

rience (transformational psychology) or synthesis (integration) receive the most weight of emphasis.

However, even with my own leanings toward inclusivism, I have long felt that explicit approaches for incorporating insights from spiritual direction into treatment models (e.g., a transformational approach) have been somewhat neglected from the discussion. So I read John Coe and Todd Hall's (2010) chapter on transformational psychology in *Psychology & Christianity: Five Views* with great interest. For almost 20 years I have felt like somewhat of a voice in the wilderness (Moon, 1997, 2003b, 2004a, 2004b, 2009, 2010a; Moon, Willis, Bailey & Kwasny, 1993; Walker & Moon, 2011). I applaud John Coe and Todd Hall for boldly making a case for: (1) the importance of the spiritual development of the counselor; (2) the potential benefits of learning to live more and more moments of one's life "in Christ"; (3) a biblical view of the person; and (4) underscoring the importance of letting the realities of the object being studied (in this case, the person) dictate the method of study.

However, as presently stated, I find their agenda a bit too ambitious, optimistic and somewhat exclusive of the other four positions. Specifically I am concerned with: (1) the claim to rethink the very nature of science itself; (2) possible leanings toward what may be perceived as elitism in the way it applies the concept of the need for the psychologist to be transformed; and (3) the lack of articulation concerning how it offers a clear, distinctive and practical application to the process of Christian counseling.

A Nuanced Transformational Approach

You may be thinking, is this the transformational psychology chapter or not? That is a fair question. As you have likely discerned, I would feel very comfortable writing from an integration perspective that had a primary focus on the potential interplay between modern applied psychology and spiritual formation in working with certain client populations and certain presenting problems. David G. Benner (1998) might call such a model a spiritually sensitive approach to psychotherapy. I would also be comfortable writing from an integral perspective that would present the soul and spirit as essential to the functioning of a human being.

With that said, let me provide a few nuances to the transformational psychology approach as it relates to how I would work with a client, and

I have become convinced that Jesus offers a source of exquisite knowledge that answers life's most important questions and that his answers deserve—at minimum—equal attention to that received by psychology's pioneers. I also believe that profound psychological good could be accomplished by moving this knowledge from the academic slums to the ivory towers. The mental health benefits of becoming a person pervaded with love are simply too enormous to ignore, as is the possibility of living more and more moments of each day in firsthand interaction (knowing by acquaintance) with Jesus and his kingdom.

Training implications of a three-legged stool. In a similar fashion as McMinn (1996), I have come to believe that the best training program for producing "transformational psychologists/counselors" would resemble a three-legged stool. That is, I have envisioned the training to be composed of three primary domains with each receiving about one third of the curriculum space. The three areas would be: (1) professionally sound and respected training in a mental health discipline; (2) classic models of spiritual direction (Orthodox, Benedictine, Ignatian, etc.); and (3) the best from a body of modern evangelical thought that presents a high and explicit Christology.

Please understand, I am not saying that the boundaries between these domains should disappear and spiritual directors should start asking questions about a director's defense mechanisms, prescribing medication and giving personality tests. God forbid. And God forbid a psychiatrist should start assuming that all major depressions are dark nights of the soul or writing prescriptions to pray. However, I have come to believe that a trilingual and tricultural (a person fluent in the language and culture of counseling, classic models of spiritual direction, and Christ-centered approaches to spiritual transformation) could do a stellar job of working with one individual in ways that respect the ethical boundaries of each of those professions while also realizing the holistic nature of the individual. It is time for new training programs that are no longer artificially hamstrung by the confines of modernism.

All the roulette wheels must be considered. In addition to the four nuances for a transformational psychology that I have discussed above, I will offer one final distinction before addressing our case study. The extent to which concepts and techniques from spiritual formation will be integrated into my work with a particular client will be dependent on where at least six "roulette wheels" stop spinning.

1. *It begins with me—training:* The "spiritual interventions" I provide are first and foremost informed by my own level of training in this area of practice.
2. *It begins with me—formation:* I will not attempt to lead a client down roads I have not walked.
3. *Client and setting:* I will only consider "spiritual approaches" for clients who have given informed consent and who are requesting such interventions. Further, I will not go beyond the boundaries appropriate to the setting in which I am practicing.
4. *Presenting problem:* The client's presenting problem will have a huge impact on the decision to offer a spiritual insight or intervention. The diagnosis of enuresis might eliminate—pun intended—such an intervention.
5. *Stage of the relationship:* While I will say more about this, I am inclined to draw from the discipline of spiritual direction in the latter, as opposed to earlier, stage of the therapeutic process.
6. *Empirical "permission" for using techniques from formation field:* I am more inclined toward such explicit integration if I can find supportive evidence in the psychological literature.

Against this backdrop, let's now turn our attention to the case study.

Priorities and Initial Impressions

Consultation with the counselor. In consulting with the new counselor I would affirm that this is not a "simple case of adjustment-to-college-life 'blues,'" nor does it appear to be primarily "a rather severe case of 'academic anxiety.'" I would also let her know that it may take a village of mental, medical and spiritual health professionals to appropriately attend to all the needs Jake presents.

