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An Integration Approach

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LEARNING OBJECTIVES

- Explain how the integration view balances psychology, theology and spirituality.
- Locate how the theological assertion that humans are created in God's image is applied in attending to the functional, structural and relational aspects of Jake's presenting concerns.
- From the session dialogue samples, describe the benefits of Recursive Schema Activation (RSA) to reveal behavioral patterns connected to core cognitive beliefs.

I puzzle over the adage “to have your cake and eat it too.” If one has cake, why wouldn’t they eat it?¹ To have your cake and *not* eat it just seems silly. In the tradition of psychology to draw upon, why wouldn’t they do so? And if the counselor has access to biblical revelation and the theological wisdom of the centuries, of course the counselor should rely on these resources also.

A substantial risk is that counselors might easily resort to haphazard means of relating psychology, theology and spirituality, drawing on Christian and

¹The correct interpretation of this adage is that the cake is gone after one eats it. In this sense, we cannot have our cake and eat it too. But the saying is typically used to suggest we cannot have two things we want regardless of how consumable they may be, and that is what puzzles me. When it comes to integration, I want to hold psychology, theology and spirituality together at the same time.

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psychological resources whenever one or the other seems most convenient, popular or pragmatic. Stanton Jones’s chapter on the integration view in *Psychology & Christianity: Five Views* (Jones, 2010) is an excellent corrective to those who may practice these haphazard forms of integration. As is true of his earlier work (e.g., Jones & Butman, 1991), Jones defines and describes a thoughtful sort of integration that maintains the rightful authority of Christ and Scripture. During my 13 years at Wheaton College, Stan was first a colleague and then a supervisor (when he became provost), and always a friend and role model of Christian maturity. Like Stan, I believe integration needs to begin with a Christian understanding of the human condition, that we need a measure of humility in recognizing that we do not interpret Scripture without human error, that science is a value-laden enterprise and that psychological science can prove helpful in the work counselors do.

I appreciate how Jones (2010) considers Christianity to be bigger than Christian theology. Likewise, in my previous work I have argued that spiritual formation ought to be considered alongside theology in the context of counseling (McMinn, 2011). Like three legs of a tripod, psychology, theology and spirituality are all important to consider in formulating and providing clinical services. Most of the approaches in this book will consider these three, but one will explicitly trump the other two when providing treatment to Jake. In this chapter, I attempt to play Three No Trump.² That is, my approach with Jake will be influenced by all three—psychology, theology and spirituality—with all of them highly valued.

This is not to say that psychology, theology and spirituality are equally authoritative or that they are all used at every moment in counseling. Integrative counseling calls for adaptability, fluidity and sensitivity to the current moment, and for an ability to see different realms of authority in relation to the particular situation being faced. For example, I take biblical and theological wisdom to be more authoritative than psychology in understanding the deep cries of human existence. When a client is weeping in my office, confronted with the deepest pains of loss and struggle, I may occasionally ponder the psychological theories I learned in graduate school, but much more often I am thinking about a Christian view of persons. In situations such as this I sit stunned anew by the depth of brokenness that pervades the human condition. I am inwardly groaning

²This is a term from the card game bridge. Three No Trump is a common bid, with none of the suits trumping the others.

in harmony with my client's outward groans, yearning for all creation to be redeemed (Romans 8:22-23). Conversely, psychology is more helpful than theology when treating symptoms of panic disorder. Advances in cognitive and behavioral interventions have proven highly effective in treating symptoms of panic, and I would be quite irresponsible if I failed to provide those treatment options to clients who need help. The third leg of this tripod—spiritual formation—is a primary goal of faith communities, and can be a worthy consideration for counseling as well. The deeply personal and experiential nature of spiritual formation defies taxonomies, but I find that when I am open to hearing about my clients' spiritual journeys, they are eager to tell me.

In working with Jake, I would pray for discernment and wisdom in balancing psychology, theology and spirituality. All three are important, but the effective counselor must be discerning and wise about how these three components are emphasized at any given moment in the treatment process.

