

*STOWARZYSZENIE PSYCHOLOGÓW
CHRZEŚCIJAŃSKICH*

**THE ASSOCIATION OF
CHRISTIAN PSYCHOLOGISTS (ACP)**
Poland

**INTEGRATIVE PSYCHOTHERAPY:
A CHRISTIAN APPROACH**
DEFINITION
HISTORY, RESEARCHES, REFERENCES
METHOD OF THERAPY



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ASSOCIATION OF CHRISTIAN PSYCHOLOGISTS (ACP) in Poland

THE GOALS OF ACP (SPCh)

The Statute of ACP specifies the goals of the Association as follows:

- 1) The popularisation of development of the person (which includes the pursuit of psychological and spiritual integration).
- 2) The protection of the spiritual and psychological health of the person (in a manner which is in agreement with Christian values).
- 3) To establish a forum connecting Christian Psychologists (Catholic as well as other Christian faiths) to fulfil their professional call in the spirit of the Gospel.
- 4) The recognition and popularisation of Christian concepts of the person.
- 5) The development of theoretical and practical psychology, in particular to recognise and to develop those psychological and counselling methods of work which are in agreement with the Christian vision of man.

The goal of ACP is providing help for people who face psychological difficulties, based on the integrated concept of a person in the biological, psychological, social and spiritual dimension.

THE HISTORY OF ACP

The Association of Christian Psychologists (ACP) was established to infuse the spirit of the Gospel into professional life. It was also designed to acknowledge the needs of the patients who wish to be respected in their religious experiences.

Since January 1994 in Warsaw monthly meetings were held, open to all who were interested. Some of the subjects were: integration of psychic and spiritual growth of the person, the possibility of adopting different therapeutic systems by Christian psychologist, the influence of the New Age ideology in contemporary psychology, the presence of deep religious experiences in psychotics. These and similar topics were presented by psychologists and psychotherapists from Poland and other countries.

In 1994 we organised the first nationwide conference on the subject: "Christian Spirituality and Psychological Growth". Since September 20, 1995 the Association has been registered in the State Court of Warsaw. For the last 17 years our activities have gathered people from the whole country. ACP groups psychologists, psychotherapists, psychiatrists, clergy and also representatives of other professions. ACP has 975 members. About $\frac{3}{4}$ of them are psychologists and psychotherapists.

The Association is the only one organisation of this type in Poland. ACP has branches in Gdańsk, Poznań, Kraków, Katowice, Warsaw, Toruń and Wrocław.

From the beginning there were Catholics and Protestants working together, which is the reason why we chose the name Association of C h r i s t i a n Psychologists. A delegation of Catholic psychologists meets every year with Cardinal Józef Glemp, Primary Bishop of Poland, informing him about ongoing activities. They received his blessing for ACP works. He informed all bishops of the Conference of the Episcopate about our activities. Protestant psychologists also informed their spiritual leaders. Some of them participate in ACP conferences and meetings. John Paul II blessed the Association of Christian Psychologists in Rome in 2002.

BOARD OF COUNCIL (ACP)

The Council Board members in 2010-2013 are: Romuald Jaworski, Prof. (President); rev. Stanisław Tokarski, PhD (Vice-President); Emil Walendzik (Vice-President); Hanna Małecka (Secretary); Katarzyna Ornat (Treasurer); Anna Ostaszewska (member, president of Psychotherapy Section), Agnieszka Grodzicka (member, president of Counselling Section), Stanisław Orłowski (member, president of Diagnosis and Education Section), Mateusz Hinc, PhD (member), Anna Czyżewska (member) and presidents of ACP local divisions: Maria Rozmiarek (Poznań), Ewa Kohnke (Gdańsk), Henryka Machej (Kraków), Justyna Serafin - Wujkowska (Katowice), Anna Kołodziejczyk (Warsaw), Ewa Nowodworska (Toruń), Tomasz Lewandowski (Wrocław).

ACTIVITIES OF ACP IN 1994-2012

1. The ACP Psychological Centre in Warsaw

The first ACP Psychological Aid Centre was opened in 1999 in co-operation with Caritas. It is located at Bednarska Str. 28/30 in Warsaw. Tel.0048-22-828 54 83. The staff consists of 30 professionals: psychologists, psychotherapists, psychiatrists and clergy (also exorcists). In 2011 about 10 000 individual therapy sessions took place in the Centre.

In 2009 a new **ACP Psychological Centre** was opened in Warsaw. Address: Kinowa Str. 19. Tel. 0048-697 011 019, 0048-697 011 207.

2. Psychology and Psychotherapy Study in years 1996-2003

Psychology and Psychotherapy Study (100 hours) opened by ACP in 1996, marked a first step toward education of Christian psychotherapists and counsellors. In 2003 this Study was transformed into three different courses: Psychotherapy Study, Counselling Study and 1-year Study of the Basic Psychological Skills.

3. Psychotherapy Study

The purpose of the Psychotherapy Study is education of psychotherapists. Modality we develop and teach is called Integrative Psychotherapy: a Christian Approach. The Study offers 848 hours of training during four years. Sessions include lectures with discussion, workshops, supervisions. The program includes:

- Clinical psychology and ethic rules,
- Basic psychotherapeutic skills,
- Integrative Psychotherapy: a Christian Approach,
- Other psychotherapeutic schools (cognitive-behavioural therapy, psychoanalytic and psychodynamic psychotherapy, Gestalt, AT and systemic family therapy) – 232 hours
- Supervisions (100 hours),
- Psychotherapeutic Workshops – individual therapy techniques, group therapy techniques, integrative therapy techniques (100 hours),
- Psychology of religion and spirituality - 32 hours,
- Trainings: interpersonal training, intrapsychical training, therapeutic group training (200 hours of self-experience).

The Study prepares participants to apply for the Certificate of Psychotherapist. To receive the certificate students must have also 360 hours of experience in psychiatric hospital, 100 hours of individual psychotherapy, min. 65 hours of individual supervisions, min. 255 hours praxis under supervision and to pass theoretical and practical exams. Total number of hours of training is 1373, and with praxis under supervision – 1628 hours.

The Study offers 20 places each year. Director of the Psychotherapy Study is Rev. Dr hab. Romuald Jaworski, co-ordinator: Anna Ostaszewska.

The course is located in Warsaw, Kinowa str. 19. Contact: studium@spch.pl .

Lecturers – main team:

1. Dr Golczyńska Maria - psychiatrist, psychotherapist, Institute of Psychiatry and Neurology (IPiN), ACP, Polish Psychiatric Association
2. Furmanik Alicja - psychologist, psychotherapist, supervisor, ACP, Cracow
3. Dr Hinc Mateusz Hinc OFM - psychologist, psychotherapist, supervisor, lecturer, ACP, Cracow
4. Rev. Dr hab. Jaworski Romuald - psychologist, psychotherapist, supervisor, ACP Psychological Center, lecturer at the University of Cardinal Stefan Wyszyński in Warsaw, president of ACP
5. Dr Kaflik Ireneusz – psychiatrist, psychotherapist, leader of Balint Groups, Polish Psychiatric Association, ACP, Częstochowa
6. Ostaszewska Anna – psychotherapist, supervisor, ACP Psychological Center, President of ACP Psychotherapy Section, European Certificate of Psychotherapy
7. Piwoni-Cieślińska Róża - psychotherapist, Foundation „The Porest”, ACP

8. Rusak Agata – psychologist, psychotherapist, supervisor, European Certificate of Psychotherapy, ACP
9. Rev. Dr Tokarski Stanislaw – psychologist, psychotherapist and supervisor, Psychological Aid Center, lecturer, University of Cardinal Stefan Wyszyński in Warsaw, ACP
10. Talmont Katarzyna - psychotherapist, Family Center in Warsaw, ACP

Other teachers:

