

CHRISTIAN VOL. 25 NO. 3
counseling
TODAY

**Millennials are Reshaping
America's Future in Real-time**
George Barna

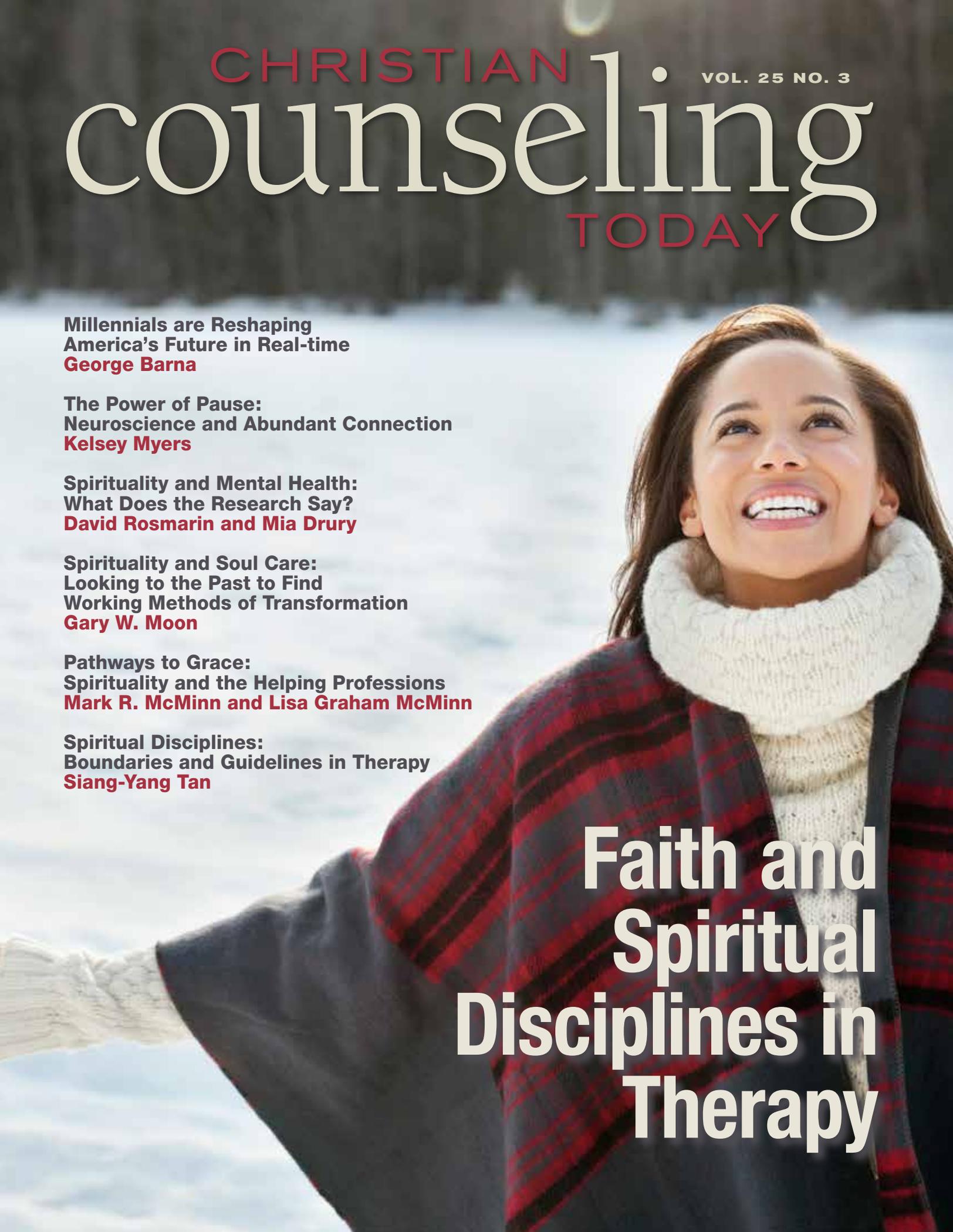
**The Power of Pause:
Neuroscience and Abundant Connection**
Kelsey Myers

**Spirituality and Mental Health:
What Does the Research Say?**
David Rosmarin and Mia Drury

**Spirituality and Soul Care:
Looking to the Past to Find
Working Methods of Transformation**
Gary W. Moon

**Pathways to Grace:
Spirituality and the Helping Professions**
Mark R. McMinn and Lisa Graham McMinn

**Spiritual Disciplines:
Boundaries and Guidelines in Therapy**
Siang-Yang Tan



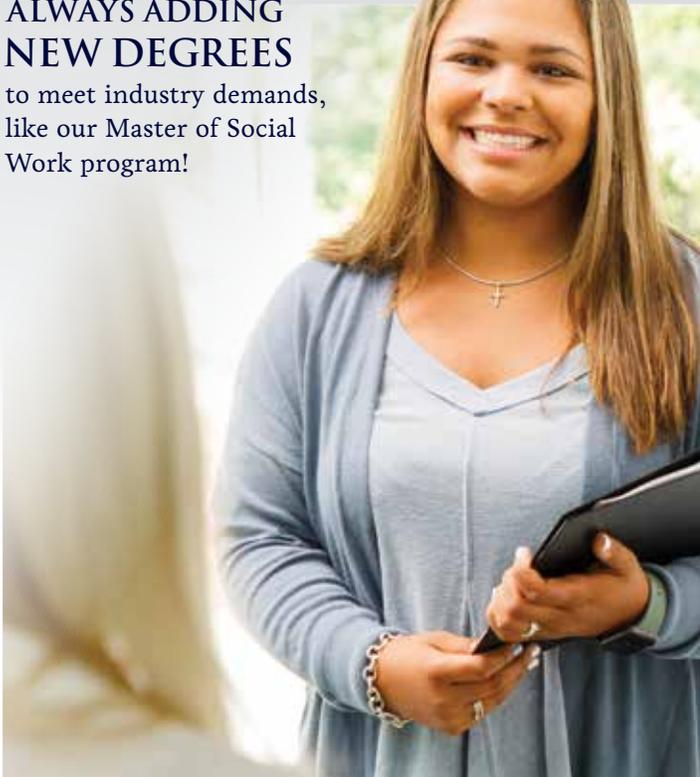
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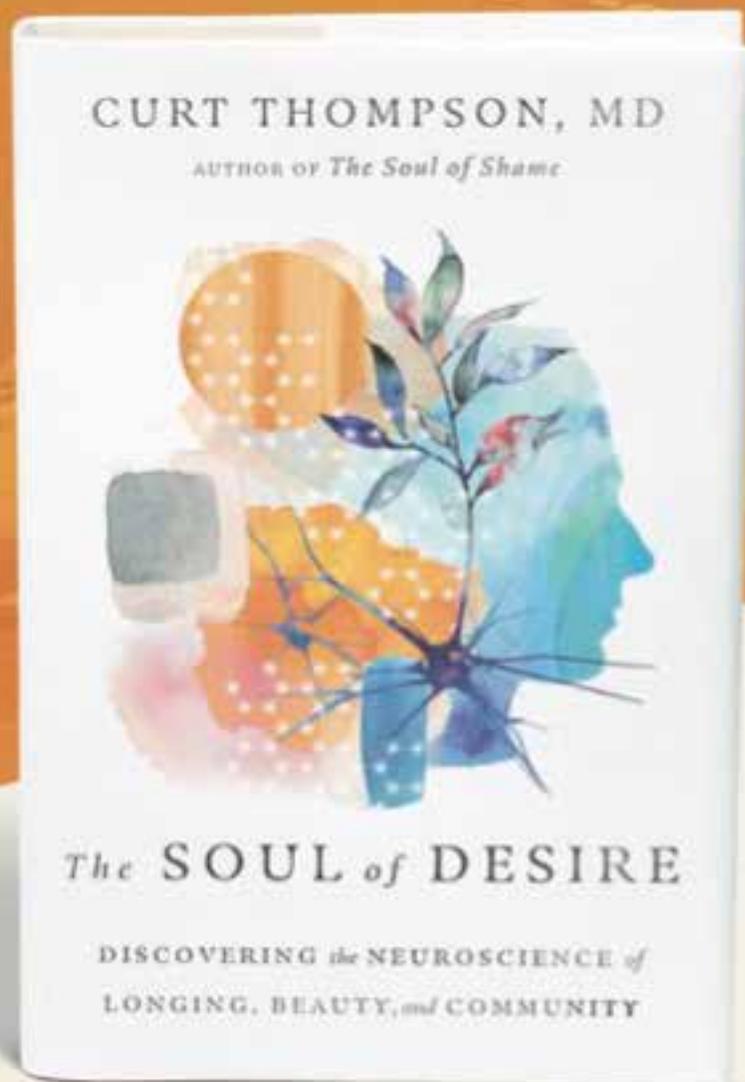


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—SIANG-YANG TAN,
senior professor of clinical psychology at Fuller Theological Seminary



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CURT THOMPSON is a board-certified psychiatrist and the founder of Being Known, an organization that develops resources for hope and healing at the intersection of neuroscience and Christian spiritual formation. He is also the author of *The Soul of Shame* and *Anatomy of the Soul*.

Connect with Curt at curtthompsonmd.com.

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30 Spirituality and Soul Care: Looking to the Past to Find Working Methods of Transformation by Gary W. Moon. Licensed psychologist, author, and Director of the Martin Family Institute and Dallas Willard Center for Christian Spiritual Formation at Westmont College, Gary Moon, eloquently explains the struggles Christians encounter with authentic spiritual transformation and how choosing to consider, claim, and integrate what could not be seen or measured from the past as reality is the key to achieving radical change today.

36 ACT for Christian Clients in Counseling and Psychotherapy: A Faith-based Approach to Living a Life of Purpose in a Fallen World by Joshua Knabb. The unavoidable pain of life can be frequent and enduring. Joshua Knabb, a psychotherapist, professor, researcher, and author, conveys how traditional acceptance and commitment therapy (ACT) may offer a more realistic response to the inevitability of psychological pain by helping those with recurrent emotional symptoms and disorders learn to embrace life again.

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George Barna is a professor and the Director of Research at the Cultural Research Center at Arizona Christian University in Glendale, Arizona. Some of his most recent research can be found in his newly-released book, *The American Worldview Inventory 2021*, and the current report, *Millennials in America*.

Tim Clinton, Ed.D., LPC, LMFT, BCPCCC, is president of AACC, the largest and most diverse Christian counseling association in the world. Dr. Clinton also serves as the Executive Director of the Liberty University Global Center for Mental Health, Addiction, and Recovery. He is the co-host of "Dr. James Dobson's Family Talk," heard daily on nearly 1,400 radio outlets. Licensed as a Professional Counselor and Marriage and Family Therapist, Dr. Clinton is recognized as a world leader in mental health and relationship issues and spends much of his time working with Christian leaders and professional athletes. He has authored or edited nearly 30 books, including his latest, *Focus on the Future: Your Family, Your Faith, and Your Voice Matter Now More than Ever*. Dr. Clinton and his wife, Julie, have two children and a granddaughter.

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Fernando Garzon, Psy.D., is a professor at Regent University in the School of Psychology and Counseling. His research interests focus on investigating spiritual interventions in therapy, multicultural issues, and evaluating psychologist/counselor education practices in spirituality. Dr. Garzon's professional experiences include being in private practice as a clinical psychologist, serving as an associate pastor for a Latino church, and fulfilling a role in pastoral care ministry.

Ron Hawkins, Ed.D., D.Min., is the former Chief Academic Officer and Provost at Liberty University. He is a Licensed Professional Counselor in Virginia, author, and frequent presenter at regional and national conferences for the American Association of Christian Counselors, where he currently serves as the chair of the Executive Board. Dr. Hawkins also contributes to multiple publications.

Gregory L. Jantz, Ph.D., is the founder of The Center • A Place of HOPE, a healthcare facility in Edmonds, Washington, which emphasizes whole-person care, addressing the emotional, relational, physical, and spiritual aspects of recovery. He is the best-selling author of multiple books and a sought-after speaker in person, on television, and radio.

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Diane M. Langberg, Ph.D., is globally recognized for her 47 years of clinical work with trauma victims, having trained caregivers on six continents. She directs a group practice in Jenkintown, Pennsylvania, and her most recent book is *Redeeming Power: Understanding Authority and Abuse in the Church*.

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Jeanneane Maxon, J.D., Esq., has 11 years of executive level, non-profit leadership. She is an attorney and nationally-recognized speaker. Jeanneane formerly served as the Vice President of External Affairs and Corporate Counsel for Americans United for Life and as the General Counsel of Care Net. She has a Bachelor of Science in Political Science and History from Westminster College and a law degree from Boston University School of Law.

Lisa Graham McMinn, Ph.D., is a writer-in-residence at George Fox University, a spiritual director, sociologist, speaker, and author. She is currently collaborating on a book with her husband, Mark, exploring various pathways to grace. Lisa and Mark live on a small farm in rural Oregon.

Mark R. McMinn, Ph.D., is professor emeritus and scholar-in-residence at George Fox University. He is a licensed psychologist in Oregon, a fellow and former president of APA's Division 36, Society for the Psychology of Religion and Spirituality, and author of various trade books, professional books, journal articles, and book chapters.

Gary W. Moon, M.Div., Ph.D., is the Executive Director of the Martin Family Institute for Christianity and Culture and the Dallas Willard Center for Christian Spiritual Formation at Westmont College. He founded, with David G. Benner and Larry Crabb, *Conversations Journal*; directs the Renovaré Institute for Christian Spiritual Formation; and has authored several books.

Kelsey Myers, LMFT, has been in private practice at Curt Thompson, M.D. and Associates for the past 10 years. She is passionate about employing the concepts of interpersonal neurobiology and Christian spiritual formation in her work with groups, families, and individuals.

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Siang-Yang Tan, Ph.D., is Senior Professor of Clinical Psychology at Fuller Theological Seminary in Pasadena, California, and Senior Pastor Emeritus at First Evangelical Church in Glendale, California. He is also a licensed psychologist, ordained pastor, and Fellow of the American Psychological Association. Dr. Tan serves as Spiritual Director of the American Association of Christian Counselors.

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CHRISTIAN counseling TODAY

Christian Counseling Today is published by
the American Association of Christian Counselors, Inc.

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VP OF PUBLICATIONS/EDITOR-IN-CHIEF: Mark Camper
GRAPHIC ARTIST: Amy Cole
ADVERTISING DIRECTOR: Keisha Queen

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Christian Counseling Today is published quarterly (Winter, Spring, Summer, Fall). Individual, church, and institutional subscriptions to Christian Counseling Today are available at the annual rate of \$35 (pre-paid with U.S. funds, add 25% outside the U.S.A.).

Unsolicited manuscripts are not accepted and will not be returned.

Editorial Offices: AACC Editorial Office, P.O. Box 739, Forest, VA 24551, 1.800.526.8673. Postmaster: Send address changes to AACC Member Services, P.O. Box 739, Forest, VA 24551, 1.800.526.8673. Copyright 2017 by AACC, Inc. All rights reserved. ISSN #1076-9668





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Dr. Gary Collins: A Pioneer in Mental Health and Faith

In Memoriam

Dr. Gary R. Collins

OCTOBER 22, 1934 – DECEMBER 13, 2021



On December 13, 2021, Dr. Gary R. Collins went home to be with the Lord. Gary was the founding editor of *Christian Counseling Today* magazine and the first President of the American Association of Christian Counselors. I thought it was only appropriate and imperative to share what the AACC posted about Dr. Collins after his passing and dedicate this excellent issue of *CCT* on Faith and Spiritual Disciplines in Therapy to Gary.

With heavy hearts, we share the

news that pioneering Christian counselor, coach, educator, author, and former President of the American Association of Christian Counselors, Dr. Gary Collins, passed away this morning, December 13, 2021. “Filled with contagious energy, Gary loved the Lord, his family, investing in young leaders, and influencing the Christian counseling and coaching movement around the world. Only heaven will record the amazing work of the Lord in and through his life and ministry. I am eternally grateful for his contribution to my personal

and professional life. Please join us in prayer for his family, friends, and colleagues who will sorely miss him,” said Dr. Tim Clinton, President of the AACC.

Gary R. Collins was a licensed clinical psychologist with a Ph.D. in clinical psychology from Purdue University. He earned a Professional Certified Coach (PCC) credential from the International Coach Federation and is the author of numerous articles and nearly 60 published books, including *Christian Coaching*, *Christian Counseling:*

For if we believe that Jesus died and rose again,
even so God will bring with Him those who sleep in Jesus.

1 Thessalonians 4:14 (NKJV)

A Comprehensive Guide, How to be a People Helper, The Biblical Basis of Christian Counseling, and Christian Coaching: Helping Others Turn Potential into Reality. Gary was general editor of the 30-volume *Resources for Christian Counseling* series of professional counseling books primarily published in the 1980s, the Word Christian Counseling Library of cassette tapes, and the 12-volume *Contemporary Christian Counseling* series of books that appeared in the early 1990s.

In 1991, Dr. Gary Collins assumed responsibility for co-leading the fledgling American Association of Christian Counselors. In the seven years that followed, Gary was AACC Executive Director and later the organization's first President. During that time, AACC grew from about 700 paid members to more than 15,000. In addition to these duties, Gary founded *Christian Counseling Today*, the official AACC magazine he edited for several years. In October 1998, Gary resigned from his responsibilities with AACC to devote more time to developing Christian counseling and Christian coaching worldwide.

Growing up in Canada, Gary graduated from McMaster University in Hamilton, Ontario, and the University of Toronto before assuming a year of study at the University of London. His first teaching opportunity took place overseas as he taught courses for the University of Maryland in Germany and England. Gary spent several years in the Royal Canadian Navy Reserve before moving

to the United States to study clinical psychology at Purdue University. He completed his clinical psychology internship at the University of Oregon Medical School Hospitals in Portland and subsequently enrolled at Western Seminary for a year of theological study. At Western, he met his wife, Julie. They were married in 1964 and moved to Minnesota, where Gary taught psychology at Bethel College in St. Paul. Their two daughters, Lynn and Jan, were born in Minnesota. After a year on the Conwell School of Theology faculty in Philadelphia, the Collins family moved to Illinois, where Gary taught psychology and counseling at Trinity Evangelical Divinity School. For much of that time, he was department chairman.

In addition to his other responsibilities, Gary recently held a position as Distinguished Professor of Leadership and Counseling at Richmond Graduate University (formerly The Psychological Studies Institute) in Atlanta and Chattanooga. In addition, he served for several years (until 2015) as Distinguished Visiting Professor in the School of Psychology and Counseling at Regent University in Virginia, where he consulted with the faculty and taught accredited, online courses in coaching for master's and doctoral (Psy.D. and Ph.D.) level students. Gary accepted invitations to speak in more than 50 countries, where he presented lectures and led workshops on Christian counseling, leadership, and Christian coaching. Additionally, he had

a small coaching practice, wrote a people builder newsletter/blog, and mentored many young, emergent leaders.

Gary was a committed follower of Jesus and regularly participated in The Chapel Palatine in Illinois. He is survived by his two daughters, his son-in-law, and two grandsons.

What an amazing gift he was to us all. Only heaven will tell the fruit of his devoted service to the Lord and those in need of help, hope, and encouragement. May all those who come behind us find us as dedicated and faithful. ✝



TIM CLINTON, ED.D., LPC, LMFT, BCPCC, is president of AACC, the largest and most diverse Christian counseling association in the world. Dr.

Clinton also serves as the Executive Director of the Liberty University Global Center for Mental Health, Addiction, and Recovery. He is the co-host of "Dr. James Dobson's Family Talk," heard on nearly 1,400 radio outlets daily. Licensed as a Professional Counselor and Marriage and Family Therapist, Dr. Clinton is recognized as a world leader in mental health and relationship issues and spends much of his time working with Christian leaders and professional athletes. He has authored or edited nearly 30 books, including his latest, *Focus on the Future: Your Family, Your Faith, and Your Voice Matter Now More than Ever*. Dr. Clinton and his wife, Julie, have two children and a granddaughter.



