ve got to get my shit together because God’s sick of me wasting my life,” and “I know God has patience for me, but his patience is only gonna go so far. One day he may really punish me.” Dr. Boyd recalls that the source of her client’s “unhealthy spirituality” became clear to her when the client described his parents as impatient and judgmental, just like God. Viewing the client from her psychodynamic training, Dr. Boyd concluded that her client’s views of God were actually a projection his relationship with his parents. She “repeated the client’s statements back to him” by saying, “It sounds like you really believe God’s pretty pissed off at you. You believe he’s up there, rolling his eyes, pretty annoyed at you, and sick of you. He views you as worthless.” The client, Dr. Boyd says, responded almost immediately with the words, “Oh gosh, that’s pretty awful. That’s not who I believe God really is. I know that God is gracious and compassionate.”
Integrationists would say that they are merely restoring and uncovering what clients already believe, deep down, about God. The reality, however, is that they exercise incredibly influential roles in God-image therapies. During therapy, integrationists actively listen for negative statements about God. Not only do integrationists draw clients’ attention to negative God-images by repeating those statements back to clients, they assist in the re-interpretation of negative God images by noting the parallels in clients’ parent-child relationships.

**Healthy and pathological Christianities.** Besides God-images and congruency therapies, integrationists will distinguish between “healthy” and “pathological” Christianities. Healthy Christianities, in their view, help bring about positive psychological outcomes; pathological Christianities do the opposite. If a client espouses a form of Christianity that integrationists consider pathological, he/she is often encouraged to change those views. Dr. Boyd, who in the previous example sought to change her client’s judgmental God-images, considers herself an “expert” in distinguishing healthy and unhealthy spiritualities. In her belief, when Christians reduce their faith to a legalistic set of rules, they are espousing pathological, untrue forms of Christianity. According to Dr. Black, clients who have suffered “abuse or very damaging experiences related to the church” are victims of pathological Christianities. Dr. Edwards tells me about a Christian family she counsels that she describes “seems rigid in its religiousness.” The husband “speaks in a morally righteous way” that Dr. Edwards describes as “eerie.” Through therapy, Dr. Edwards hopes to change some if this family’s dynamics. Like Dr. Edwards, Dr. Cassidy does not take clients’ Christian talk always “at face value.” For example, he has a client who speaks with “a whole lot of spiritual lingo, but you get the sense that these are just words he’s familiar with…It’s kind of just a rhetoric.” Dr. Cassidy tries to “understand
where that piece comes from, why that rhetoric is so strong, why is it so important for him to use it,” instead of “just following the trail [the client] wants him to follow.”

**Creating spiritual selves in non-Christian clients claiming a religious/spiritual identity.**

Citing evangelical beliefs that faith is a choice (Lindsay and Smith 2010; Smith 2012) and drawing on their training which teach therapists to respect clients’ autonomy, integrationists, Christian psychologists, and unaffiliated therapists encourage non-Christian clients claiming a religious/spiritual identity to explore and deepen their faith commitments. According to them, religion has multiple functions: besides being a source of truth, it is a coping tool and a source of social support. Biblical counselors, on the other hand, refrain from encouraging clients in the pursuit of other religions. From a biblical counseling perspective, non-evangelical faiths are Christianity’s “competitors,” so in no circumstances should they be encouraged.

**Articulating faith beliefs.** In keeping with professional psychological norms that treat clients’ religion as a subjective, personal matter, Dr. Black, an integrationist, says that the role of a therapist is to help clients to articulate what that religion and spirituality means to them. According to her, “faith means different things to different people,” and therapy should aim towards “unpacking [clients’] faiths so that they can identify new options as they move forward.” Darya, a marriage and family therapist student at a niche school, holds a similar view, calling her approach, “[maximizing] a couple’s religious strengths.” Her supervisors have trained her to ask questions that get clients to reflect on themselves, such as “what does your religious tradition teach about gender roles” and “are your beliefs congruent with what the teachings of your faith really say,” but she refrains from expressing whether she thinks her clients’ beliefs are right or
wrong. When she feels that couples’ conflicts are rooted in religious differences, Darya urges the parties involved to make compromises with their faith and to maintain a channel of open communication despite their differences.

Encouraging religions/spiritualities that promote psychological health. In addition to encouraging clients to clarify and articulate their faith beliefs, integrationists, Christian psychologists, and the unaffiliated encourage clients to view their religion/spirituality as a coping strategy and a form of social support. They focus on the effects religion and spirituality have on clients’ lives (e.g. are clients happier, better adjusted, less depressed), not on the content (e.g., specific beliefs and theologies) of clients’ religion/spirituality.

Charlotte, for example, is willing to explore her clients’ faith with them; if their faith is an “asset,” she will look for ways to “build on it.” Similarly, Lana distinguishes between the preaching roles of pastors and what she does as a therapist, “meeting clients where they are in their spiritual walk.” Often, Lana reports, when she asks clients questions about what helps them get through difficulties, clients will respond by mentioning various spiritual and religious practices. Lana will “reinforce the spiritual tools they have” and will sometimes “teach clients a few other types of spiritual practices, as appropriate.” She says that “with Muslims, I have talked to one or two patients about what Allah teaches as far as human worth, and encouraged them to practice their faith.” As a licensed professional, Dr. Davis’ overarching goals are to “empower and support clients toward positive change, reduce mental and emotional anguish or suffering, and encourage more congruency between different aspects of his clients’ selves.” For some of his religious and spiritual clients, this may mean helping them to better “use their religious or spiritual supports and resources.” Dr. Edwards is accepting of her clients’ religious
practices and/or spiritual beliefs, as long as they are “working for them and helping them cope.” If she senses that her clients’ religion or spirituality is causing “decreased vitality, deadening, or redoing of old patterns of abuse or increasing hate or anger in relationships,” she will discourage their practice. Dr. Becker tells me about a time she encouraged one of her Muslim clients to get more involved at her local mosque. The client, who was depressed, suffered from social isolation.

Her depression was rooted in issues of adjustment and she was experiencing discrimination based upon her ethnicity and religious affiliation. In my work with her, I helped her get connected with the Muslim community around the area...I would argue that trying to convert somebody at that point in time would have just been completely irresponsible and counter-Christian.

According to Melanie, a student who identifies as a Christian psychologist, places of worship are a “social support for a lot of people,” so she encourages her religious clients (even if they are not Christian) to get further plugged into a local community of faith if they are not involved already.

*Creating spiritual selves in non-religious and non-spiritual clients.* In their work with clients claiming no religious or spiritual affiliation, integrationists, Christian psychologists, and the unaffiliated will engage in spirituality by bringing up existential questions and topics on finding meaning and purpose in life. Biblical counselors, viewing spiritual therapies as a way to begin broaching the topic of religion with non-religious clients, also adopt this therapy approach.

Dr. Edwards, an integrationist, will discuss “suffering,” “meaning and purpose” and questions like, “How individual am I?” and “how connected to others am I?” These topics, she believes, “feel very spiritual and they take us to a place of relationship with God,” but “they’re also very psychological.” Dr. Vogel, another integrationist, describes herself as “really careful to pay attention to spiritual themes and relational themes.” Melanie, a Christian psychologist, states...
that at the minimum, she tries “to not direct clients away from God”; ideally, she tries “to pique [clients’] curiosity about bigger questions in life.”

Eli, a biblical counselor, tells me about a time he worked with a non-religious client, and how he “pushed” the client “toward bigger questions.” The client mentioned being unfairly treated in his relationships, to which Eli responded by asking questions such as “Why would you persevere in relationships if people are judgmental and criticize you? How do you love other people?” From Eli’s point of view, these questions touched on the biblical themes of love and forgiveness. James, a biblical counselor, says that he “puts in front of [clients] the big questions around God and spirituality that might prompt something in their heart that would create an interest or a desire to learn more.” Similarly, Jeannie hopes to “plant a seed” in her clients about Christianity by challenging her clients to think of their lives in terms of the “larger picture or story.” This approach, she believes, is unlike a “secular” worldview which she thinks treats life as a series of random, disconnected events.

**Discussion**

When interacting with clients, Christian therapists face two questions: (1) how will they express their faith in therapy; and (2) what types of selves should they seek to shape in their clients? In this chapter, I have discussed various ways that Christian therapists interact with their clients, including limiting their practice to clients who are conservative Christians; translating sin; offering relational therapies; shaping clients into “Christians”; and shaping clients into “spiritual selves.” In the conclusion of this chapter, I discuss how Christian therapists’ strategies for relating to their clients map onto the categories of resistance, accommodation, reconfiguring, and reframing.
Resisting secular therapeutic culture is a popular approach among biblical counselors. When Christian therapists seek to construct “Christian” selves in their clients – having clients adopt “child of God” identities, urging clients to reject gay identities, and discouraging the building up of clients’ self-esteem – they are resisting secular therapeutic goals. Another form of resistance involves shaping clients’ behaviors to fit what are believed to be “biblical” morals. Instead of being “value-free,” biblical counselors address their clients’ sins in therapy, hoping to make clients into “better,” more moral people.

It is worth noting that, when it comes to discussing sin, biblical counselors do not usually engage in full-out resistance. Instead of discussing sin directly and explicitly, messages on sin are “translated” to clients, packaged in certain ways in order to be effective. Therapists ask for permission to be confrontational, use substitute words, and focus on the here-and-now, not on salvation and the afterlife.

Engaging in accommodation is one of the approaches taken by integrationists, the unaffiliated, and Christian psychologists. In relational therapies, a form of accommodation, there is very little that is distinctively “evangelical”: therapists do not reference Jesus, God, salvation, or the bible, although privately, they may view their interactions with clients as sacred. Furthermore, what therapists do in relational therapies – treat clients with kindness and grace, and help clients to better relate to others – is fairly standard behavior for any type of therapist, religious or secular.

Reframing and reconfiguring is another popular strategy among integrationists, the unaffiliated, and Christian psychologists. Biblical counselors also, at times, will engage in a reframing of their faith, seeing this as a way to “evangelize” non-religious clients.
In reframing, therapists evaluate religions/spiritualities by how well they serve clients’ needs: “good” religions are those that provide ways to cope, help clients be better connected, to not be depressed, and that build a sense of self. Marsha Witten (1993) observes that increasingly in American Protestantism, “the role of religion is not so much to signify objective truths – such as teaching one to enjoy the offerings of life or presenting doctrines about salvation – as it is to provide the symbolic resources through which a human being may weave a coherent narrative about life, supplying overarching significance” (138). Similarly, when engaging in reframing, Christian therapists are primarily concerned with whether religion/spirituality “means something” to people, not if a particular religion or spirituality is “true” or not.

Examples of reconfiguring include presenting gentle images of God, being selective with what Christian concepts to include in therapy, and encouraging clients to form “congruent” sexual and religious identities. In all three instances, Christian therapists start from a Christian base and make extensions or amendments to their faith. When it comes to God images, for example, therapists emphasize God’s love, patience, and kindness while other characteristics – God’s judgment and anger – are downplayed. When being selective with their faith, therapists focus on biblical themes – forgiveness, love, relationships, and suffering – that mesh with therapy culture.