11. Prof. Czesław Czabała – psychologist, psychotherapist, supervisor, Polish Psychiatric Association
12. Kołodziejczyk Anna - psychologist, psychotherapist, OPP, przewodnicząca OW SPCh
13. Lech Marian – psychologist, psychotherapist, supervisor, leader of Balint Groups, Psychological Aid Center, ACP
14. Maciocha Ewa - psychologist, sexuologist, IPiN, ACP
15. Dr Próchniewicz Jolanta - psychologist, specialist in homosexuality, lecturer, University of Poznań, ACP
16. Dr Sala Paweł - psychiatrist, psychotherapist, IPiN, Polish Psychiatric Association
17. Stelmaszczyk Anna - psychotherapist, family and marital therapist, specialist in therapy for the post-abortion syndrome, European Certificate of Psychotherapy, ACP, Polish Psychiatric Association, Łódź
18. Surma Małgorzata – psychologist, psychotherapist, OPP, CP, ACP
19. Rev. dr Szpakowski Bogusław – psychotherapist, Polish Psychiatric Association
20. Prof. Załuska Maria - psychiatrist, director of Psychiatric Division at Bielanski Hospital, lecturer, University of Cardinal Stefan Wyszyński in Warsaw, ACP, Polish Psychiatric Association
21. Zimna-Rycerz Ewa - psychotherapist, Psychological Aid Center, ACP

Other psychotherapeutic schools present:

1. Psychoanalytic Psychotherapy - Małgorzata Ojrzyńska, Polish Psychoanalytical Association, Warsaw
2. Cognitive Behavioral Therapy – Agnieszka Popiel, PhD, Ewa Pragłowska PhD, Polish Association of Cognitive-Behavioral Therapy, Warsaw
3. Gestalt Therapy (including self experience 25 hours) – Andrzej Wroński, Institute of Integral Gestalt Psychotherapy, European Certificate of Psychotherapy, Cracow
4. Psychodynamic Psychotherapy (including self experience 25 hours) – Maciej Pilecki, PhD, Polish Psychiatric Association, Cracow, Anna Dworczyk Dreszer – Institute of Psychoanalytic Psychotherapy “Rasztów”, Warsaw, Danuta Prokulska-Balcerzak - Mazovian Psychodynamic Centre, Warsaw
5. Systemic Family Therapy – Ewa Stankowska, Association of Systemic Family Therapy, Poznan

4. Counselling Study

The purpose of the Counselling Study is education of Christian counsellors by teaching them practical psychological skills useful in counselling centres, in service for communities, parishes or other groups and institutions, where psychological skills and knowledge are necessary. The Study (325 hours during two years) provides knowledge necessary for counselling in form of lectures and workshops covering issues such as:

- Christian psychological concept of a person;
- Basic skills in counselling – first contact with a client, contract, diagnosis, therapeutic interventions, defence mechanisms, transference and counter-transference etc.;
- Psychopathology: depressions, neuroses, personality disorder, family problems, addictions, violence in family, sexual disorders;
- Integrative Psychotherapy: a Christian Approach;
- Other psychotherapeutic schools,
- Psychology of religion and spirituality;
- Supervisions;
- Interpersonal training, intrapsychical training, training of psychology of communication and counselling workshop (100 hours).

The Study offers 20 places each year. The course last from November to June every year, in 10 sessions. Graduates obtain a diploma of graduation from Counselling Studies. Participants can apply for the Certificate of Counsellor if they have additionally min. 50 hours of individual psychotherapy and 50 hours of individual supervision (min. 200 hours of praxis under supervision). Total number of hours of training is 425, and with praxis under supervision – 625 hours.

Director of the Counselling Study is Rev. Dr Stanisław Tokarski, co-ordinator: Anna Ostaszewska. The course is located in Warsaw, Kinowa str. 19. Contact: studium@spch.pl.

5. Annual scientific conferences

Every year ACP organises scientific conferences inviting Polish and foreign lecturers. Conference subjects:

1. „*Christian spirituality and mental development*”(1994), with the participation of a Christian psychology representative from France;
2. „*Faith, psychology, psychotherapy*”(1996) conducted by Polish lecturers and guests from Greece, Canada and Germany;
3. „*Christian psychotherapy*”(1997) conducted by therapists from the Academy of Christian Psychology IGNIS in Germany and lecturers from Poland;
4. „*Psychology in the face of life and death*”(1998) - lectures and workshops were conducted by specialists from Poland and the Christian Therapy Centre from Great Britain;
5. „*Psychology in the face of good and evil*”(1999) - lecturers from Poland and Germany;
6. „*Integrated human development in united Europe*”(2002) - lectures and workshops conducted by guests from Great Britain, Germany, Greece, Belgium and Poland;
7. „*Psychology in the face of truth and falsehood*”(2001) - with participation of guests from Germany, Great Britain and Poland;
8. „*Psychology, psychotherapy and love of one's neighbour*”(2002) with participation of guests from Italy and Belgium;
9. "*Psychology and psychotherapy in the face of suffering*" (2003) with guests from Austria and Ukraine;
10. "*Christian psychology and psychotherapy in theory and praxis*" (2004) with participation of ACC-Europe and European Movement for Christian Psychology and Anthropology.
11. "*Psychology and psychotherapy in the face of personality disorders*" (2005) with 180 participants from Poland.
12. "*From depression to peace of soul*" (2007). With representatives of different psychotherapeutic schools.
13. „*Anxiety Therapy from the Perspective of Various Psychotherapeutic Approaches*" (2009) with participation of Eric Johnson, president of Society for Christian Psychology in US and representatives of various psychotherapeutic schools in Poland.
14. „*Spirituality and sexuality*" (2010). Warsaw.

6. International co-operation

ACP belongs to the **European Movement for Christian Anthropology, Psychology and Psychotherapy - EMCAPP** www.emcapp.eu and to the **Association of Christian Counsellors in Europe – ACC Europe** <http://www.acc-eu.org> .

ACP **Psychotherapy Section** is the ordinary member of the **European Association for Psychotherapy - EAP** www.europsyche.org .

ACP co-operates with international psychological organisations, such as:

1. Academy of Christian Psychology IGNIS in Germany www.ignis.de,
2. Society for Christian Psychology in US www.christianpsych.org,
3. British Association of Christians in Psychology-BACIP www.bacip.org.uk (in past: NeCiP),
4. Italian Association of Catholic Psychiatrists and Psychologists – AIPCC www.aipcc.net,
5. Christian Association of Psychiatrists, Psychologists and Psychotherapists in Netherlands www.cvppp.nl,
6. Association of Christian Counsellors in Finland www.accfinland.org (counsellors, psychologists and psychotherapists belong to ACC Finland),
7. Institute of Christian Psychology, Therapy and Pedagogy in Switzerland www.icptp.ch,
8. Association of Christian Psychologists in Denmark www.kristne-psykologer.dk,
9. Institute of Christian Psychology in Moscow, Psychological Centre in Krasnojarsk, Russia,
10. Lutheran Seminary in Taiwan,
11. Institute of Christian Psychology, South Africa www.icp.org.za.

ACP participates in **European Symposia of Christian Psychology and Anthropology** (1997 - Germany, 1999 - Poland, 2002 – Germany, 2003 – Poland, 2004 – Italy, 2005 – Great Britain, 2007 – Poland, 2008 – Poland, 2009 – Poland, 2011-Russia, Moscow). XIth European Symposium and meeting of the Movement is planned in Warsaw in 3-6 September 2012.

ACP takes part in ACC Europe leaders meetings (2002–France, 2003–Great Britain, 2004–Poland, 2005–Switzerland, 2006–Finland, 2007– Great Britain, 2008–Belgium, 2009–Denmark, 2010–Belgium, 2012–Switzerland).

Since 2007 ACP representatives take part in meetings of the Board of the European Association for Psychotherapy which take part three times a year in different European cities.

7. Co-operation with other professional organizations in Poland

ACP belongs to Polish Council for Psychotherapy (PCP) www.psychoterapiawpolsce.pl. The Council was established in 2006 by associations which train psychotherapists. PCP co-operates with the Ministry of Health and Polish Parliament in the field of psychotherapy training standards and the project of the law regulating psychotherapy in Poland.

ACP is also an ordinary member of Polish Federation for Psychotherapy (PFP) www.pfp.pl. PFP represents Poland in the European Association for Psychotherapy (together with Psychotherapy Section of the Polish Psychiatric Association).