Millennials are Reshaping America's Future in Real-time



Trend watchers recognize the dramatic influence of young adults, no matter which generation they represent. Baby Boomers broke traditions at a record-setting pace, ranging from music, dress, and language to political action, religious behavior, and economic goals. Although Baby Busters (a.k.a. Gen X) were overwhelmed by the audacity and sheer size of their predecessors, they, too, introduced new ideas into the marketplace of philosophies, morals, and behavior. (Think MTV, blogging, surfing the net, the significance of branding, and skepticism.) Now Millennials are creating the world they envision, whether the rest of us like it or not. They are challenging everything from the foundations of our political and economic systems to the roles of technology, faith, and family.

As we consider trends and lifestyle changes related to faith in America today, Millennials are the adult generation that merits the closest scrutiny. Based on two major studies we recently completed (the *American Worldview Inventory 2021* and *Millennials in America: New Insights into the Generation of Growing Influence*), we can track the trajectory and impact of the nation's faith.

Worldview Realities

The most significant finding of all is that just 4% of Millennials have a biblical worldview. In fact, among the latter portion of the generation (i.e., those 18 to 24), only 2% have a biblical worldview. This discovery is part of the larger national trend in which the incidence of biblical worldview possession has declined by 50% over the past 25 years.

Very few Millennials have fully embraced alternative worldviews, such as Marxism, secular humanism, postmodernism, or others—less than 3% for any of them. More commonly, Millennials (like older adults) are syncretistic, choosing an eclectic, personalized blend of ideas and principles from various competing worldviews. Overall, nine out of 10 young adults live according to such a mash-up of philosophically inconsistent perspectives.

Although six out of 10 Millennials still call themselves Christian, they treat that label as a reflection of being a “good

person” more than a Christ-follower. Just 19% say they will go to heaven after dying solely because they confessed their sins and accepted Jesus Christ as their Savior. Three times as many (56%) believe that if people are good enough during their time on earth, they will spend eternity in heaven.

Given that we tend to do what we believe, it is important to recognize other patterns in religious belief advanced by Millennials. Among them are the fact that just one-third believe in God as the “all-powerful, all-knowing, perfect and just creator” who rules over the universe today. In fact, the largest and fastest-growing faith segment is the Don'ts (i.e., people who do not know if God exists, do not care if He exists, or do not believe that He exists). They constitute 43% of the generation.

Just three out of every 10 young adults contend the Bible is trustworthy and relevant, and the same proportion believes that God is the basis of truth. A mere one-third says that absolute, objective moral truth exists.

GEORGE BARNA



To be fair, no prior generation has had such an extensive array of personal threats to their well-being. Millennials have faced terrorism, racial discrimination, economic chaos, political turbulence, wars, droughts, killer hurricanes, cyber-bullying, digital identity theft, random school shootings, and pandemics, to name a few.

Underlying Contributions

What has led Millennials to this place? There appear to be many contributing experiences and perspectives, but the decline in religious activity is part of that equation.

Just four out of 10 Millennials attend religious services each month. Less than half of them commit to knowing and doing God's will or engage in worshiping God apart from a religious service during a typical week. Just four out of 10 seek God's forgiveness for their sins in a typical week. One-third read the Bible during the week. All of these statistics are the lowest levels recorded for any generation.

It bears noting that most Millennials were raised in homes where religious development was not a regular, conscious, and planned activity undertaken by their parents. Given our discovery that a worldview begins developing at 15-to-18 months of age and is usually fully formed by age 13 (although often tested, refined, and reshaped through one's mid-20s), the impact of the absence of direct and consistent parental influence in cultivating a biblical worldview within their children is evident.

Transition Implications

The reshaping of the generation's religious reality is taking a toll on young adults. As some parents warn their children, "Choices have consequences." What are the results of having raised Millennials without God, Jesus Christ, and biblical truth at the center of their lives?

Would you ever have expected 75% of an entire adult generation to claim that they are still searching for their purpose in life? That describes Millennials today. Did you think you would live to see the day when most of an adult generation admits to frequently struggling with anxiety, depression, and fear? Today is that day for 54% of Millennials.

To be fair, no prior generation has had such an extensive array of personal threats to their well-being. Millennials have faced terrorism, racial discrimination, economic chaos, political turbulence, wars, droughts, killer hurricanes, cyber-bullying, digital identity theft, random school shootings, and pandemics, to name a few. Social media drama, alone, cripples many young adults. Perhaps this blistering accumulation of daily challenges explains why most Millennials believe that the primary goal of life is simply to be happy. Sadly, our studies indicate that few of them understand the distinction between worldly happiness and biblical joy.

It also bears noting that frequent anxiety, depression, and fear are logical extensions of their worldview rather than comfort, peace, and joy. Their experience seems like a predictable outcome for people who do not believe that a caring and engaged supernatural being is in control of world events; that there is forgiveness for one's transgressions; that there are rules by which the universe operates; that the chief indicator of success is obedience to God; or that there is any hope beyond the grave. When life is defined as a series of random, mechanical, and dispassionate outcomes, perhaps the only sane response *is* regular bouts of anxiety, depression, and fear.

These days, skepticism and distrust are normal. A minority of Millennials are very satisfied with their closest relationships. Only one-quarter of them say they can always or almost always trust Christian pastors to say or do what is right. There were no cultural leaders tested whom a majority of this generation trusts.

A mere one-fourth of young adults believe life is sacred. Add that to the litany of other outlooks they possess, and it is no wonder two-thirds believe in sex outside of marriage. Additionally, the majority identifies instances when they justify lying, stealing, and cheating as morally acceptable behavior. And the widely-circulated myth of Millennials being the most pro-life generation is just that... a myth. Their rejection of the inherent value of human life, or that everyone deserves respect and dignity, is supplanted by their demand to make unchallenged choices in every aspect of their lives.

Family is being redefined as a group of people who care for each other. Taking a cue from Marxism, traditional marriage is less highly-esteemed than more fluid relational arrangements. Children are no longer a desirable addition to one's experience. Pets, for millions of young adults, are deemed to be capable, permanent substitutes for offspring.

Other values are also being reconsidered. For instance, the notions of diligence and excellence on the job are old school. The new work ethic values production and the social value of the tasks performed rather than the number of hours worked or commitment to company advancement.

Millennials fervently advocate tolerance while displaying little of it in their own attitudes and actions.

New Foundations

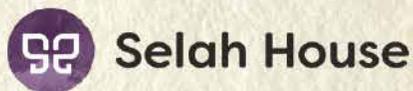
Indisputably, America has jettisoned many of its Christian and biblical foundations. The United States did not arrive at this new spiritual and moral frontier overnight; restoring a biblical framework to life and culture will not occur quickly, either. However, the importance of having a plan for re-establishing scriptural principles as the basis of life decisions, heavily investing in that plan, and executing it with wisdom and perseverance is of the utmost importance to millions of lives and the continued existence of this nation as we have known it. ✦



GEORGE BARNA is a professor and the Director of Research at the Cultural Research Center at Arizona Christian University in Glendale, Arizona. The data referred to in this article are based upon research described in his newly-released book, *The American Worldview*

Inventory 2021, and the recent report, *Millennials in America*, from the Cultural Research Center at Arizona Christian University.

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THE POWER OF PAUSE:

NEUROSCIENCE AND ABUNDANT CONNECTION



I walked in from the gym to the usual flurry of bodies, backpacks, and toaster waffles. It was about 7:30 a.m., and as I surveyed my entry point into the chaos, I noticed my husband across the room. He was somewhat slumped over a pile of dishes he was working lethargically to shrink. As the children darted from place to place, collecting lunchboxes and practicing ninja moves, I could see he was actively working to manage some sort of emotion. As I made my way across the room, I considered how he had, for months now, generously supported my gym schedule and taken the early morning shift, which always seemed to start “too soon” no matter how much sleep we had gotten. Today, it was clear that “too soon” was a bit of an understatement. I caught his eye, offered some non-verbal empathy, and handed him a towel. Then I hugged him. We spent the next few minutes battling away small humans as we connected with some really deep breaths.

This moment of attuned connection was a full week in the making. For days prior, we had regularly missed each other’s needs and feelings. Whereas I openly criticized my husband’s poor sleep hygiene, he plainly avoided my exhaustion on mornings very similar to what was just described. We already had our standard heated argument about who was working harder, was more tired, received less sleep, washed more dishes, and folded more laundry. Scorecards were tallied and disputed. Much like the children to whom we served the toaster waffles, we deeply craved reassurance, safety, and validation but lacked the presence and centering on articulating those needs... with good reason.

Every single human being comes into this world with a need and dependence on others for survival. In the words of Dr. Curt Thompson, “... we come into the world looking for someone looking for us, and we never stop.” We call this attachment, and it not only means that we are designed for connection but also that we long to be fully known by those with whom we are in relationship.¹ This longing to be known begins with our original attachment figures—caregivers, parents, guardians—and later

extends to siblings, teachers, friends, coaches, mentors, bosses, etc. For better or worse, these early attachment figures deeply influence the neural networks we form as infants.² As we get older, many of us will choose monogamous partners or close, dedicated friendships. These relationships often reveal unresolved wounds we have carried in our brains and bodies from those early attachment bonds. Along with the partnerships and friendships we form later in life, those who choose to follow Jesus also tend to work these early attachment patterns into our spiritual journeys.

In John 10, we hear Jesus describing himself as “the good shepherd.” He refers to the relationship He has with His sheep as one of mutual knowing. In this passage, the Greek word for “know” is *ginōskō*, an active verb that means “to understand.” The same verb is used in the Jewish idiom describing sexual intercourse between a man and a woman. Here, Jesus is not merely referring to a logical, left-brained knowing *about* His sheep; He indicates a profoundly personal and intimate knowing *of* His sheep, along with their intimate knowing of Him, their shepherd.

KELSEY MYERS

In attachment language, we would say that Jesus is the perfect attachment figure; however, that does not mean our relationship with Him will be void of rupture. As we navigate a relationship with a good and loving God, we will still frequently project our deepest hurts from our earthly relationships onto Him. In the same passage, Jesus indicates His willingness to lay down His very life for our abundance as His followers. The problem is, if I, as an individual, have no context for “abundance” and self-sacrifice from a caregiver due to early attachment wounds, how could I possibly register Jesus’ sacrifice as love? Why should I believe that His so-called “love” and sacrifice are not yet another setup for rejection or abandonment?

Over the past 18 years, in both my personal and professional life as a clinician, I have greatly benefited from the wisdom of many psychologists, physicians, and neuroscientists, such as Drs. Sue Johnson, Dan Siegel, and James Coan. In their respective specialties, they have each worked to demonstrate the ways our brains and bodies have the power and design necessary for meaningful change and transformation. These pioneers have established models, paradigms, and bodies of research that give us reason to hold hope for a healthy and integrated relational future, no matter our history.

Dr. Johnson’s work over the past 30 years has provided us with Emotion Focused Therapy, which utilizes the fundamentals of attachment patterns to inform how we might create lasting change for couples with a variety of early childhood experiences and trauma histories. Her work highlights our dependency on one another for basic safety and nurturing and guides us through the process of having “bonding conversations.” As therapists, this approach allows us to model secure attachment patterns that have the capacity to change the trajectory of relational functioning.³ For those with little to no experience with what secure attachment looks and feels like, clinicians become tangible guides with our nurturing presence.

When considering the neuroscience behind attachment, Dr. Dan Siegel provides accessible language and pathways to help clinicians and clients more fully comprehend the role of the brain and body in forming and maintaining relationships. In his work with psychotherapist and author, Dr. Tina Payne Bryson, attachment from birth to death is presented via the “Four S’s”—seen, soothed, safe, and secure.⁴ These Four S’s highlight both the ways our minds and bodies organize themselves around basic attachment needs, as well as the resilience we display in employing both adaptive or maladaptive thoughts and behaviors to assure those needs are met. Basic education on the Four S’s can validate and normalize the experiences our clients hold. The emphasis on neuroplasticity and strategies for effective rewiring and change are crucial to us as clinicians who work to bring our clients to spaces of lasting relational functionality.

Finally, the ongoing endeavors of neuroscientist, Dr. James Coan, underscores the efforts of Drs. Johnson and Siegel. His work has demonstrated the positive effects of physical touch and social connection on pain perception and affect regulation.⁵ This research proves that our need for connecting with trusted others has the capacity to change our very perception of reality. The work of Dr. Coan and the Virginia Affective Neuroscience Laboratory has led to exciting new avenues of discovery that continue to provide hope and understanding for those seeking to recognize and shift their relationship experiences. I have found that clients resonate deeply with the notion that securely attached handholding does not just “feel nice” but also has neurobiological benefits that can change their brains for the better.

As we navigate a relationship with a good and loving God, we will still frequently project our deepest hurts from our earthly relationships onto Him.



When we, along with our clients, begin to pay attention to the nuances of our engagement with one another, we can start to do the work of acknowledging the neurobiological impact of our early experiences. On that early morning with my partner, I had a choice—I could pay attention to the old narrative of scarcity that told me my husband’s energy deficit meant that I would be left alone to hold everything together... or I could pause long enough to breathe and engage the new story I wanted to tell. That story includes a partner consistently meeting my needs to be seen, soothed, safe, and secure. For so many of us, our past attachment patterns and stories have led us to believe that vulnerability is a threat. However, when we finally develop the practice of pausing and paying attention, we can do the difficult work of connecting. Through intentional decisions, we can rewire the way we connect with others and begin to create a better future for us all. As we do, we begin to imagine and experience the abundance Jesus describes in John 10.

I would be hard-pressed to identify anyone personally or professionally who always operates in that beautiful space of secure attachment and connection. We are constantly vacillating between our old neural networks, traumatized embodied memories, and the areas of intentionality for which we long. As we continue to practice increased awareness and “knowing” (or *ginōskō*) within ourselves and between one another, I pray we grant ourselves and our clients the grace to imperfectly practice what it means to live with the abundance Jesus so deeply desires on our behalf. May we grow in our tolerance for imperfection to have the opportunity to live in the seen, safe, secure, soothing abundance with one another and our good shepherd. ✕



KELSEY MYERS, LMFT, lives in Reston, Virginia. She has been in private practice at Curt Thompson, M.D. and Associates for the past 10 years. Kelsey is passionate about employing the concepts of interpersonal neurobiology and Christian spiritual formation in her work with groups, families, and individuals. Information about her speaking, writing, and consultation work can be found at www.integrateva.com.

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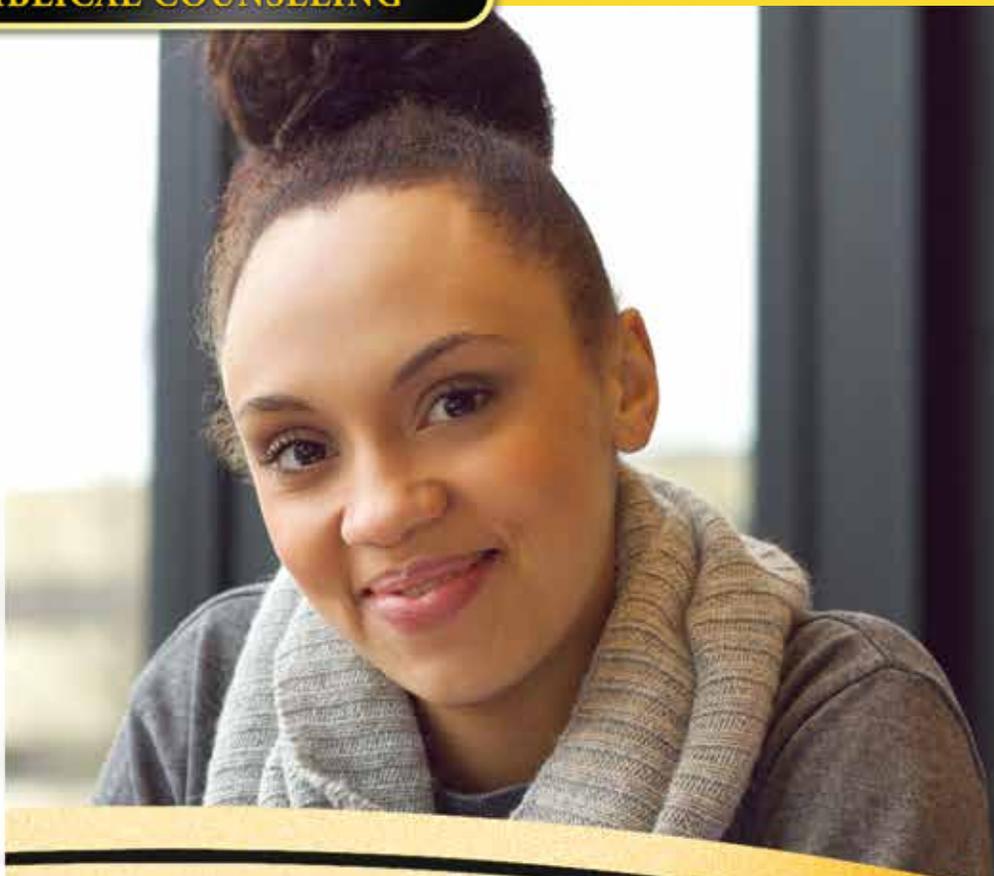
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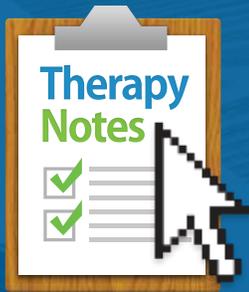
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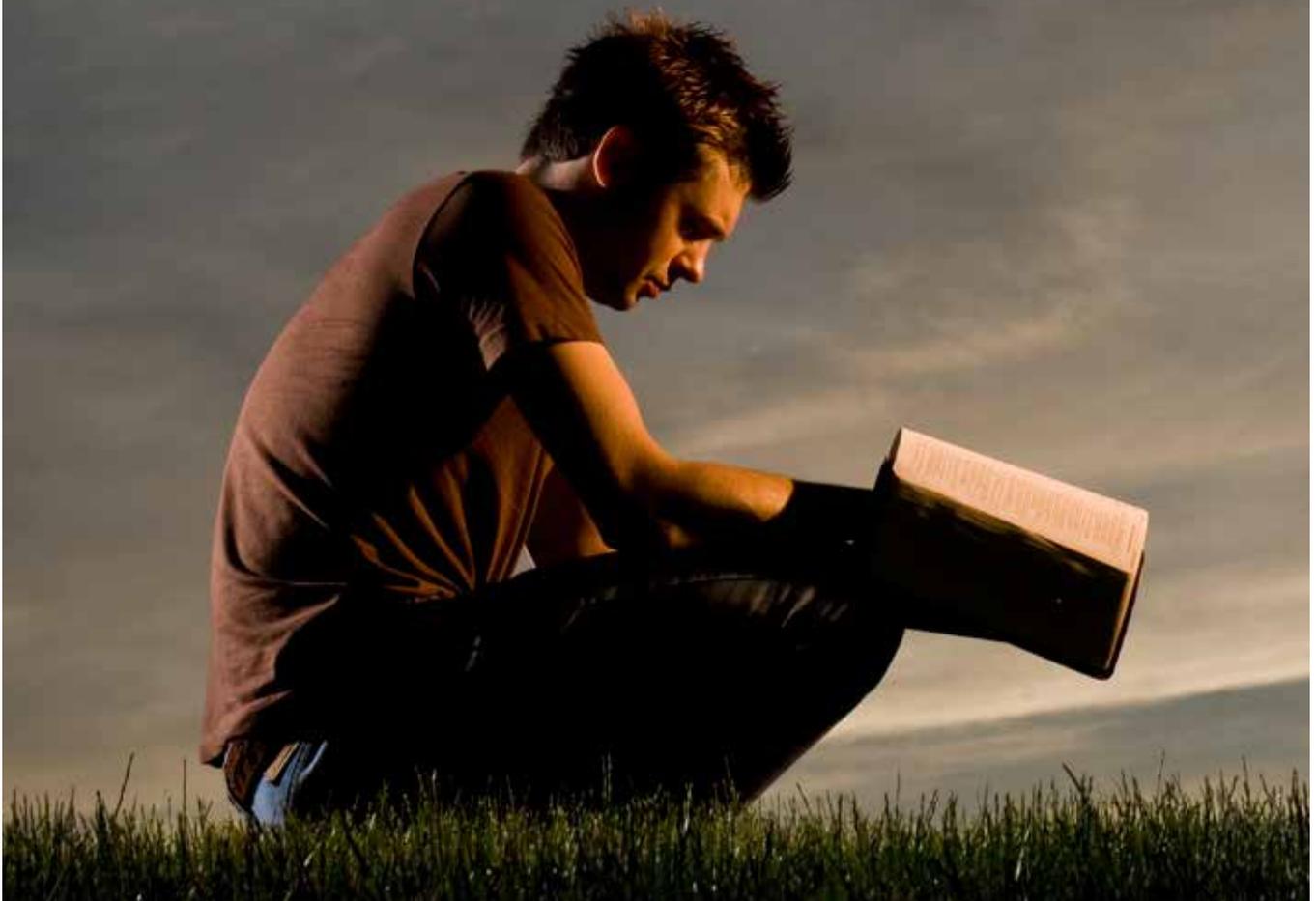
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Spirituality and Mental Health

WHAT DOES THE RESEARCH SAY?