In congruency therapies, integrationists take evangelicalism’s focus on the self (Smith 1998) to the extreme: they say that faith is a choice, and the client – not his church, family, or therapist – determines how he will make sense of his religious and sexual identities. Congruency therapists, I argue, continue in the trend of religious counselors elevating the “self” in therapy. As Marsha Witten (1993) notes in *All is Forgiven: The Secular Message in American Protestantism*, pastoral counseling has seen a shift in its depictions of the self over time. While
in the seventeenth century, self-love was seen as a form of “idolatry,” a sin against God, by the
nineteenth century, the prevailing view was that “one comes to the conversion experience
through trust in one’s inner religious voice…The charge to the individual person [was] to listen
and be receptive to this inner voice” (p. 105). In the post-World War II era, according to Witten,
pastoral counselors came to view their work as helping people “recover an authentic self, a self
of freedom, moral goodness, and interpersonal sensitivity, from the constraints of binding social
institutions” (pp. 105-106). They saw the counseling session as “the paradigmatic experience
through which a person can achieve self-realization” (p. 106). Similarly, for congruency
therapists today, the approach taken with clients is to let clients come to their own conclusions
about their religious and sexual identities. Therapists assist – not pre-determine or direct –
clients in the process of weighing different options about their religious and sexual identities.
CHAPTER 5: CHRISTIAN THERAPISTS’ RELATIONSHIP WITH EVANGELICAL CONGREGATIONS

In God’s Potters: Pastoral Leadership and the Shaping of Congregations, authors Jackson Carroll and Becky McMillan (2006) apply Wendy's Griswold's "cultural diamond" to his study of congregations. They state, "the cultural diamond contains four elements: the cultural creator (the pastor); the receiver (the congregation's participants); cultural objects (the church's traditions as well as models of ministry); and the social world (the broader social and cultural context in which the pastor and congregations are embedded)” (p. 26). Like Carroll and McMillan, I have found the cultural diamond useful, and in this chapter, I examine how Christian counselors are cultural creators who impact and are impacted by the receivers, cultural objects, and social world of evangelical congregations.

The chapter begins by describing the ways Christian counseling is situated within its broader social world. Changing roles of pastors, de facto congregationalism, rising lay involvement, and the proliferation of church ministries have facilitated the adoption of Christian counseling by evangelical churches. Drawing from my interviews of Christian therapists and from church websites, the next section examines the characteristics of church counseling (faith-focused, distinguished from secular professional counseling, and specializing in relationships), and identifies which types of Christian therapists provide church counseling.

The relationship between Christian counseling and church small group ministries, and the role of church partners – parachurches, seminaries, and individual consultants – in facilitating the growth of church counseling are explored in the third section of the chapter. Church counselors, I find, play a leading role in small groups that reconstruct people’s identities and small groups
that train laypeople in counseling. Through these ministries, church counselors help congregations attract and retain new members. Smaller churches – congregations that do not have the resources to run several small groups or to hire full-time counseling staff – rely on parachurches, seminaries, and individual consultants to meet their counseling needs.

In the final section of the chapter, I explain how Christian counselors see the cultivation of relationships and spiritual growth as related, and what implications this has for the sociological literature on community and evangelicalism. Christian counselors teach that faith is best “lived out” through relationships with one’s church community. Being a Christian, they say, means actively participating in the spiritual development of others. With members of one’s church small group, Christian therapists instruct, one should disclose one’s spiritual struggles, seek moral accountability, and offer emotional support. As I note in the final section, Christian therapists help evangelicals to look beyond themselves – they teach evangelicals to frame their identities around God and to care for their fellow Christians – but there are limits to the “communities” they create. Community, from the perspective of Christian counselors, generally refers to “fellow Christians” or members of one’s congregation, not to people of the outside world. At the same time Christian counselors are helping evangelicals to develop deeper, more intimate relationships with one other, they also contribute to furthering of evangelical congregations’ isolationist tendencies.

How Christian Counseling is Situated within the Broader Social World

Shifting Roles, Responsibilities, and Expectations of Pastors

Pastors prepare and deliver sermons, counsel, and serve an administrative role in their
churches (Caroll and McMillan 2006). Their responsibilities are influenced by church size: in smaller churches with fewer staff, pastors juggle multiple roles, while in larger churches, there are more opportunities for specialization (Caroll and McMillan 2006). In megachurches, a head pastor gives the sermon, and the assistant and associate pastors oversee specific aspects of the church (e.g. outreach, missions, counseling, and music) (Caroll and McMillan 2006; Thumma 1996).

Shifts in pastors' roles over time have created a space for Christian counselors to engage with churches. Pastors are spending more time doing administrative work (Caroll and McMillan 2006), denominations are faced with clergy shortages (Chaves 1996), and the pastoral ministry is seen less as a lifelong career (Caroll and McMillan 2006). Taken together, these factors have meant that unless churches are large enough to hire a pastor specifically for counseling, many of them will not be able to address their members' counseling needs with their current staff and resources.

Rise of Lay Involvement

Starting in the 1950s, church lay members began taking more active leadership roles in the church (Monahan 1999), a change which Carroll and McMillan (2006) notes has "led to a greater sense of mutuality in ministry between pastors and laypeople, but has also blurred distinctions between them and left some clergy wondering what their distinctive role is” (p. 14). One response of clergy has been to carve out roles for themselves as trainers of lay members in leadership. For example, Carroll and McMillan (2006) describe a conservative Protestant pastor who describes himself as “passionate about leadership development” and considers his lay members to be spiritually growing when they “jump into ministry” (p. 200). Pastors of "new
paradigm" churches are strong and authoritarian but also "democratize the sacred" (Miller 1997, p. 80) and, as Carroll and McMillan (2006) observe, "do not jealously guard their clerical perspective. They aim instead to multiply members who will exercise their gifts for ministry in service to the church's mission” (p. 200).

**Rising Levels of Education**

Over time, formal education has increasingly been equated with job market qualification (Berg 1971), a trend which has affected both the laity and clergy. Laypeople are attaining higher levels of education, engaging critically with the ideas that they hear in church, and expecting more thoughtful preaching and teaching from their pastors (Caroll and McMillan 2006). Pastors are increasingly pursuing formal education and degrees from accredited seminaries (Perl and Chang 2000), and as discussed in previous chapters, are including counseling courses/specializations in their training (Firmin and Tedford 2007).

**Churches Engage in Strategies to Actively Recruit Members**

A culture of choice and consumption pervades American culture, and religion is treated as a commodity that is selected or rejected based on its ability to fit one's needs. According to Stark and Finke, religious consumers make personal commitments and church members based on a spiritual “cost-benefit analysis” (Stark and Finke 2005). Moreover, as Stephen Warner notes, church participation in America is voluntary, that is to say, the "mobilization of members must rely on idealism or persuasion, rather than coercion or material incentive” (Warner 1994, p. 63). The end result is that congregations must actively compete among themselves and with secular organizations to recruit and retain members (McMullin 2013; Stolz 2010; Warner 1994).
Churches provide programs and ministries to target specific populations (Vokurka and McDaniel 2004). For example, to attract families with children, churches offer programs like Sunday schools, childcare services, and Vacation Bible School (Edgell 2006). To attract new converts, churches market themselves as "seeker-friendly" (Sargeant 2000). Seeker churches remove barriers to participation and cultivate a positive worship experience by holding worship services in non-traditional settings, relaxing dress codes, and incorporating contemporary music, dramatic skits, dance, and art.

One ministry that has been particularly successful at attracting and retaining church members is the small group. Tailored to meet the specific needs and interests of particular groups (Wuthnow 1994b), small groups provide opportunities for people to receive support and encouragement, develop relationships, and apply religious teachings to everyday life (Bielo 2009; Dougherty and White 2011; Wuthnow 1994a; Wuthnow 1994b).

**Characteristics of Church Counseling and Church Counselors**

To understand the characteristics of church counseling and identify what types of Christian therapists become church counselors, I draw from both interview data of church counselors and data from websites of churches and church counselors. Interviews provide insight into therapists’ motivations for working in church settings, while church websites are useful in examining the role of counseling ministries in accomplishing churches’ missions and goals.

As most church counseling is done by biblical counselors, I consulted two types of resources (both biblical counseling-related) to identify churches with Christian counseling programs: (1) I searched the website of the Biblical Counseling Coalition, an organization that
provides resources on biblical counseling, looking for examples of church ministries that were featured on its website. Once I identified churches from the Biblical Counseling Coalition website, I went to the church websites themselves and collected any additional information that was available on the counseling ministries. (2) I identified several of the “big names” in biblical counseling (therapists whom my interviewees considered to be the leading authorities in the biblical counseling world), reviewed the websites of these biblical counselors, and found any articles/blogs/online teaching resources these individuals had published on church counseling.

**Explicit about Faith**

Faith is discussed openly in church counseling. At Summit Church, a Baptist megachurch in Durham, North Carolina, the counseling ministry is "designed to unpack the hope of the gospel for the unique features of our various struggles" (Summit Church 2015). The church's goal is to "see God glorified as [it walks] with people through life's struggles and see them restored to all that God intended them to be" (Summit Church 2012). Similarly, the counselors of Faith Bible Church, a Baptist megachurch in Lafayette, Indiana, pledge to “listen to your situation, help you understand your issues from a biblical point of view, and walk patiently with you as you make progress in living your life according to God’s word” (Faith Bible Church 2016, para. 5). At Canyon Hills Community Church, a non-denominational evangelical megachurch in the Seattle metropolitan area, the Bible is viewed as the go-to resource for life’s problems. According to the church website, “Since God has fully provided His answers to life and all of life’s problems in the Bible, it is superior to any other source of counsel. It is our goal, therefore, to skillfully and practically bring God’s answer to bear upon the difficulties you are facing” (Canyon Hills Community Church 2016, para. 3). On the intake
form, counselees are asked to indicate how often they attend church, pray, read the Bible, and engage in family devotions. Harvest Bible Chapel Church, a non-denominational evangelical megachurch in Chicago, teaches counselees that Jesus Christ is the “ultimate hope” for problems ranging from abuse, addiction, anger, anxiety, betrayal, cutting, to depression (Harvest Bible Chapel Church 2016, para. 6).

At Faith Bible Church, counselees are encouraged to attend church services to complement what they hear in their counseling sessions. Grace Fellowship Church, an Evangelical Free Church megachurch in Florence Kentucky, requires its counselees to attend church services and a weekly small group. According to the church website, engaging in these activities in tandem enables counselees to “grow in the Lord,” “please God,” and “enjoy fully [God’s] love” (Grace Fellowship Church n.d., para. 6). Harvest Bible Chapel Church counselees are expected to attend church services, participate in a small group, and serve in a church ministry while they receive counseling.

For Dr. McAdam, a former church counselor, the easiest part about working in a church context was "feeling free to talk about faith," and having shared values with her clients. After receiving her biblical counseling degree, Dr. McAdam started working in a church where she felt comfortable talking about clients’ sins and addressing moral issues. Now, in contrast, as a counselor working in a secular counseling center, Dr. McAdam (who has since earned a Psy.D. in clinical psychology and plans to get licensed) takes a tentative approach to faith, asking her clients permission to talk about spiritual matters, and holding back from expressing her opinions to avoid being perceived as imposing her values on others.

As a church counselor, Pastor Cooper talks openly about sin, especially when he believes that this approach will be received well. According to him, working in a church means that “to a
large extent, [counselees] come to counseling having the expectation [that sin will be discussed].” Therefore, unlike Christian therapists who work with a religiously diverse clientele, Pastor Cooper says he is comfortable at church “letting people know what I feel the Biblical truth is.”

For Dr. Marcus, an academic Christian psychologist who volunteers on the side a church counselor, counseling in church contexts means “[helping] counselees see that the Christian faith addresses their biggest concerns and struggles in life,” and incorporating religious practices like prayer and reading from the Bible. Similarly, Dr. Rodríguez, a Christian psychologist, explains that his counseling approaches vary: working as a licensed counselor at a Christian counseling center, he follows professional ethics and does not consistently incorporate Christianity into therapy, but as a volunteer counselor serving his local church, his therapeutic interventions often include spiritual and prayer support.

We provide some spiritual support, some prayer support. We typically meet with people one to two hours at a time so we don’t stick to the 45-50 minute session. I’d say we average working with someone about four or five times and then typically they’ve gotten better or we’ve referred them to other resources if they need more significant care…Sometimes the client will want to involve the pastor so of course we get informed consent for that if they want to involve the pastor, sometimes that’s helpful.