Preliminary Considerations

I once heard Dr. Larry Crabb introduce a talk by telling of a time when he was sitting with a difficult client shortly after Crabb had received his Ph.D. in psychology. As Dr. Crabb listened to the complexity of the client's life, he thought to himself, "Oh my, this person needs a professional!" I had a similar reaction when reading the case study about Jake, wondering what I had gotten myself into by agreeing to write this chapter. This is a complex case.

Who is the client? One of the early considerations from an ethical perspective is identifying the client. Is Jake being referred to another counselor in the Christian college's counseling center, or is this a counselor in the community? If the former, then it is important to clarify whether the counselor's primary commitment is to the university (as an employee) or to Jake (as a counselor). Who is later if Jake continues to violate behavioral standards at the college. For example, if Jake admits to using or selling drugs, or to sexual aggression, will the counselor be obligated to report this to the college? The ground rules for reporting behavioral infractions need to be specified in advance, and in writing, to minimize the chances of misunderstandings and violations of confidentiality later. If the counselor is expected to protect the college from students like Jake, then Jake needs to know this in advance, before deciding how much to disclose.

From a therapeutic perspective, the ideal situation would be a counselor who has no reporting requirement to the Christian college. This provides Jake with a greater degree of confidentiality and a sense of safety. Counselors have primary ethical and legal obligations to their clients, and if a counselor anticipates a potential conflict of interests between an employer and a client, then the counselor needs to work this out in advance by informing the client and/or renegotiating the employer's expectations. Jake will not make much progress in counseling if he does not experience it as a safe place to be open and honest.

Treatment goals. Psychotherapists speak of client autonomy, and theologians speak of human agency; both point in the same direction when it comes to Jake. That is, Jake needs to determine what he wants to work on in the context of counseling. If it were up to me, I could come up with quite a list of behavioral changes for Jake to consider, but I don't have the sense that Jake wants to make changes in his behavior. Not yet, at least. He seems to be saying, "I want to feel better" rather than, "I want to change the destructive things I am doing."

Does this mean that a counselor should simply accept Jake's goals for treatment? Yes and no. At first, Jake's goals ought to be the primary focus of treatment. If a counselor asserts an overly directive voice at this point, Jake will simply head for the door. It is important for Jake to set his own direction for therapy, both because client autonomy is an ethical commitment for licensed counselors, and because it is how God treats us. From the earliest pages of the Bible we see God allowing human freedom, even if that freedom is ultimately self-destructive. The price of human agency is enormous, yet God chose it over predetermining how people would behave. Still, I hope that Jake's goals for treatment may deepen and grow over time. At first he may simply want to feel better and study more effectively, but as he recovers from trauma, learns more about himself, and begins to trust the process of counseling, he may also realize the need to change behaviors and take more responsibility for what lies ahead. Change takes time.

This raises a question that Christian counselors often face: is sanctification the goal of Christian counseling? This question defies simple answers. On one hand, if we answer yes, that sanctification is the goal of Christian counseling, then we put many licensed counselors and psychologists in an unavoidable conflict because they are accountable to state licensing bodies and insurance providers. Most counselors are trained in assessment, diagnosis, treatment planning and psychotherapy, and are responsible to provide these

services to clients. These mental health goals are not the same as the Christian notion of sanctification. On the other hand, if we answer no, that sanctification is not the goal of Christian counseling, then we remove virtually all spiritual formation from the counseling process, and we are left with little more than mainstream counseling practice with a few spiritual metaphors or Bible verses attached. My conclusion is that every Christian relationship has the potential of promoting sanctification because close relationships help us see things more clearly. With effective counseling, the counselor does the professional work he or she is trained to do, remaining open to discussions of faith in the process, and as this occurs the client develops a deepening awareness of self in relation to God and others. This quite naturally has a sanctifying effect. Growing in sanctification is not the goal of counseling, but it is, at least to some extent, the inevitable outcome of an effective counseling relationship between Christians.

Initial impressions. In considering Jake's situation, I have many initial impressions that will be important to consider in counseling. I will limit myself to a top-ten list.