Ideal setting. While I'm uncertain as to whether Jake will need a very intensive outpatient intervention—and possibly a brief inpatient stay for safety and evaluation—we will assume for now that Jake is being seen in a private practice setting in close proximity to his college. We will also assume that in addition to appropriate release-of-information documentation there will be informed consent concerning the fact that Jake will be seen by a licensed mental health professional who is also a Christian and, if the client so chooses, is willing to explore Christian resources as part of the counseling process.

Essential presuppositions and priorities. An immediate priority surpasses all presuppositions: is it safe for Jake to leave the counselor's office? Records indicate that he has made several references to self-harm. While these were, according to the records, "loose and without threatening details such as driving a car into a wall at a high speed," Jake has stated that "he has a recurring desire to no longer live the life he is living" and has made the additional statement, "If I can't make it here I might as well get blown into oblivion." Given these statements, his lack of social engagement, potential indicators of depression and "signs of impulsive tendencies and decisions," my initial recommendation is to do some brief screening measures (a standard suicide assessment checklist and Beck Depression Inventory, second edition [Beck, Steer & Brown, 1996]) to get a better handle on Jake's level of depression and suicide risk. It is not comforting to note the possibility of suicide in the death of Jake's father.

From a more global perspective, my primary presuppositions are captured in Willard's model of the person that has been presented. I am assuming that Jake is a nonceasing spiritual being who will likely benefit greatly from aligning himself with the Creator of the universe in an ongoing and transforming friendship. However, it is likely that such discussion will not be the primary focal point of the initial evaluation process. Jake is also a decaying earthen vessel and appears to have many prominent areas of maladaptive functioning in the other, less ephemeral, aspects of his person.

Assessment

Definition of health and pathology. In the ultimate sense I believe that people are most healthy when they are living in as close an alignment as possible to God. Three helpful ways to describe this process toward ultimate soul health include Jesus' use of the imagery of living in the kingdom of God, the apostle Paul's repeated use of the phrase *Christ in you* and the early church's view of salvation (Ware, 1995) as being on a path toward union with God. In fact, I believe Jesus summarizes this ideal state in John 15:5: "I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing" (NIV).

I further believe that learning to live a life of trusting submission to the will of God on a moment-by-moment basis, alive with the energy,

Distinguishing counseling and spiritual direction. It is tempting to offer the following succinct distinction: (1) Spiritual direction has an emphasis on enhancing one's awareness of God's presence and facilitating a journey toward spiritual health through increasing discernment and the practice of a variety of classic spiritual disciplines toward the end of experiencing union with God; and (2) Counseling has an emphasis on enhancing one's awareness of self and facilitating a journey toward psychological health through the use of classic counseling techniques toward the end of seeing improvements in patterns of thought, behavior and relationship.

However, I have come to view the spiritual aspects of the person as far too integral (essential) to other domains of functioning to continue making that distinction—which now feels artificial. I now believe that distinctions between counseling and spiritual direction are more about training and turf (i.e., professional boundary claims) than about the person.

Conceptualization

What makes a person change? According to one version of the old joke “how many counselors does it take to change a light bulb?” the answer is: “Only one, if the bulb really wants to be changed.” I’m afraid there is much truth in that quip. Client motivation to change may be the single most important predictor of positive outcome. I would place that variable just ahead of the counselor’s ability to embody key nonspecific therapeutic factors of a warm, genuine and empathetic relationship.

However, if pressed to answer the question “what makes a person change?” I would have to say that the two primary “motivators” are *pain*—when it leads to a willingness to abandon maladaptive and self-defeating patterns of behavior—and *love*—when a client truly believes that another (God, the counselor, a significant person) genuinely desires for him or her what is good. Jake’s pain will hopefully increase his motivation to do the hard work of counseling, and I hope that the counselor will be able to model some small measure of the type of love the Trinity feels among its members. I would also hope to encourage Jake’s counselor to help him wrestle with the following questions: (1) What can I learn from my pain? (2) Am I at a place of possible *metanoia*—am I ready to start rethinking my thinking? and (3) Can I imagine a God who truly desires for me what is good?

At the risk of sounding grandiose, the goal of a nuanced transforma-

spending more and more moments "with" God. It is very possible that the counselor would offer to continue to meet with Jake on a less frequent basis—perhaps once per month—and with a more explicit focus on personal spiritual formation.

Conclusions and Recommendations

Eric Johnson (2010) offers a poignant quote from MacIntyre, who considers that "the person best equipped to contribute to the debate between two rival traditions [would] be trained in the discourse of both. . . . Such individuals 'are inhabitants of boundary situations, generally incurring the suspicion and misunderstanding of members of both of the contending parties'" (p. 24). A primary consideration of my presentation concerning an approach to a nuanced version of transformational psychology is that the "boundaries" both within the components of the individual and across related mental and spiritual health disciplines have more to do with training than turf. I believe that a person dually trained in a professional mental health discipline and spiritual formation is not only capable of helping a person in a holistic manner, but they may also well be in the best position to do so.

While the complexity of the case made it difficult to focus more exclusively on the spiritual formation elements of a transformational approach to psychology, I believe that the present case study, while purposefully broad and expansive, did help to demonstrate the possibility of working with a person in a manner that, at times, blurs traditional boundaries. I also believe the case showed the possibility that working in the area of soul and spirit would have implications for other aspects of that person as well.

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