Having to incorporate religious practices in counseling is what ultimately pushed Edward, a biblical counselor, away from being a church counselor. The head pastor of Edward’s church required that church counselors include prayer in all counseling sessions, but Edward believed that there were better, more implicit, ways of expressing his Christian faith as a counselor. In the end, he quit his church counselor job and started working at a Christian counseling center which he felt welcomed more diverse approaches to faith.
Distinct from Professional Counseling

Churches that provide counseling portray themselves as separate and distinct from the mental health professions. For example, the Harvest Bible Chapel Church website makes clear that its counselors "are not trained licensed counselors, therapists, psychiatrists, or psychologists. [They] are trained biblical counselors" and [their counsel] is based solely on God's word" (Harvest Bible Chapel Church 2016, para. 8). Canyon Hills Community Church states that its counselors are not state certified, though they have been trained in biblical counseling through the Association of Biblical Counselors (Canyon Hills Community Church 2016, para. 4). Similarly, the Grace Fellowship Church intake form articulates that it does not provide professional advice: "If you have significant legal, financial, medical, or other technical questions, you should seek advice from independent professionals not associated with Grace Fellowship Church. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles" (Grace Fellowship Church 2009). At Martin Kuhn’s church, all the counselors are licensed professionals, but they emphasize that the church is "not a mental health counseling center; rather, it specializes in strengthening relationships and family by focusing on topics like emotions, grief, and trauma." Martin, a biblical counselor,\(^{18}\) states that while he draws on his professional training for tools like cognitive and dialectical therapy, things like major depression are “harder cases” that need to be addressed by an outside psychiatrist or helping professional.

\(^{18}\) Martin is one of the few biblical counselors I interviewed who is working towards licensure. Theologically, Martin feels he has the most in common with biblical counselors, but he has chosen to get licensed in order to improve his job prospects. Down the road, he sees himself working at the Veteran’s Association providing counseling to soldiers with PTSD, a population he is particularly passionate about.
Specializing in Relationships

A central focus of church counseling is on building and strengthening relationships. In this section, I examine three ways that church counselors emphasize relationships: by providing pre-marital counseling, by getting to know clients outside the therapy session, and by encouraging clients’ congregational peers to get involved in the counseling process.

Pre-marital counseling. To promote healthy marriages, for example, some churches require their members to take church-sponsored pre-marital counseling courses before getting married by the church. At Capitol Hill Baptist church, a large, 900-1000 attendee church in Washington D.C., the pre-marital counseling curriculum teaches participants to view their relationships in Biblical terms (Capitol Hill Baptist Church 2015). In session 1, "A Theology of Marriage," counselees read Bible verses about gender and sexuality and use those verses as a guide for dividing home/work responsibilities between the couple. They also use passages in the Bible comparing marriage to “becoming one flesh,” as a springboard for discussing how to set boundaries with their in-laws. For session 2, couples are instructed to pick Bible verses that reflect their communication struggles, strengths, and goals. In addition, they are encouraged to talk and pray with a married couple at their church about the ways to handle conflict. During Session 3, "A Theology of Sex," participants read Bible passages covering topics on attraction, love, and intimacy and continue interviewing married couples at the church.

The pre-marital counseling program at Sojourn Community church, a multi-campus Baptist megachurch with locations in Louisville and southern Indiana, takes a peer-to-peer approach. Married couples train to become church counselors by watching six pre-recorded videos on marriage counseling, observing church counselors, and attending a weekend retreat at
the church. After their training is complete, counselors meet with engaged couples for six-week sessions, during which they discuss counselees’ relationship strengths and weaknesses as well as Christian counseling books on marriage.

Counselors cultivating relationships with counselees beyond the counseling session.

One of the unique aspects of church counseling is that church counselors cultivate relationships with counselees outside of counseling, unlike licensed professionals who typically avoid interacting with clients outside of the counseling session. Church counselors interact with their clients (and their families) at church events like small groups, Sunday services, potlucks, and Sunday schools, and so they get to know their clients well on a personal level. Pastor Abney, a biblical counselor, calls this “doing life” with his clients. Similarly, Eric, another biblical counselor, states that counseling shouldn't feel forced or, as puts it "highly professional in the sense that 'Now we are doing this counseling time.'" Describing his counseling as "accessible," Eric states that his goal is for clients to feel that their interactions are "like ordinary life and an ordinary conversation."

Pastor Cooper, an integrationist, calls his counseling “informal” compared to the approaches of secular professionals. Because members of his church are mostly low-income and have had limited prior experiences with professional counseling, Pastor Cooper tries to establish trust with them first by interacting with them on their terms, in contexts familiar to them:

We have people like I said who are coming from a very urban underserved environment and have a very low education level and counseling is just not really on their radar at all but coming to the local church is. We’ll go have coffee and

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As I have discussed in an earlier chapter, Pastor Cooper is different from most integrationists in that he has purposely chosen to forgo licensure. Being licensed would, in his opinion, only limit the ways he could go about his work in churches (i.e., make him subject to professional rules and ethics).
we’ll sit down and talk with one another whether it’s about a relational issue or personal issue that they’re going through. Once you start to develop that relationship outside of counseling, you can talk with them about their need for counseling. If they know and trust you, they will come in and talk with you for counseling specifically.

Pastor Cooper considers himself particularly invested in the wellbeing of his counselees, in part because of how often he sees and interacts with them at church. Contrasting himself with professional counselors who “are very likely to have no relationship [with their counselees] before and after the counseling process,” Pastor Cooper considers himself to be “in community” with his counselees and thus feels “a great responsibility” for them. When he sees former counselees struggling, he feels obligated to provide help.

Andrew, a biblical counselor who works at a Christian counseling center, embraces dual-relationships, welcoming opportunities to interact with his clients socially at church. In a typical counseling session, Andrew explains, power differentials between counselor and client result in some clients viewing him as the expert to all of life’s problems, when in reality, he is just a regular human being who struggles and makes mistakes like everyone else. At church, Andrew is free to talk openly about his life and counselees can observe Andrew with his family: “My kids aren’t angels and neither am I. I want my clients to say, 'I trust Andrew. I've seen him. I know him at his worst and not his worst. I've seen him not perfect, I've seen him with his wife, I've seen him with his kids, I've seen him in the community and I trust him. He's a sinner just like me and he's somebody who is authentic and real.'"

**Getting the congregation involved in the counseling process.** Free from having to observe the typical rules and norms of professional counseling, church counselors invite clients’ friends to participate in counseling sessions. Pastor Marshall, a biblical counselor, explains that
"counseling is about getting people you know and trust involved. If a friend goes to counseling, he/she can corroborate what you say and keep you accountable after the counseling session is over." Similarly, Darren, a biblical counselor, encourages his counselees to "bring a trusted friend along" to the counseling session so that they can feel more at ease. Some therapists might view this approach as a breach of confidentiality, Darren acknowledges, but church counseling can – and sometimes should – be different from professional counseling: "the church needs to do a lot more work in how it defines counseling. The church is weighted down by the pressure of what it should be and the expectations that people have."

Besides being present for counseling sessions, church peers can act as a built-in support network for counselees. Jeannie and Eli, biblical counselors, rely on clients’ church peers to supplement what they provide in counseling sessions. Typically, Jeannie and Eli see clients once a week, which means that their time with clients is relatively limited. What clients need, Jeannie and Eli believe, is continuous and constant support, and that is where the congregation come into play. Eli states that church members can “email,” “visit,” and follow-up with clients multiple times throughout the week, which is, “on one level or another,” a form of counseling. Jeannie reports that she often consults with her clients’ pastors to identify church peers who can provide her clients with “everyday psychological, emotional, and spiritual support.”

Karen believes that church communities have a special role to play in the lives of the mentally ill. Clients should certainly take medication and seek outside professional help if they are experiencing severe mental illness, Karen believes, but they should also turn to their congregations for support, as well. To illustrate this point, Karen discusses a counselee she worked with who struggled with bipolar disorder.

There were things we didn't farm out to professionals. We wanted to know and to understand [this woman]. We wanted to be with her when she was manic and
depressed, to come alongside her, not trying to fix her, but just being there. That was a beautiful process. We worked with her pastors and her small groups, and we tried to build up a community. The process of bringing other people in felt really organic. We were in the same body, the same group of people in the church. It's really important to not just have one therapeutic relationship, but to have a network of people. When counseling ends, there's got to be someone there to do the everyday discipleship. It's important to continue to grow in those trajectories with people who are around you naturally.

Karen particularly valued the ways that church members provided moral accountability for the counselee:

Medication did a lot and really helped her, but there were still times when the counselee was tempted to go out and do things that would be destructive to her. She was in a body of people who loved her let her know when she was going the wrong way. It's a theme in scripture that your own perception of things is often off and you should use people around for wisdom and guidance. It's a matter of humility to say, 'Yes I'm a finite being, I can't see the whole picture. All of those people around me bring a different perspective.'

Unlike Karen, who sees the church community as complementing the work of professional and medical health professionals, Sara and Andrew, biblical counselors, emphasize the church community as a replacement for professional counseling. According to Sara, professional counseling is "overused" and "many of life's problems can be addressed in the church community." She says that "the essence of church is community and fellowship with other believers." Church members counsel one another by "caring for one another, providing into each other's lives, speaking into each other's lives, and helping each other grow." When they share similar life experiences, they can provide mutual support and empathy. In Sara’s words, "I think you get support from knowing that other people have gone or are going through what you’re going through and understand your situation. I think that’s a big part of counseling, just saying, 'I understand what you’re going through.'"

Similarly, Andrew believes that churches are "ideally suited to care for people." In his words, churches should be the “Plan A of counseling,” and mental health centers “Plan B.” Lay
members are useful for "inviting [counselees] to their homes," "providing support," and "keeping people accountable." In addition, they can give practical help like "help with finances and the skills of everyday living."

**Christian Counseling in Church Small Group Ministries**

It is important at this point to look at the role church counseling plays in shaping church culture, in particular through church ministries. As I discuss in this section of the chapter, church counselors play a significant role in small groups – a ministry that brings together members of a church to study the bible (Bielo 1999; Edge 1975), pray (Dougherty and White 2011), offer support to one another (Wuthnow 1994a; Wuthnow 1994b), and bring about lifestyle, behavioral, and attitudinal change (Drakeford 1974). Church therapists run two types of small group ministries: small groups that reshape church members’ identities, and small groups that train lay members in biblical counseling.

**Forming New Identities through Small Groups**

Three examples of small groups with an identity reshaping focus are “Deliverance Groups” at High Point Church, “Redemption Groups” at Mars Hill Church, and Soma Church.

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20 In this chapter, when I use the term, “small group,” I am referring to church ministries that emphasize bible study, support, and lifestyle/behavioral/attitudinal change, not “group therapy” (which the APA defines as “groups of roughly five to 15 patients that are led by one or more psychologists to target a specific problem”). The small groups which I describe in this chapter are *not* led by licensed professionals, and they often involve some form of bible study (either they read directly from the bible, or they review Christian books which reference bible passages).

21 “Deliverance Groups” and “High Point Church” are pseudonyms. Pastor Abney (also a pseudonym), was one of my interviewees; to protect his identity, I have altered the names of his small group and church. The names of the other groups I mention in this section, Redemption Groups and DNA Groups, are real.
“DNA Groups.” Each of these groups was created and initially led by a pastor specializing in biblical counseling. Over time, as the groups have multiplied and grown, the counseling pastor’s role has shifted away from the day-to-day running of the groups and more toward general administration. Laypeople (former attendees of the groups) lead the groups, and members of the groups are drawn from the church and/or the general public. In the following, I explore each of the groups – how they are run, and the steps involved in shaping new identities through them. I conclude the section with a summary of how these types of groups are influencing evangelical theology.

Deliverance Groups. As Pastor of Care at a Baptist megachurch in the Southeast, Pastor Abney trains and supervises church counselors, designs counseling resources and materials, and networks nationally with other Biblical counselors. He leads a small group ministry at his church called, “Deliverance Groups,” in which “church members know others and are known...People with common struggles walk together through a process to help overcome their struggle.”