First, he has a background of trauma that ought to be explored and understood. The immediate trauma occurred in a combat training exercise and other related military experiences, but he also experienced a childhood trauma with his father's death. Some clinicians believe substance abuse problems should be treated before any other issues are addressed in counseling. In contrast, I think the substance abuse may be a coping response to the trauma, so I would like to see the trauma addressed first, or at least simultaneously with substance abuse.

Second, he has a recent brain injury. Traumatic Brain Injury (TBI) can cause profound changes in mood, personality and cognitive abilities. This needs to be assessed, and previous medical records obtained.

Third, his views of God concern me. Jake claims some level of Christian commitment, but the nature of this is not clear. Was his conversion meaningful and sincere, or more a way to please a military chaplain or to try to win back his former girlfriend? Jake seems to hold to what Smith and Denton (2005) call Moralistic Therapeutic Deism—an increasingly common set of beliefs suggesting that God is a "Divine Butler and Cosmic Therapist" (p. 165) who should provide for his needs without making many demands on how he lives.

Fourth, I am concerned about depression and potential suicide risk. He might even be dangerous to others. What does Jake mean when he says, "I might as well get blown into oblivion"?

Fifth, I wonder about his academic ability in the context of his college experience. With his modest high school performance and his recent brain injury, does Jake have the academic ability he needs to succeed in college? His standardized test scores suggest that he does, but test scores are far from perfect predictors of college achievement. Does the college have a learning resource center where he can be assessed for a possible learning disorder and receive help if he needs it?

Sixth, it seems clear that there are substance abuse issues that ought to be considered. Jake has used and abused various substances, and he seems to deny the seriousness of this even after mandatory time in an Alcoholics Anonymous (AA) group during his medical rehabilitation. Could his substance use be an effort to cope with the trauma and depression he faces?

Seventh, there are diversity issues to consider here.³ What sort of socio-economic background does Jake have, and how does his background affect his experience at a Christian college, which presumably comprises middle- and upper-middle-class young adults? How does Jake perceive women? What is it like for Jake to be several years older than other new students at the college he attends? What, if anything, should be made of Jake's "strange bond" to his military bunkmate? Is Jake offering a cloaked allusion to an experience of same-sex attraction?

Eighth, I want to explore the nature of his relationships with others. He seems somewhat socially anxious, at least in the Christian college context, and he may respond by isolating himself at times. Social isolation coupled with a brain injury may compromise his social judgment when he is around others.

Ninth, I am concerned about the possibility of an emerging personality disorder. With this, I am referring to a category of disorder in the *Diagnostic and Statistical Manual*, currently in its fourth edition (DSM-IV-TR; American Psychiatric Association, 2000) and soon to be released in its fifth edition. Not all authors in this volume are comfortable using the

³I appreciate the input of my colleague Dr. Winston Seegobin regarding the diversity issues presented in this case example.

DSM to categorize psychological disorders, and while I concur that any taxonomy system can be misused, I find it quite a useful tool to conceptualize clients, guide treatment and communicate with other professionals. Still, I don't find the *DSM* particularly useful in describing the human condition. It is a tool—a useful one, in my opinion—but should not be mistaken for an authoritative guide to human struggle or flourishing. For these purposes, an integration approach goes to Scripture and the riches of our Christian tradition.

Jake may have met *DSM* criteria for conduct disorder during his teenage years, which heightens his risk of antisocial personality disorder during adulthood. Those with antisocial personality disorder seem to lack remorse for their deeds, and they seek their own pleasure at the expense of others. Jake's dismissive attitude toward the college woman who complained about his being sexually aggressive fits this possibility, though many other explanations are possible as well. A personality disorder is a serious diagnosis that may carry implications for a client's future, and I would not make it without compelling evidence.

Tenth, I am interested in Jake's experience of hope. The Christian faith calls us to hope amidst struggle (e.g., Romans 5:3-5). Though psychologists study hopelessness more than hope, in Jake's case I find hope much more interesting. At times he seems to have unrealistic hopes, such as seeing college as an automatic ticket to the middle class, but at other times he seems to lack hope: "If I can't make it here, I really have no place to go. I might as well get blown into oblivion." What is the source of Jake's hope? He tends to view God as owing him a way to escape his problems, rather than seeing a deep sense of hope in God's loving and redeeming character. This cannot be confronted directly in therapy because hope cannot be mustered by willpower. As Jake grows in self-awareness, he might also progress in the Christian journey toward trusting God's goodness in the midst of life struggles, and this will produce hope: "Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us" (Romans 5:3-5 NIV).