8. Publishing

The ACP Bulletin has been published bimonthly since 1996. In the series „Library of Christian Psychology”, following items were published:

1. Jaworski R. (1999) Ku pełni życia (Towards Fullness of Life)
2. Tokarski S. (2001) Dojrzałość religijna osób należących do wspólnot neokatechumenalnych (Religious Maturity of People Belonging to Neo-Catechumens Communities)
3. Jaworski R. (Ed.) (2002) Rozwój zintegrowany (The Integrated Development)
4. Rusak A., Jaworski R., Simon W. (Ed.) (2004) Wobec cierpienia (In the Face of Suffering)
5. May W. (2005) Bezpieczne granice (Save Borders)
6. Hinc M., Jaworski R. (Ed.) (2005) Psycholodzy chrześcijańscy wobec problemów człowieka. (Christian Psychologists in the Face of Human Problems)
7. Tokarski S. (Ed.) (2006) Osoba, osobowość, zaburzenia osobowości (A Person, Personality, Personality Disorders)
8. Jackowska E. ed. (2006) Psychologia i psychoterapia chrześcijańska w teorii i praktyce. (Christian Psychology and Psychotherapy in Theory and Praxis)
9. Jaworski R. (Ed.) (2007) W poszukiwaniu skutecznej pomocy (Looking for Effective Help)
10. Niemirowski T. (2008) Od poczęcia do przebóstwienia
11. Tokarski S. (Ed.) (2009) Od depresji (Depression)
12. Informator SPCh (2009) Psychoterapia Integratywna w podejściu chrześcijańskim: Definicja. Historia, badania, literatura. Metoda terapii. (ACP Info. Integrative Psychotherapy: a Christian Approach – Definition. History, Researches, References. Method of Therapy)
13. Association of Christian Psychologists (2010) ACP Info. Integrative Psychotherapy: a Christian Approach. Definition. History, Researches, References. Method of Therapy.
14. Niemirowski T. (2010) O możliwości psychologii chrześcijańskiej (Possibility of Christian Psychology)

9. Other activities, information

ACP organises meetings open for the public, short-term psychological trainings, retreats and pilgrimages (2000 to the Holy Land, 2002 - to Rome and San Giovanni Rotondo).

Catholic media (TV and radio) inform about ACP activity. Sometimes public TV and newspapers give information about ways of resolving problems by Christian psychologists and psychotherapists as well. ACP web side: <http://www.spch.pl> E-mail: spch@spch.pl .

10. The Centre of Psychological and Spiritual Health "TABOR"

ACP is working on a new project "The Centre of Psychological and Spiritual Health TABOR" in which psychiatric, psychotherapeutic and spiritual help will be integrated. Individual and group therapy will take place there. Psychotherapy Study, Counselling Study and other psychological trainings are also planned in the Centre TABOR.

ACP would like to buy a building or a flat for the Centre and look for funds to open it.

If any institution or individuals could help in realising this idea we would be very grateful.

TO INTEGRATIVE PSYCHOTHERAPY: A CHRISTIAN APPROACH

I. DEFINITION

Association of Christian Psychologists – Poland, 2007

A Christian approach to Integrative Psychotherapy is a form of psychological help based on the principles of Christian anthropology. This approach draws on the achievements of various psychotherapeutic schools of thought as well as employs its own distinct methods in order to bring a person back to psychophysical and spiritual health and assist in personal growth.

The approach respects a person's freedom and dignity. The integration concerns the emotional, cognitive, volitional, behavioural, biological and spiritual dimensions. The approach assumes a conscious and appropriate use of the insights and practices of various psychotherapeutic schools of thought with due regard for a person's particular needs in so far as they do not go against a Christian vision of human nature. Within this framework it is also recognised that psychotherapists also need to commit themselves to their own inner integration for the therapy to be effective.

Integrativity is understood in three contexts:

1. An integrated concept of a person perceived as a whole from the perspective of a Christian anthropology.
2. An integrated way of making use of the insights and practices of various psychotherapeutic schools, adapted to a particular problem and appropriate to the stage of therapy.
3. The importance of the inner integration of psychotherapists themselves.

ORIGINS

Integrative Psychotherapy from a Christian Perspective, developed by psychologists and psychotherapists in Poland, builds upon to the scientific work and experience of other Christian associations (1). It identifies with one of the psychotherapeutic meta-principles defining a Christian therapist and listed on the EMCPA Declaration (2): “A Christian therapist who uses a Christian approach to psychotherapy (...) develops specific aims, methods and desired outcomes according to Christian beliefs. This model of practice is developed and verified by means of the same scientific methods as in secular approaches and it recognises the fact that God gives us both reason and revelation. The therapist gives honour to God, but at the same time values scientific evaluation. The therapist trusts in God in the first place, but does not disregard the human reason.”

This type of psychotherapy is based on a Christian anthropology (personalism) and draws on the concepts of the freedom and dignity of a person, a self-conscious being, conditioned by biological as well as social factors (L. Rulla). It is close to other integrative and holistic approaches, and also to Frankl's logotherapy, cognitive psychotherapy, and humanistic and existential psychotherapy (R. May, M. Buber). However, this type of psychotherapy is unique in the way it treats the spiritual dimension of a person. It takes into account the relationship of a patient and a therapist with the person of God, treats the supernatural as real, and acknowledges its influence on human life.

AIMS

The aim of Integrative Psychotherapy from a Christian Perspective is to provide treatment, strengthen human wellbeing, and empower personal development. The development is oriented to patients being able to live their lives to the fullest. This fullness is understood as the integration of a person at the biological, psychological (emotional, cognitive, volitional), behavioural and spiritual levels, which promotes optimal everyday functioning from an earthly as well as spiritual perspective. In practical terms it means:

1. being able to integrate life experiences to move towards development,
2. being aware of one's own emotions and needs,
3. developing one's intellectual potential (or cognitive potential),

4. being aware of one's goals and values,
5. being able to make free and conscious decisions,
6. using one's potential in relationships and employing it in order to achieve life goals,
7. being able to discern one's own spiritual concerns.

The results and proper evaluation of therapy efficacy take into account the psychical, psychological, behavioural, relational, social and spiritual dimensions.

STRATEGIES AND TECHNIQUES

A Christian approach to Integrative Psychotherapy employs strategies and techniques that are used in other approaches (psychodynamic, cognitive, behavioural, humanistic, logotherapy, transactional analysis, systemic family therapy). This integrative approach also makes use of and develops some specific strategies and techniques, particularly personalistic and spiritual ones. These techniques and strategies are concerned with helping a person grow stronger in all respects, develop self-awareness, and raise awareness of personal goals and decisions, and also deepen a person's relationship with the person of God.

THERAPY STAGES

The therapy consists of the following phases:

1. Interview
2. Diagnosis
3. Intervention planning, setting a therapy contract
4. Interventions
5. Integration

The phases of psychotherapeutic process are dynamic in nature. At all stages of therapy the biological, emotional, cognitive, volitional, behavioural and spiritual dimensions are of interest.

The intervention is direct or indirect depending on the patient's problem and the phase of the therapeutic process. At all times the intervention intends to make use of the patient's resources both inner and outer, to draw on human as well as supernatural resources.

The integration is about incorporating new meanings into the patient's identity, which manifests itself in real change.

References

1. Kelly, E. W., Jr. (1995) *Spirituality and religion in counseling and psychotherapy*. Alexandria, VA: American Counselling Association.
2. Miller, W.R. (1999) *Integrating Spirituality into Treatment. Resources for Practitioners*. Washington, DC: American Psychological Association.
3. Ostaszewska, A. (2006) Wzmacnianie osoby w terapii zaburzeń osobowości. Wzmacnianie osoby w terapii. W: S. Tokarski (red.), *Osoba, osobowość, zaburzenia osobowości*. Płock.
4. Jackowska, E., Jaworski, R. (red.) (2006) *Psychologia i psychoterapia chrześcijańska w teorii i praktyce*. Płock: Płocki Instytut Wydawniczy.
5. Miller, W. R., Delaney H. D. (2005) *Judeo-Christian Perspectives on Psychology. Human Nature, Motivation, and Change*. Washington, DC: American Psychological Association.
6. Prochaska, J. O., Norcross, J. C. (2006) *Systemy psychoterapeutyczne. Analiza transteoretyczna*. Warszawa: Instytut Psychologii Zdrowia.
7. Richards, P. S., Bergin, A. E. (2000) *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
8. Rudin, J. (1992) *Psychoterapia i religia*. Warszawa: Wydawnictwo Solarium.
9. Shafranske, E. P (red.) (1996) *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.
10. Schreurs, A. (2002) *Psychotherapy and Spirituality. Integrating the Spiritual Dimension into Therapeutic Practice*. London and Philadelphia: Jessica Kingsley Publishers.
11. Vitz, P. (1999) *Psychologia jako religia*. Warszawa: LOGOS.