Spirituality and religion are salient aspects of life and identity for the majority of Americans. Over three-quarters affiliate with a religious group, 77% report that religion is an important aspect of life, and around 70% of the U.S. population attends religious services and/or engages in prayer on a weekly basis.¹ Considering the sheer prevalence of these facets of human identity, it is no surprise that, when asked, most counseling clients express a desire to discuss spirituality and religion with their mental health treatment provider.^{2, 3}

However, many mental health professionals ignore their clients' spiritual and religious identities and experiences. Approximately one-fifth of mental health clinicians do not ask their patients at all about spirituality and religion.^{4, 5} In addition, only 30% of providers report feeling comfortable discussing spirituality and religion with patients,^{6, 7} and approximately one out of 10 psychiatrists takes active measures to exclude spirituality and religion from treatment, often against patient preferences.⁸ Perhaps for these reasons, the general public is 150% more likely to seek help from clergy than a mental health professional.⁹

Despite these bleak trends, there is hope on the horizon. Over the past three decades, a sizeable body of scientific research has emerged, documenting clear links between spirituality/religion and mental health. These data are shifting perspectives among mental health professionals and creating more openness on this topic. The current literature points to three main effects of spirituality on mental health: 1) spiritual resources (positive effects), 2) spiritual struggles (negative effects), and 3) spiritual symptoms.

Positive effects of spirituality have been most notable in the areas of depression, suicide, and substance use. With regard to depression, an overwhelming amount of the research literature indicates that greater levels of spiritual belief and practice predict reduced depressive symptoms.¹⁰ Spirituality may also serve as a protective factor against familial risk for depression—children of depressed parents who rate spirituality and religion as “highly important” have a 90% decreased risk for depression.¹¹ In addition, spirituality and religion may be associated with neurobiological markers that reduce the risk for depression, even in the context of those with familial risk.^{12, 13, 14} Spirituality and religion are also linked with lower rates of suicide.¹⁵ Among women, weekly religious service attendance is associated with a five-fold decrease in suicide compared to no attendance.¹⁶ Similarly, spirituality and religion also protect against both the incidence and severity of alcohol and substance use disorders,¹⁷ and these factors have also been shown to be beneficial in predicting sustained recovery from substance use disorders.¹⁸

DAVID H. ROSMARIN AND MIA DRURY

INTRAPERSONAL SPIRITUAL STRUGGLES MAY INVOLVE CONFLICT SURROUNDING ONE'S RELIGIOUS IDENTITY OR SPIRITUAL PURPOSE, EXISTENTIALIST VIEWS THAT LIFE LACKS INHERENT MEANING, OR A SENSE OF RELIGIOUS GUILT OR SHAME OVER SIN.

There are likely several mechanisms responsible for these positive effects. First, spiritual and religious beliefs can convey themes of hope, meaning, and purpose in life, thus engendering positive emotions such as gratitude, optimism, and inspiration. Second, many people utilize religion to cope with difficult life circumstances,¹⁹ which can make it easier to adjust to hardship. A third compelling reason is due to the effects of spirituality on reward processing. Regular spiritual/religious behavior can habituate individuals to delayed gratification and reward; thus, religion may enhance self-control. This influence can serve to reduce impulsivity since religion often involves remaining faithful or steadfast to a set of standards or principles, even in the absence of a fixed or immediate reward. This latter mechanism may have particular implications for suicide and substance abuse.²⁰

Despite these positive associations between spirituality and mental health, many individuals struggle with spirituality and religion, though these struggles occur less frequently than positive religious coping.²¹ Spiritual struggles are broadly defined as spiritual and religious beliefs, behaviors, and emotions that may contribute to the development or severity of clinically significant psychological distress.²² The presence of spiritual struggles, which include intra-personal, interpersonal, and divine struggles, can result in a range of adverse mental health treatment outcomes.²³ Intrapersonal spiritual struggles may involve conflict surrounding one's religious identity or spiritual purpose, existentialist views that life lacks inherent meaning, or a sense of religious guilt or shame over sin. Interpersonal spiritual struggles involve tension between individuals and their congregations, religious leaders, or spiritual or religious family and friends. Divine spiritual struggles are related to difficulty within an individual's relationship with a higher power. They may include questions of theodicy, belief in a punishing God, or belief that a destructive spiritual force (such as a demon) is responsible for harmful life events.

Spiritual struggles are robustly associated with more significant depression and anxiety, reducing well-being. Furthermore, struggles are known to have a substantial effect on suicidality, accounting for 46.24% of the variance in frequency of suicidal ideation and 37.2% of the variance in its intensity.²⁴ Thus, overall, spiritual struggles have the potential to influence an individual's mental health drastically.

Finally, individuals may experience spiritual symptoms, which occur when psychopathology takes on spiritual or religious themes. Spiritual symptoms may include hyper-religiosity in the context of manic episodes, religious psychotic delusions, or obsessive behaviors or thoughts with religious or moral themes. *It is important to note that spirituality and religion do not cause these symptoms.* Rather, research suggests that these symptoms are culture-bound manifestations of psychopathology.²⁵ Moreover, research indicates that religious involvement is *not* associated with greater prevalence or severity of these types of symptoms.²⁶

Based on all three of these known effects, providers should seek to incorporate spiritual and religious discussion with their patients who would benefit from the dialogue.²⁷ Counselors can promote positive spiritual and religious coping by encouraging the use of spiritual or religious resources. Clinicians must also listen to, and validate, spiritual and religious struggles rather than dismissing or pathologizing them. Furthermore, individuals suffering from spiritual and religious symptoms benefit from psychoeducation. Providers should counsel that patients' spirituality and religion do not cause such symptoms; rather, they occur within a spiritual or religious context. In sum, the relationships between spirituality and mental health are complex but represent important topics for providers to explore with a majority of their patients, as well as fertile areas for future research. ✕



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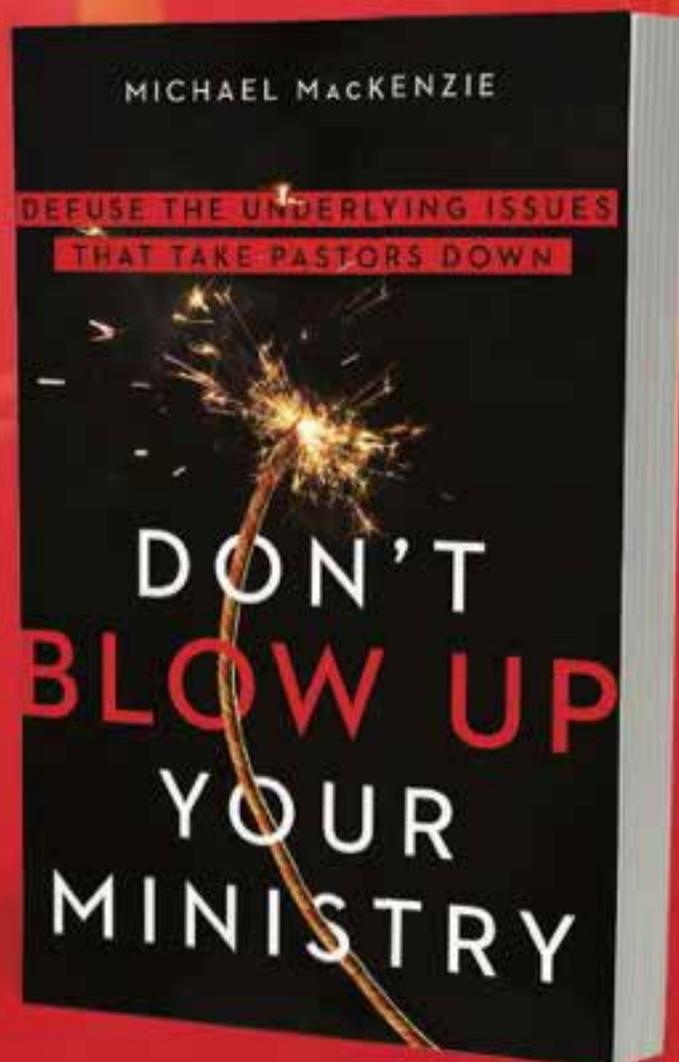
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SPIRITUALITY and SOUL CARE:



LOOKING TO THE PAST TO FIND WORKING METHODS OF TRANSFORMATION

Gandhi's words continue to haunt our Christian ideals. He took a close look at Christianity as practiced around him during his time in Great Britain and mused that if Christians lived according to their belief in the teachings of Jesus, "... we all would become Christians."¹

As prominent philosopher, Dallas Willard, so often pointed out, the problem of spiritual transformation among those who identify as Christians today is not that effective means of radical change are unavailable. The problem is that we do not actually intend to act on what we profess to believe. We see the pathway that leads to our personal cross, the death of our egoic operating system, and decide not to take it. We do not decide to do the things Jesus did and said, to believe our beliefs.²

Those words appear harsh, but we have seen that they ring true. We have observed that being in church every Sunday—even pastoring a church or pastoring pastors is no guarantee that we have taken and continue on the path that leads to authentic transformation. And if stepping into our beliefs was not enough of an obstacle, there are a couple of additional problems that have made things even more difficult. They are the two things that gave birth to the modern movement of integrating psychology and theology and much of the current interest in spiritual formation and direction. In our culture, we find ourselves swimming against the current if we actually believe in invisible things as here and now realities... and even more so if we seek an experience of these realities.

Reclaiming the Invisible Real

If you are reading this magazine, you are likely very interested in what has been called the integration movement—or the attempt at a re-integration of a Christian worldview with modern psychology. But why has there been so much energy for this ambitious enterprise?

Many say that modern psychology was born 142 years ago in the experimental laboratory of Wilhelm Wundt. So much has been gained over the recent decades, but something was also lost—something at the heart of Christian faith and practices. As modern psychology began to focus on the scientific study of behavior and the mind, this new discipline lost interest in matters that could not be seen and measured. Investigation of invisible things, like spirit and soul, God, and the environment of the Kingdom of the Heavens, was not done. These were simply not deemed to be real and, consequently, were irrelevant.

It took a while, but there began to be pushback from mental health professionals with religious beliefs. And this resistance became a movement that has grown to nearly 100 graduate degree tracks at institutions around the world, thousands of books, and more than a dozen periodicals that focus on, well, integration.

It is fascinating that these efforts seem to cluster together at the four corners of John Wesley's quadrilateral. Wesley, the leader of the Methodist movement in the late 18th century, believed that we truly know that we know something when there is an agreement across four areas: 1) Scripture, 2) tradition, 3) reason, and 4) spiritual experience. And it seems that integration efforts collect around these same four corners: 1) Biblical Counseling with its focus on Scripture, 2) Christian Psychology with its focus on tradition, 3) Levels of Explanation and the focus on reason, and 4) Transformational Psychology, which focuses on experience. Of course, there is a fifth view, and it is the most comprehensive. It draws from all the corners and is called an Integration approach.

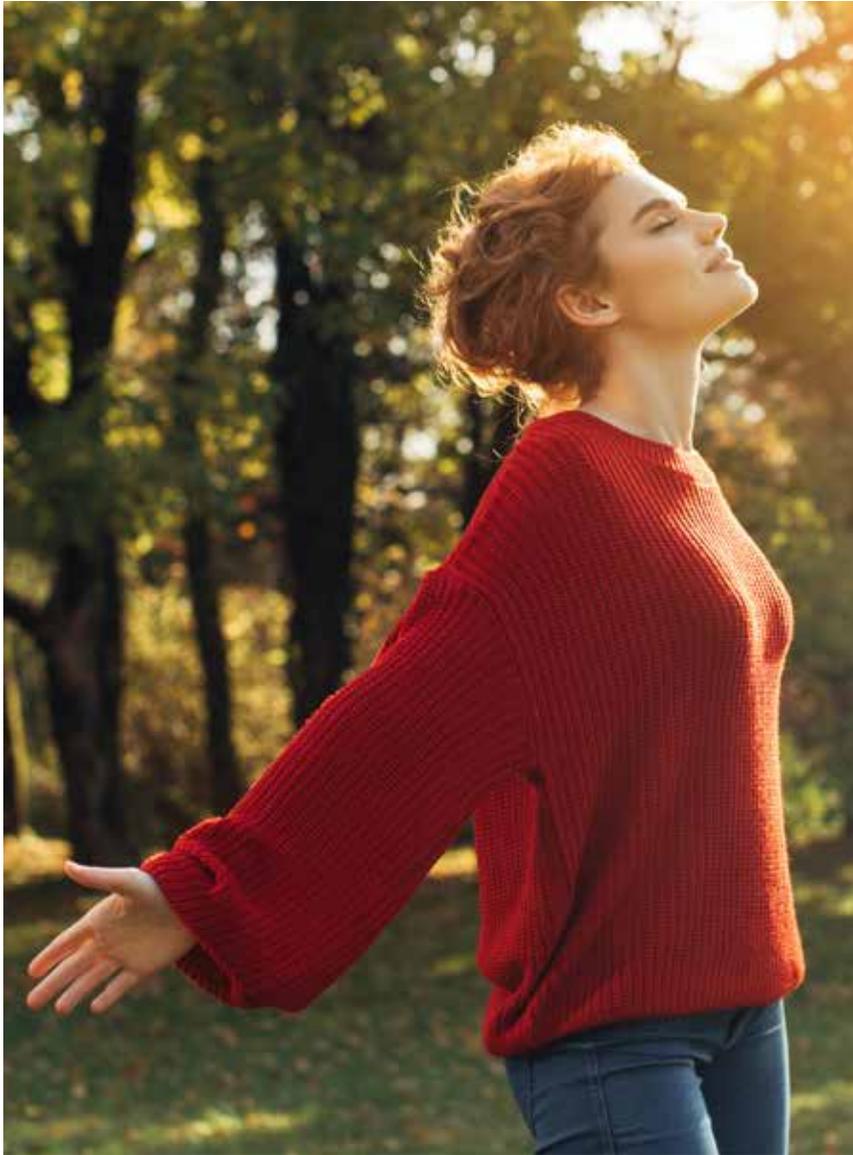
I was delighted to have had the opportunity to write the “Transformational Chapter” in the book, *Christianity and Counseling: Five Approaches*.³ I believe these various approaches have been extremely beneficial by encouraging a re-integration and re-engagement with what has been lost to the newer discipline of modern psychology, the invisible real. And, in particular, it is a transformational psychology approach that focuses on what can be learned from spiritual formation and spiritual direction about the here-and-now experience of this reality.

Reclaiming the Experience of God

Even if an individual, or a school of thought and practice, can become countercultural enough to reclaim the invisible real, there is still another step. The unseen realities of the Holy Trinity and the Kingdom of the heavens must also be personally experienced.

My own desire for this experience drew me not only to the ideas of transformational psychology but also to learn from the ancient practices of spiritual formation and spiritual direction. And I will be forever grateful for what has been learned from studying the ancient Christian Church, the writings of the ammas and abbas of the desert tradition, and exemplars such as Ignatius of Loyola, St. Teresa of Ávila, Julian of Norwich, St. John of the Cross, etc.

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However, I have also discovered that even in the area of training in spiritual direction, there can be a disappointingly small amount of attention given to the experience of invisible realities. I will spare any identifying details, but I remember sitting for a final oral exit exam after completing a two-year program in spiritual direction training. I was in a rare moment of total transparency when one of the two primary teachers asked, “Well, how would you sum up what you have learned these past two years?” Before my brain could stop my mouth, I heard it say, “I have learned that God is a woman, that if anything feels good, God is in that, and we should encourage directees to do more of that.”

My instructor was not pleased with my response. I was not pleased with my final grade. And, I should quickly say that my issue was not with the idea of a feminine identity for God. My goodness, I think it takes both genders to contain this aspect of the Divine. I secretly wish that Jesus had been born identical twins, one male and one female—which I realize would require a miracle of Trinitarian proportions. My objection was not to there being a wonderfully fun-loving side of God. My difficulty with the program was that I simply wanted more of its focus to be on learning from those who have experienced and are experiencing God and less on pet peeves and pablum.

A Solution: Deeply Exploring Dallas Willard’s Four Critical Concerns

Not long before he died, Dallas Willard had a special conversation with a former student and longtime friend. In that conversation, he presented the four critical concerns that drove his academic and spiritual life. These four foci, I believe, should become the foundational pillars for the future of spiritual formation, spiritual direction, and integration efforts.⁴

Dallas believed that Christian spiritual life and formation take place against the backdrop of fundamental philo-

sophical and theological ideas that support the claim that a Christian way of life is an expression of knowledge and not mere belief. It is *knowledge* that gives one authority to act in public and the confidence to do so.

First, Dallas championed a *robust metaphysical realism*. He believed there is one mind-independent world “out there.” This world and the entities within it are independent of our thinking about them. That means that “invisible” things such as soul, spirit, the Holy Trinity, and the Kingdom of God are as much a part of reality as apples, chairs, and snowflakes. This idea formed much of the background to his book, *The Divine Conspiracy*.

Second, as a philosopher, Dallas argued for *epistemic realism*. By that, he meant that the intentionality of the mind places it in direct contact with its various objects of attention. Nothing stands between the knowing subject and his or her items of knowledge in cases of direct awareness. This truth means that it is possible to interact with realities such as the Holy Trinity in such a way that knowledge can be obtained and new habit patterns established. This truth stands behind Dallas’ books, *The Spirit of the Disciplines* and *Hearing God*.

Third, Dallas tried to outline *models of the human person and Christian spiritual formation*. He was committed to the idea that one’s view of the nature and practice of formative beliefs and exercises should flow as naturally as possible from one’s view of the human person. He deeply believed in the need to develop comprehensive, sophisticated, and integrative models of the person. In other words, human beings are uniquely designed to experience God. His best work in this area is fleshed out in his book, *Renovation of the Heart*.

Finally, Dallas believed that *Christian spiritually formative practices produce objectively testable results*. He was deeply concerned with establishing Christian spiritual formation and its practices as items of genuine knowledge. In short, spiritual formation could—and should—be measurable and have a place in the university alongside other domains of public knowledge. His book that begins to address this concern is *Knowing Christ Today*.

A case can be made that all of Dallas’ Christian writing is built around these four critical concepts—concepts that meant so much to him that he felt it imperative to pass them on—and each of his Christian books is an attempt to



... “invisible” things such as soul, spirit, the Holy Trinity, and the Kingdom of God are as much a part of reality as apples, chairs, and snowflakes.

elucidate one or more of those core ideas. Another case can be made that these pillars—the belief in an invisible real, such as the Kingdom of God and Trinitarian presence; the belief that individuals can interact with that reality; the belief that we are uniquely designed for this type of experience; and the belief that this type of interaction or “knowing” God will produce real and measurable change—need to become the pillars for future spiritual formation and soul care efforts. A case can also be made that in wrestling with these concerns, we will find solutions for two, fundamental

problems that hound the integration movement, as well as spiritual formation and soul care: 1) Reclaiming the invisible real, and 2) Experiencing the invisible real.

Let’s Get Practical

Dallas Willard often presented the VIM Model (Vision, Intention, and Means) as a reliable pattern for one’s journey to spiritual transformation through experiencing life in the Kingdom and the presence of God. Using the framework of VIM, I will close with a few reflections concerning stepping into and appreciating the four critical concerns previously presented.