Because case conceptualization is theory-bound, the next portion of this chapter introduces my theoretical perspective on counseling and psychotherapy. In doing this, I am offering only one theoretical perspective on how integration looks. Others in the integration tradition may have very different ways of conceptualizing Jake.

Integrative Psychotherapy

Integrative Psychotherapy (McMinn & Campbell, 2007) begins with the theological assertion that humans are created in God's image (Genesis 1:26-28), the imago Dei. Philosophers, biblical scholars and theologians have typically understood the imago Dei in one or more of three ways (Erickson, 1985). Jones (2010) refers to these in his *Five Views* chapter, correctly noting that these are not mutually exclusive and that all have merit.

Functional. Functional perspectives on the image of God emphasize that humans are given certain responsibilities that the rest of the animal kingdom does not share. After creating humans, "God blessed them and told them, 'Multiply and fill the earth and subdue it. Be masters over the fish and birds and all the animals'" (Genesis 1:28 NLT). Humans do a better job managing the world around them than dogs would do, or chimpanzees or any other living creature. This managerial capacity that humans have reflects—however faintly—the image of God.

Jake, created in God's image, manages tasks in his daily life. He needs to function in particular ways, and as one created in God's image he is capable of doing so. For example, he needs to figure out how to manage the demands of school, how to cope with his feelings of anxiety and depression, how to deal with urges for alcohol and illegal substances, how to form cooperative relationships with others. Jake is not merely a victim to his impulses; he is an image bearer, one who is capable of functioning in a more effective way than he is currently functioning.

In *Integrative Psychotherapy* (McMinn & Campbell, 2007), functional interventions are typically aimed at changing symptoms, and are therefore called *symptom-focused strategies*. Behavioral and cognitive-behavioral strategies in psychology are often valuable tools in helping people function more effectively and responsibly. I discuss symptom-focused strategies for working with Jake later in the chapter.

Structural or substantive. Another tradition emphasizes the ontological nature of the imago Dei. There is something about being human that is fundamentally different from being a cat or a gopher or a deer. Most often philosophers and theologians emphasize our human capacity to be rational and to make moral choices. It would do little good for a cat to become convicted about eating food from the dog's food bowl and try to make a change in behavior, because cats lack the rational and moral capacity to do such a thing. But Jake, made in God's image, can make deliberate changes in his life if he chooses to do so.

More than just having rational and moral capacity, we humans actively make meaning of our lives. We each tell our story even as we live it. Only humans reminisce about childhood days, set goals for the future, place their faith in a divine being and anticipate their own death. How we make meaning in life has both spiritual and psychological implications.

Jake is living out a particular story, no doubt influenced by past trauma. In counseling, it will be important to explore how he tells the story of his life, with the goal of helping him restructure his story into one with deeper faith experiences, more hope for the future and healthier relationships. Because structural interventions in integrative psychotherapy (McMinn & Campbell, 2007) consider the schemas (i.e., meaning-making structures) used by the client, they are called *schema-focused strategies*.

Relational. A relational view of the imago Dei is strikingly different from either the functional or structural view. With functional and structural views, a human individual carries the image of God—the image is contained within a person. But the relational view, which emerges out of others in the neo-orthodox movement, suggests that the image is not contained in an individual, but in relationship. It's not so much that Jake carries the image, or that his counselor carries the image, but rather when Jake and his counselor interact, they reflect God's relational image.

The relational view of the imago Dei has clear implications for counseling. The intimate, caring, genuine, confiding, accepting nature of a counseling relationship reveals something of God's abiding, steady, loving presence with humanity. From this perspective, Jake will change not because of therapeutic techniques or strategies but because of his relationship with his counselor.