12. Wojtyła, K. (2000) *Osoba i czyn*. W: *Osoba i czyn oraz inne studia antropologiczne*. Lublin: TN KUL.
13. Worthington, E. L. Jr., Sandage, S. J. (2002) *Religion and spirituality*. W: J. C. Norcross (red.), *Psychotherapy relationships that work*. New York: Oxford University Press.

Translation: Paweł Surma, ACP

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- (1) ACP co-operates with parallel associations in other countries, such as: Academy of Christian Psychology IGNIS in Germany (www.ignis.de), Society for Christian Psychology in the US (www.christianpsych.org), British Association of Christians in Psychology BACiP (www.bacip.org.uk), Christian Association of Psychiatrists, Psychologists and Psychotherapists in the Netherlands (www.cvppp.nl), Italian Association of Catholic Psychiatrists and Psychologists AIPPC (www.aippc.net), Institute of Christian Psychology, Therapy and Pedagogy in Switzerland (www.icptp.ch), and others.
 - (2) European Movement for Christian Psychology and Anthropology – EMCPA. Obecnie: European Movement for Christian Anthropology, Psychology and Psychotherapy – EMCAPP
<http://emcapp.w.neutech.fi>

EMCPA Declaration – May 2006

There are **5 main positions** within psychotherapy depending on the belief system and method of practice of the therapist.

1. Non-Christian therapist using a secular model of therapy. This person puts their trust in science and experience and thus gives honour to science and self knowledge as developed through personal life experiences of self and others. Clients are blessed by common sense therapy and God's universal grace.
2. Non-Christian therapist using a combination of secular models and also a post-modern "spiritual" approach working with metaphysical concepts not directly related to Christianity. Here outcomes are less predictable, and exploring the spiritual area without firm guidelines may lead to unforeseen consequences.
3. A therapist who is a Christian but uses a secular model of therapy as in section a) above. Again the client is helped by common sense and God's grace. Christian areas can be explored if the client wishes it, but the therapist is usually not prepared or trained to integrate the spiritual dimension in the help they provide.
4. **A Christian therapist who uses a Christian approach to psychotherapy** and so develops specific aims, methods and desired outcomes according to Christian beliefs. The model of practice is developed and verified using the same scientific methods as in secular models in recognition of the fact that God gives us both reason and revelation. This therapist gives honour to God and also recognises the value of scientific evaluation. He/she trusts God first and then human reason.
5. A Christian therapist who uses a "charismatic" or a "Biblical" approach to therapy which relies on God's direct intervention through prayer, God's word and ministry. No recognised model of therapy is developed (although individual's practice may be consistent), and no scientific evaluation is sought as the spiritual world is not considered suitable for scientific evaluation. All the honour is given to God who works in a mystical and hidden way.

INTEGRATIVE PSYCHOTHERAPY: A CHRISTIAN APPROACH

II. HISTORY, RESEARCH, REFERENCES

Association of Christian Psychologists – Poland, 2009

“It is an absurd to assume that a therapist can put aside his inner values, which are sometimes expressed outright, but always present implicitly in his behaviours and attitudes.”

K. Evans, M. Gilbert (2005) An Introduction to Integrative Psychotherapy, New York: Palgrave Macmillan. Kenneth Evans – Chairman of European Association for Integrative Psychotherapy, ex-chairman of European Association for Gestalt Therapy, ex-chairman of European Association for Psychotherapy.

“Psychotherapeutic systems may gradually lose personality but regain soul. After a long-term strive for recognition of this discipline and avoiding any reference to moral issues, psychotherapists incorporate spiritual and religious contents into therapy more and more often. Religiousness and spirituality enter therapy in many moments and in many different ways. Some patients might need explicit religious therapy; besides, about 92% of American citizens belong to some kind of denomination and 96% believe in God or other supernatural forces (Shafranske, 1996). Therapy is often conducted by clergymen and can be performed within frames of pastoral counselling. A therapist can define himself directly as „Jewish”, „Christian” or other. Anyway, many clients (and therapists) would engage their spiritual and religious convictions to cope with stress and emotional problems.

Within the last two decades the number and quality of literature on religion and spirituality in psychotherapy has grown considerably. The awareness of the relationship between psychotherapy and the world of values, common in the 70s and 80s of the 20th century, results in a closer examination of religious diversity of clients. A considerable number of books has been published recently, which encourage therapists to incorporate spiritual elements into therapy, whenever suitable. (e.g. Kelle, 1995; Miller, 1999; Richards and Bergin, 2000; Shafranske, 1996).

Psychotherapy has always been - in a sense - “healing of soul”, but in future religion and spirituality will be present in therapy in more specific and explicit ways. Clinicians include religion and spirituality as a standard dimension of clinical diagnosis, especially as a potential source of strength and social support. They will be open to clients’ wishes to directly raise religious and spiritual issues in therapy as well as consider the religious dimension of many life problems. Some clinicians adopt into therapy some religious interventions, which turn out accessible and effective as proved by results of a preliminary research on treatment of depression. (Worthington and Sandage, 2002).

Adopting this kind of treatment methods and therapeutic relation to needs of individual patients may prove more effective in case of clients with high religious commitment, who prefer interventions consistent with their religious world-view.”

Prochaska, J. O., Norcross J. C. (2006). Systemy psychoterapeutyczne. Analiza transteoretyczna. Warszawa: IPZ, rozdział „Przyszłość psychoterapii”, s. 608-609.

Prochaska, J. O., Norcross J. C. (2006). Systems of Psychotherapy. A Transtheoretical Analysis. Warsaw: IPZ, Chapter, „The Future of Psychotherapy”, p. 608-609.)

HISTORY

The interest in religiousness and spirituality in psychotherapy grew considerably in the 70's and 80's of the 20th century. Regular sessions on religion appeared in conferences of the American Psychological Association. In many countries organisations integrating psychology and psychotherapy with Christianity have been founded, e.g.:

1988 – Academy for Christian Psychology IGNIS in Germany; 1992 – Christian Association of Psychiatrists, Psychologists and Psychotherapists in Netherlands; 1995 – Association of Christian Psychologists in Poland; 1997 – European Movement for Christian Psychology and Anthropology; 2003 – Society for Christian Psychology in the USA (1000 members).

A wide range of publications on integration of religion and spirituality with psychotherapy has appeared. "Within the last two decades the number and quality of literature on religion and spirituality in psychotherapy has grown considerably." (Prochaska, 2006, s. 609). Examples:

1977 - *Psychology as Religion*, Paul Vitz. 2. pub.1994. Polish edition: 2002. Paul Vitz is called the Nestor of Christian psychology.

1986 – an article by Worthington, containing a review of empirical researches on religion in psychotherapy and counselling published between 1984 and 1994.

1992 – Empirical research: Propst, L. R., Ostrom, R., Watkins, P., & Dean, T. *Comparative efficacy of religious and nonreligious cognitive-behavioural therapy for the treatment of clinical depression in religious individuals*. Journal of Consulting & Clinical Psychology, 60, 94-103.

1996 - Shafranske, E. P (red.). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association (APA).

1999 - Miller, W.R. *Integrating Spirituality into Treatment. Resources for Practitioners*. Washington, DC: APA

2000 - Richards, P. S., Bergin, A. E. *Handbook of psychotherapy and religious diversity*. Washington, DC: APA

2002 - Worthington, E. L. Jr., Sandage, S. J. *Religion and spirituality*. W: J. C. Norcross (red.), *Psychotherapy relationships that work*. New York: Oxford University Press.

2002 - Schreurs, A. (Holland) *Psychotherapy and Spirituality. Integrating the Spiritual Dimension into Therapeutic Practice*. London and Philadelphia: Jessica Kingsley Publishers.

2004 - Richards, P. S., & Bergin, A. E. (Eds.). *Casebook for a spiritual strategy for counseling and psychotherapy*. Washington, DC: APA.

2005 - Richards, P. S., & Bergin, A. E. *A spiritual strategy for counseling and psychotherapy*. Washington, DC: APA.

2005 - Miller, W. R., & Delaney, H. D. (Eds.). *Judeo-Christian perspectives on psychology: Human nature, motivation, and change*. Washington, DC: APA.

2005 - Sperry, L., & Shafranske, E. P. (Eds.) *Spiritually oriented psychotherapy*. Washington, DC: APA

2007 – McMinn M. C., Campbell C. D. *Integrative Psychotherapy. Toward a Comprehensive Christian Approach*. Downers Grove, IL: InterVarsity.