Vision: It can be argued that the ultimate Rorschach test is one’s view of God. In his long-running production, *God Views*, writer and actor Curt Cloninger states, “... show me a person’s picture of God and I’ll tell you how he lives his life.” Four hugely important vision questions to ask oneself are: 1) Is my vision of God magnificent enough?, 2) Do I view God as being at least as loving and forgiving as the prodigal son’s Father?, 3) Do I see myself as being deeply loved by God?, and 4) Is my view of salvation (the word *sozo* also means healing) as much at home in a hospital as a courtroom? The wrong answer to any of these questions means that we may find ourselves inching away from—as opposed to toward—the real presence of God.

Intention: This is a resolve or determination to act in a certain way. Intention is driven by vision and not the other way around. If our vision is right, intention will naturally follow. Assuming correct vision, the key question here is: Do I have a rule of life that is fun, inviting, life-giving, and provides a trellis for opportunities to become more aware of God’s love and presence as I go through my day, week, month, and year?

Means: These are the methods and resources for accomplishing something. For Christian spiritual formation, common means include: 1) The teachings of Jesus found in Scripture, 2) Classic devotional writings, 3) The practice of classic spiritual disciplines, and 4) Invoking the power and presence of Jesus in our lives. The main thing we can get wrong concerning means is, I believe, constructing and participating in spiritual practices in such a way that we do not find them life-giving, and the Pharisees would win. Concerning our “means” for spiritual formation, I would encourage the following questions to be asked of oneself: 1) Does this activity enhance my awareness of God’s presence and enjoyment of the relationship?, 2) Am I re-habiting my mind and body in ways that cause me to move automatically toward, instead of away from, God?, and 3) Is the activity working against established patterns or vices in my life (e.g., silence as a “treatment” strategy for gossiping, or fasting as a way to help with impulse control issues)?

As we reflect on spirituality and soul care, we may discover that the past is where we find the best ideas for reclaiming and experiencing the invisible real that we refer to as the Kingdom of the Heavens and Trinitarian presence. ✠



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Endnotes

- 1 The exact words of the quote are debated but a good source is found in the following reprint. Jones, E.S. (2005). *The Christ of the Indian Road*. (Whitefish, MT: Kessinger Publishing).
- 2 Willard, D. (2012). *Renovation of the heart: Putting on the character of Christ* (Colorado Springs, CO: NavPress, p. 91).
- 3 Greggo, S.P., & Sisemore, T.A. (2012). *Counseling and Christianity: Five approaches* (Christian Association for Psychological Studies). (Downers Grove, IL: NP).
- 4 Moon, G.W. (2018). *Becoming Dallas Willard: The formation of a philosopher, teacher and Christ follower*. (Downers Grove, IL: NP).

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ACT for Christian Clients in Counseling and Psychotherapy: A Faith-based Approach to Living a Life of Purpose in a Fallen World

Living in a Fallen World: The Inevitability of Psychological Pain

In the United States, about one in five adults will struggle with a mood disorder and one in three with an anxiety disorder in their lifetime (Kessler et al., 2012). For those diagnosed with a depressive disorder, more than one in three may eventually relapse after a period of remission (Richards, 2011). Anxiety disorders, too, can be chronic, with longitudinal research revealing that the majority of anxiety sufferers may continue to experience anxiety-related symptoms over a decade after an initial diagnosis (Bruce et al., 2005). As these survey data powerfully illuminate, life is painful, and the inevitable pain of life can be frequent and enduring.

In response to the ubiquitous pain of contemporary living, traditional cognitive behavioral therapy (CBT), which is often the “go-to” treatment approach for busy mental health professionals, has attempted to help those with psychological struggles to “feel great” by getting rid of perceived negative thoughts and feelings (Burns, 2020). Yet, this literature may be slowly coming to grips with the idea that eradicating psychological pain (e.g., thoughts, feelings, sensations, memories) may not be realistic or attainable, as evidenced by the emergence of a variety of

newer mindfulness- and acceptance-based CBT approaches. To be sure, with the addition of mindfulness meditation originating from the Buddhist religious tradition, balancing the acceptance—not avoidance—of pain in the inner world with behavioral change in the outer world is now commonplace as a preferred, more flexible strategy for working with clients in the 21st-century counseling or psychotherapy room (Hayes et al., 2011). As a vehicle through which inner acceptance can be cultivated, mindfulness meditation helps clients develop a variety of salient skills, such as flexible attention, present-moment awareness, and experiential acceptance (Feldman et al., 2007) to relate differently to—not futilely strive to reduce or eliminate—psychological pain, given its assumption that life is painful.

Traditional ACT: Balancing Mindfulness and Action

As one of the most popular and well-researched mindfulness-based treatment approaches for psychological symptoms and disorders (A-Tjak et al., 2015), traditional acceptance and commitment therapy (ACT) may offer a more realistic response to the inevitability of psychological pain, beyond futilely striving to reduce or eliminate the emotional struggles of daily life by helping clients accept the inner world in order to intentionally live out a set of well-defined values in the outer world (Hayes et al., 2012). Certainly, this unique blend of acceptance and change can assist those with recurrent psychological symptoms and disorders to embrace life again—with all its ups and downs—rather than waiting in vain for their chronic symptoms to somehow go away.

In particular, traditional ACT employs six processes to help clients cultivate psychological flexibility, defined as “the ability to contact the present moment more fully as a conscious human being and, based on what the situation affords, to change or persist in behavior in order to serve valued ends” (Luoma et al., 2017, p. 24). These vital psychological processes can be grouped into three higher-level categories, or “pillars,” including “opening up” (the acceptance and defusion processes), “being present” (the present-moment awareness and transcendent self processes), and “doing what matters” (the values and committed action processes) (Harris, 2019). Organized another way, traditional ACT employs four mindfulness-based processes (acceptance, or making room for unpleasant inner experiences; defusion, or being able to notice thoughts with distance and flexibility; present-moment awareness, or being anchored to the here-and-now rather than preoccupied with the past or

future; and the transcendent self, or connecting to the self that observes the inner world with distance and flexibility). It also utilizes two action-based processes (values, or intentional, well-defined principles for living; and committed action, or the ability to commit to a valued direction in life and take action guided by such freely-chosen, predetermined values) (Hayes et al., 2012).

These six processes combined can help clients notice and accept their thoughts, feelings, sensations, and memories in the present moment, flexibly pivot to a set of values (i.e., principles for living) to guide life, and take action by following through with intentional behaviors that build a life of purpose and meaning (Harris, 2019).

As an example, within the present-moment awareness process, mindfulness meditation can be used to help clients stay rooted in each unfolding moment, where values (e.g., being loving, kind, compassionate, or forgiving) can be intentionally lived out rather than ruminating about the past or worrying about the future. Another example, within the acceptance process, is when mindfulness meditation is used to help clients remain non-judgmentally open to unpleasant inner experiences rather than trying to futilely rid themselves of difficult thoughts, feelings, sensations, and memories, which only distracts from living a life of value-based action.

Overall, mindfulness meditation, which can be succinctly defined as “nonattached awareness” (Germer, 2009, p. 83), can help clients make room for inner pain in order to live out a set of values, taking action to create a rich, meaningful, and vibrant life (Harris, 2019). Yet, because mindfulness-based practices originate from the Buddhist tradition, some Christian clients in counseling and psychotherapy may prefer to turn to their own religious heritage, which has developed a variety of meditative and contemplative practices over the last two millennia that have a different *telos*, or ultimate purpose, in mind—communing with the God of love, and relating differently to inner pain as a byproduct.

Faith-based ACT: Balancing Contemplation and Action

Similar to traditional ACT, a biblical worldview for Christian clients suggests that psychological pain is deeply embedded in the human experience. Because of the fall of humankind (see Genesis 3), psychological distress is inevitable and widespread, with 21st century Christians by no means immune from the hardships and turmoil of daily life in both the inner and outer world. Yet, rather than relying on

JOSHUA KNABB



the technology of mindfulness meditation, which originates from Buddhism, Christians can confidently draw upon their own faith tradition to get to know their inner experiences in a new way, even the painful ones, and accept their unpleasant thoughts, feelings, sensations, and memories to follow Jesus more confidently along the roads of life. Recent research has even revealed that Christian meditative and contemplative practices may hold promise as a Christian-sensitive alternative to Buddhist-influenced meditation for a range of psychological struggles (Knabb & Vazquez, 2018; Knabb et al., 2017, 2020a, 2020b, 2021). What is more, Christians can rely on biblically-derived virtues (e.g., the fruit of the Spirit; see Galatians 5:22-23) rather than personally-derived values, as is the case with traditional ACT, to guide daily life.

From a faith-based ACT perspective (Knabb, 2016a, 2016b, in press), psychological and spiritual health involves learning to walk with the God of love in each unfolding moment of life, even during instances of pain, with psychological flexibility as a byproduct of this loving communion. Furthermore, although there is undoubtedly a great deal of overlap between the traditional and faith-based versions of ACT, the six processes of faith-based ACT are derived from Christianity, with Christian contemplation utilized, not mindfulness meditation, as the technology for acceptance. More specifically, for Christians, contemplative practice can be succinctly defined as a present-moment awareness of God's perfect love (Knabb & Bates, 2020). The six processes of faith-based ACT can be organized into three Christian-sensitive and derived "pillars," including "watching and enduring," "noticing and shifting," and "committing and

following," all inspired by the Christian contemplative tradition (Knabb, in press).¹

With the "watching and enduring" pillar, watchfulness (*nepsis* in Greek) involves watching our thoughts with alertness and vigilance, and endurance (*hupomone* in Greek) involves enduring thoughts, feelings, sensations, and memories with patience and hope. In the Christian contemplative tradition, Christian monks in early desert communities would spend most of their days in a cell or small room pairing the recitation of Scripture with simple tasks (e.g., basket weaving) (Harmless, 2004). Along the way, they learned to face, not run from, their inner world, given God was present in their cell. By extending these early contemplative insights to 21st-century Christian living, watching and enduring means Christian clients get to know their inner world and invite God to be with them as they confidently accept whatever unfolds in the here-and-now.

For the "noticing and shifting" pillar, the contemplative self (the *nous* in Greek) involves noticing the inner world with a more spiritual, transcendent perspective... and practicing God's presence (*hesychia* in Greek) involves maintaining a flexible awareness of His loving presence by repeatedly pivoting to Him rather than being distracted and preoccupied with thoughts about the past or future. In the Christian contemplative tradition, the contemplative self captures the pursuit of a more direct, experiential encounter with God, with love at the center, in contrast with an overreliance on the rational self (*dianoia* in Greek). For 21st-century Christian clients to have a more loving, experiential encounter with God, practicing God's presence in the here-and-now is key, with Christian contemplatives throughout history

often describing an inner peace and quiet that comes from sitting with God in silence and stillness, reciting the Jesus Prayer (i.e., “Lord Jesus Christ, Son of God, have mercy on me”) and, consequently, settling the overactive, distracted mind (Ware, 2014).

Finally, with the “committing and following” pillar, an awareness of biblical virtues allows Christian clients to be anchored to a set of moral behaviors to guide life, which emanate from God’s Word, the Bible... and following Jesus involves actually walking with the God of love wherever He would have Christian clients go, despite a plethora of unpleasant thoughts, feelings, sensations, and memories that may arise from moment to moment. To bring these six, faith-based processes together, Christian clients must practice God’s presence in the inner world (i.e., watching their thinking with flexibility and distance, enduring their emotions with patience and hope) in order to follow the God of love in the outer world. They are taking one step at a time as they walk home with God to their final destination, fully realizing the beatific vision—being face-to-face with God in heaven, free from the pain that organically originates from a fallen, broken world.

Faith-based ACT in Action: Walking Home with God

So, what might faith-based ACT concretely look like for a Christian client struggling with chronic worry, for example? Moving through the six processes of faith-based ACT, these clients may begin with the 10-minute formal practice of a condensed version of the Jesus Prayer, “Lord Jesus, have mercy,” building upon hundreds of years of Christian tradition to practice God’s presence. To start, they can sit in a supportive chair, close their eyes, rest their hands in their laps, and slowly, gently, lovingly, and interiorly recite the prayer, “Lord Jesus, have mercy.” Simultaneously, clients should imagine that Jesus is active and present within their inner world, offering His perfect loving-kindness. When worrying thoughts inevitably arise, along with any other accompanying anxiety-related symptoms, Christian clients can patiently endure with hope by staying present to such experiences because the God of love is available in the here-and-now. Then, they can ever-so-gently return to the words of the prayer, “Lord Jesus, have mercy,” asking for His loving, soothing, and compassionate presence within. Over time, Christian clients develop the ability to watch their worrying thoughts with a bit more distance, endure anxiety-related symptoms because Jesus is present, stay anchored to the current moment where Jesus is ministering to their needs, and cultivate an inner peace and stillness given there is nowhere else to be and nothing else to do when their Lord and Savior is moving and working within.

In turn, Christian clients can extend this formal practice to daily life by practicing Jesus’ presence throughout the day, “Lord Jesus, have mercy.” Furthermore, clients may accomplish this by extending Jesus’ loving mercy to others and behaviorally displaying His loving-kindness in their minute-by-minute relational encounters. Although the worries of life may not fully subside, Christian clients can, step-by-step and moment-by-moment, learn to “watch and endure,” “notice and shift,” and “commit and follow” when empowered by the Holy Spirit to steadily walk home with the Son to the outstretched arms of the Father. ✚



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Endnote

- ¹ The six processes of faith-based ACT, originally presented in Knabb (2016, in press), are adapted from Coniaris (1998), Cook (2011), Foster (1998), Harmless (2004), Harris (2019), Hayes (2019), Hayes et al. (2012), Laird (2006), Luoma et al. (2017), Paintner (2012), and Smith (2013).

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WHAT YOU MAY **NOT** KNOW

ABOUT

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When a woman in an unplanned pregnancy finds herself at an abortion clinic, she is likely not given the full range of education on options or post-abortion side-effects. Women who are not educated on all their options may find themselves fighting post-abortive trauma or very serious physical side-effects later. Abortion is constantly presented as an easy surgery or compared to simple things such as a dental procedure. When this narrative is constantly presented, women are desensitized to the reality of how abortion effects them mentally, emotionally, and physically.



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Pathways to Grace:

SPIRITUALITY AND THE HELPING PROFESSIONS

In 2020, we hiked nine miles to stay at a remote lodge in the beautiful Willowa Mountains of northeastern Oregon with no access by road. Upon arriving with our sore feet and weary bodies, we discovered other crisp-looking guests who had flown in. We thought there was only one way in, but it turns out we were wrong. Similarly, in our Christian journeys, we have assumed only one pathway to grace, which comes from recognizing, repenting, and being forgiven for our sins. We are coming to understand this is but one pathway to grace.

Here is a brief paraphrase of what I (Mark) have written elsewhere about grace: Sin and grace are flip sides of the same coin. We cannot possibly understand grace until we are able to look at our brokenness and inclination to wander away from God. Grace is what brings us home, prodigals longing for God's loving embrace. Similarly, we cannot fully admit our propensity to sin unless we glimpse the possibility of grace. Only in the safety of grace are we freed to be fully honest with ourselves and one another. I still believe this, but these days I am wondering if I have been too narrow in my views of how people access grace.

I recently participated in a project involving eight studies with Christians of various denominations. In all, 230 hour-long interviews were conducted, transcribed,

and analyzed to determine how Christians understand and experience grace. My sin/grace paradigm fits for some Christians, but not for everyone.

For those of us in the helping professions, it seems particularly important to understand the variety of ways people encounter God's grace and how we can join them as counselors, therapists, pastors, and spiritual directors. For help with this, I turned to my wife, Lisa—formerly an academic sociologist and now a spiritual director—and we have enjoyed meaningful conversations about journeys toward grace. So far, we have pondered four pathways that fit our own experiences, those we work with, and the stories from that large interview study: sin, suffering, beauty, and acceptance.

When we recognize God's touch and presence in all things, we uncover a grace that pervades the universe and has been holding it together through His outpouring of love since the beginning.

The first pathway is through seeing our sin and experiencing God's forgiveness as grace, both individually and collectively. I have already written enough about this, both here and in earlier writings, so I will not linger.

Another pathway to grace is through suffering. In the aftermath of national news-making racial tensions in our small rural community, one of my (Lisa's) spiritual directees, an African American, told me that he falls back on grace as the only way to stay afloat when overwhelmed and undone by racist actions. He returns to 2 Corinthians 12:9 (MSG), where Paul quotes Christ: "My grace is enough; it's all you need. My strength comes into its own in your weakness." In my directee's suffering, he imagines floating on the ocean, being held and kept afloat by God even as the waves crash over him. He experiences the depth of God's grace in these moments, which gives him courage and strength.

In her book, *Joy Unspeakable*, Barbara Holmes writes powerfully about the slave ships during the Middle Passage, where West Africans lost not only their freedom, but also family and tribe connections, language, and culture. Yet their enduring spiritual center allowed them a shared sense of suffering expressed in communal groaning in the hull of the ships that took those who survived from a life of freedom toward a life of slavery. Holmes says they were not defeated. They journeyed toward joy despite oppressive conditions. Grace experienced in the solidarity of their suffering flourished quietly on the plantations, represented in stomp dancing, drums, music—all ways of praying and appealing to God. They sensed the loving gaze of God even as they suffered, a gracious God who stood with them even as all else was stripped away. Suffering does not always lead to a greater experience of grace, but it is a pathway.

Contemplatives speak of beauty and/or great love as another pathway to grace. When we recognize God's touch and presence in all things, we uncover a grace that pervades the universe and has been holding it together through His outpouring of love since the beginning. Those who experience this pathway join a crowd of witnesses that stretch back through Christian history, including St. Francis and Hildegard of Bingen, who spoke of a sense of oneness, of belonging to *it all*, and in the belonging becoming conduits of God's grace flowing to and through them. While this may sound ethereal and unattainable except by mystics and monks, it is as accessible as recognizing the goodness and beauty in this moment—in trees and flowers, sunsets and stars, music and art, and the love of long friendships and marriage. Let's welcome them as finite manifestations of an infinite God that open us to an experience of grace.

Finally, if grace is radical acceptance from God regardless of how deserving or undeserving we may be, then radical acceptance from another person is a fourth pathway to grace. I (Mark) recently returned to personal therapy to help navigate a challenging time in life and have been reminded what a powerful experience counselors offer to those who come to our offices. My therapist listens to

me, sees me, and demonstrates deep empathy and care for me. This radical acceptance is also what we offer the broken people who wander into our offices. To be known and accepted for who we are reaches deep into our souls and draws us into loving encounters with God and one another.

Those of us who are helpers likely recall times when something profound, something words cannot capture, happened in the counseling room. Grace reverberates in moments of radical acceptance. When this occurs, it feels like a symphony, like a deep resonance with who we are created to be as individuals—in relationship with one another and to a loving, sustaining God.

Understanding that our sin is a pathway toward grace leads to peace that passes understanding. However, there are other pathways that all lead to a God who delights in us and longs for us to be embraced in loving acceptance. ✝



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MARK R. MCMINN AND LISA GRAHAM MCMINN



Spiritual Disciplines: BOUNDARIES AND GUIDELINES IN THERAPY

Religious and spiritual therapies, including Christian therapies integrating faith and practice, are now well established in the counseling and psychotherapy field, with substantial empirical evidence supporting their efficacy (see Captari et al., 2018; Tan, 2022).

Tan (1996) has described two major models for integrating religion into clinical practice—implicit and explicit integration that are not mutually exclusive but are two ends of a continuum. “*Implicit Integration*” refers to a more covert approach that does not initiate the discussion of religious or spiritual issues nor openly, directly, or systematically use spiritual resources. “*Explicit Integration*” refers to a more overt approach that directly and systematically deals with spiritual or religious issues in therapy, and uses spiritual resources like prayer, Scripture or sacred texts, referrals to church or other religious groups or lay counselors, and other religious practices (p. 368).

A significant part of explicit integration in Christian therapy is the use of spiritual disciplines in an ethically responsible, clinically sensitive, and professionally competent way, with the client’s informed consent (Tan, 2022). Limited use of spiritual disciplines can also occur in implicit integration (e.g., quiet and silent prayer).