To draw participants to Deliverance Groups, Pastor Abney has structured the groups "to largely look and feel like a traditional small group: there's an initial greeting time, there's thirty to forty-five minutes of bible study and interaction, there's thirty minutes of prayer and accountability time, and a little bit of social time at the end."

The heart of the meeting is the “bible study and interaction” time, in which participants

22 Of the three groups I discuss in this section, only Deliverance Groups seem to actively encourage inviting people from outside of the church to participate.
review Pastor Abney’s step-model of recovery. First, participants admit that they have a struggle and they acknowledge the breadth and impact of the struggle. Next, they begin to understand the history, origin, and motivation of their struggle. They also begin to see the relevance of repentance before God. Over time, members of the groups begin to reimagine and reorient their identities: for example, no longer do participants think of themselves as "depressed"; they are "Christians who struggle with depression." In the final stages, participants make amends for the ways that they have hurt others and/or themselves during their struggle, and they commit to living differently moving forward. Deliverance Groups meet temporarily, just for an "intense season of care," Pastor Abney explains, in order to prevent members from coming to define themselves solely by their struggle. When Deliverance Groups end, participants are transitioned into joining church small groups (bible studies) that meet on a long-term basis.

Besides helping existing members of his church with their struggles, Deliverance Groups are designed to be “an evangelistic front door” to the church, attracting new members. As Pastor Abney envisions it, non-members of the church will be recruited to participate by their friends (members of the church). They will have a positive experience in their Deliverance Group, which will, in turn, pique their interest in getting involved with other aspects of the church (for example, other ministries and/or Sunday services).

**Restorying a person's life through Redemption Groups.** Redemption Groups, designed by Mike Wilkerson, former Biblical Living Pastor at Mars Hill Church, a non-

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23 Pastor Abney’s step-model of recovery is loosely based on the 12-step program for addiction, compulsion, or other behavioral problems. As far as I know, Pastor Abney has not had formal, professional training in 12-steps, although he does have a Ph.D. in biblical counseling and a Master’s of Divinity.
denominational Christian megachurch in Seattle, seeks to "restory a person's life and re-center his story around the cross, within God's grand story of redemption" (Wilkerson and Meysenburg 2015, p. 6). A typical Redemption Group has eight members: five participants, two-co-leaders, and one apprentice. The participants are members of the church who are dealing with some form of sin or suffering. As Meysenburg states, “a Redemption Group does not focus on a specific presenting issue, but helps participants understand potentially a variety of issues in their lives in light of God’s story and to experience his love” (p. 9). The leaders are volunteers (usually former group participants who also served as an apprentice before being approved by the church to lead). According to Meysenburg (2014), “placing an apprentice in the group ensures that new leaders are continually developing” (p. 9).

Redemption Groups follow a 12-week format: in the beginning, participants tell their stories, emphasizing what has brought them to the Redemption Group and the key shaping relationships and experiences in their life. As participants share, fellow group members are expected to “show God’s love and compassion amidst [the storyteller’s] suffering” by listening with compassion and empathy (Wilkerson and Meysenburg 2015, p.12).

After the initial storytelling, participants engage in a period of self-reflection. They identify their main areas of sin, examine the effects of their sins on themselves and others, and engage in confession and repentance with the group. During the final stage, participants draw on their experiences during the Redemption Group to formulate and tell new narratives about themselves. They also make plans for how they will continue addressing their sins once the

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24 The Redemption Group model of counseling has been adopted by other churches across the country.
group is finished meeting and identify accountability partners who will check in periodically to ensure that their commitments are met.

**Restorying lives through Soma Church DNA groups.** Once a week for 4-5 months, laypeople belonging to Soma Church – a nondenominational evangelical church in Tacoma Washington – pray together, read excerpts from the booklet, “DNA Guide,” written by Abe Meysenburg, Pastor of Shepherding at Soma, and engage in group discussions and activities that relate the content of their readings to their lives. Like Redemption Groups, DNA small groups are designed to help participants reconstruct their life stories. Participants start by sharing an initial version of their life stories with one another and identifying the sins in their life that need change and restoration. Next, participants learn that sin has three main causes – wanting to prove oneself to God, wanting to prove oneself to others and wanting to prove oneself to oneself – and they use this framework to evaluate their own sins. They devise plans to address the sins in their lives and are encouraged to reach out to other group members for accountability. For the final DNA session, participants write new stories detailing the spiritual transformations they have undergone from being in the group (Meysenburg 2014).

**Common themes from identity small groups.** Deliverance Groups, Redemption Groups, and DNA groups are designed to build relationships between church members, attract new members (as in the case of Deliverance Groups), and nurture commitment to the church. Their appeal lies in their familiar and non-threatening formats: they are modeled after small groups and/or 12-step programs, and each group only meets a few months at most, making it easy to get involved. These groups portray the process of change as easy – life-altering struggles
can be resolved and identities completely revamped quickly. In this sense, these messages are reminiscent of the Christian pop psychology books that James Hunter (1983) examines. He finds that evangelicals are reducing faith into a series of steps or simplistic formulas, trends which he argues reflect the secularizing tendencies of American evangelicalism. I believe that small groups are indeed simplifying certain aspects of faith, but they are not necessarily secularized as maybe James Hunter would say; Deliverance Groups, Redemption Groups, and DNA Groups stress traditional evangelical themes like sin and the importance of relying on the church community for guidance and accountability. It is probably more accurate to think of these small groups as combining secular and religious elements to better engage the members of their church.

Small Groups that Train Church Members in Christian Counseling

For decades, mainline churches have relied on programs such as the Stephen ministries\textsuperscript{25} to teach lay members how to provide one-on-one counseling and care (McMinn et al. 2010). As evangelicals have slowly come to embrace psychology (Hunter 1983; Watt 1991), their churches have also begun turning to their own members to address congregational counseling needs. In

\textsuperscript{25} Stephen Ministry is a one-to-one lay caregiving ministry that takes place in congregations. There are three groups of people involved in the ministry: Stephen Leaders (who establish and direct the Stephen Ministry in a congregation), Stephen Ministers (congregation members who are trained by Stephen Leaders to offer confidential counseling and care to people going through rough times), and Care Receivers (congregation members and others in the community who receive care from a Stephen Minister). Topics discussed in Stephen Ministries include grief, divorce, job loss, chronic/terminal illness, and life transitions.
the following, I present examples of evangelical church ministries that train their members in biblical counseling.  

As I show in the following examples, small groups that train church members in counseling contribute to churches in two ways. First, they provide a way for lay members to get involved in their church and develop new skills. Like the churches described in the literature (Marti 2008; Thumma 1996), the churches described in this section seek to draw and retain members by giving them responsibilities and engaging them in meaningful and challenging work. By offering different degrees of training, churches provide options for lay members to engage as much as they want; as I discussed earlier in the chapter, churches are more successful when they can cater to their members’ interests and varying levels of commitment.

Second, small groups that train members help congregations to address their counseling needs internally, without having to rely on outsiders and head pastors. Head pastors today are spending more time on administrative tasks than ever before, and so they are supportive of programs that enable lay members to handle their counseling needs on their own.

**A variety of training options: Capitol Hill Baptist Church**

Like the churches that offer a variety of programs and options to attract members (Edgell 2006; Sargeant 2000; Thumma 1996; Vokurka and McDaniel 2004), Capitol Hill Baptist Church offers different types of counseling training to accommodate lay members’ needs and interests.

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26 The training programs I describe in this section are different from biblical counseling certification/degrees offered by schools outside of the profession, described in chapter three. Church training is less intensive (there are fewer class requirements), free (tuition is not charged), and church-specific (i.e., if a person completes Church A’s counseling training, Church A will let him counsel, but he will not automatically be considered competent to counsel by Churches B, C, or D).
(Reju 2011). Individuals who are unavailable for training during the workweek can take Sunday school courses on Christian counseling, purchase Christian counseling books from the church bookstore, or apply for financial support from the church to attend Christian counseling conferences. Members who can commit time on the weekdays take a basic training course which teaches “how church members can counsel one another and care for one another in real life situations.” Participants review case studies on marital conflict, inter-religious relationships, depression, pornography addiction, worry, and anxiety, and they apply the following questions to each scenario: "What are the possible entry gates into the counselee’s life? How do you incarnate the love of Christ? What questions do you ask the counselee? What is going on? What does the counselee think is going on? What does the Bible say about the situation? What should the goals for biblical change be? How can you strengthen the counselee's identity in Christ? What’s your plan to provide accountability (for the counselee)." Trainees learn that confronting other people with their sins, or “speaking into their lives,” must be done with skill. Before confronting, the counselor must consider whether he has the “right” motivations and should ask himself, "What assumptions have I made about the person or situation? Have I taken the time to pray about this? Have I sought the counsel of others? What unbiblical thoughts do I have about what is going on?"

The most advanced and committed lay members can take up to three additional classes. In “Observations and Skills Training” students role-play as counselor and counselee using a scenario given by the teacher or drawn from the students’ real lives. During the 30-40 minutes

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27 Churches prefer working with clients dealing with relationships issues and problems of everyday living. In general, church counselors avoid being the sole providers of care to clients suffering from severe mental illness, such as schizophrenia. They may work with members who deal with schizophrenia, but they do not see themselves as replacing medical doctors.
of role-play, the rest of the members observe, and later, they provide feedback to the counselor-in-training. In the second class, "Counseling Case Conference,” practicing Christian counselors discuss real-life counseling cases. Counselors talk about their treatment approaches, and students have opportunities to ask questions and to suggest next steps for the counselor if the case is ongoing. The third class is devoted to special topics such as pornography addiction, eating disorders, and marital conflict and provides training, role-playing, and observation opportunities to church leaders and mentors who are doing counseling in these areas.

**Training church leaders in counseling: Denton Baptist Church.** Denton Bible Church, a megachurch with 3,500+ attendees, offers a spectrum of ministries: gender and age specific small groups, short-term missions opportunities, community service groups, and counseling, just to name a few. Through the church, people can either receive counseling services, or they can get training to become a lay counselor.

The entry-level biblical counseling class, "Equipped to Counsel," requires a 3 hour-a-week, 9 month commitment. The curriculum consists of readings from Biblical counseling and a 6-8 week mini-practicum in which trainees work with church counselees under supervision from church counselors. A small number of students who complete Level 1 training proceed to Level 2, “Counseling Ministry Training.” In this 3-month class, students focus on observing live counseling meetings with pastoral staff and counseling church members under the supervision of senior staff, while they supplement their experiences with readings from biblical counseling books. Upon the completion of Level 2 training, individuals typically pursue one of three ministry paths: they work as lay counselors at the church counseling center, they facilitate the
running and administration of the Level 1 and 2 courses, or they pursue leadership roles in the church's small groups (Henderson 2011).

**Making the gospel real: Sojourn Community Church.** A spokeswoman for Sojourn Community Church claims that it takes a “very real, stripped down, no gimmicks approach to presenting how the truth of God's work speaks into present day realities,” a characterization which also fittingly describes the church’s counseling ministry (Boyd 2012, para. 6). The beginner level course consists of readings on “how the gospel calls [people] to live, impacts relationships, and brings about change.” Students learn “how to listen well, to explore and draw out the heart through questions, and speak the truth in love” (Cheong 2011, para.10). The advanced course encourages students to put the gospel into practice by participating in a Redemption Group. According to Sojourner’s Pastor of Counseling, Redemption Groups enable people to “experience Jesus and his gospel in more compelling ways” (Cheong, 2011, para. 13), and to be changed by God’s love “through a gospel community,” that “[pursues] each other’s hearts with loving intentionality while applying the gospel to suffering and sin” (Cheong 2011, para. 13).