2007 – Empirical research: Wade N.G., Worthington E.W., Vogel J. and D. *Effectiveness of religiously tailored interventions in Christian therapy*. Psychotherapy Research, 17(1): 91-105.

RESEARCH ON THE EFFECTIVENESS OF CHRISTIAN PSYCHOTHERAPY

Wade N.G., Worthington E.W., Vogel J. and D. (2007) *Effectiveness of religiously tailored interventions in Christian therapy. In: Psychotherapy Research, 17(1): 91-105.*

The article presents a review of researches on application of religiously tailored interventions in therapeutic practice. Both religious and non-religious therapists agree that some forms of interventions like: discussing religious experiences or silent prayer for clients could prove appropriate in therapy. They also agree that some forms of interventions should not be applied, for example praying together with the client or encouragement to undertake or abandon religious practices.

The research on the effectiveness of religiously tailored interventions shows that integrated religious therapy is as effective as traditional psychotherapy.

It has been shown that interaction between clients' religious commitment and application of religiously tailored interventions improves the therapeutic alliance and the clients' functioning. It means that applying interventions consistent with the clients' world-view can improve the therapeutic alliance and contribute to improvement in clients' presenting problems regardless of the therapist's actual level of religious commitment and, furthermore, the clients with greater religious commitment benefit the most from religiously tailored interventions.

Propst, L. R, Ostrom, R., Watkins, P., & Dean, T. (1992). *Comparative efficacy of religious and nonreligious cognitive-behavioural therapy for the treatment of clinical depression in religious individuals. Journal of Consulting & Clinical Psychology, 60, 94-103.*

Religious persons, suffering from depression, who participated in cognitive-behavioural therapy including religious content reported significantly lower post-treatment depression, greater improvement in social functioning and in general well-being than the patients participating in a traditional cognitive-behavioural protocol.

Hawkins, R. S., Tan, S., & Turk, A. A. (1999). *Secular versus Christian inpatient cognitive-behavioural therapy programs: Impact on depression and spiritual well-being. Journal of Psychology & Theology, 27, 309-18.*

Research shows that Christian cognitive-behavioural therapy (CCBT), consistent with patients' religious values, can be more effective than traditional cognitive-behavioural therapy (CBT). A high correlation between the reduction of depression and improvement in spiritual well-being (SWB) has been proved in all the participants.

Worthington, E.L, Kurusu T.A., McCullough M.E., Sandage S.J. (1996) *Empirical Research on Religion and Psychotherapeutic Processes and Outcomes - A 10-Year Review and Research Prospectus. Psychological Bulletin, Vol. 119, No. 3, 448-487, © by the American Psychological Association*

Authors reviewed 148 articles on empirical researches on religiousness in psychotherapy and counselling. This analysis indicates that a great improvement in methodological quality of the researches has been observed, which now meet appropriate scientific standards. Religious clients cannot be treated as mentally unstable and religiousness does not cause negative health consequences. (Albert Ellis's theses have been disproved – 1971, 1980). The authors suggest developing research on psychotherapy and counselling in religious clients.

OTHER RESEARCHES

PSYCHOTHERAPISTS AND WELTANSCHAUUNG

Shafranske and Malony (1990) examined a randomised group of Californian psychologists-therapists and showed that three thirds of them find the basic source of their religiousness outside traditional religions and, at the same time, nearly 80% claim that religious and spiritual issues should not be discarded in the process of therapy. 47% admit that practicing psychotherapy deepened their personal interest in religious issues (spirituality).

A vast majority of participants expressed willingness to discuss religious issues in supervision (85%) and agreed that issues concerning psychology of religion should constitute a significant part of therapeutic training (70%)

R. L. Sorensen (1994) shows on empirical basis, that not only therapist's personal world-view, but also the way in which religious issues were discussed in his own therapy influence his attitude towards the role of religious experience in therapeutic sessions lead by him.

1. Sorensen R. L (1994) *Therapists' (and their therapists') God representation in clinical practice*. Journal of Psychology and Theology, 22, 4, 325-344.
2. Shafranske E. D, Malony H.N. (1990) *California psychologists' religiosity and psychotherapy*. Journal of Religion and Health, 29, 3, 219-231.

IDEOLOGICAL COUNTERTRANSFERENCE

John Gartner (1990) with his colleagues carried out a research, which shows the impact of the diagnost's world-view on psychological diagnosis. They examined about 400 clinical psychologists, who were given two case studies for diagnosis. One was a case of person with clear ideological commitment (political or religious) the other was ideologically neutral. It turned out that ideologically engaged persons were generally assessed more negatively. Obsessive-compulsive disorder was diagnosed more often and the anxiety disorders were diagnosed less often in this group than in the control group. In summary of his research Gartner postulated a necessity to consciously avoid what he called "ideological countertransference"

1. Gartner J., Carbo R. A. (1994) *Serving two masters? Commentary on "Dealing with religious resistances in psychotherapy"*. Journal of Psychology and Theology, 22, 4, 259-260.

Giglio (1993) suggests that in order to "avoid negative consequences of countertransference, therapists should be sensitive to patients' values and should be aware of their own attitudes towards religion (p. 15). He also encourages therapists to reveal their own attitudes and beliefs. Hawkins and Bullock (1995) propose presenting ideological perspective by both the therapist and the client within the framework of therapeutic contract.

In Jacek Santorski's work (1998) we read: "Before choosing the therapist one should inquire about his work style and the values he follows. There are therapists who hold Christian values, others – Buddhist ones. It may be important to people to receive spiritual-psychological treatment coherent with their system of values. Others have the right to look for ideologically neutral therapists"

1. Giglio J. (1993) *The impact of patients' and therapists' religious values in psychotherapy*. Hospital and Community Psychiatry, 44, 8, 768-771.
2. Hawkins I. A., Bullock S. L (1995) *Informed consent and religious values: a neglected area of diversity*. Psychotherapy, 32, 2, 293-300.
3. Santorski, J. (1998) *Jak żyć, żeby nie zwariować?*

ARGUMENTS FOR INTEGRATING THE CHRISTIAN DIMENSION INTO THERAPY

PATIENTS

1. A vast number of patients feel that religious experiences, crucial to their lives, is misunderstood and its significance is diminished by therapists with a different world-view.

2. Psychotherapy sometimes promotes interpretations and practices that fundamentally contradict their faith.
3. According to patients, in some cases deep religious experiences are viewed as pathological, which themselves require treatment.
4. Many churchpersons (priests, nuns and monks) do not benefit from therapy, despite serious psychological problems, due to points 1-3
5. Patients fear changing their convictions and values into beliefs similar to those of their therapists' as a result of therapy ("Psychologically I might feel better, but spiritually – worse").
6. Many patients do not believe in therapists' "ideological neutrality".
7. Many patients, who have had some negative experiences with clergy people or within the Church structures, refuse to share them with non-believers or with people holding negative attitudes towards religion, therefore avoid analysing the experiences.
8. Patients who identify themselves as Christians make mental leaps, which are understood better by therapists who share the same language.
9. Patients prefer therapists who share their values and religious beliefs.
10. Some patients, also non-believers, seek therapists with a defined system of values, integrated with the universal values represented by Christianity.

The number of visits to ACP's Centre of Psychological Help in Warsaw in 2009 was almost 9000.

THERAPISTS

1. Therapists who identify themselves as Christians often feel dissonance between their beliefs and their professional practice, among others because of the fact that religious questions cannot be raised in therapy, and all spiritual and religious issues should be discussed with other specialists (clergymen)
2. Some therapists recognize that even if therapy improves psychological functioning, it may sometimes lead to a decline in one's spiritual life.
3. Therapists need to be familiar with principles of spirituality in order to understand patients better and to conduct therapy without interfering with their spiritual life.

SCIENCE

1. Critical analyses of theoretical assumptions and practices present in various therapeutic systems are developed.
2. Critics underline that no therapy and therapeutic concepts are value-free, deprived of explicit or (more often) hidden ideological assumptions, bearing a significant and sometimes crucial meaning for the course of psychotherapy.
3. Anthropological reductionism is observed in both the therapists' world-view as well as in therapeutic concepts.
4. Objections against some psychological concepts: atheism and naturalism, individualism, subjectivism and relativism, hedonism.
5. According to research, referring to patients' religious and spiritual motivation improves the efficacy of therapy.