The late Dallas Willard defined spiritual disciplines as “an ancient tradition of activities which are means of grace, ways of approaching and relating richly to God... activities in our power, things we can do, to meet God in such a way that we become able to do what we cannot do by direct effort” (Willard, 1996, p. 18). He described two major categories of such traditional spiritual disciplines: *disciplines of abstinence* (solitude, silence, fasting, frugality, chastity, secrecy, and sacrifice) and *disciplines of engagement* (study, worship, celebration, service, prayer, fellowship, confession, and submission) (Willard, 1988; see also Foster,

2018; Tan & Gregg, 1997). Practicing these traditional spiritual disciplines actually requires the power and help of the Holy Spirit. We can do nothing without the Lord (John 15:5) and the power of the Holy Spirit (Zechariah 4:6; Ephesians 5:18). The Holy Spirit also transforms us into greater Christlikeness (2 Corinthians 3:18) and not the spiritual disciplines, *per se*.

More recently, Enneagram instructor, Adele Ahlberg Calhoun, listed and described 75 spiritual disciplines as practices that can transform us (Calhoun 2015, pp. 7-8). Kyle Bennett, director of the Spirituality and Leadership Institute (2017), has emphasized that the spiritual disciplines are actually practices of love for the sake of others and the life of the world. They are not to be done as individualistic practices, but only for our own spiritual growth or to feel good.

Traditional spiritual disciplines can potentially be harmful. If they are practiced in our own self-effort, and therefore in a legalistic, self-absorbed, and dogmatic way, the end results may be pride, self-sufficiency, and self-righteousness, which could harm rather than help our spiritual lives and growth. Therefore, Christian therapists should also focus on what pastor and author, Gary Thomas (2002), has described as *authentic disciplines* or circumstantial spiritual disciplines—mostly not within our voluntary control—as crucial additions to traditional spiritual practices. The authentic disciplines include selflessness, waiting, suffering, persecution, social mercy, forgiveness, mourning, contentment, sacrifice, hope, and fear. They emphasize God seeking the face of men and women in a God-ordained spirituality that is under His sovereignty and not our own control.

Eck (2002) listed 39 spiritual disciplines and practices that include both traditional and authentic methods and explored their therapeutic use in clinical practice in three major categories: cognitive, behavioral, and interpersonal.

The ultimate goal of Christian therapy is spiritual growth or maturity in Christ (Romans 8:29; 2 Peter 3:18), and not just the alleviation of symptoms (Tan, 2022).

Using Spiritual Disciplines in Therapy: Some Boundaries and Guidelines

The traditional spiritual disciplines can be used in therapy sessions when appropriate and with a client's informed consent. The authentic disciplines can also be discussed with clients as a means of grace for ultimate growth even through suffering, as well as joyful experiences, in meaning-

making ways. Some traditional spiritual disciplines can also be assigned as homework in between sessions (see Tan, 1998, 2022; see also Eck, 2002).

Certain boundaries should be kept in using spiritual disciplines in therapy (see Tan, 1998, 2022). First, spiritual disciplines, such as prayer and, more specifically, inner healing prayer and the use of Scriptures, may not be suitable for particular clients, especially those who are more severely disturbed or have psychotic symptoms. Such florid symptoms may require antipsychotic or other appropriate medications for better management before engaging in specific spiritual disciplines.

Second, some spiritual disciplines, such as prayer and Bible reading, though usually helpful, may be potentially harmful when inappropriately used with clients from legalistic or harsh Christian backgrounds where prayer and Bible reading were forced on them at a very young age. Therefore, Christian therapists should provide deep levels of warmth, empathy, and compassion to such clients before explicitly using spiritual disciplines.

Third, spiritual disciplines can sometimes be misused or abused by clients to avoid adequately dealing with more profound and painful issues in their lives. Careful and comprehensive history taking, assessment, diagnosis, and discernment are needed.

In addition to the boundaries or cautions previously mentioned, the following are a few guidelines for the appropriate use of spiritual disciplines in therapy.

First, some ethical guidelines need to be followed while using spiritual disciplines in therapy (see Tan, 2003b). Nelson and Wilson (1984) proposed the following three basic practices for therapists ethically sharing religious faith in treatment: 1) they are dealing with clinical problems that can be helped by religious or spiritual interventions, 2) they are not imposing their own religious beliefs and values on the client and thus are working within the client's belief system, and 3) they have obtained informed consent from the client to use religious or spiritual resources and interventions.

Second, for deeply committed Christian clients with spiritual struggles, open discussion of such issues and the use of certain spiritual disciplines may be helpful (see Tan, 1998). For example, clients experiencing spiritual dryness and discouragement can be comforted and reassured by spiritual teaching about solitude and the "dark night of the soul" as a paradoxical experience at times of God's deepen-

Spiritual disciplines are best viewed as valuable gifts from God—loving invitations to grow in Christ that we get to do and not have to do and based more on what He has done for us.

ing work of grace and presence in His apparent absence. Clients experiencing depression or anxiety may significantly benefit from Christian approaches to cognitive behavior therapy (CBT) that include the use of biblical cognitive restructuring or self-talk, scriptural teaching, and inner healing prayer (see Tan, 1998, p. 20; see also Tan, 2007).

Third, inner healing prayer, or the healing of memories, is a specific example of using prayer in therapy to help clients who have painful memories, including traumatic experiences from the past that are still troubling them significantly. I have previously described a seven-step model for conducting inner healing prayer (see Tan, 1998, p. 20; Tan, 2003a, pp. 20-21).

Fourth, spiritual disciplines can also be helpful in the context of couple or marital therapy and family therapy. In particular, couples or families may benefit from the spiritual disciplines of prayer, confession, and forgiveness, as well as celebration (see Tan, 1998, p. 20).

Spiritual disciplines are best viewed as valuable gifts from God—loving invitations to grow in Christ that we get to do and not have to do and based more on what He has done for us (see Ronnevik, 2021). They should not be limited to a list of traditional spiritual practices. Instead, they should include everyday activities filled with the grace and presence of God in the liturgy of the ordinary as described by Warren (2016). In fact, psychotherapy itself can be viewed as a spiritual discipline since it is an intentional practice that involves facing our brokenness and need for God's grace, ultimately helping us to become more like Jesus in the sanctification process (White, 2020). Therefore, the Holy Spirit can work in both implicit and explicit integration on a continuum in therapy (Tan, 2022). ✦



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THE ROLE OF PRAYER AND WORSHIP IN MENTAL HEALTH



Prayer and worship are central components of Christian spirituality; they are disciplines of vibrant faith. Through prayer, our hearts express those things which are of paramount importance in our daily lives—family, work, and worldly concerns (Francis & Astley, 2001)—and serve as an avenue to hear from God. Prayer brings all our needs, requests, and thanks before God, while worship attaches us to the Author and Finisher of life. The power of daily prayer is a way of knowing the reality of God’s presence. Praying through our experiences enables us to recognize God’s worthiness of praise and the grace at work in our lives. Worship, according to MacDonald (2002), is a “human response to a belief in the greatness of God” (p. 69). By its very nature, corporate and personal worship can “... help us face those sides of our self that we dare not face” (Green, 1987, p. 3).

Research has found the psychological benefits of both prayer and worship. Prayer has consistently shown a positive relationship with mental health across different populations (e.g., Fry, 2000; Koenig, 2007; Maltby et al., 1999; McCullough, 1995). Whereas prayer has garnered significant research interest, personal worship and mental health have largely been neglected. Studies have predominantly focused on church attendance, engagement in worship music, and other aspects of corporate worship (cf., George et al., 2002; Rainville, 2018; Watters, 2007; Winkeljohn, 2017). Let’s consider how these vitally connected spiritual disciplines care for us and enhance our well-being.

Reorient Us from Self to God

We are urged to seek God through worship and prayer: “Seek the LORD and His strength; Seek His face evermore!” (Psalm 105:4; NKJV), and “... pray without ceasing” (1 Thessalonians 5:17). Both prayer and worship center a person on God’s unveiled presence, and they are inextricably linked. Our spirit connects with God, and we can listen to His voice as He speaks to us. Our propensity to turn toward idols, such as materialism, sensual pleasures, financial security, adoration, and more, hampers our souls and diminishes the quality of our mental well-being. Pride, among other

character liabilities, puts us at “dis-ease” with God and self. Both can shut out worldly distractions and provide acute relief from stressors by producing a calm, reflective state (cf., Masters & Spielmanns, 2007). Numerous Psalms have been called “Psalms of Orientation,” which celebrate the glory and majesty of God (cf. 8:3-4; 89, 90, 119, 139). David is connected to God, full of peace and basking in His presence. No better antidote for mental health concerns exists.

Fosters Reliance on God

Prayer and worship remind us that we are dependent on God; we cannot transform ourselves. The growth and transforming process from prayer and worship are the work of the Spirit. They remind us to surrender to God continually—to make Him our focus rather than what is happening to and in us. Neff (2013) stated: “Human beings are at their core defined by what they worship rather than primarily by what they think, know, or believe. That is bound up with the central Augustinian claim that we are what we love” (p. 1). To move away from ourselves and connect to God through prayer and worship is to acknowledge our limits and complicity in serving ourselves. Active prayer and worship allow us to create space for God to work on our souls, ultimately benefiting our mental health.

Reinforce God as Our Safe Haven

From an attachment standpoint, God becomes our safe haven when we seek Him through prayer and worship. Like Job (1:20) and King David (2 Samuel 12:20) knew, worshiping God through seemingly intolerable trials becomes tolerable through prayer and worship. We can seek God for safety and security when the brain alarm sounds rather than employing ineffective defense strategies. Through God, we can transform our feelings, perhaps even changing the sense of manageability by developing God-based coping.

Fosters Resiliency for Our Souls

Manning and colleagues (2019) define spiritual resilience as “the ability to sustain one’s sense of self and purpose through a set of beliefs, principles or values while encountering adversity, stress, and trauma by using internal and external spiritual resources” (p. 175). Habakkuk (3:17-19) affirmed that regardless of the hardships he might face, he will rejoice in God, who makes his feet steadfast and sure in the face of adversity. We can approach God boldly and with confidence and worship Him because we have a High Priest who suffered and can empathize with us (Hebrews 4:14-16). Prayer and worship tap into the well-spring of resilience through faith and hope, renewing us in our encounters with God in Christ. Our living relationship with Him is the heart of psychological well-being and allows us to deal with the dysfunctional and unworkable aspects of our lives.

Fosters an Inward Recognition

It is not what we do but who we are and who we become that matters. More important than being free of mental disorders is knowing what is beneath the surface of our external worlds. Since our lives must orbit around something, worship is central to understanding ourselves. It is *what* we worship, not *whether* we worship. Moreover, individuals have their own prayer and worship expressions that flow from their hearts. The cognitive and affective impact of prayer and worship are intimately bound to our inner world. The nexus of both possesses the capacity to challenge our unhealthy desires and behaviors.

JOHN C. THOMAS

One can have effective mental health skills, but prayer and worship penetrate the soul from which much of our emotional and cognitive functioning flows.

Renovate Our Souls

The ultimate purpose of prayer and worship is to honor and glorify God, but they are also for our soul formation. Regular practice changes our physical, mental, emotional, behavioral, and spiritual spheres of life, moving us toward holistic wellness. Beyond their personal contributions, incorporating them into Christian counseling can profoundly impact clients finding mental stability and health. One can have effective mental health skills, but prayer and worship penetrate the soul from which much of our emotional and cognitive functioning flows. They are not mere mental health interventions for life enhancement, of course. Embodied practices of prayer and worship are not purposed to improve mental health, yet they do so. Giving prominence to prayer and worship cannot resolve certain mental health disorders, but their continued application can regenerate and rehabilitate our souls. The regular and authentic practice of prayer and worship is a transformative experience. ✦



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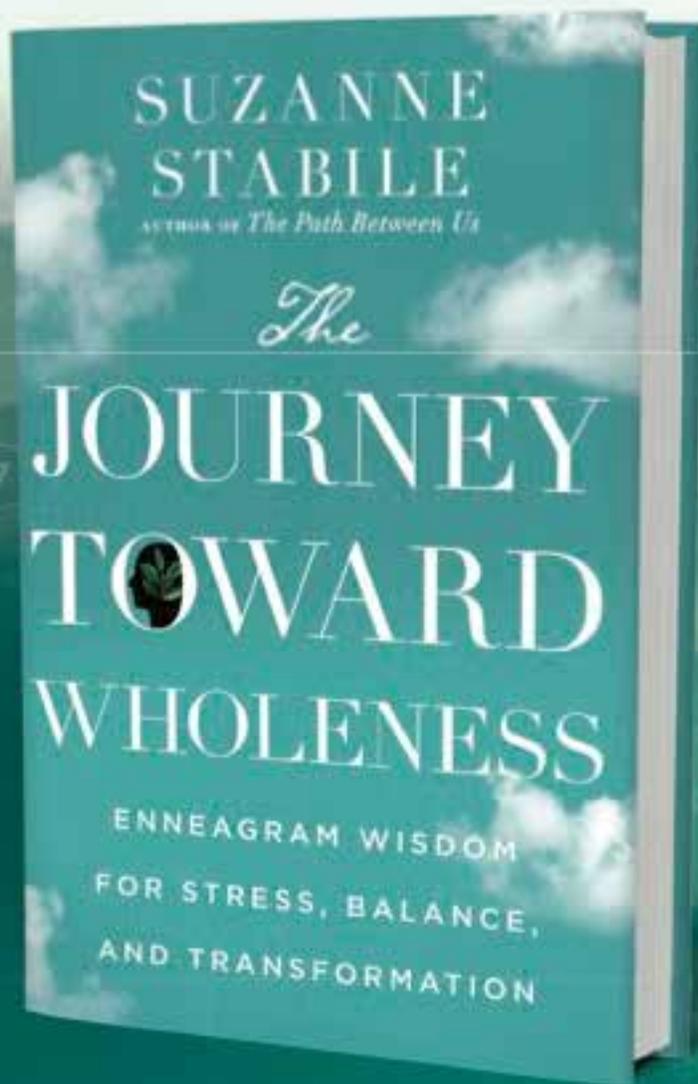


SUZANNE STABILE

is a highly sought-after speaker, teacher, and internationally recognized Enneagram master teacher who has taught thousands of people over the last thirty years. She is the author of *The Path Between Us*, and coauthor, with Ian Morgan Cron, of *The Road Back to You*.

"The Journey Toward Wholeness moves beyond the traditional topics that fascinate Enneagram enthusiasts to explore some of the weightier dynamics of this tool, offering both a hope and a challenge: Are we willing to abandon our habitual ways of showing up in the world to become more fully human as a gift to the world?"

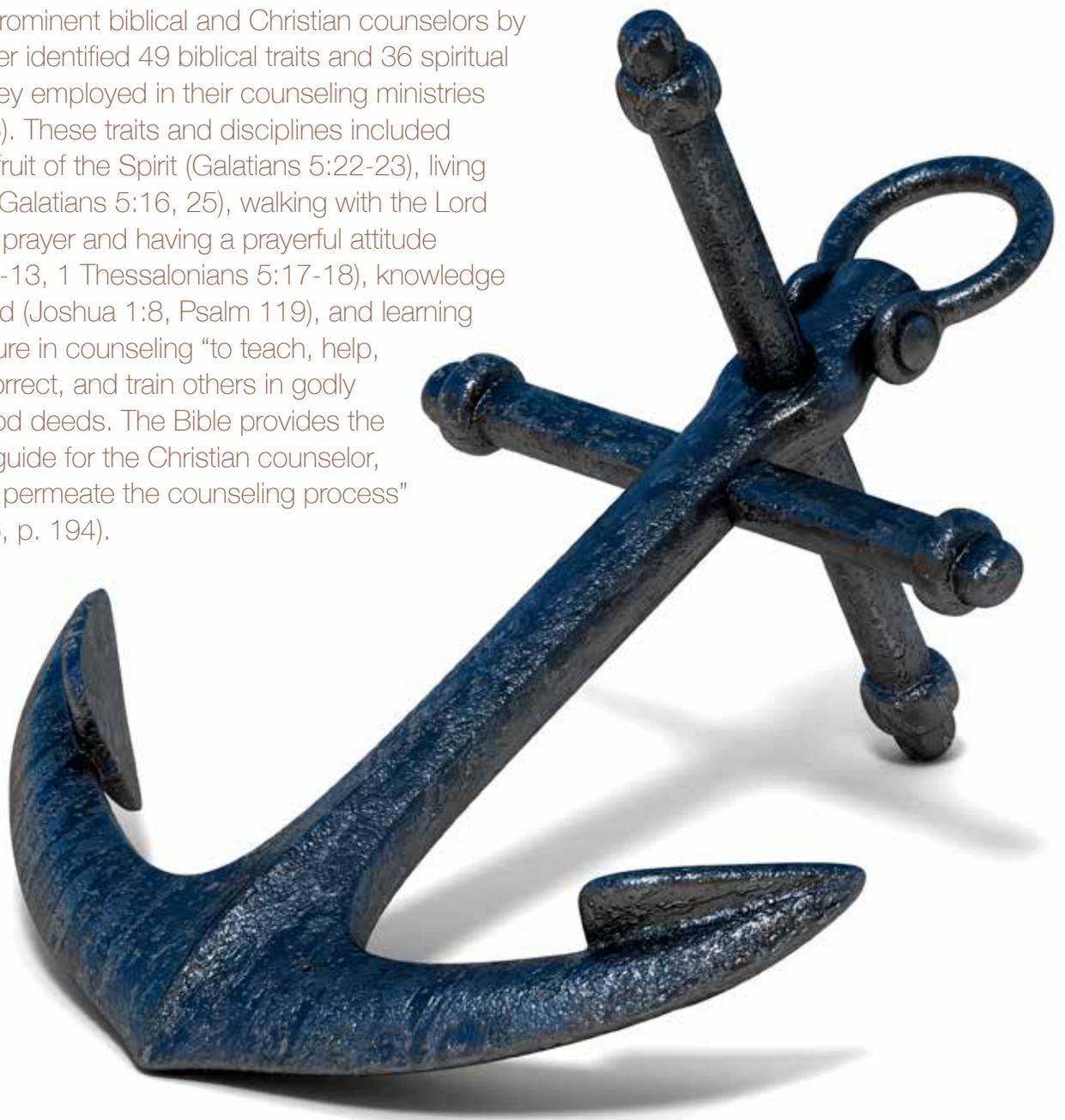
TERESA MCBEAN, executive director of the National Association for Christian Recovery



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LED BY THE SPIRIT AND ANCHORED BY THE WORD

A survey of prominent biblical and Christian counselors by Kevin Forrester identified 49 biblical traits and 36 spiritual disciplines they employed in their counseling ministries (Jones, 2006). These traits and disciplines included applying the fruit of the Spirit (Galatians 5:22-23), living by the Spirit (Galatians 5:16, 25), walking with the Lord (1 John 1:7), prayer and having a prayerful attitude (Matthew 6:5-13, 1 Thessalonians 5:17-18), knowledge of God's Word (Joshua 1:8, Psalm 119), and learning to use Scripture in counseling "to teach, help, admonish, correct, and train others in godly living and good deeds. The Bible provides the authoritative guide for the Christian counselor, and it should permeate the counseling process" (Jones, 2006, p. 194).



Christian counselors must understand the critical role of both the Word of God and the Spirit of God in developing and maintaining mental health for themselves and the people they serve. First, we must grasp and teach those we serve to appreciate the implications of what it means to possess “*the gift of the indwelling Holy Spirit*.” Second, we must grasp and teach those we serve the implications of what it means to possess *the Word of God as “the gift from” the Holy Spirit*.

Reflections on the Necessary Role of the Holy Spirit in the Life of the Christian

The Holy Spirit bears witness with our human spirit that we are the children of God. His indwelling power is necessary for obtaining liberty from the domination of our flesh nature (Romans 8:1-17, 2 Corinthians 3:17). This flesh dimension produces death and wreaks havoc on the pursuit of positive mental health. It is the believer’s privilege and responsibility to submit moment by moment to the leadership of the Holy Spirit. Being led by the Holy Spirit is not an option but an obligation for all Christians. In Paul’s words, “Therefore, brothers and sisters, we have an obligation—but it is not to the flesh, to live according to it. For if you live according to the flesh, you will die; but if by the Spirit you put to death the misdeeds of the body, you will live. For those who are led by the Spirit of God are the children of God” (Romans 8:12-14, NIV).