**Counseling training through small groups: Bob Kellemen’s Church.** At Sojourn, participating in a Redemption Group doubles as counseling training. Bob Kellemen, a biblical counselor, utilizes a similar approach with the “small group labs” of his church (Kellemen 2011b). Small group labs, Bob says, “are not simply ‘skills labs’ or only role-play labs, but a true small group community where [members] give and receive one-another care. [Members] share with one another their areas of suffering or struggles against sin. In the context of a grace-
oriented small group community, [members] provide ‘live’ counseling for one another” (Kellemen 2011b, para. 8). At the same time, “the entire group participates in and observes real-life one-another ministry” (Kellemen 2011b, para. 8). Bob Kellemen's church has a peer-to-peer model of counseling: Each "counselee trainee" is paired with a mentor who is spiritually mature and helps the trainee develop biblical counseling competencies, a peer (also called encouragement partner or spiritual friend) who is also going through the training, and a mentee who they "build into" and supervise.

**Church Partners**

Organizations such as parachurches, seminaries, social service organizations, publishers, and mission boards partner with churches to achieve common goals (Ammerman 2005). In this section, I present examples of organizations that support church counseling ministries and connect congregations to the greater Christian counseling community. Small churches, in particular, especially depend on church partners; they lack the resources to hire their own full-time counseling staff, so address their counseling needs, they turn to outside organizations like parachurches, seminaries, and consultants. Through these organizations, churches gain access to counselors, counseling educational materials, and a means to network with others in the Christian counseling world.

**Parachurches**

Parachurches provide counseling services to churches who look to outsource their counseling needs. Pastor Marshall’s church is composed of a five-person staff that lacks the resources to offer extensive counseling services. Despite encouraging a culture of counseling in
his church’s small groups and meeting with individuals once or twice, Pastor Marshall finds that some congregants require more help than his church can provide. When faced with clients who need long-term, one-on-one counseling, Pastor Marshall usually relies on Christian counseling centers and parachurches. A decade ago, when he served as a pastor of counseling at another church, Pastor Marshall started building a network of trusted Christian counselors in the area; he turns to this network when seeking a counseling referral for his congregation.

Impact Biblical Counseling is a parachurch ministry that partners with churches like Pastor Marshall’s to provide counseling services. Impact holds speaking engagements and seminars to train lay members in counseling, and it provides one-on-one counseling. Counseling is understood as a partnership between the Impact counselors and the church. Pastors are invited to attend the sessions and help formulate treatment plans, and spiritual topics – church experiences, spiritual practices, and religious beliefs – are discussed openly during the counseling sessions (Impact Biblical Counseling n.d.).

Christian Counseling & Educational Foundation (CCEF), another parachurch, counsels clients to see the bible as relevant to everyday life. According to the CCEF website, "the Bible is more than a book of facts; its truths are meant to make a difference in our lives...The Bible speaks into all of life's problems, and in certain seasons of life each of us may need the careful thought and prayerful wisdom of another to help us make that connection" (Christian Counseling & Educational Foundation 2016c, para. 2). Furthermore, CCEF states, counseling is intertwined with the work of the church: “We consider all of our counseling to be an extension of the ministry of the local church and a way of serving and promoting its ministry. In a sense, our counselors serve as “temporary staff” to the churches that refer their people to us for help. In that spirit, we seek to partner with the church in any way that will strengthen the counselee and
the church. At the very least, that means asking counselees to apply the truths they are learning to their relationships at church. When appropriate, it may also mean keeping a pastor, small group leader or other shepherd informed about the counseling process or even (with the counselee’s permission) inviting them to be part of the counseling sessions” (Christian Counseling & Educational Foundation 2016b, para. 3).

Besides counseling services, CCEF seeks to accomplish its mission of “bringing counseling back to the local church” by teaching courses in biblical counseling (Christian Counseling & Educational Foundation 2016d). Some courses are about using the bible to understand the self and others. For example, the Human Personality course focuses on using the Bible to answer questions like, "Who am I? Who are we? Who is God?" Dynamics of Biblical Change, "is about how [people] face the troubles of life... inner struggles...and [changing] in Jesus' image." Another course, Helping Relationships, teaches students to apply the Bible to everyday relationships: "Case studies, lectures, and group discussions will help you grow in your ability to listen well, know people, interpret another person's story from a biblical perspective, and offer biblically-based truth that will motivate others in their growth of Christ." Biblical Interpretation teaches students to "[interpret] and [apply] any passage of Scripture to help people grow in love for God and others more fully in the midst of their complex, daily lives."

CCEF also teaches courses on special topics in Biblical counseling. In Counseling in the Local Church, students come to view the local church as a "ministering community where everyone plays a part" and they broaden their "understanding of counseling to include all relationships." The marriage counseling course teaches "a model that...connects the truth of the Gospel to everything you see in marriage problems." Mental illnesses such as schizophrenia, dissociative identity disorder, and anorexia are covered in Counseling Problems and Procedures.
Finally, Theology and Secular Psychology examines the claims of secular psychology and proposes alternative, "biblical" ways of understanding life's problems.

CCEF engages in additional strategies to foster connections with the biblical counseling community and cultivate a national presence: it hosts an annual conference and does speaking arrangements at churches and seminaries. Staff members of CCEF write books on biblical counseling, and the organization publishes a Journal of Biblical Counseling on a quarterly basis. CCEF utilizes Facebook, Twitter, Vimeo, and Youtube and regularly updates its newsfeeds and email list serves.

The Biblical Counseling Coalition (BCC) is an organization that disseminates counseling resources and fosters collaborative relationships in the Christian counseling community (Biblical Counseling Coalition n.d.). On the “Resources” section of the website, BCC provides videos, lectures, conference presentations, and study guides on Christian counseling. Another part of the website, the “Blog,” advertises counseling resources and services following a typical format: a product is introduced, free content is provided, and methods for purchasing the product are made available. In one blog post, for example, Pastor Kyle Johnston endorses a Christian counseling resource, “Relational Wisdom 360.” He starts by presenting a problem that evangelicals will find relatable: “While I know I need more godly skills in all my relationships, it’s often quite hard to translate that desire into real-life relational skills. How do I actually become a wiser counselor, a wise pastor, and a wiser friend?” (Johnston 2015, para. 2). Johnston then introduces Relational Wisdom 360 and summarizes some of its key themes: “I am grateful for Ken Sande’s ‘Relational Wisdom 360’ material…The big idea of RW360 is fairly simple: The Bible shows us that relationships have three dimensions-how to know and love God, how to know and engage ourselves, and how to know and love others. Simply put, the Bible teaches us to be God-aware,
self-aware and others-aware” (Johnston 2015, para. 6). The article concludes with an application of Relational Wisdom 360 to a hypothetical case scenario, counseling fellow church members who have recently suffered a job loss. If readers of the blog post are interested in learning more, they can click on links that will direct them to the Relational Wisdom 360 website.

Not only is the blog a way to share resources and advertise certain products, contributors to the blog use it to engage in self-promotion: Pastor Johnston includes in his blog post a brief, paragraph-long biography of himself, as well as links to his personal website and his church’s website.

Besides the resources page and blog, BCC offers the opportunity for individuals and groups to partner with it. BCC partners pay a fee and sign a statement to indicate that they are in agreement with the BCC Confessional Statement, Doctrinal Statement, and Mission/Vision Statement. In return, they are placed on a BCC list serve and get to advertise their services on the BCC website. They are also allowed to indicate that they are partners of BCC on their printed and online literature; a move which, in a cultural of certification and credentialism, carries weight in the evangelical community.

Finally, the BCC website offers a way for people to connect with others in the world of biblical counseling. Organizations can post job ads and job seekers can leave their resumes on the Job Boards page. Website visitors can sign up for email newsletter from the BCC, browse the Event Calendar page for upcoming conferences, seminars, and training workshops in biblical counseling, and explore website links to biblical counseling residential and inpatient centers.

**Consultants**

Phil Monroe is a Christian counselor who has worked both individually and through
organizations to teach churches about abuse and trauma. He addresses these topics through his personal blog, writing articles that relate findings from psychological research to real-life situations faced by churches. Phil includes detailed steps that churches can take when faced with allegations of abuse. He supplements the articles with slides from his past conference presentations on church abuse. Together, Phil intends his website to be a comprehensive resource for others.

Together with Diane Langberg, his colleague from a Christian counseling center, Phil leads the Global Trauma Recovery Institute. The mission of this organization is to “provide high quality continuing educational resources, skills training, and case consultation for mental health clinicians, ministry leaders, and professional interested in addressing the needs of psychosocial trauma” (Global Trauma Recovery Institute 2016, para. 2). Phil and Diane use three strategies to achieve this mission. First, they provide trainings, seminars, and consultations through their Institute to churches, pastoral leaders, and counselors facing difficult trauma cases. Second, a repository of print, audio, and video resources on Christian counseling is available on the Institute’s website. Third, the Institute partners with Biblical Theological Seminary to teach courses on trauma and counseling.

**Seminaries**

At Pastor Abney’s church, Biblical counseling students from a nearby seminary can earn supervised counseling hours interning as church counselors. The partnership builds on connections between the two organizations: Pastor Abney, the Pastor of Counseling, has ties to the seminary, both as an adjunct professor and as a former student, and the chair of the seminary’s counseling department is a member of Pastor Abney’s church. The internship
program is mutually beneficial to both the church and seminary: students from the seminary gain real-world experiences in counseling, the church fills its staffing needs, and church counselees who see the student interns receive services at a reduced fee.

**Discussion**

Earlier in the chapter, I have explained how church counseling has been shaped by broader trends affecting American congregations. I have also identified the characteristics of in-church counseling and presented examples of various ways that Christian counselors act as cultural creators in evangelical congregations. In this final section, I relate the chapter’s key findings to the sociological research on community and evangelicalism.

**Community**

Congregations serve as a source of connection and community for people in contemporary times. As Ammerman (1997) notes, “individuals may live in an anonymous world, but they have carved out places of sociability in the midst of that anonymity. One of the most prominent of those spaces of sociability is the congregation…They are communal gatherings, collectivities, that afford their members an opportunity for connections” (p. 352).

In Hollywood Faith, Gerardo Marti describes how one congregation, Oasis, tempers its members’ individualism, reframing its members’ personal ambitions into a concern for the greater good:

Oasis demonstrates a form of individualism bound to collective solidarity and moral duty. The emphasis on the individual is not about individual self-promotion but about creating a platform as an ambassador of the kingdom of God to engage in activities that allow God to work in the world at large. Hope for personal success is transformed through immersion in the church into an overall mission to change the world. At Oasis, self-advancement becomes a form of
community advancement, pushing forward sacred, moral imperatives. The pursuit of fame and fortune is not wild egotism but a faithful fulfillment of a moral imperative – to successfully integrate oneself into the mainstream culture through influential positions so that the message and reputation of Christianity is extended and enhanced to the utmost degree (p. 155).

Despite facilitating relationships and connections, however, there are limits to congregations’ collectivism. Congregations today tend to espouse a form of community that is inwardly-focused. For example, in *Bowling Alone*, Putnam (2000) describes how strengthening one’s own religious community can come at the expense of involvement in the broader community, resulting in more “bonding” than “bridging” social capital. Similarly, Stephen Warner notes that some churches practice what he calls “elective parochialism” – a prioritization of personal experience, interpersonal relationships, and the caring for “the near and dear” (Warner 1988). As Nancy Ammerman summarizes, elective parochialism is inwardly focused so “in some cases there may be a certain defensiveness in its narrowness, an attempt at protection from threatening ‘others’ who occupy the rest of the urban landscape” (Ammerman 1997, p. 205). The churches described in Tim Nelson’s *Streets of Glory* are an example of this. These churches, located in Four Corners, one of Boston’s toughest neighborhoods, are communities in and of themselves, with little or no attachment to the surrounding area (McRoberts 2005). However, Ammerman (1997) continues, “in other instances [elective parochialism] may more properly be seen as an attempt to create a community in which mobile people can be rooted. It is a narrow circle, but it is characterized by genuine engagement and caring” (p. 205).