Atheological view of health. One might ask why I, a psychologist, suggest the theological notion of the imago Dei for understanding psychological health. Every theory in psychology asserts some state of health and unhealth, and it seems reasonable for Christians to look to biblical and theological wisdom for this. If brilliant Christian philosophers and theologians have mused over the imago Dei for all these centuries, then we ought to pay attention to what they have to offer. My assumption is that God is bigger than every human system, including functional, structural and relational views of the imago Dei, but that these formulations of God's image reflect our best Christian efforts to know what a fully functioning human looks like. So in the counseling office, as I attempt to help people come to a place of well-being, I ought to pay attention to what our Christian tradition has to offer in defining health. Many of the treatment methods I use come from psychology, and I find the *DSM* a useful way to communicate with other professionals who may not share my faith beliefs, but I believe the essence of health is best understood from this theological vantage point.

It is interesting to see that psychology also has functional, structural and relational perspectives on treatment. This does not surprise me because one does not need to profess Christianity to discover parts of God's truth.

The process of addressing functional, structural and relational issues. Initial efforts in counseling with Jake should be functional, symptom-focused strategies. Like most clients, Jake came with particular problems he wants to have addressed. He is concerned about his class performance, fitting in at college and perhaps about feelings of depression. I am concerned about trauma and patterns of substance use, though it is not clear if Jake is concerned about this or not. These are all functional concerns, and will be the primary focus early in treatment.

Beyond these functional issues, pressing structural issues call for schema-focused methods if Jake persists long enough. How does he tell his story—where he has been, and where he is going? Although we do not yet know much about Jake's schemas (his ways of understanding and making meaning of life), it seems likely that he feels quite alone and isolated. Imagine a 10-year-old wandering through the house after a day at school, looking for his father, and then seeing the horrifying sight of his father dead on the bathroom floor, blood streaming from his mouth and nose. At that moment, Jake must have felt profoundly alone, left to survive in a

complex world without substantial connection with other family members. It is telling that his mother left Jake alone and let him make his own decisions after his father's death. She was probably traumatized herself and didn't know how to handle a rambunctious 10-year-old son, but her aloofness no doubt contributed to Jake's feeling isolated in a complicated and unpredictable world. In high school he made connections through partying, and he had at least one meaningful relationship with his friend, Missy, but that relationship has now disappeared, and Jake has not even met the child that he may have fathered. Even his understanding of God seems to presume that God is distant and uncaring, evidenced in his mind by God's not giving Jake the life he wants.

Jake may not want to talk about his schemas in the early parts of counseling, both because it requires a good deal of trust to be this vulnerable with his counselor, and because he may not be fully aware of his underlying schemas. It will take time, trust and an effective counselor for Jake to open up to these structural issues in counseling. Sometimes clients start feeling better after the functional issues are addressed, and then they stop coming to sessions. Jake will be prone to do this because he is quite alone in the world, and it will be hard for him to trust another person with the experiences and perceptions that make him feel most vulnerable. If the counselor is able to engage Jake beyond the first few sessions of counseling, then they are likely to move into this structural realm of intervention.

The relational domain of intervention needs to be considered throughout the entire treatment process. Jake is likely to participate in relational patterns that occur time and time again, known as Cyclical Maladaptive Patterns (Levenson, 1995). These patterns may occur without Jake's conscious awareness. As with the structural domain, this will require some good clinical perception on the part of the counselor to figure out what these relational patterns are, and then to engage in a relationship that forces Jake out of his typical cycle. We do not know enough to be certain about his relational patterns, but I suspect that he has a knack for disengaging, or even pushing people away, when he starts to feel vulnerably close. Jake's father was gone or emotionally absent at first, and then dead. His mother was aloof, especially after Jake's father died. Jake longed for intimacy, but ended up feeling abandoned. However painful this felt, it became familiar for Jake, and now he may avoid the fear of abandonment by keeping people at a distance.