Following the leadership of the Holy Spirit, Christian counselors are privileged to share with those they serve that they are not alone in their quest for liberty from the damaging dimensions of their human nature. They have a powerful ally who, when invited, will provide the empowerment required for putting to death the misdeeds of the body and successfully resist the efforts of the death-producing dimension of human nature to impose its lifestyle on them (cf. Titus 2:12). Christian counselors who adapt to client needs, utilize best practices, and assist clients with obtaining the liberty that the Holy Spirit empowers positively impact the mental health of millions of Christ-followers.



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IAN F. JONES AND RON HAWKINS

Reflections on the Necessary Role of the Word of God as an Anchor in the Life of a Christian

Paul's focus in the New Testament is not just on the gift *of* the Holy Spirit but is equally on the gift *from* the Holy Spirit. Paul wants all followers of Christ to appreciate the unique gift the Holy Spirit has created in the Word of God. In the view of Paul, the Holy Spirit was commissioned by the Father to work through humans to create a gift in the Scriptures. God designed this gift to serve as an anchor point in a world filled with earthly philosophies and wisdom devoid of the truth that honors God in His role as sovereign creator and Christ as savior (Colossians 2:6-10). Paul describes this gift well when he says, "All Scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be complete, thoroughly equipped for every good work" (2 Timothy 3:16-17, NKJV).

Paul's emphasis on God's provision of an anchor point and the role of the Holy Spirit in its creation comes in the context of Paul fulfilling the role of counselor to Timothy. Timothy is overwhelmed with fear. Paul desires deliverance for him and the experience of power, love, and a sound mind. The antidote for Timothy's fear is disciplined attention to the Word of God that is created through the work of the Holy Spirit in the hearts and minds of the authors of the anchoring word (2 Peter 1:20-21). The Word of God will provide Timothy with an anchor point. In short, it will secure him and fill his mind and heart with confidence that the God who has begun a good work in him ensures its completion (Philippians 1:6). "Abundant peace belongs to those who love your instruction; nothing makes them stumble" (Psalm 119:165, CSB).

An anchor is a device, usually made of heavy metal, designed to secure a vessel to the seabed to prevent it from drifting due to currents, winds, or storms. It represents a strong foundation of security and hope. In Hebrews 6:18-19 (NIV), a picture of our hope in Christ is symbolized: "... we who have fled to take hold of the hope set before us may be greatly encouraged. We have this hope as an anchor for the soul, firm and secure. It enters the inner sanctuary behind the curtain..."

The Bible provides the authoritative anchor for faith, salvation, and living the Christian life. "Your word," said the Psalmist, "is a lamp to my feet and a light to my path" (Psalm 119:105, ESV). It reveals the light of truth in a dark world, a worldview allowing us to see our spiritual condition, reality, and ultimate hope found in Christ. A solid grounding in Scripture requires "rightly dividing the word of truth" through hard work, study, and spiritual guidance (2 Timothy 2:15, KJV). Recent research from neuroscien-

tists has demonstrated the impact of this approach to the Word of God on forming new neural pathways and alterations in the brain that result in changes in behavior, affect, and, ultimately, character.

Conclusion

Disciplined attention to the Word of God moves it out of the category of mere information and lets it "dwell in you richly in all wisdom..." (Colossians 3:16, KJV). When the Scriptures are willed into the position of ascendancy in the forming and driving of behaviors for someone, the natural outcome is an experience filled with the Holy Spirit that holds unparalleled value for his or her mental health and relationships (Cf. Colossians 3:15-17 and Ephesians 5:15-21). As a result of fully appreciating the unparalleled value of being led by the Spirit, anchored in the Word of God, and understanding the synergy between the two, Christian counselors will engage people in the work of reading, meditating upon, and contemplating the relevance of the anchoring word for facing the challenges to be confronted while living in a badly broken world. ✦



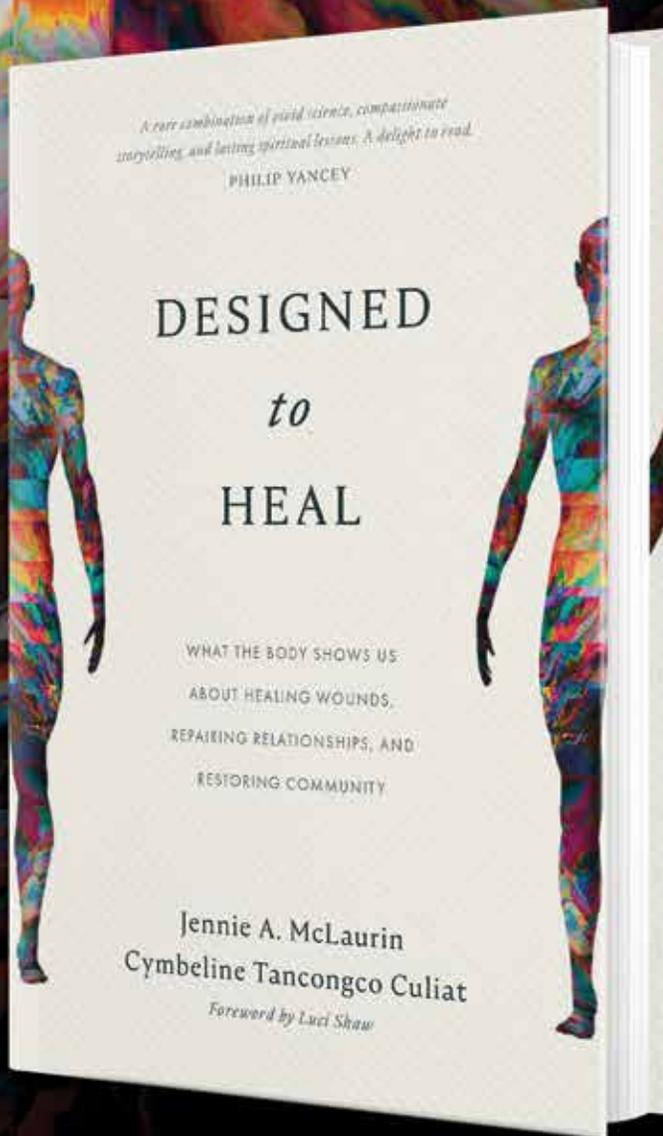
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*What our BODIES
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repairing relationships,
and RESTORING
COMMUNITY*

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JENNIE A. McLAURIN, MD MPH, is a public health pediatrician with degrees in medicine, public health, and theology. In addition to a clinical practice serving youth who've been marginalized or have special needs, she writes and speaks on bioethics, health disparities, and intersections of science and faith.

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Memorizing and Meditating on Scripture

“For the word of God is alive and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart.”

– Hebrews 4:12

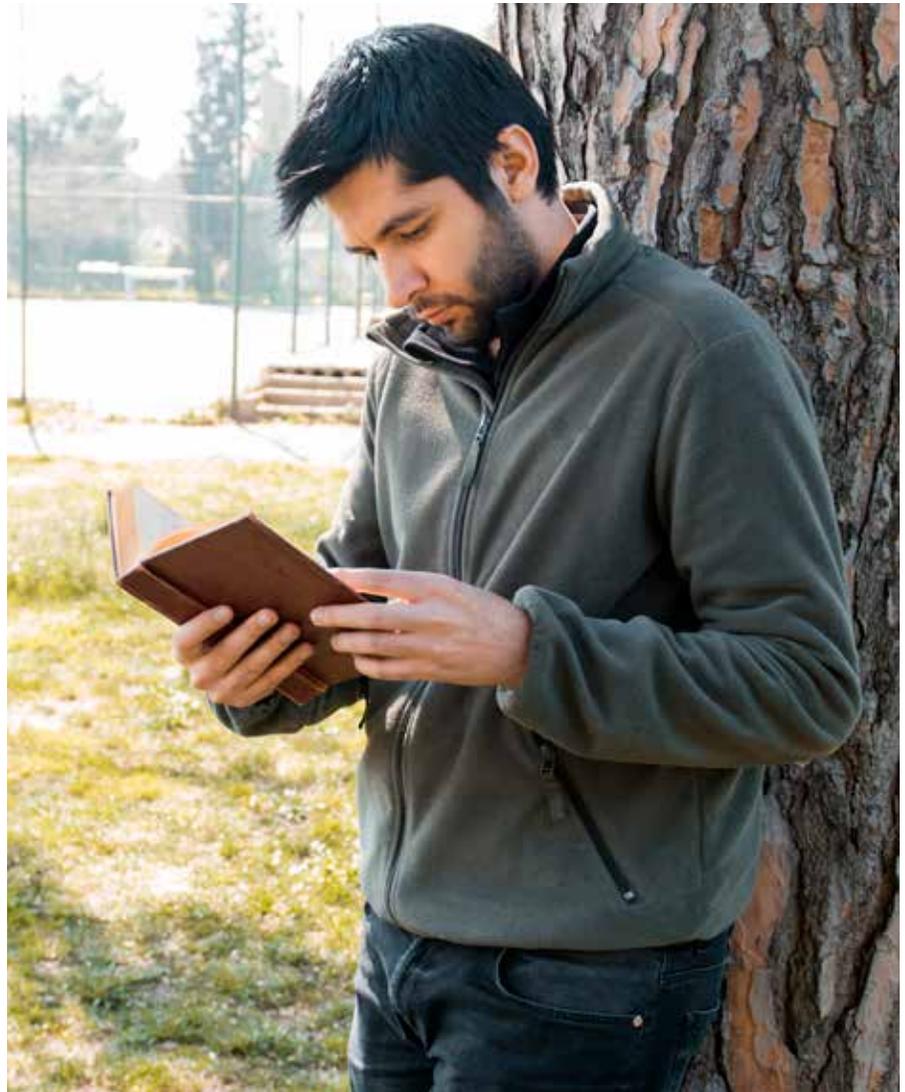
“All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work.”

– 2 Timothy 3:16-17

God blessed me with two great mentors in life and ministry. One is now with the Lord, and the other is a phone call away. They both walked beside me early in ministry and gave me a hunger for God’s Word. Not only did they preach it, but they passionately pursued the spiritual disciplines of memorizing and meditating on the Bible. They believed this was the key to faithful, effective ministry.

My late mentor was Dr. Gary Smalley. More than 20 years ago, he planted two willow trees by a pond near his home. Both trees were of identical size when placed in the ground. Years after planting them, one tree was twice as big as the other. The stark difference between the two caught your eye every time while driving by the pond. Why was one doing so well and the other lagging behind? When you walked closer to the trees, it was plain to see. The larger tree was planted closer to the pond, so the proximity to the water determined their health and size.

I remember Gary walking me over to the more prominent tree and showing me the roots hitting the



pond. It flourished because it was connected to the water source. He said, “As soon as the smaller tree’s roots hit the pond, it will take off too.” What a powerful word picture. Psalm 1:1-3 uses a tree planted by water to help us better understand the life of those who set down their roots in Scripture: “Blessed is the one who does not walk in step with the wicked or stand in the way that sinners take or sit in the company of mockers, but whose delight is in the law of the Lord, and who meditates on his law

day and night. That person is like a tree planted by streams of water, which yields its fruit in season and whose leaf does not wither—whatever they do prospers.”

Trees need water to survive and thrive. You and I are those trees, and God’s Word is the water. Memorizing and meditating on Scripture keeps us connected to the true and only Source of life. There are many simple and helpful ways to memorize Scripture. First, memorize passages with your family. Set a goal to learn

a new verse or passage every week. Revisit the passages daily as you "... Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up" (Deuteronomy 6:7).

Second, write verses on index cards or Post-it® notes. Place them on mirrors, computers, and other prominent places around the house, office, and car. One of the keys to memorization is visualization and keeping what you seek to remember in view.

Third, use downtime to memorize. Instead of mindlessly surfing social media while in lines, drive-throughs, waiting rooms, or before the start of a meeting, use that time to pull out your cards and go over a verse a few more times. I use this method through the Bible App on my phone—it is with me everywhere I go. Those waiting moments become great opportunities for memorizing.

Once a verse finds its way into your heart, the Holy Spirit recalls it for you when facing temptation, sharing your faith, or counseling a couple. One of my greatest joys as a pastor is pointing out lies people believe about God, themselves, and others. For example, when meeting with those who feel worthless, I can remind them of Genesis 1:27 and the fact that they are created in the image of God. This statement gives them automatic, intrinsic value. They may feel worthless but, the truth is, they are highly valued and treasured.

Memorizing Scripture helps me detect errors and lies. The Holy Spirit prompts me with a verse, and I am able to share it at just the right moment. When I see cultural red flags, the truth of God's Word comes to mind. Scripture is "alive and active" and with us at all times. Meditating on God's Word is one of the best ways to guard your heart against toxic beliefs.

Pastor John Piper says, "Memorizing Scripture guards my mind,

making it easier for me to detect error, and the world is filled with error because the god of this world is a liar. Memorizing Scripture enables me to hit the devil in the face with a force he cannot resist to protect myself and my family from his assaults. What are you hitting him with? He is millions of times stronger than you. And he hates you and your family and your marriage and this church and God. How anybody walks through this devil-ruled world without a sword in their hand is beyond me."

The sword Pastor John is referring to is "... the sword of the Spirit, which is the word of God" (Ephesians 6:17). It is part of the armor of God that the Apostle Paul calls you to put on to "... take your stand against the devil's schemes" (Ephesians 6:11). Memorizing and meditating on Scripture gives us a firm grip on the sword of the Spirit. It gives us everything we need for the battles we face. Make no mistake; the devil wants you to drop the sword and stand defenseless against his lies.

Are you planted with deep roots in God's Word? Do you have a firm grip on the sword of the Spirit? I texted my living mentor recently and asked him his thoughts on the importance of a life rooted in Scripture. He texted back, "Memorizing and meditating on Scripture brings intimacy with God, freedom from sin, emotional peace to the heart, and rest to the weary soul." What a wonderful reminder for each of us to continue in this spiritual discipline. ✝



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Once a verse
finds its way into
your heart, the
Holy Spirit recalls
it for you when
facing temptation,
sharing your faith,
or counseling
a couple.

Examining Ourselves in God's Presence



We are caregivers. That means we care for and support those in need, those who are vulnerable in some way. Who we are matters. Our God has been building His kingdom with humans created to bear His image from the very beginning. We are meant to carry the likeness of the Lord to one another and the world. As a result of our fatal choice of self-rule, we instead live on a ruined planet and create greater ruin for ourselves and others by way of deceit. Our Lord came in the flesh to rescue us from ourselves and has called us to be like Him in this place.

Jesus said, “Feed my sheep.” We will feed them poison and destroy ourselves unless we eat from roots deep into the Lord. Exploitation is entirely out of the question here. There is no room for feeding on the sheep—it is not about building kingdoms, fame, honor, or the externals. Instead, it is ever and only about the likeness to Jesus. If we are called to bear His image, we need to study Him continually. If we are to display the likeness of Jesus as we live our lives, we need to be searched by Him and examine ourselves in *His* light.

David understood this—in Psalm 139, he asked God to search him,

knowing his own searching was limited and flawed. Search me and know my heart. Then help me see myself, my life, and my choices in truth. Expose any hurtful way in me. And having searched me and helped me to see, then lead me so I grow in likeness to you, Lord.

Examine is an old word... centuries old. It means to inspect in detail, to determine the condition of something. It means to look closely in order to learn more about something or find problems. We often do this before we buy something. Synonyms include: scrutinize, investigate, delve in, weigh or probe. So, think for a

Being examined is frightening. We feel small, less than, devalued, and often afraid. What if we fall short? Such vulnerability can lead us to overvalue or excuse ourselves out of self-protection.



minute about someone else doing that to you—scrutinizing, investigating, delving into your life and thoughts, probing. It is a little scary, yes? At the very least, it is uncomfortable. We do not even want to face ourselves in truth. We have all felt this discomfort in a doctor's office—a place where we feel vulnerable and exposed, where we do not want the doctor to find something wrong or broken. Or when we are in school and feel anxious while being tested on a subject or examined over a bad situation. Often, we start sifting through what we will say, what we will withhold, and what we will shade whenever we are questioned.

Being examined is frightening. We feel small, less than, devalued, and often afraid. What if we fall short? Such vulnerability can lead us to overvalue or excuse ourselves out of self-protection. One way we do this is by “examining” the examiner and finding them wanting. Self-assessments are also fertile ground for self-deception. We explain and defend ourselves. To be examined is a vulnerable and sometimes frightening place. Yet, it is an action we are called to by our God. A refusal to examine ourselves in *His presence* is a refusal to be His obedient servant. So how shall we approach this call of God—one we prefer to engage in with heavy doses of self-deceit, and sometimes one we think will crush us if we indeed stand in His light?

The call to examine ourselves is a call to a duet. It is you and the Father—the Father who is understood in the life of the Word made flesh. That Word is truth, light, infinite love, kindness, and unerring obedience to the Father. He is the one who enables us to see where we are blind, to call things by their proper name, and to know that whatever we find in ourselves, He is still the lover of our souls.

So how might we do this? How can we, in God's presence, examine ourselves? We might start by saying to God, “Show me myself... and then make me more like you.” There is the search for truth in that, and there is also hope. We are asking for truth from the God of all Truth and asking for Christlikeness as a result. In response, I suspect He will show us ourselves as we go through our days and expose us to ourselves. Judas was offered ample opportunity to see himself and refused to do so. The result was the death of our Lord. How? Judas was a thief, and he had the bag. Think about that—if you were involved in a new enterprise, you would not give the funds you collected to a known thief! Judas was a thief, and he carried the money bag and used it to pilfer whatever it contained. Now, why do you think Jesus let him hold the money bag? He certainly knew Judas was stealing from it—in His presence, no less. That is audacious!

Every time money was put in the bag, it was an invitation to Judas from God to examine himself and choose to do good. Jesus gave Judas the moneybag to expose him to himself and invite him to repentance. Instead, Judas hardened himself until the day when he utterly betrayed our Lord and thought he was doing a good thing. His deception ran deep. He deceived himself and the other disciples—recall that no one could guess who would betray Jesus at the Last Supper; it was not obvious. What a sobering picture. Repeatedly refusing to look at ourselves and face our disobedience to the Lord—over and over—is to betray Him and, to some degree, put out the inviting light He has been shining on us to look at ourselves.

What is your bag? May we, made in God's image, hunger to be like Him no matter the cost. ✠



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six continents. She directs a group practice in Jenkintown, Pennsylvania, and her most recent book is *Redeeming Power: Understanding Authority and Abuse in the Church*.

The Experience of Real Presence: May the Spiritual Direction Movement Never Forget Exemplars of Living Theology



Have you ever been around a Moses-type person... someone who seemed almost aglow from spending so much time in the real presence of God? Admittedly, these folks are few and far between. However, I have been around a few who shone with the love of God, so I know that such a life is possible. I pray to join their ranks for at least a few, radiant moments before exiting earth-life.

And, to the point of this reflection, I hope that the modern spiritual direction movement never forgets to keep learning from individuals who can talk about real presence from the context of their own living theology. Forms and formalities, candles, and in-group credos can never replace learning from those who have found the way to real presence.

A Few Exemplars of Real Presence

I grew up with a couple of relatives who had the ability to brighten any room they entered. Well, actually two sets, but one couple did it by walking out. It is the other set I want to describe. My Uncle Otis and Aunt Vonnie were semi-famous, Pentecostal, faith-healing evangelists. They were often glowing with real presence. And they were my first spiritual directors.¹

Several humorous stories featuring Otis, in particular, have become cherished family lore. Aunt Vonnie stared in the more serious tales. I was told that once while Otis was on a crusade in Haiti, he heard a local witch doctor

was working against his revival effort. He and a pastor-friend decided to attend the voodoo service the spiritual practitioner was conducting. They sat on the back row and prayed.

After a struggle in the heavens, which could be seen in the witch doctor's halting motions, he finally declared that he had to stop the ceremony. "I don't understand it," he began, "but there is a power present that's greater than mine, and it's working against me. I have to stop." That's when Uncle Otis jumped to his feet and announced, "That's just us back here praying to Jesus."

Occasionally things did get a little confusing. Once when casting out a demon, Uncle Otis said, "What's your name?"

"Lying," said the demon.

"Are you telling me the truth, lying demon?" Uncle Otis shot back.

I'm not sure Otis ever got credit for inventing the double-bind technique or how that particular demon responded. He may have gone off shaking his head and looking for a herd of pigs, but I am confident he knew he had met a confounding opponent.