Christian counselors reinforce evangelical congregations’ internal focus: they encourage evangelicals to have close, intimate relationships with their church peers, but provide minimal, if any, instruction on how evangelicals are to engage with the greater neighborhood, state, or nation. One interviewee sums up church counseling in this way: “Our church is our community,
our family.” Church members should be “intentional” in their relationships, “counseling” one another (i.e., “[speaking] into each other’s lives” in “wise” and “helpful” ways). This view of community stresses the interconnections between the self and the congregation; individuals look to each other for guidance and accountability, and everyone takes part in the spiritual development of others.

Christian counselors portray themselves as the leading authorities and experts in church relationships. They teach that everyone has the potential to care (and to be cared for) well, but there are certain rules to follow: church members should be spending time with each other on a regular basis, learning the details of each other’s spiritual and emotional struggles, and showing support to each other at all times. In instructing congregants on how to relate to one another, Christian counselors play major roles in shaping how community is defined and experienced in evangelical churches.

Small Groups

Christian counselors are building community and relationships through small group ministries. Like the small groups described in the existing literature, Christian counseling small groups function as primary groups for their participants. In addition, Christian counseling small groups emphasize the practical applications of faith: participants gain a deeper understanding of God’s love through the act of counseling others and use teachings of the Bible to reshape their own life stories and identities (Gallagher 2009).

In one respect, however, it appears that Christian counseling small groups may differ somewhat from those in the literature. Wuthnow (1994a) observes that some small groups can devolve into a “me-first” mentality:
Small groups are not simply drawing people back to the God of their fathers and mothers. They are dramatically changing the way God is understood. God is now less of an external authority and more of an internal presence. The sacred becomes more personal, but in the process also more manageable, more serviceable in meeting individual needs, and more a feature of group processes themselves...For some of their members at least, community becomes more readily manipulated for personal ends, and the sacred is reduced to a magical formula for alleviating anxiety (pp. 3-4).

To an extent, this characterization may apply to the groups mentioned in this chapter, as one of the goals of the groups is for individual participants to feel good – to be “free” and “redeemed” – in just a matter of months. At the same time, it is worth noting the ways that the small groups make real demands of their members and encourage individuals to take a more collective view of faith. Participants of these small groups are encouraged to make commitments to live differently: they formulate goals for who they want to be and how to act, set up plans to make these goals happen, and rely on their church community for long-term accountability.

Furthermore, participants learn to look beyond themselves: they form new identities centered on their church communities and God, and they are trained to provide care and counsel to others.

**Reconfiguring Evangelical Faith**

As described in this chapter, the rise of Christian counseling has resulted in subtle shifts in church culture and theology. In church contexts, I find that Christian counselors engage in a reconfiguring of their faith: they de-emphasize the afterlife, hell, and angry images of God, but also enrich some of the distinguishing aspects of evangelicalism like taking personal ownership of faith and cultivating faith through relationships (Smith 1998).

Looking ahead, I suspect that Christian counselors will continue to shape church communities, perhaps seeing their influence extend beyond small group ministries. Brenna and Samantha, for example, talk about how they hope that bible studies will focus less on reading
from the bible and more on relationship-building. In their view, “doing faith” through relationships is more important than “learning faith” through traditional bible study. A bible study where people are “are open about their needs and other people meet those needs” Brenna believes, promotes “a richer understanding of who God is and how he cares for [people].” Similarly, Samantha states that bible studies should spend less time discussing abstract biblical concepts and instead encourage people to “really know” each other through socialization, fellowship, and having “deep conversations” with one another.

Church sermons are another potential area of impact for Christian therapists. According to Eli, many of the sermons pastors deliver “focus on sin at the expense of suffering…People who have been the victim of sins are hearing at church most weeks how they’re guilty, and I think that’s damaging and discouraging. They don’t feel safe.” Christian therapists, in Eli’s view, can serve as liaison between lay people and pastors, helping pastors to see the need to broaden their theologies to include suffering. He states, “I find that even if some pastors are apprehensive if you talk with them about suffering, if you talk about the categories they are comfortable with theologically, their ears perk up. Talking about ‘union with Christ’ is an ‘in.’ Pastors are more engaged if I talk about the suffering of Christ and what does that mean for sufferers, instead of starting to talk about a person’s suffering. It opens up the category that way.” Jeannie hopes to see the content of sermons changed as well. From her perspective, sermons tend to emphasize abstract theological concepts that are irrelevant to everyday life and “people don’t come away from sermons with a clear, overarching message.” Ideally, she believes, sermons should speak to real life and cohere with the messages that people hear in their small groups. Whatever their specific roles might be, it will be exciting to observe the ways that Christian counselors transform evangelical congregations in the years to come.
CHAPTER 6: CONCLUSION

This dissertation examines four topics on Christian therapists: the ways they construct authentic religious identities, their training and boundary-work, their strategies for engaging with diverse clients, and the roles they play in shaping community and faith in conservative Protestant churches. In this concluding chapter, I summarize the findings of the dissertation and their implications for the literature on evangelicals, identify this dissertation’s research limitations, highlight emerging trends and issues in Christian therapy, and suggest areas for future research.

Findings of the Dissertation

Differences between evangelicalism and psychology make it potentially difficult for Christian therapists to maintain strong, evangelical worldviews and identities. For example, psychology takes an empiricist, scientific approach to building knowledge, while evangelical Christianity looks to the bible, a form of divine revelation, as a source of truth. At times, psychology and Christianity come to different conclusions on what is true. In addition, therapists and Christians are driven by seemingly different goals: psychologists seek to maximize the “health” and “mental wellbeing” of their clients, and they avoid “imposing their values” on others; evangelical Christians are concerned with evangelizing (“bringing people to Christ”), and using their influence to shape the world according to biblical and church teachings.

How do Christian therapists negotiate their Christian and therapist roles/identities? Do they make concessions with their faith to be therapists, or do they reject certain aspects of psychology so that they can remain true to their religious beliefs? Are there ways in which Christian therapists can balance their counseling and religious identities, so that they see
themselves as being “fully Christian’ and “fully therapist” at the same time? In chapter two, I explore such questions, first by examining the spiritual narratives Christian therapists construct that interlink their faith and work identities, then by analyzing how Christian therapists deal with secular (e.g., the DSM, science) and religious (e.g., bible) sources of knowledge.

In their spiritual journey narratives, Christian therapists emphasize the strength of their religious commitments, and how being a therapist is compatible with their faith. Those who portray their careers in therapy as a reflection of one’s faith or as a ministry say that their faith is manifested in their work. Therapists who draw on these narratives (biblical counselors, integrationists, and Christian psychologists) assert that through their work, they are able to fulfill God’s calling for their lives. In the other two spiritual journey narratives – portraying psychology as a way to retain and/or deepen one’s faith – pursuing a psychology career is how my interviewees (integrationists) see themselves drawing closer to Christianity: for these interviewees, psychology provides avenues by which to articulate and explore new dimensions of faith.

Identifying with, or “embracing” one of the particular groups in Christian counseling (i.e., biblical counseling, integration, or Christian psychology) while distancing oneself from the other groups is a way Christian therapists assert the depth of their faith commitments. Therapists who embrace a biblical counseling identity talk openly and explicitly about Christianity in their therapy, and they see themselves as taking a critical, cautious approach to psychology; psychology, they say, needs to be evaluated through “a biblical lens.” Biblical counselors distance themselves from integrationists, whom they portray as lacking in theological knowledge, and they distance themselves from those in the biblical counseling community known for treating clients in a harsh, uncompassionate manner.
Integrationists, by contrast, are more comfortable working with secular psychology: some integrationists emphasize the overlap, or similarities, between secular psychology and Christianity; other integrationists acknowledge that Christianity and psychology have their differences. The fact that Christianity and psychology come to different conclusions on certain matters, these integrationists say, is not a cause for concern. Differences merely point to the places in Christian theology – or psychology— that are in need of re-examination and possible reform. Integrationists distance themselves from biblical counselors as part of their efforts to emphasize the breadth of their knowledge and expertise, and they distance themselves from certain individuals in their field as a way of responding to biblical counselors’ critiques that integrationists bracket their faith at work.

Christian psychologists position themselves in between biblical counselors and integrationists, whom they consider to be too “extreme” in their approaches to psychology. Biblical counselors, they say, are too distrusting of psychology, and they are naïve to think that the bible contains all the answers to mental health issues. Integrationists, on the other hand, they claim, are too quick to use secular psychology; they do not apply the proper degree of “discernment” when it comes to evaluating secular psychological resources. Christian psychologists assert that they offer the best “balance” of biblical and psychological sources of knowledge. They start with some foundational assumptions, which are based on the bible, but from there, they use a variety of resources, including secular psychology, to study the world.

In part two of chapter two, I examine Christian therapists’ use of secular and religious sources of knowledge. Biblical counselors, compared to other Christian therapists, are the most wary of science and psychology; they are “selective with psychology and science,” meaning that they tend only accept scientific and psychological findings if they align with – or at least do not
contradict – a biblical worldview. Integrationists and Christian psychologists will also, at times, selectively take from psychology and science, but they are also willing to let their theologies be shaped and changed by secular knowledge. In their view, humans are limited in their abilities to apprehend the truth, which sometimes leads to errors in theological interpretation. To guard against forming biased and faulty theologies, they assert, science and psychology can be used as a “test,” a calibrating tool for one’s religious beliefs.

With regard to the bible, Christian therapists wish to draw on the bible when they desire, but also avoid having to reconcile all of the bible’s details with secular psychology. To maintain a position of flexibility, biblical counselors will focus on what they call the bible’s “big picture.” The general themes of the bible – creation, fall, and redemption, for example – are what is relevant to counseling, biblical counselors say, not the individual verses of the bible. Integrationists and Christian psychologists engage in their own strategies: for example, they “break the bible into its parts” (i.e., view the bible as a non-unified collection of writings including poetry, allegory, and letters) and “limit the scope of the bible” (i.e., state that the bible does not speak comprehensively on all topics). Calling the bible limited in scope opens up the possibility of using non-religious resources – science and psychology – in counseling. Saying that the bible consists of multiple genres helps Christian therapists justify assigning different weights to various biblical passages. According to Christian therapists, some verses are timeless and should be incorporated in today’s counseling; other verses, they explain, are not meant to be used today.

In chapter three, I examine how Christian therapists relate to the secular, mainstream profession from three positions: in the profession, outside of the profession, and in the profession but in a niche. Therapists in the profession – mainly integrationists and the unaffiliated – work
in secular counseling centers or secular universities. In schools in the profession, formal instruction on religion is lacking, but through other avenues – finding mentors who are open to discussing Christianity and getting involved in student fellowship groups – students are able to explore their interests in the intersections of psychology and Christianity. In the workplace, therapists have mixed experiences in expressing their faith. Some therapists practicing in the profession bracket their faith for fear of being judged or ostracized by their colleagues, while other therapists say that their colleagues actually consider their faith an asset for fostering a connection with religious clients. Academic psychologists in the profession publish in mainstream journals on general topics in religion and spirituality; they are limited, however, in their opportunities to delve deeply into Christianity in their writings.

Niche therapists – which includes integrationists and Christian psychologists – attend Christian accredited schools, where, in addition to standard psychology courses, they learn to integrate their Christian faith with psychology. Niche schools present a version of evangelicalism that is compatible with professional psychology: according to professors in niche schools, engaging in the science of psychology can be a “Christian” endeavor, and professional ethics and biblical principles align with one another. In classes such as Multiculturalism and Diversity and Clinical Supervision, professors urge students to be accepting of clients’ diverse spiritualities and let clients make their own moral choices.