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When he had an intimate relationship in high school, he risked his relationship with Missy—and eventually sabotaged it—by leading a duplicitous life. His relationship with his bunkmate in the Army is not clear, but it will be important to see what sort of relational dynamics occurred there. Do his inaccurate flashbacks of his buddy being in the helicopter have something to do with fears of his friend abandoning him too? Even his relationship with Cheryl, his first counselor, seems to fit this same pattern. Cheryl seemed happy providing counseling for him when she thought Jake would just be another case of the college blues, but soon Jake started making unrealistic requests (e.g., his request for Cheryl to contact Missy's family) and revealing what a difficult client he could be (e.g., substance abuse, a thinly veiled suicidal threat, allegations of sexual inappropriateness with a college woman). Shortly thereafter, Cheryl had a shift in responsibilities, abandoning Jake again. Jake's next counselor needs to recognize the relational dynamics at play and remain available to Jake throughout the entire course of counseling.

Treatment Plan and Techniques

Treatment relationship. Whatever treatment plan is used with Jake, it is important in working with him to first emphasize the role of empathy, genuineness and positive regard. Most psychotherapists and counselors no longer perceive these to be sufficient for effective counseling, as Carl Rogers (1957) did, but they are necessary. Jake has some behavioral and cognitive patterns that might easily annoy a counselor, such as downplaying his substance abuse problems, not taking full responsibility for his moral shortcomings, making derogatory and unfair comments about God, and so on. Is the counselor able to overcome these annoyances and genuinely like and care about Jake? If not, counseling is not likely to be successful. Romans 15:7 reads, "So accept each other just as Christ has accepted you; then God will be glorified" (NLT). This is our mandate as Christians, and even if none of us is fully able to accept another as thoroughly as Christ has accepted us, counseling is not effective if we do not aspire toward this goal.

Functional perspectives. As mentioned earlier, the treatment plan should begin with Jake's functional concerns. He initially came for help because of troubles completing his class assignments. Some combination of behavioral

bridges between past and present relational patterns and works toward enhanced self-understanding in the process. Long-term therapy is unusual in a college counseling center context, and at least at first glance Jake does not appear to be introspective and insightful enough to be interested in long-term therapy. Still, it may be therapeutic for Jake to know up front that long-term counseling is available to him, because knowing this might help him relax his fears of abandonment from the counselor. It seems unlikely he will engage in long-term counseling, but just knowing it is available may help him do better in short- or moderate-term counseling.

It is wise to enter a maintenance phase in counseling before termination. If Jake is being seen weekly for most of the counseling, then he might be scheduled for every second or third week during the maintenance phase. After several maintenance sessions, it would be good to schedule a follow-up appointment in two or three months to see how he is doing.

It should also be noted that counseling is not the only option for Jake. Becoming involved in a church-based support group, a campus ministry or a mentoring relationship may be alternatives and/or adjuncts to counseling. There are various ways to grow emotionally and spiritually, with counseling being only one of them.

Conclusion

This approach to counseling and psychotherapy is described more fully in *Integrative Psychotherapy* (McMinn & Campbell, 2007) and demonstrated in a DVD published by the American Psychological Association (Carlson, 2006). As with any approach to counseling or psychotherapy, it requires graduate-level training and advanced supervision before a counselor should be considered qualified. Counseling can bring great hope and healing to a person's life, but it can also do substantial damage; therefore, it is important to receive excellent education and supervision prior to launching a counseling career.

I appreciate the case-oriented nature of this book, in part because it offers a practical glimpse into the work of Christian counselors and psychotherapists. Jake would be a challenging client, but his is a good case for this book because of the multifaceted nature of his presenting problems. Readers have opportunity to see different counseling approaches applied to clinical issues such as substance abuse, trauma, perceptions of God,

depression, suicide, childhood relationships and so on.

That said, I also find it difficult to describe my approach to counseling with any particular case, especially in a single chapter of a book. Counseling is art as well as science, and as art it takes many years to master. Several months ago I spent 10 minutes in silence with a client because words simply seemed cheap amid the depth of pain he was experiencing. Those 10 minutes became pivotal in therapy, as he settled into a place of safety with me, knowing that I wasn't going to trivialize his pain or imply that I could fix him with five new principles for living. Even as an experienced writer, I'm not sure such a counseling experience could be captured in a book chapter or a book or even a series of books. Some things that happen in the counseling office defy theoretical description. They come from the movement of the Holy Spirit, stirring in the lives of counselor and client. May all our theories and book chapters and musings about what makes counseling work always leave room for the work of the Spirit.

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