CHANCES AND LIMITATIONS OF CHRISTIAN APPROACH TO PSYCHOTHERAPY

a) Chances

6. Psychotherapy of all psychological illnesses and disorders
7. Understanding patients' spiritual experience, ability to distinguish between healthy and dysfunctional religious beliefs, taking into account the significance of spirituality in psychotherapy e.g. as a motivational factor, understanding the dynamics of mutual influence of psychics and spirituality.

b) Limitations

- Similar to other approaches.

THE HAZARDS AND RISKS OF A CHRISTIAN APPROACH

	Hazards and risks	Integrative Psychotherapy: a Christian Approach
1.	Practicing a “religious psychotherapy” may lead to hidden or explicit attempts to convert patients to Christianity.	The aim of the therapeutic meeting is psychotherapy (contract) and not evangelisation. Evangelisation instead of therapy is a mistake (it is unethical conduct). Psychotherapy is to bring therapeutic effects, to relieve dysfunction.
2.	Lack of respect for the world-view of the person seeking therapeutic assistance.	Every individual’s freedom is respected as well as his or her beliefs and experience.
3.	Judging client’s progress in therapy by the therapist’s own ethical-religious criteria.	Every therapist, as a person, irrespective of his world-view, bears his own assumptions and opinions, expressed explicitly or implicitly. The necessary condition for therapy is acceptance of the patient with his own values, strengths, and limitations.
4.	Mixing religious (theological) and psychological perspective.	Religiousness is distinguished from spirituality. Not everybody is religious but everybody has a spirituality (there are three dimensions of spiritual experience ¹). A Christian approach concentrates of psychological perspective, but takes into account the influence of spirituality on psychological and human life. Recognizes the distinction between therapists’ and priests’ tasks. The knowledge of spirituality is an added value and does not replace psychological knowledge. Psychotherapist bases practice on psychological and not spiritual “know-how” (he is not a spiritual counsellor)
5.	Associations with (once) the only proper approach – the Marxist psychology.	Religion is not an ideology. It does not search for “the only right” approach, but seeks truth about human beings, acknowledging the spiritual dimension. It enables patients to choose their therapists with greater awareness.
6.	Dealing with spirituality means accepting client’s pathology.	In the light of recent research this view has been challenged. (Worthington, 1996). Spirituality is treated as dealing with reality and not as a defence. Contact with God can also be illusory and it is the therapist’s task to be able to distinguish between healthy and sick spirituality on the basis of proper criteria.

¹ Three dimensions of spiritual experience:

1. Natural experience (mostly connected with aesthetics, i.e. recognition of beauty, search for the meaning of life, values, search for “something more”)
2. Religious experience– reference to a deity, beyond “self” or in self
3. Christian experience – connected with meeting the Person of Jesus Christ

“Spirituality” is understood in a Christian sense, as a personal relationship with personal God.

Based on: Tadeusz Kotlewski TJ – Seminary for ACP (2005-2006) Integrative role of spirituality in understanding of the human being.

A spiritual experience can transform the whole person (his or her feelings, thinking, decisions, behaviours, and even - in exceptional cases, biological processes), it can change the identity (e.g. André Frossard).

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INTEGRATIVE PSYCHOTHERAPY

Kenneth R. Evans, Maria C. Gilbert (2005) *An Introduction to Integrative Psychotherapy*:

INTEGRATIVE: „In general, this notion refers to any orientation in psychology, which underlines or develops a conceptually coherent, theoretical combination of two or more specific approaches, or represents its own, new meta-theoretical model of integration.”

ASSOCIATIONS OF INTEGRATIVE PSYCHOTHERAPY:

Europe: European Association of Integrative Psychotherapy – EAIP

www.europeanintegrativepsychotherapy.com

EAIP takes into account the integration of “emotional, spiritual, cognitive, behavioural and physiological levels”. Downloaded: 10.09.07.

US: International Integrative Psychotherapy Association – IIPA

www.integrativeassociation.com

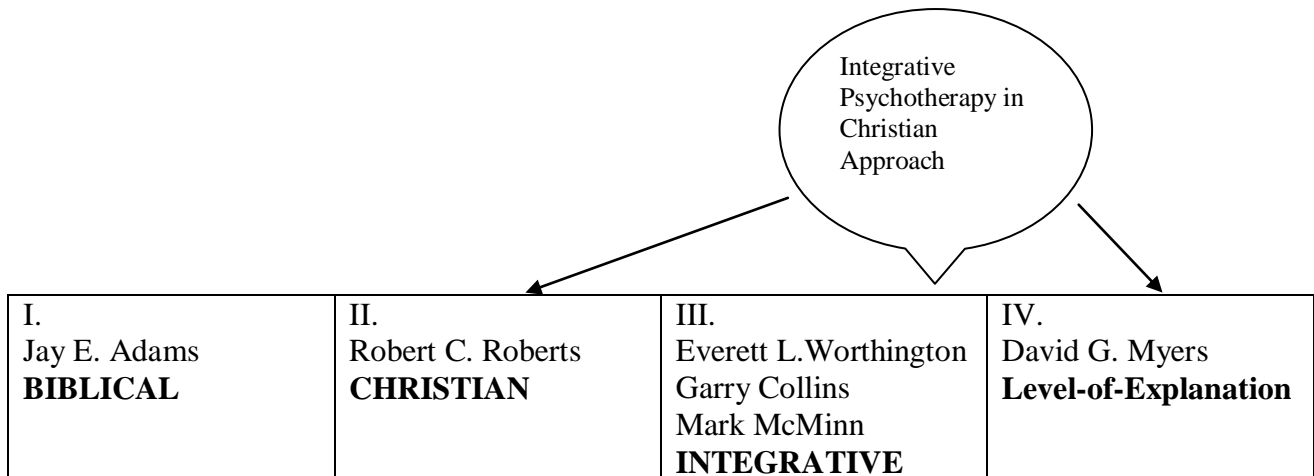
IIPA defines integrative psychotherapy as integration of “affective, cognitive, behavioural, and physiological systems within a person with an awareness of the social and transpersonal aspects of the systems surrounding the person”. Downloaded: 10.09.07.

The notions of “spiritual” and “transpersonal” aspects are variously understood, often in the Buddhist- or New Age sense.

Integrative Psychotherapy from a Christian Perspective deals with integration of emotional, cognitive, volitional, physiological, behavioural and spiritual spheres
 “Spirituality” is understood in a Christian sense, as a personal relationship with personal God.

4 models of dialogue between psychology and Christian spirituality in the US

Based on among others: Johnson, E. L., & Jones, S. L. (2000). *Psychology and Christianity: Four views*. Downers Grove, IL: InterVarsity Press.



Integrative models of psychotherapy are gaining a growing popularity among professionals. They develop therapeutic concepts, integrating two or more approaches and, on the other hand, engage in a major debate about integration of psychological and spiritual spheres in an individual's perspective. Four models of dialogue between psychology and Christian spirituality can be distinguished in Christian psychology in the USA:

I. The Biblical Approach (Jay E. Adams) emphasises the biblical teaching about human nature.

II. The Christian Approach (Robert C. Roberts) points out the advantages of applying deep Christian thought, acknowledges the need to redefine some psychological notions (e.g. self-esteem) and to consider life goals.

III. The Integrative Model (Everett L. Worthington, Mark McMinn, Garry Collins) points out that both psychological and spiritual concepts should be applied to achieve the best results. E.L. Worthington creates an integrative concept for tackling certain psychological issues, such as: forgiveness, family, empathy, altruism.

IV. Model called "Level-of-explanation" is represented by a social psychologist David G. Myers. Psychology and theology provide explanation of truth about reality on two different levels. Each of them is necessary and they are complimentary to one another, like scissors.