Niche therapists view themselves as minorities in the field of psychology who deserve greater recognition and respect from the profession. In their attempts to bridge boundaries between themselves and secular professionals, they call their therapies client-centered, argue that secular professionals are actually not so different from Christian therapists (in having their values shape their work, for example), and assert that they have a lot in common with Buddhists
and feminists, minority groups which they feel have gained the acceptance of the broader, mainstream profession. Despite sharing many similarities with professionals – using scientific research methods, getting licensed, joining professional associations, and practicing according to professional ethics – niche therapists also desire to remain distinct from the profession by requiring people at their schools to follow special lifestyle and moral codes. In addition, many niche therapists are part of efforts to formulate their own, unique version of psychology, one that is built on evangelical theological assumptions.

Therapists outside of the profession – biblical counselors – seek to remain as separate from the psychological professions as possible. Their schools, which are unaccredited, focus on teaching theology, not on training students in counseling techniques, research methods, or psychological theory. Most of the students who attend schools outside of the profession plan on careers in church ministry, and few, if any, desire to get licensed. Therapists outside of the profession are members of the American Association of Christian Counselors (AACC), a group which requires its members to abide by its own code of ethics. Unlike licensed professional therapists who are instructed to not “impose their values” on clients, members of AACC are told to actively discourage clients from pursuing divorce, abortion, physician assisted suicide, and same-sex romantic relationships.

While remaining separate and distinct from professionals, biblical counselors’ views of professionals have softened somewhat over time. Founders of the biblical counseling movement considered themselves to be “at war” with professional psychologists. Anyone associated with professionals were considered the enemy. Today, however, biblical counselors are less focused on their conflicts with the profession. They accept the presence of professionals in the society,
so long as professionals remain “on their turf” and do not overstep their bounds (i.e., try to influence or limit the work of biblical counselors in the evangelical community).

Chapter four explores how Christian therapists express their personal faith to their clients and how they see themselves shaping their clients’ spiritual and/or religious identities through counseling. When counseling clients who may not share their exact theologies, Christian therapists will “be selective with their faith” – focus on Christian principles and concepts that resonate with the greater culture. They also “translate” their faith (i.e., communicate Christian concepts in appealing, non-threatening ways). Biblical counselors employ a variety of strategies to talk about “sin”: they ask their clients to reflect on their moral choices rather than confronting them outright; emphasize how clients will benefit as a result of addressing their sins; draw on secular justifications to achieve religious ends; and replace the term “sin” with substitute words. Integrationists and Christian psychologists see themselves communicating the concept of “God’s love” through what they call “relational therapies.” In relational therapies, therapists do not talk directly about God; instead, they treat their clients with kindness and grace, in what they believe is a “Christ-like” manner. The hope is that, in making therapy a positive, accepting experience for their clients, therapists are, as one interviewee puts it, “preparing the soil” — making it possible for clients to one day experience and know God.

When it comes to the shaping of clients’ selves, some Christian therapists seek to create “Christians,” while others opt for shaping their clients into “spiritual” selves. Those that desire to transform their clients into Christians tend to be biblical counselors. A Christian, they teach, denies him/herself, adopts a “child of God” identity, and practices conservative sexual ethics.
Therapists that take a “spiritual” selves approach – integrationists, Christian psychologists, and a few biblical counselors\(^{28}\) – stress the decision-making processes involved in clients’ faith. For example, for Christian clients who say they are struggling with same-sex attraction, therapists will present liberal interpretations/readings of the bible on homosexuality, helping clients to be aware of their options. “Congruency” – getting one’s religious beliefs, behaviors, and identities in alignment – is the goal of therapy, not pushing clients toward accepting a pre-determined “best” outcome.

In spiritual therapies, getting clients involved in religion/spirituality – any religion/spirituality – is seen as better than no religion at all. Thus, therapists will be supportive of their clients’ pursuit of non-Christian religions/spiritualities, as long as these faiths do not harm clients’ psychological health, and with their atheist clients, they will encourage the discussion of existential topics (a way of touching on spirituality, in their view).

In chapter five, I discuss Christian therapy in churches: the factors that enable Christian therapy to thrive in evangelical congregations; the characteristics of church counseling; and the impacts of Christian therapy on church culture and small groups.

Several changes occurring in evangelical congregations have given rise to Christian therapy in churches. Pastors face increasing administrative responsibilities and have less time to devote to providing counseling. They look to others – leaders in the congregation and/or laypeople – to meet their congregation’s counseling needs. Laypeople, in turn, are becoming more involved in their churches – actively looking for ways to form friendships, exercise their

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\(^{28}\) As discussed in more detail in chapter four, biblical counselors will sometimes take a “spiritual” approach with clients claiming no religious/spiritual affiliation because they see these types of spiritual therapies – asking questions about meaning – a way to introduce atheist clients to the importance of religion.
strengths, and develop new skills through church ministries. Evangelical churches are increasingly investing in church ministries, finding that through them, they can attract and retain new members. Christian therapists have used these factors to their advantage: stepping into the vacuum left by pastors, they run church counseling centers and small group ministries that provide much needed counseling services and training to church laypeople.

As I discuss in chapter five, church counseling is separate and distinct from professional counseling. Professional norms and rules – like keeping counseling confidential and avoiding dual-relationships – often do not apply to church counseling. The majority of church counselors are unlicensed biblical counselors, and even in cases where counselors are licensed psychologists on the outside, when counseling in the church, they serve as volunteers (i.e., they are not working as professionals in this context). Church counseling, unlike professional therapy, is explicit about faith. Church counselors ask their clients directly about their relationship with God, what their religious beliefs are, and how often they engage in religious practices. For some congregations, it is a requirement to attend Sunday church services in order to receive counseling from the church.

Through their leadership in small group ministries, Christian therapists play an influential role in shaping how evangelicals experience and express their faith. According to Christian therapists, faith ought to be “lived out” through one’s actions and relationships. Church attendees should be investing significant time with their church peers and “counseling” them (i.e., serving as sources of mutual support and moral accountability).

Christian counselors’ small groups have had mixed effects on churches. On the one hand, they help to attract and retain new members to church and have helped individuals to commit to their faith. On the other hand, however, they simplify certain aspects of faith (e.g.,
people are taught that their lifelong struggles can be “overcome” quickly) and perpetuate a relatively narrow view of community. Instead of encouraging church members to engage with the greater neighborhood or world in which their churches are a part, counseling small groups reinforce the inward focus of evangelical congregations.

**Implications for Sociological Studies on Evangelicalism**

Most of the existing sociological research on evangelicals examines their resistance and accommodation to the secular. This dissertation departs from traditional portrayals of evangelicals in two respects: (1) it embraces a more nuanced conceptualization of the “secular” and (2) it illustrates how, besides the extremes of resistance and accommodation, evangelicals engage in middle-of-the-road strategies – reframing and reconfiguring their faith – to engage with the secular world.

**Conceptualizations of the Secular**

While it was once believed that “religion” and “the secular” were fixed, sociologists of religion now consider the boundaries between religion and the secular to be flexible, fluid, and continually contested (Casanova 1994; Edgell 2012; Evans and Evans 2008; Gorski and Altinordu 2008). Instead of separate trade-off categories, religion and the secular are seen as blending together in complex ways.

The literature on evangelicals and higher education reflects the shift in sociological conceptualizations of the secular. In the past, sociologists took a fixed perspective on secular/religious boundaries: religion and academia occupied opposite poles, and evangelicals were portrayed as giving up parts of their faith in order to engage with the broader academic
world. Specifically, Christian universities were said to abandon the religious missions of their founders (Burtchaell 1998), to replace Christian perspectives with “value-free” scientific inquiry (Marsden 1994), and to liberalize campus lifestyle codes (Hunter 1983), all in their efforts to gain the acceptance of the secular academy.

Now, in contrast, scholars are acknowledging that the relationship between religion and the academy is more complex than previously understood. John Schmalzbauer (2003), for example, argues that in Christian universities, both secularizing and resacralizing processes are at work. Additionally, according to Jacobsen and Jacobsen (2006), today’s secular universities display an interest in religion and spirituality, “teaching about religion” and encouraging the exploration of “big questions” on meaning, values, and ultimate concerns. As I discuss in chapter three, mainstream academic journals publish Christian therapists’ research on religion and spirituality, and accrediting bodies accept niche programs’ inclusion of Christian elements in their curricula. The relative openness of the academy and of the professions to religion means that, in their interactions with the secular, Christian therapists do not have to view their faith as an “all or nothing” affair; in essence, there is room for them to pursue strategies in between the extremes of resistance and accommodation.

**Resistance, Accommodation, and Strategies “In-Between”**

While resistance and accommodation have been discussed at length in the literature, what has remained understudied are evangelicals’ in-between strategies, reframing and reconfiguring, which are the focus of this dissertation.

Reframing involves “reflecting critically on one’s pronouncements” (Witten 1993), approaching one’s own views self-critically and with a degree of humility. Those who reframe
recognize that truth is complex and multifaceted, and that each person’s interpretation of truth is shaped (and limited) by his experiences and biases. Unlike accommodation, which involves a “giving up” of one’s faith in order to meet secular standards, reframing is understood by Christian therapists to be an “openness to changing one’s faith” in one’s efforts to get closer to the truth. Reframing pays as much attention to the quest for religious truth – the spiritual journey – as it does the final destination. While the overall trajectory of spiritual journeys is toward a deepening of faith, it is understood that there are a variety of paths to get there.

Christian therapists engage in a variety of types of reframing. For example, instead of viewing the bible in a straightforward, simplistic manner, integrationists and Christian psychologists break it down into parts and restrict its scope, and biblical counselors distinguish between the bible’s “big picture” and its extraneous details. Integrationists and Christian psychologists will also look to additional sources – psychological texts and science, for example — to test, refine, and clarify their religious understandings. These strategies enable Christian therapists to maintain their belief that a singular “truth” exists out in the world, while also leaving room for them to amend their understandings as they encounter new perspectives.

In the therapy session, when my integrationist interviewees say that they encourage clients to practice their non-Christian faiths and spiritualities, they are engaging in a form of reframing. Reframing, the sociologist Marsha Witten argues, involves a broadening of the roles of religion; the integrationists in my study, I find, reframe when they say that “religion means different things to different people.” Besides signifying objective truths, integrationists assert, religion/spirituality provides clients meaning, purpose, comfort, and identity. These latter functions and the psychological effects of religion (i.e., how religious beliefs shape clients’ sense of self and wellbeing) are what integrationists view as relevant in the therapeutic context.
Reconfiguring religion means magnifying and pushing to the forefront certain aspects of faith while de-emphasizing and downplaying others. For example, in church small groups, Christian therapists encourage church members to view relationships — not the afterlife, salvation, and sin — as the focus of their faith. Evangelicals believe that relationships and faith are intertwined (Smith 1998), but Christian therapists are unique in the extent to which they prioritize this part of their faith above others.

Niche schools engage in a reconfiguring of evangelicalism when, to meet accreditation requirements, they are selective in their teachings of Christian theology. The version of evangelicalism they teach fits with the counseling profession’s philosophy of holding clients in unconditional positive regard. Instead of drawing attention to concepts like evangelization and sin, they say that “grace” and encouraging people to make a personal decision about their faith are the central themes of Christianity.

When graduates of niche schools enter the workplace, they put into practice the theological teachings taught to them in school. Niche therapists portray God only as loving and involved in people’s lives, not also authoritarian and judging (Froese and Bader 2010), as most evangelicals believe. Additionally, niche therapists provide congruency therapies that are based on the idea that faith is a choice; people cannot be forced to be who they do not themselves want to be.

**Emerging Issues in Christian Therapy**

**Changing Licensure Requirements**

There has been a push in both the counseling and psychology professions to limit
licensure to just those individuals who have graduated from CACREP- and APA-accredited programs. In psychology, some agencies of the federal government only hire graduates of APA-accredited programs, and there is a growing trend of states requiring their licensure candidates to have a degree from an APA-accredited doctoral program (Bailey 2004). Similarly, in the world of counseling, the American Counseling Association recommends that in the immediate future, “all counselors who achieve licensure…regardless of the accreditation status of their graduate program, be regarded as qualified independent practitioners with all professional privileges and practice options,” but after July 2020, the primary “pathway to licensure” should be graduation from a CACREP-accredited program (“ACA Releases FAQs for Licensure Policies,” p. 55).