At Uncle Otis' funeral, one of his friends said with a smile, "Otis has never been accused of preaching." It was a humorous way of referring to the fact that Otis the evangelist wasn't effective because of cleverly-crafted words artistically strung across a three-point outline. No, Otis never offered his audience revelations of obscure truth mined from Greek verb tenses. Instead, he provided them with the words he had heard God whisper into his ear during their unceasing conversations. That was the secret to his success as an evangelist and spiritual director. Otis spent his adult life abiding with the One he loved.

I miss my uncle and my aunt. They were originals. I wouldn't trust any group of spiritual directors who

wouldn't welcome them in. I am certain that one of the reasons I became so drawn to the abbas and ammas of the desert spirituality tradition is because of similarities I saw in how those devotion masters and my uncle and aunt lived their lives.

Early in the 4th century, following the official embrace of Christianity by the Roman Emperor, Constantine, Christ-followers went from persecuted outcasts to being accepted and in favor. Many acknowledged and celebrated Constantine's Edict of Milan. Others saw in this acceptance the potential to blunt the cutting edge of the Church through the birth of a new type of Christian who could be described with words like "nominal," "compromising," and "mediocre."² At this point, when Christians began to find themselves at home in the world, many joined the march led by St. Anthony the Great. They began to respond to the "call of the desert," a place where less hardy forms of Christian living could not survive.

Like so many of these spiritual guides, Otis and Vonnie also walked away from financial security to live in a hot and remote place—in their case, Waycross, Georgia. Also, like the desert monastics, they devoted their lives to prayer and other spiritual practices, found a very different way to be in the world, and battled with unseen dark forces in themselves and others. They lived, to say the least, in a countercultural way. Each day, they constantly sought for the face of God until, eventually, like so many of the exemplars of desert spirituality, they became a different kind of human being. They became more fully human. And, as was the case with the original abbas and ammas, word got out. Many, many others began to travel great distances to learn from them what they had learned from God. I know. I was one who made the trip.

My list of glowing giants continues

in many directions. Some I have met in person, others only across the pages of books. Concerning the latter category, Ignatius of Loyola stands out. His pathway to living in real presence shows many of the classic markers of a journey to union with God found along the established desert pathways. There was his *awakening* during his convalescence in Pamplona, the *purgative experience* of laying down his knight's armor at Montserrat, his *illuminating visions* experienced by the River Cardona, and eventually, his gift of finding God in all things and passing on that wisdom in his *Spiritual Exercises*.³

Dallas Willard is another example of a person I actually had the pleasure of knowing, who glowed with real presence. His *awakening* occurred in the revival culture of a Southern Baptist Church. I will spare you the details of his *purgative experiences* that dealt a mortal wound to his vanity and pride—but one of the avenues for his *illumination* involved being in such pain that he found he could only get out of bed in the morning if he took the time to meet God in the words of the 23rd Psalm and Lord's Prayer. The union with God in which he began to glow during the last decades of his life was enough to cause others to be drawn to him as if he was magnetic.

So, what is the point? My time in modern psychology has given me a great appreciation for the vast contributions of this recent and important discipline. However, it also exposed me to some of the self-imposed limitations of avoiding realities you cannot see or measure. And it revealed to me the senseless turf wars between the various people-helping disciplines—battles for power that seem to ignore the 99% each holds in common to fight about the 1% that is unique to the guild. Against that backdrop, my gravitation to spiritual formation and spiritual direction was inevitable.

But now, as I see the ancient practices of direction becoming increasingly modernized, I both rejoice and worry. I rejoice for possible enhancements to the ancient pathways from all that has been learned in modern spheres... but I worry that forms and formalities will start to become more important than the formation found in abiding in real presence. I fear the classic pathways of purgation, illumination, and union will be replaced by shortcuts and clichés like: “If it feels good, God must be in it; so do more of that.” And I worry that boundary markers will be drawn with more attention to political correctness than to correct positioning before the face of God.

One of Thomas Merton’s best books, *Contemplative Prayer*, was published during the year following his death. The writer of a *New York Times*

book review penned the following description: “... Merton shows that all living theology needs to be rooted in exercises where [we] somehow happily establish contact with God.”

Those two words, “living theology,” echo the oft-quoted description of theology that grew out of the desert spirituality tradition, “If you are a theologian you truly pray. If you truly pray you are a theologian.”⁴ ✦

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books. Gary still teaches at Richmond Graduate University when they let him.

Endnotes

- ¹ For more on this interesting couple, see Moon, G.W. (2009). *Apprenticeship with Jesus: Learning to live like the master* (Grand Rapids: Baker Books).
- ² Ward, B., Translator (1975). *The sayings of the Desert Fathers: The alphabetical collection*. (Trappist, Kentucky, Abbey of Gethsemani: Cistercian Publications).
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- ⁴ See Evagrius Ponticus, *Treatise on Prayer*, 61.

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Schizophrenia Recovery Management

Schizophrenia is a severe mental illness that ranks in the top 25 leading causes of disability worldwide. It has a lifetime prevalence of approximately 1%, starting in early adulthood, with most patients having frequent relapses and gradually worsening symptoms and functional impairment over their lifetimes. Patients with schizophrenia have a mean life expectancy rate of 15 years shorter than the general population and a lifetime suicide rate 13 times higher than the general population.¹

Schizophrenia is usually thought of as a psychotic disorder with “positive” symptoms such as hallucinations, delusions, disorganized speech, and grossly disorganized or catatonic behavior. Forty to sixty percent of patients with schizophrenia will experience “negative” symptoms, which can include reduced motivation, social withdrawal, poverty of speech, and a diminished ability to express or experience pleasure or emotions. Eighty percent of patients report cognitive problems, such as an inability to focus/concentrate, reduced processing speed, difficulties with problem-solving, and short-term memory issues. Long-term negative symptoms and cognitive problems are the main drivers of interpersonal, school, vocational, and caregiver challenges in schizophrenia.²

Schizophrenia begins with prodromal symptoms that can exist for long periods of time before the appearance of positive/psychotic indicators. Prodromal symptoms include social withdrawal, anhedonia, changes in personal hygiene, anger outbursts, strange behavior, and other negative warning signs. The positive symptoms then emerge rapidly with progressive



social, occupational, and relational deterioration. There is tremendous urgency to identify and medically treat these first episodes of psychosis, as treatment resistance to medication can occur with prolonged first episodes. Unfortunately, most patients repeatedly stop taking their prescriptions and have frequent relapses that increase the chances of treatment resistance to future medication trials.

Patients with schizophrenia can have associated psychiatric problems with anxiety, post-traumatic stress disorder, and obsessive-compulsive disorder. Medical issues are overrepresented in these patients due to poor diet, lack of exercise, chronic stress, and excessive nicotine usage, leading

to high rates of diabetes, respiratory diseases, and hypertension. Certain antipsychotic medications may also worsen blood glucose and cholesterol levels. There are psychiatric and medical illnesses that can present with some of the positive and negative symptoms of schizophrenia and must be ruled out before the diagnosis is confirmed. These include bipolar disorder, major depression with psychotic features, post-traumatic stress disorder, delusional disorder, drug-induced psychosis, drug withdrawal, traumatic brain injury, stroke, multiple sclerosis, dementia, Parkinson’s disease, Wilson’s disease, thyroid disease, and a brain tumor. The etiology of schizophrenia is very complex,

with multiple prenatal, childhood, and adolescent genetic, physiological, and environmental factors.³

Antipsychotic medications are focal to reducing the positive symptoms of schizophrenia. First-generation antipsychotics, such as haloperidol, chlorpromazine, and thioridazine, were designed to block dopamine receptors and attenuate positive symptoms. However, these drugs have possible side effects of drug-induced Parkinson's symptoms, such as tremors, muscle rigidity, masked facial expressions, gait difficulties, and a long-term movement disorder called tardive dyskinesia. Also, these drugs did not help the negative symptoms but instead made them worse in some patients, leading to high rates of patient non-compliance.

Second-generation antipsychotics came out in the 1990s. Also called atypical neuroleptics, they are more diverse in their mechanisms of action than first-generation antipsychotics. They block dopamine receptors like the older drugs but also obstruct a serotonin receptor called 5-HT_{2A}. This receptor system acts as a braking system and, if blocked, provides a mechanism to increase dopamine and balance excessive dopamine congestion at the receptors. All atypical neuroleptics, except for clozapine, have the same benefit level for positive symptoms in most patients. Clozapine is different in that it is often effective in patients who have not responded to other atypicals. All atypicals have a risk for increasing insulin resistance and cholesterol and must have labs monitored to assess these variables. Individual products may differ in the degree to which they induce weight gain, prolactin elevation with resultant breast milk stimulation, sedation, and cost. They all carry a warning about increased mortality when used in dementia-related psychosis. Some are required to be taken with food

(lurasidone), have orally-dissolvable delivery systems (SAPHRIS[®], Abilify Discmelt[®]), or have a transdermal skin patch (SECUADO[®]). Clozapine is uniquely effective but has high rates of weight gain and a risk of suppressing white blood cell counts to the degree that bloodwork is required before dispensing by a pharmacy. An entire category of long-acting injectable neuroleptics has become quite important as enhancers of patient compliance since these drugs can be given once a month or less frequent.⁴

The treatment goals are to recover from acute psychotic symptoms, prevent future relapses, and improve adherence to treatment and the patient's quality of life.⁵ Improving adherence to medication is central to the other goals.⁶ It has been postulated that cognitive impairment contributes to nonadherence by making it more difficult for patients to fully understand the nature and impact of their illnesses or follow treatment instructions. Side effects are an additional driver of non-compliance, as patients complain of sedation, weight gain, fatigue, and worsening of cognitive problems as tangible reasons why they do not like their medications. Involving patients and other caregivers in the decision-making process may help providers determine which side effects are problematic. Caregiver fatigue also needs to be addressed to help patients have the necessary support. Using as few medications and doses per day as possible is essential to patient compliance. With once per month dosing, long-acting injectable antipsychotics can be a welcomed option. Finally, helping patients see recovery as a process, not a destination, is vital in celebrating small gains in function at home, work, school, or social life. Sometimes the continuing attempt to make progress equals success, regardless of the outcome. ✖



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Endnotes

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Hunter v. U.S. Department of Education: A Threat to Religious Liberty



In March 2021, attorneys for the Religious Exemption Accountability Project (REAP) filed a lawsuit against the U.S. Department of Education implicating 25 religious colleges and universities. They demanded revocation of the religious exemption under Title IX, allowing higher education institutions that promote biblical beliefs regarding sexuality to participate in federal student aid programs. Should REAP ultimately prevail in this lawsuit, any student attending any religious higher education institution would be prevented from participating in federal student aid programs, including student loans. Without financial aid, admission would significantly decline, potentially propelling religious institutions into bankruptcy and leaving only secular institutions to provide undergraduate and graduate education in the United States.

When filed, the lawsuit presented an interesting procedural problem.

By filing the suit against the U.S. Department of Education, which the Biden Administration oversees, REAP essentially guaranteed that there would be no significant government opposition. We can reasonably speculate that REAP intentionally and strategically waited to file this suit until a liberal administration occupied the White House.

In response, on April 9, 2021, the Council for Christian Colleges & Universities (CCCCU) and three Christian institutions of higher education (“Proposed Intervenor”) evoked Rule 24(a)(2) of the Federal Rules of Civil Procedure, which allowed them to request to be named as a Party to the *Hunter* lawsuit.¹

Referred to as “intervention,” this Rule “... allows a person who is not a party to an action, who has interests in subject of an action to be joined, instead of waiting to be forced into action, if he or she timely applies to the court to intervene, assuming his

interest is not adequately represented by one of the parties.”² Rule 24(b)(1)(B) allows “permissive intervention,” where a court can allow a third party to intervene even when the third party is not entitled to intervention as a right.

On October 8, 2021, the Federal District Court for the District of Oregon granted the Proposed Intervenor’s Motion to Intervene based on the “permissive intervention” principle. In doing so, the Court noted:

The Court finds that [P]roposed [I]ntervenors have an *extensive interest* in the case.... [P]roposed [I]ntervenors seek to defend the constitutionality of the religious exemption, and while [P]roposed [I]ntervenors’ interests are adequately represented by existing parties, limited intervention would not prolong or unduly delay the litigation. Finally, [P]roposed [I]ntervenors may significantly contribute to the full development

of the underlying factual issues and to the just and equitable adjudication of the legal questions presented³ (emphasis added).

While the Court's granting of the Proposed Intervenor's Motion to Intervene is a positive development. It may be years before this case makes its way through our complex legal system to be fully adjudicated. Nonetheless, Christians must pay close attention to this case even today. If more Christian colleges and universities wish to intervene, they should act quickly because motions to intervene must be filed in a "timely" manner. Nonetheless, Christian institutions of higher education are currently well-positioned. They are represented by competent attorneys with a track record of defending religious freedom at the highest levels of the law.

Of course, Christian mental health professionals and lay/biblical counselors may wonder why they should be concerned about *Hunter v. U.S. Department of Education*.

First, the lawsuit clearly targets only Christian institutions, even though the religious exemption under Title IX extends beyond only Christian institutions, indicating a continuation of hostility to those who hold a biblical worldview. Of the 25 colleges and universities implicated in the lawsuit, 100% were Christian of various denominations. No Islamic or Jewish institution of higher education was impacted.

Second, by eliminating the religious exemption under Title IX, the lawsuit may have long-lasting implications on legal protection in other areas of Christian living. A gradual chipping away of religious liberty should not be tolerated.

Third, the impact on religious institutions themselves may be significantly affected. As one of the Proposed Intervenor's attorneys, David Cortman of the Alliance Defending

Freedom, said, "This lawsuit wants the federal government to tell Christian schools, '*To continue accepting low- to middle-income students who require financial aid, you have to violate your core beliefs.*' Because that's neither reasonable nor constitutional, we are pleased that these schools will have the opportunity to defend their freedoms in this case"⁴ (emphasis added). As previously noted, the implications of losing students could propel faith-based schools into financial ruin.

Fourth, the implications on student choice would be unprecedented and negatively impact low-income and minority students in particular. CCCU noted:

This lawsuit would take federal financial aid away from hundreds of thousands of students who choose to attend faith-based colleges and universities. This would *restrict student choice in an unprecedented way*, preventing middle- and low-income students from being able to take their federal aid to these institutions. Seven out of 10 CCCU students receive federal funding, and the withdrawal of financial aid, including Pell grants and federal research grants, would have a *disproportionate impact on low-income and first-generation college students*, as well as *students from racial and ethnic minority groups* (in 2015-16, 72% of African-American students nationally received Pell Grants, compared to 34% of white students)⁵ (emphasis added).

This lawsuit also presents particular concerns for Christian students seeking degrees in areas of mental health. One hundred percent of the 25 Christian schools implicated offered bachelor's and/or master's degrees in mental health-related fields, including psychology, social work, counseling, marriage and family therapy, and school counseling.

Previous lawsuits demonstrate that Christian counseling students are particularly susceptible to discrimination and harassment by secular institutions. In *Ward v. Polite*, a third-year Eastern Michigan University student, Julea Ward, was expelled after attempting to refer a potential client to another student-counselor where the potential client was seeking help with a same-sex relationship. Julea was expelled despite having a 3.91 GPA. Ultimately, Julea had to file a lawsuit to have her expulsion removed from her record.⁶

Augusta State University student, Jennifer Keeton, a Christian, was told by her university that she needed to stop sharing her views on homosexuality in class. Augusta State then ordered Keeton to undergo a "re-education plan." This plan required her to attend "diversity sensitivity training," complete additional remedial reading, and then write papers to describe their impact on her beliefs—one activity was to attend a gay pride parade. Jennifer was ultimately expelled from her counseling program when she refused to comply with re-education.⁷

Surely, if options for Christian students seeking mental health degrees are relegated to secular institutions, they will face further hostility and discrimination. Undoubtedly, this would impact the future of Christian counseling options in the United States by discouraging religious students from pursuing degrees in mental health.

Perhaps the best course of action for Christian mental health professionals who are alumni of Christian colleges and universities is to contact their *alma maters* to make them aware of this case. Additionally, alumni should request that their *alma maters* file an *amicus* ("friend-of-the-court") brief when the time is right as the lawsuit makes its way through the judicial system. ❖

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. Law varies from jurisdiction to jurisdiction.

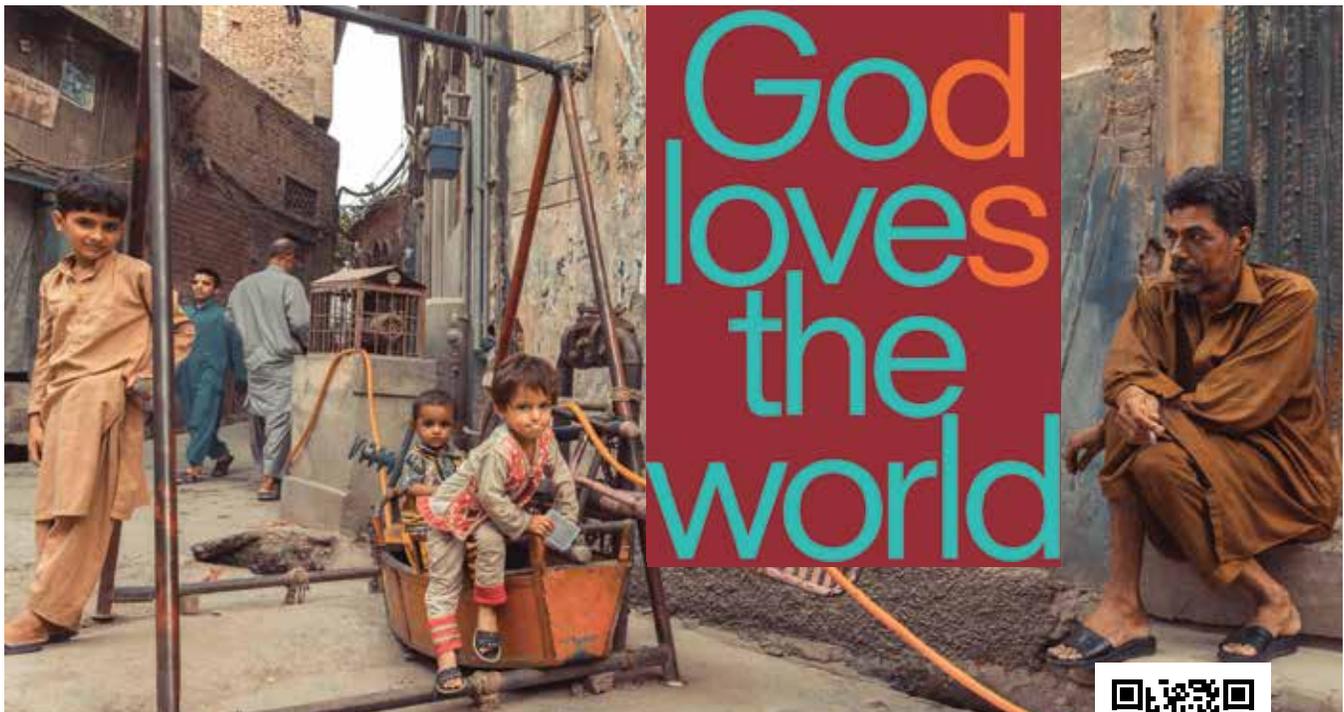


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Jeanneane formerly served as the Vice President of External Affairs and Corporate Counsel for Americans United for Life and as the General Counsel of Care Net. She has a Bachelor of Science in Political Science and History from Westminster College, graduating summa cum laude, and a law degree from Boston University School of Law, graduating cum laude.

Endnotes

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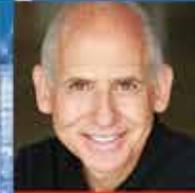
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The Structure of Balance



There are two structures of balance. The first is symmetrical. Symmetrical balance happens when there are two sides with identical weight along a central axis point. The second is asymmetrical. Asymmetrical balance occurs when there are components of different weights, but the sum of those parts balance each other out. I believe most people live in an asymmetrical world. When those different weights get shoved

about by decisions or circumstances, when they change position or shift priorities, unbalance happens—or, as they say—life happens.