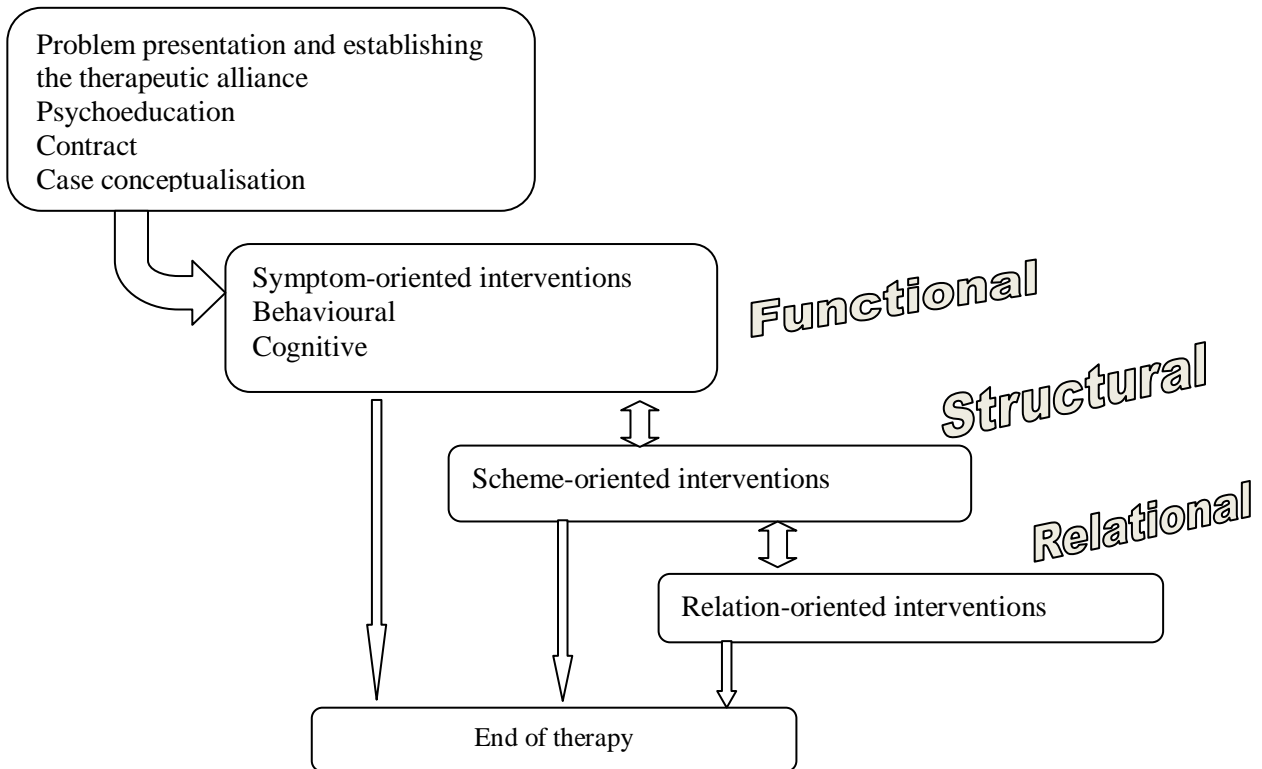
Mark McMinn dealt with cognitive psychology. After 15 years of study he introduced an interpersonal-cognitive model of integrative psychotherapy: McMinn M. C., Campbell C. D. (2007) *Integrative Psychotherapy. Toward a Comprehensive Christian Approach*. Downers Grove, IL: InterVarsity.

Integrative Psychotherapy (IP) by Mark McMinn and Clark D. Campbell is comprised by the Integrative Model. It is the first approach combining such a wide theoretical perspective with psychotherapeutic practice.

IP is integrative in two dimensions: theological and theoretical. In the theological perspective it means adopting the Christian idea of a person in therapeutic practice. Integration in the theoretical perspective refers to main trends in contemporary psychotherapy - it integrates behavioural, cognitive and interpersonal approaches.

The authors present a clear concept distinguishing three dimensions of therapeutic interventions: functional, cognitive and interpersonal (the interpersonal dimension takes into account: childhood relations, the therapeutic relation and the relation with God). They also present the practical application of the model, distinguishing: symptom-oriented interventions, cognitive schemes-oriented interventions and relation-oriented interventions.

Mark McMinn: Process in integrative therapy (IP)

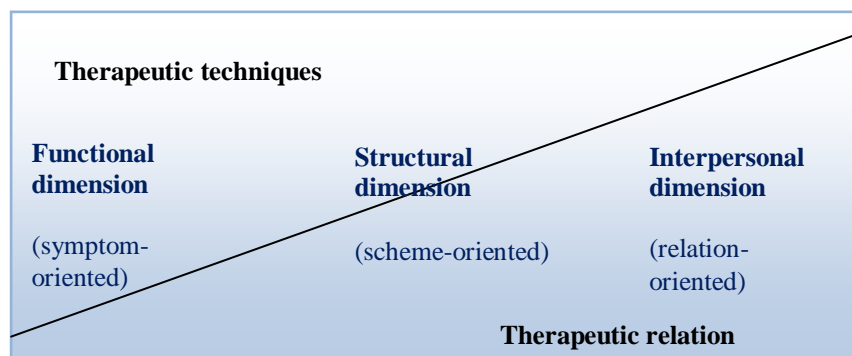


Interpersonal influences in IP (Mark McMinn):

1. Grace. Truth. Jesus Christ.
2. Parent/Child relation. Transference. Also: object-relational perspective (e.g. impact of early relations on self and other's image). Z. Freud, M. Klein, M. Mahler, Winnicot.
3. Basic anxiety. Styles of interpersonal behaviour developed in order to reduce anxiety and protect the self-esteem. Three interpersonal strategies: attack, escape, defence. Karen Horney, Harry Stack Sullivan
4. Therapeutic relationship.

Mark McMinn:

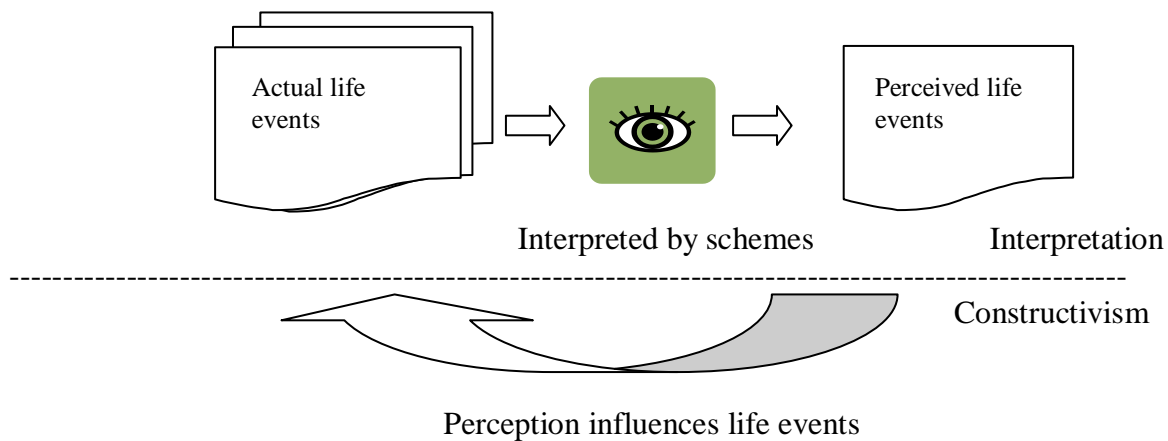
Techniques and therapeutic relation



Mark McMinn:

SCHEMES

Scheme= cognitive structure containing the representation of reality

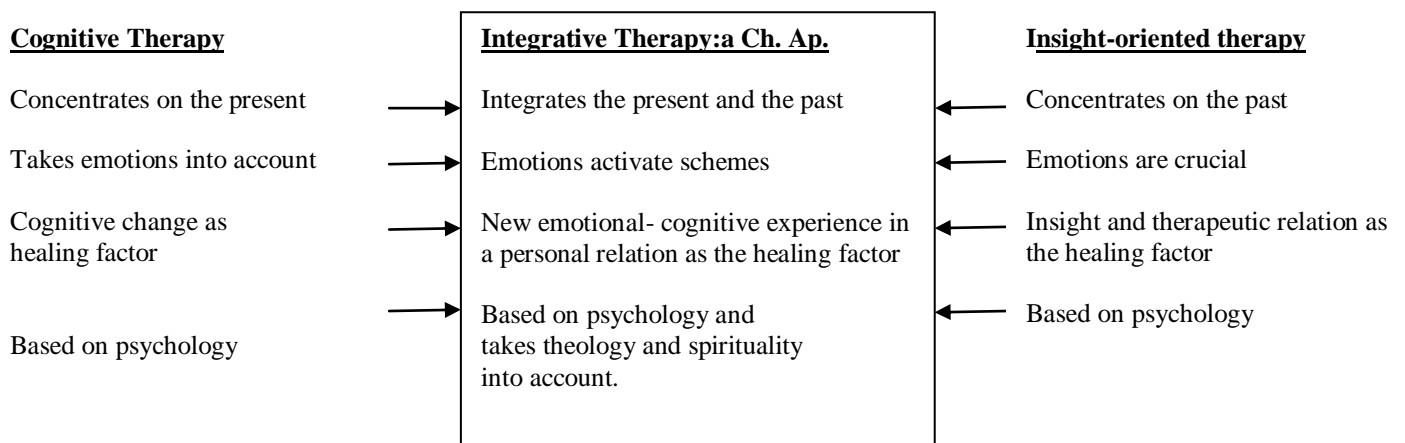


Mark McMinn:

Behavioural interventions: 1. Action plans 2. Social skills training 3. Assertiveness training a. Encouragement to express thoughts and feelings b. in socially acceptable ways c. considering other people's well being 4. Role-playing 5. Relaxation training 6. Exposition to threatening situations

Cognitive interventions: 1. Dedramatizing strategies 2. Cognitive deformations 3. Scales 4. Identifying core beliefs/Socratic dialogue 5. Cognitive reformulation 6. Dysfunctional thoughts tables

Integrative Psychotherapy: a Christian Approach:



Healing factor: and integrated emotional-cognitive experience gained thank to therapeutic relation.