As licensure is increasingly restricted to graduates of accredited programs, I believe a polarizing of Christian therapy programs will take place: on one side will be the accredited niche schools, and on the other side will be the programs outside of the profession that stress classes in theology. Schools like Covenant Seminary, which are unaccredited but heavy in counseling/psychology courses, will have a difficult time remaining competitive. In order to survive, these programs will likely specialize, adopting a Westminster curricular model that centers on theology and careers in ministry.

**Religious Exemptions to Counseling LGBT Clients**

A second issue facing Christian therapists concerns whether religious beliefs can be invoked as a reason to refuse counsel to lesbian, gay, bisexual, and transsexual clients. I expect that there will be continued debate in the courts and the legislature on this issue, with implications for Christian therapists’ training and practice.
Historically, the courts have not sided with therapists who feel that their religious beliefs preclude them from counseling LGBT clients. For example, in *Walden v. Centers for Disease Control and Prevention*, the Court found in favor of an employer that terminated one of its counselors, Marcia Walden, for her conduct in cases involving LGBT clients. Walden had informed a client that her religious values prevented her from providing the same-sex relationship counseling the client requested and that she would refer the client to another counselor. The client filed a complaint with Walden’s employer, stating that she “felt judged and condemned” and that Walden’s “nonverbal communication also indicated disapproval.” Though the employer did not object to Walden referring out her LGBT clients, it asked her to refrain from disclosing her religious beliefs and personal values regarding same-sex behaviors to future clients (*Walden v. Centers for Disease Control and Prevention* 2010, p.9), a request which she refused. Walden brought the case to court, arguing that her termination was a violation of Title VII’s prohibition against religious discrimination. The District Court ruled against Walden, citing her “[handling] of the situation” and the strong likelihood that she would act in the same way if faced with a similar event in the future, as the basis for its decision.

Similarly, in *Ward v. Milbanks* (2010), Julea Ward, a counseling student at Eastern Michigan University, refused to counsel a client who sought same-sex relationship counseling because “providing ‘gay-affirmative’ counseling would have violated her religious beliefs” (*Ward v. Milbanks*, 2010, p. 34). A remediation plan was devised to help Ward comply with ACA professional ethics, but she refused to participate and was subsequently dismissed from the program. A lower court upheld Ward’s dismissal (*Ward v. Milbanks* 2010), but later, the Sixth Circuit Court of Appeals remanded the case to the Eastern Michigan District for retrial (*Ward v.
The case was then settled, with Ward receiving a monetary settlement and removal of her dismissal from her record.

In the case *Keeton v. Anderson-Wiley* (2010), Jennifer Keeton, a counseling student at Augusta State University, was dismissed from her counseling program for failing to “separate her personal religious views on sexual morality from her professional counseling responsibilities” (*Keeton v. Anderson Wiley* 2010, p. 4). The Court rejected Keeton’s claim that her Title VII rights to freedom from religious discrimination were violated, pointing out that it was not Keeton’s “personal beliefs,” but rather “her inability to separate her personal beliefs in the judgment-free zone of a professional counseling situation” (*Keeton v. Anderson-Wiley* 2010, p. 20) that were the concern of the counseling program’s faculty. In a later appeal, a federal appellate court upheld the university’s dismissal of Keeton, stating that “Keeton does not have a constitutional right to disregard the limits [the university] has established for its clinical practicum and set her own standards for counseling clients” (*Keeton v. Anderson-Wiley* 2010, p. 25).

There are indications that the legislative branch is more willing to grant religious exemptions to counselors. For example, Arizona’s House Bill 2565, signed into law April 2011, states that “a university or community college shall not discipline or discriminate against a student in a counseling, social work, or psychology program because the student refuses to counsel a client about goals that conflict with the student’s sincerely held religious belief or moral conviction” (Ariz. H.B. 2565, 2011, § 15–1862). In 2012, the state passed SB 1365, which prohibits the denial, suspension or revocation of a person’s counseling license or certification for “declining to provide any service that violates the person’s sincerely held religious beliefs, expressing sincerely held religious beliefs in any context, as long as services
provided otherwise meet the standard of care or practice for the profession” (Ariz. S.B. 1365, 2012, § 41-1493.04). In April 2016, Tennessee’s Senate Bill 1446/House Bill 1840 went into effect which allows counselors to refuse counseling to clients whose “goals, outcomes, or behaviors that conflict with the sincerely held principles of the counselor or therapist” (Tenn. S.B. 1446). (“Sincerely held principles,” was worded as “sincerely held religious beliefs” in earlier versions of the bill). The American Civil Liberties Union and the American Counseling Association have each voiced their concerns over the law, calling it discriminatory and an “unprecedented attack” on the counseling profession and ACA code of ethics (Fang 2016).

The expectation that one should be willing to provide LGBT-affirming therapies is a major factor that discourages Christian therapists from getting licensed. If more states begin to adopt laws like the ones in Arizona and Tennessee, I expect that there would be an increase in Christian therapists willing to get licensed and to pursue training in accredited programs. The mental health professions would find it increasingly difficult to enforce professional ethics, and there would likely be a rise in litigation involving Christian therapists and their workplaces and schools.

**Research Limitations and Directions for Future Research**

The main research limitation of this dissertation is the lack of representativeness of my research subjects. It is very likely that my interviewees draw disproportionately from Christian therapists who are willing to engage with the secular world. It was much harder for me to get biblical counselors – Christian therapists who are the most resistant of secular psychology – to agree to be interviewed. I think that perhaps some biblical counselors saw me, a student from Princeton University, as being “part of the secular world” or maybe even part of some secular
agenda to discredit biblical counseling. I had a chance to speak about this point with a former biblical counselor who now affiliates with the Christian psychology movement. When I told him I was finding it hard to get biblical counseling interviewees, he said, “I can see why you are having a hard time. Most biblical counselors are not going to be interested in your research. They are interested in reaching Christians, and they are not going to see talking to someone from Princeton as helping them to reach their mission and goals.”

Of the 70 Christian therapists I interviewed, a minority – 15 – were biblical counselors. Moreover, the biblical counselors I spoke with were disproportionately young: seven of the 15 were under the age of 35. As I discuss in chapter three, today’s biblical counselors imagine their boundaries with the secular world differently than biblical counselors of a few decades ago. Younger biblical counselors seem to be a bit more theologically liberal, or at least, more open to the idea of talking about their work with others. For both of these reasons – including fewer biblical counselors than other types and drawing disproportionately from younger, perhaps more liberal biblical counselors – my data probably over-represents strategies of reframing, reconfiguring, and accommodation.

This dissertation provides a springboard for future research on the ways religious practitioners engage with the secular world, specifically their strategies of reframing and reconfiguring religion. Sociologists can devote research attention to identifying the contexts that give rise to reframing and reconfiguring. In what situations do people of faith reframe and reconfigure their faith, as opposed to accommodating or resisting? How do people of faith decide on one strategy over the other? Studying evangelicals who experience role conflicts (e.g., gay evangelicals, feminist evangelicals…etc.), as well as people of other faiths (e.g., Muslims, Buddhists, Jews…etc.) would aid in answering these questions.
A second area of research involves the effects of reframing and reconfiguring on evangelicals’ understandings and practice of their faith. For example, researchers can study the implications and consequences of constructing faith as a spiritual journey. In this dissertation, I showed that Christian therapists are able to kick thorny theological questions down the road by saying that there will be time later in their journeys for further thinking and clearer answers, a perspective which significantly departs from evangelicals’ traditional, locked-down views of theology. Future research can explore how spiritual journeys are perhaps contributing to a shift in evangelicalism, whereby more flexible interpretations of faith, as well as a tolerance for uncertainty and ambiguity in theological matters, are becoming the norm.

On a related note, researchers may want to assess if continual engagement in reframing and reconfiguring leads to an eventual loss of evangelicals’ religious distinctiveness. If evangelicals increasingly rely on reframing and reconfiguring, do they run the risk of losing the parts of their faith that make them unique? Or, are there limits to how far reframing and reconfiguring can go in terms of changing evangelicalism? Tracking the effects of reframing and reconfiguring in evangelical sermons, magazines, worship songs, and self-help books over time could be a way to answer these questions.


APPENDIX

Appendix 1. Interviewees’ Names, Degrees, Subjects, Licensure Statuses, Primary Occupations, and Affiliations

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<tr>
<th>Name</th>
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<td>Church Pastor</td>
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Appendix 2. Oral Consent

My Name is Kati Li. I am a student in Sociology at Princeton University.

I am here to do a research study to better understand the work and perspectives of Christians in the fields of psychology and counseling. The interview will cover questions about your professional and religious identities.

For example, I will ask you questions such as, “What do you see as the role that spirituality and religion should play in counseling?” “How do you see psychology and theology as related?”, and “In what ways has being a counselor impacted your religious faith?”

You do not have to answer every question. The study will take about 1 hour.

1. Some people feel that providing information for research is an invasion of privacy
2. Some people feel uncomfortable with sharing their perspectives on their work or their religious beliefs.

We hope society will benefit from the knowledge gained. You will not benefit from taking part in this study.

Taking part in this study is voluntary. You can stop at any time.

The study data will be kept in a coded manner (separate from your name) until the end of the study. After that time, your name or other identifiable information will no longer be connected to any of the study data.

Do you have any questions?

Do you give your permission to participate in this study?

If you have any questions about your rights as a research subject, please contact the Princeton University Office of Research Integrity and Assurance; Email: irb@princeton.edu; Phone: (609) 258-3077
Appendix 3. Interview Guide

**Background and Current Job:**

Can you tell me about your religious background? How did you become a Christian?

Could you briefly describe your beliefs about (1) sin and salvation; (2) the bible as a source of truth?

How did you become interested in counseling/psychology?

What school did you attend to train in psychology/counseling?

In what ways did you discuss/learn about Christianity in your graduate training?

Tell me about your current job. Are you licensed? Why or why not? Where do you work, what is your job title, and what are your main job responsibilities?

*If Interviewee Works in a Church:*

Could you tell me about your church? How many members attend? What are some of the church’s key ministries?

What is a typical counseling session like for you?

How long are counseling sessions? Who participates in counseling? What do you see are the main goals of church counseling? How do you judge whether counseling has been “successful”?

What do you think are the key similarities and differences between church counseling and counseling done outside of the church?
How do people at your church feel about psychology/counseling? Are they open to it, or do they have reservations?

*If Interviewee Works as a Practicing Therapist, Not in a Church:*

How are counseling sessions structured? Do you take insurance? What are most common problems that you treat?

What do you see as the goal of counseling?

What do you think are the causes of mental illness? What are your thoughts on using medication to treat mental illness?

Do you use the DSM in your work?

What are the religious backgrounds of the clients you treat? How does a client’s religious background, if in any way, shape how you go about counseling?

How do you counsel clients who you feel are engaging in behaviors that you consider immoral or sinful?

Do you follow professional ethics when you counsel? Why or why not?

*If Interviewee Works as an Academic Psychologist:*

Do you teach, research, or both?

In what ways, if any, do you incorporate religion/Christianity in your teaching?
What topics do you research? What research methods do you use?

What are your views on the relationship between religion and science?

Do you find colleagues at your college/university receptive to religion?

Demographics and Affiliations:

What is your age?

What is your gender?

What is your highest degree earned?

Do you identify with any of the following: integrationist, biblical counselor, Christian psychologist? What does this identity mean to you?

Are you a member of any professional organizations? Which ones?

Conclusion:

Is there anything else that you would like to share about your experiences as a Christian therapist that we have not discussed so far?