My job, as a therapist, is to help people realign their components and find a balance point. Some people have lives like a single tightrope walker, needing just a few components to walk the line. Other people—and I run into many more of these—live life as a complex circus act within layers of people, poles, and

positions, all of which must somehow be brought into balance so they do not end up in a heap on the ground.

Life has a way of unbalancing our lives. We are going along fine, and then a medical diagnosis, job change, relationship fracture—you name it—takes place, and any balance is upended. We find our position in life is shaky and precarious, and we reach out for help to things that are not always most helpful. In therapy, people can struggle to understand how their lives became so unbalanced. Also, they can wrestle with how and what to place back into their lives to reassert some level of stability. This is where I believe the practice of spiritual disciplines is helpful. I have found spiritual disciplines have a unique way of crafting themselves into just the right size, shape, and texture needed to affix to those asymmetrical pieces to recreate balance. Lives may still, and do, consist of mishaps and haphazard elements, but spiritual disciplines can, as they say, round out the rough edges.

When I did some searching for what people consider to be “the spiritual disciplines,” I found a very wide variety. Some people asserted there were seven spiritual disciplines. One graph showed seven times seven. There were lists with 11 or 12 or 27, with the 27th being “etc., etc., etc.” Frankly, when unstable people come to me, I cannot imagine weighing them down with the requirement to integrate 49 spiritual disciplines into their lives. I think they would end up crushed. So, how do you help people decide how to incorporate spiritual disciplines into their lives, and which ones? The answer is through faith. You, and the other person, must have faith together, and with God’s

help, you will be able to discover the answer. Therapy, after all, is a relationship of faith. It is no coincidence that faith and spiritual disciplines go together. Spiritual disciplines require faith, but faith is the motivator for spiritual disciplines—sort of a chicken-or-the-egg conundrum.

As part of my practice, I have always adhered to the “baby steps” rule. When getting back on their feet—or regaining their balance—most people are not ready to take huge strides. They are much too shaky for that, so instead of introducing 49 spiritual disciplines and overwhelming their faith, identifying two or three—or one—can be a more realistic place to start. Spiritual disciplines can, collectively, shore up unstable lives, but there is something remarkable I have found about faith. Faith has the capacity to expand into all sorts of needy nooks and crannies, providing structure and stability until more mature pieces can be created and integrated.

As I said at the start, there is a structure to balance of whatever kind. There is also a structure to spiritual disciplines. They provide a rhythm and framework for life. Structure and framework are often sought out by those with whom I work. The treatment program we use at The Center is highly structured, personalized, and balanced. People can come to us very shaky and upended—they grab onto what we can do for them so their world will stop spinning and crashing to the ground. While with us, they reintroduce themselves to a life of order, purpose, and stability. When people leave us, one of the skills they learn is how to structure their days—what they will do, how they will do it, and for what reason. They understand that life is not something to be survived but that each day, through a series of intentional baby steps, they can get closer to attaining their goals in life—from spinning chaos to

positive, forward momentum.

I have a role as a therapist and also as a leader. My role as a leader is to recognize the structural stability of those served through my leadership. However, my vision is not 20-20. As much as I might want, as a leader, to know how those around me are doing with their daily balancing acts, I cannot always. People are notorious for hiding the truth. We live in a culture where a “fine” response is as automatic as breathing. To help others lead balanced lives, the most I can do is to lead a balanced life myself—a faithful life, in tune with the Spirit through my own practice of spiritual disciplines.

Spiritual disciplines are defined as those practices identified, habits developed, and experiences integrated that promote, strengthen, and grow spiritual characteristics. There may be 49 spiritual disciplines, but the list of spiritual characteristics is somewhat shorter. Each person needs to identify, develop, and integrate which practices, at any given time, contribute to an ever-expanding connection to the characteristics of God’s Spirit—“... love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control. Against such things there is no law” (Galatians 5:22-23, NIV). ✦



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Washington, which emphasizes whole-person care, addressing the emotional, relational, physical, and spiritual aspects of recovery. He is the author of multiple books, including his latest, *The Anxiety Reset* and *So Much to Live For*. Dr. Jantz is a sought-after speaker in person, on television, and radio (www.drgregoryjantz.com).

Spiritual disciplines can, collectively, shore up unstable lives, but there is something remarkable I have found about faith. Faith has the capacity to expand into all sorts of needy nooks and crannies, providing structure and stability until more mature pieces can be created and integrated.

Christian Meditation, Religiosity's Association with Volunteer Service, and Prayer Types and their Relationship with Well-being

The spiritual disciplines are gradually being explored in mental health studies. In this Research Digest, we investigate how Christian meditation impacts trauma rumination. Also, we consider a longitudinal study exploring the relationship between faith practices and volunteering in service-related capacities. Finally, we examine how different prayer styles influence well-being.

Christian Mediation

Knabb, J.J., Vazquez, V.E., Pate, R.A., Garzon, F.L., Wang, K.T., Edison-Riley, D., Slick, A.R., Smith, R.R., & Weber, S.E. (2021). Christian meditation for trauma-based rumination: A two-part study examining the effects of an Internet-based 4-week program. *Spirituality in Clinical Practice*. Advance online publication. <http://dx.doi.org/10.1037/scp0000255>.

Knabb and colleagues developed a four-week online meditation program utilizing classical Christian contemplation methods such as Scripture meditation, a walking meditation focusing on God's presence, the Jesus Prayer ("Lord Jesus Christ, son of God, have mercy on me"), and the Examen (an Ignatian prayerful self-reflection exercise). They wanted to see how these meditations might impact people suffering from trauma-based rumination (chronic rehearsing of past painful events) and other symptoms. Two randomized waiting-list control group studies were done—one on adult university students and the other on an adult community sample. Neither sample

contained participants with high-risk behaviors or a diagnosis of post-traumatic stress disorder.

For the university student study, the intervention group improved compared to the waiting-list control group in the following areas: increasing four positive mental qualities (present focus, attention, acceptance, and awareness), enhancing religious coping, and increasing communion with God. There were also indications of reduced trauma rumination. In the community sample study, those practicing the meditations experienced a significant decrease in their trauma-related symptoms compared to the waiting-list control group. Although limitations existed, such as participants not having a clinical diagnosis, the positive findings correspond with other randomized trials demonstrating that Christian therapists have emerging evidence to use these meditation practices, instead of secular or Buddhist mindfulness methods, with Christian clients.

Religiosity's Association with Volunteer Service

Petrovic, K., Chapman, C.M., & Schofield, T.P. (2021). Religiosity and volunteering over time: Religious service attendance is associated with the likelihood of volunteering, and religious importance with the time spent volunteering. *Psychology of Religion and Spirituality*, 13(2), 136-146.

Though religious involvement has been studied for how it influences a person to volunteer for service to the community, most of

these investigations have been surveys or other less rigorous methods. Petrovic and colleagues wanted to use a higher quality longitudinal research design to examine participants' behaviors over time to see how church attendance and personally reported importance of religion would influence a person's likelihood of volunteering. Additionally, the researchers sought to establish the amount of time participants spent in volunteer activities. The two-stage strategy examined both personal and interactive effects of individual religious importance and church attendance with a longitudinal Australian survey that was nationally representative and given annually ($N = 8,163$).

The study found that "greater religious service attendance is associated with an increased likelihood of volunteering, whereas stronger religious importance is associated with an increase in time spent volunteering among volunteers" (p. 136). These findings indicate a more nuanced perspective on how various aspects of religiosity promote prosocial behaviors. Although most research supports the influence of religious service attendance in inspiring people to volunteer, the amount of time invested in the activity seems to be associated with the importance of religion more than previously thought. While limitations exist for the study, the findings suggest that the more people value their faith, the more likely they are to volunteer and stick with their chosen activities for more extended periods.

... we are at an exciting time in the mental health profession, with more and more interest in exploring how faith practices influence mental health and psychotherapy treatment.

Prayer Types and their Relationship with Well-being

Puchalske-Wasyl, M.M., & Zarzycka, B. (2020). Prayer and internal dialogical activity: How do they predict well-being? *Psychology of Religion and Spirituality*, 12(4), 417-427.

Some theorize that people who talk to themselves silently to analyze and resolve problems may similarly interact with God. Puchalske-Wasyl and Zarzycka proposed this silent dialog style of prayer interaction perhaps serves as a means to self-regulate one's behavior and mental processes, thus enhancing well-being. They wanted to see which forms of quiet conversational prayer correlate with well-being, so they identified three styles (inward, outward, and upward) that interact with different forms of internal dialog. Inward prayer focuses on connecting with oneself, outward concentrates on person-to-person relationships, and upward emphasizes building the human connection with God.

An online survey of 107 participants (52 male and 55 female, predominantly Roman Catholic) took place in Poland and utilized several psychometrically normed measures. Findings demonstrated that inward, outward, and upward prayer correlated with various forms of internal dialog; however, the authors observed that internal dialog and prayer are distinct practices that sometimes overlap and other times do not. In their sample, only upward prayer mediated the relationship between internal dialog and well-being. The researchers speculated that upward prayer focuses on building up a person's

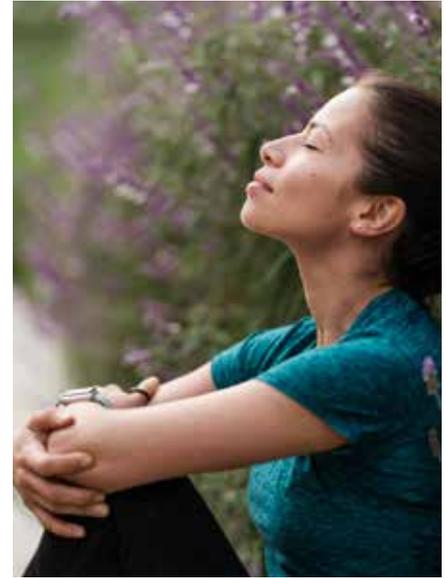
relationship with God, where He is an active participant in the prayer. In contrast, inward and outward prayer leave God in a listener role as the person recounts inner struggles or outer conflicts with others. These preliminary findings highlight how different prayer practices may correlate with well-being—in this case, upward or worshipful prayer. More research is needed.

Concluding Thoughts

Interest is growing in how the spiritual disciplines impact mental health. Christian meditation represents an intervention with a developing empirical research base to support its use in therapy. However, research on the other practices noted in this digest (service and the relationship of different forms of prayer with well-being) is at an early stage. Taken together, we are at an exciting time in the mental health profession, with more and more interest in exploring how faith practices influence mental health and psychotherapy treatment.



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More than 7,500 churches and nearly 17,000 students now enrolled & climbing every day!



"Without question, this training will be one of the most, if not the most, significant projects we have ever done in the history of the AACC. We need an army of helpers in the local church—those of whom God has given natural gifts and talents to offer help, hope, and guidance to the hurting!"

Dr. Tim Clinton, President
 American Association of Christian Counselors

Introducing the all-new Mental Health Coach Training—a 40-hour, biblically-based training that consists of three courses. Enroll and successfully complete all three courses and become a "Certified Mental Health Coach" by the International Board of Christian Care.

Our 2021 mission—to engage, educate and equip 5,000 churches and congregations—was achieved! We have expanded our vision to now reach an additional 7,500 churches and train 34,000 students all over America and around the world through these congregations.

Who can enroll? Under the discretion of your church, *anyone with a calling to offer help, hope, and encouragement* to those who are hurting and looking for guidance and direction in everyday life.

3 On-Demand Courses

- 101: Foundations of Mental Health Coaching** (15 hours)
- 201: Mental Health Coaching Skills** (13 hours)
- 301: Mental and Behavioral Health Disorders** (12 hours)

- 40-hour, Biblically-based, Clinically-excellent Training Program
- Featuring some of the world's leading mental health and ministry experts
- On-demand video lectures
- Available 24/7/365
- Study anywhere, anytime, at your own pace, on any of your favorite devices!



Learn to help those who struggle with *Serious Mental Illness* (SMI), including topics like:

- Addiction
- Trauma and Abuse
- Communication
- Grief and Loss
- Boundaries
- Panic Disorders
- PTSD
- Phobias
- Relationships
- Suicide
- Crisis Intervention
- Depression
- Stress and Anxiety
- Faith and Spirituality
- ... and more!

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IAN JONES, PH.D., PH.D.



DIANE LANGBERG, PH.D.



GEORGIA SHAFFER, M.A.



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... and more!

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Submit your church for consideration as a Charter Congregation to steward the training of Mental Health Coach First Responders in your community.

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THE GRACE PROGRAM

at Timberline Knolls

Timberline Knolls gives Christian women and adolescent girls the opportunity to deepen their understanding of Christ and build on their relationship with Him. Through The Grace Program, residents work together to achieve lifelong recovery through a holistic 12-step-based clinical approach, strengthening them spiritually, physically, mentally, emotionally and socially.



Timberline Knolls Residential Treatment Center

40 Timberline Drive | Lemont, Illinois 60439
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Timberline Knolls is a residential treatment center located on 43 beautiful acres just outside Chicago, offering a nurturing environment of recovery for women and girls ages 12 and older struggling to overcome eating disorders, substance abuse, mood disorders, trauma and co-occurring disorders. An adult partial hospitalization program is available for step down and for women to direct admit. By serving with uncompromising care, relentless compassion and an unconditional joyful spirit, we help our residents help themselves in their recovery.

Answer the following questions from this issue of *Christian Counseling Today* by marking the appropriate circle. Once completed, you may send in this entire page or a photocopy with your payment to the address below. Please do not send cash. The quiz is open-book and you will need a minimum score of 70% to receive a letter of completion.

ACT for Christian Clients in Counseling and Psychotherapy... – Joshua Knabb

- The goal of the ACT based approach is
 - a. to eradicate psychological pain
 - b. to embrace life again with its ups and downs
 - c. to disengage from pain and unpleasant inner experiences
 - d. to focus on waiting for chronic symptoms to decrease

Hunter v. U.S. Department of Education: A Threat to... – Jeanneane Maxon

- If the Religious Exemption Accountability Project (REAP) lawsuit prevails
 - a. Christian higher education would be denied federal aid
 - b. legal protections of religious liberty will be gradually chipped away
 - c. Christians will be discouraged from pursuing mental health education
 - d. all of the above

Led by the Spirit and Anchored by the Word – Ian F. Jones and Ron Hawkins

- What is the "anchor of the soul" mentioned by the authors?
 - a. the leading of the Spirit
 - b. the result of having abiding faith
 - c. the hope set before us
 - d. obedience to the Word

Millennials are Reshaping America's Future... – George Barna

- Seventy-five percent of the entire Millennial generation
 - a. claim they are still searching for their purpose in life
 - b. frequently struggle with anxiety and depression
 - c. do not attend religious services
 - d. believe if people are good enough they will go to heaven

Pathways to Grace: Spirituality and the Helping Professions – Mark and Lisa Graham McMinn

- The final pathway to grace mentioned in the article is
 - a. sin and forgiveness
 - b. beauty and great love
 - c. radical acceptance of another person
 - d. suffering

Spiritual Disciplines: Boundaries and Guidelines in Therapy – Siang-Yang Tan

- Tan says that the ultimate goal of Christian therapy is
 - a. the healing of painful memories and past hurts
 - b. spiritual growth or maturity in Christ
 - c. the restoration of a state of emotional equilibrium
 - d. the practical application of spiritual disciplines

Spirituality and Mental Health: What Does the Research Say? – David Rosmarin and Mia Drury

- Spiritual beliefs convey hope, meaning, coping mechanisms, and...
 - a. enhance self-control and reduce impulsivity
 - b. eliminate spiritual symptoms and struggles
 - c. are embraced by less than 50% of the U.S. population
 - d. all of the above

Spirituality and Soul Care: Looking to the Past to Find... – Gary W. Moon

- Two fundamental problems that hound the integration movement are:
 - a. differing understanding of Scripture and beliefs about Jesus
 - b. the nature of sin and beliefs about the existence of Satan
 - c. reclaiming and experiencing the invisible real
 - d. multiple secular therapies and modern academic restrictions

The Power of Pause: Neuroscience and Abundant Connection – Kelsey Myers

- As we get older, many of us
 - a. choose relationships that reveal unresolved wounds
 - b. work attachment patterns into our spiritual journeys
 - c. are deeply influenced by early attachment figures
 - d. all of the above

The Role of Prayer and Worship in Mental Health – John C. Thomas

- The author points out that God needs to be our focus because
 - a. human beings are defined by what we worship
 - b. we are what we love
 - c. we cannot transform ourselves
 - d. all of the above

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LEARNING OBJECTIVES

- Participants will:
- Increase awareness and content expertise on current trends in mental health practice.
 - Be able to articulate a more comprehensive understanding of this issue's core theme.
 - Be able to integrate spirituality and faith-based constructs into the delivery of care.

PARTICIPANT EVALUATION

- Please rate the following on a scale of 1–5 (1 meaning **Poor** and 5 meaning **Excellent**):
- _____ This issue of CCT is relevant to my practice as a mental health professional.
 - _____ The articles in this issue are comprehensive and well written.
 - _____ I would recommend this home-study program to other professionals.

The American Association of Christian Counselors (AACC) offers some therapists and counselors Continuing Education (CE) credit due to good standing with a limited number of professional organizations.

- The training offered through AACC sponsored conferences and training programs meets the ongoing CE requirements for counselors, life coaches, mental health coaches, and crisis responders who are credentialed through the International Board of Christian Care (IBCC) or one of its affiliate boards: the Board of Christian Professional and Pastoral Counseling (BCPPC); the Board of Christian Life Coaching (BCLC); the Board of Mental Coaching (BMHC); and the Board of Christian Crisis and Trauma Response (BCCTR).

*It remains the responsibility of each participant to be aware of state licensure requirements. *Participants should check their state and/or local regulations regarding required continuing education hours. Please allow 3-6 weeks for processing.*

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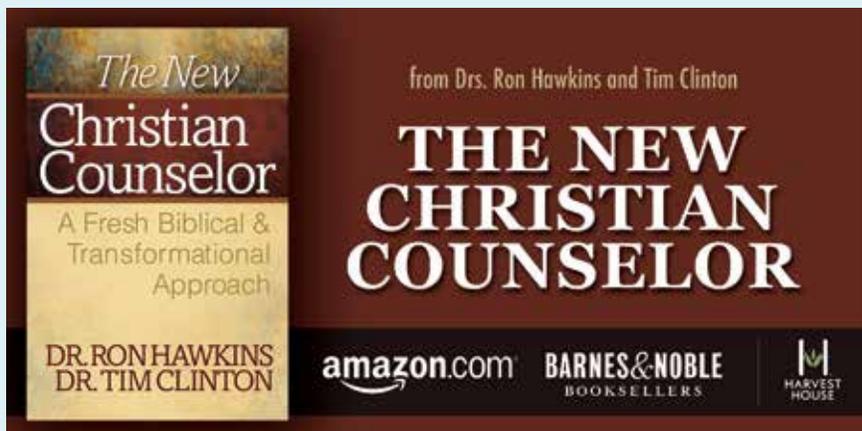
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» AdVentures

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■ **DR. GREGG JANTZ AND THE CENTER FOR COUNSELING & HEALTH RESOURCES** welcome you to the world of opportunity that awaits! Our team specializes in treating individuals as a whole person, through individualized, comprehensive, world-renown healthcare methodologies unique to Dr. Jantz's approach. We are interviewing now for Mental Health Counselor/Therapist and an Admissions/Admitting Specialist. Please send cover letter and CV to: drjantz@aplaceofhope.com.

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About 3% of the population will experience a panic disorder within a given year. Approximately 1.7% of the population experience agoraphobia, and this is more common in women than men. Harvard Medical School found that in the years to come, panic disorder and agoraphobia will be on the rise due to the symptoms finally coming to light after the pandemic. **Panic Disorders 2.0** will help students understand the nature, causes, and prevalence of panic disorder and agoraphobia and assess the latest evidence-based treatment strategies.



Presented by Gary Sibcy, Ph.D.

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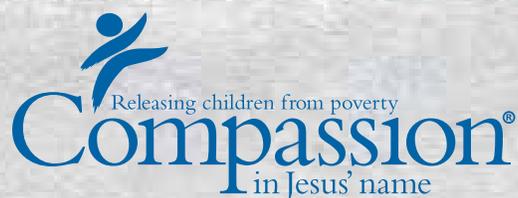
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Embracing the Present.
Redeeming the Future.*