Translation: Anna Rudecka, ACP

INTEGRATIVE PSYCHOTHERAPY: A CHRISTIAN APPROACH

III. METHOD OF THERAPY

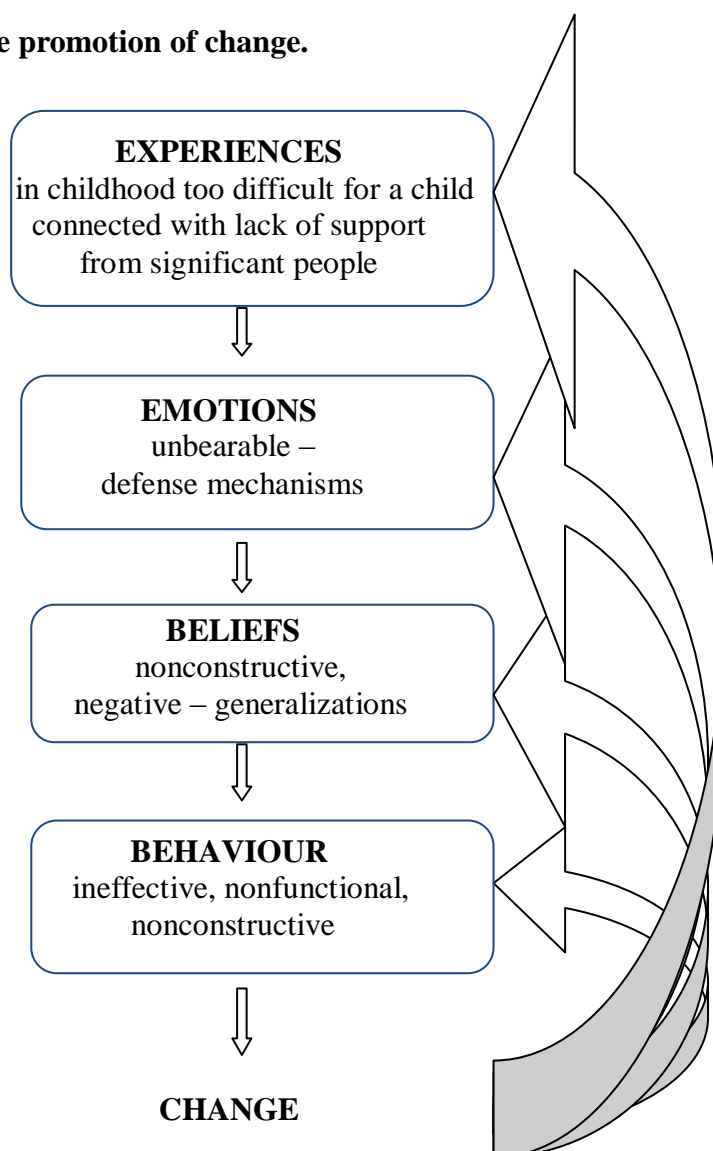
Association of Christian Psychologists – Poland 2009

In the Integrative Psychotherapy from a Christian Perspective we distinguish three integration contexts:

1. Integration at the level of the concept of a person (anthropological assumptions)
2. Integration at the level of therapeutic practice (the method of therapy)
3. The inner integration of the therapist (including spirituality).

On the first level, that is of the idea of a person, the integrative role is played by Christian anthropology and the concept of a person; on the second level, that is, of the techniques applied, the core consists of psycho-dynamic and cognitive-behavioral methods.

The origin of disorders and the promotion of change.



Change may consist of:

1. revealing of past experiences (through insight),
2. experiencing feelings “unbearable” in the past (thanks to the safe therapeutic relation)
3. guiding the emotions in the right direction (getting out of transference),
4. experiencing emotions earlier repressed,
5. modifying beliefs towards being more constructive, true, connected with energy, strength for living,

6. modifying behavior towards being more constructive, effective (having their intended outcome),
7. strengthening the person as a whole,
8. enhancing the ability to perform conscious decisions,
9. integrating the healing processes and development with spirituality.

Strengthening a person.

Symptoms are treated as means of carrying information about deeper attitudes, usually originating from experiences in childhood, when the identity of a person was created in close relationship with the mother, father or other significant people. When someone does not act fully, he is somehow being "killed": the body sends signals – produces so called symptoms – calling for a change of something very important for the benefit of the whole person. The achievement of such a change should remove the symptoms.

"Strengthening a person" denotes all the activities aiming at the performance up to one's full emotional, cognitive, volitional and behavioral potential. We assume that everyone, in spite of being ill, has some sanity in himself and this is the tendency to be a person (everyone is a person and is becoming such). It is expected that during the care of therapy, thanks to the corrective experience in the therapeutic relation and the appropriate choice of techniques, a strengthening of the person will occur so that the patient will be able to take advantage of the full range of his possibilities (gifts), freely, in personal dialogue with others, respecting his own humanity, that is, what he feels, thinks, wants and does.

Strengthening a person usually involves bringing into consciousness excessively difficult experiences from the past, in which the child did not get support from significant people, and his experiences and feelings were ignored by people with whom the child was in relationship, even if those experiences were not caused by those people (consider Bowlby's attachment theory). In such situations the child experiences very strong emotions, hard to tolerate and for this reason repressed or dissociated – the child activates defense mechanisms. On the basis of his experience, the child draws conclusions about himself, others and the world. Those generalized conclusions form convictions, which in cognitive-behavioral therapy are called core beliefs. The behavior is suitably adapted, as a result of positive or negative reinforcements administered by significant people.

The therapy is to reveal the reasons for those attitudes (insight, understanding), to help in regaining the ability to feel and the right to experience in full one's emotions, regaining trust in one's good "equipment" (that is, in one's own emotional reactions, one's capability of correct judgment of a situation) and correct convictions and behavior. As a result, the self-image is corrected in the direction of the healthier action of the person. One desired change in beliefs may consist of a change in one's God-image.

A necessary element of change in the self-image is the relationship with the therapist, who above all should not repeat the hurting behavior of significant people in the person's past, but should provide positive corrective experiences.

Very important aspects of the healing process are the recovery by the patient of the sense of influence and the strengthening of the person, that is:

- taking advantage of all the information from the body and from the emotions
- taking advantage of the possibility of learning and judging, including spiritual learning
- making conscious decisions and following through in action
- conscious behavior appropriate to the internal and external situation and to the intended purpose.

We distinguish the healing process and the development process, though they coexist and are often interrelated. The development processes also involve relational abilities.

The relation to other psychotherapeutic approaches.

We integrate basically psychodynamic and cognitive-behavioral approach.

We apply also elements of humanistic-existential and systemic approaches.

In the psychodynamic approach, the following are acknowledged: the importance of experiences in childhood, the existence of unconscious processes, their influence on other experiences, the influence of emotions on cognition, decisions and action, the significance of defense mechanisms, transference and counter-transference.

In cognitive-behavioral therapy, the following are acknowledged: the significance of the learning process, positive and negative reinforcements, core beliefs, and automatic thoughts.

In humanistic-existential therapy, the following are acknowledged – the significance of a person in all aspects (including body, feelings and emotions), the potential of the person, the significance of a relationship for development and correction of attitudes, and also the significance of the sense of suffering and death.

In systemic family therapy – the significance of the family system and the social system for the development of a person and his relational schemata.

The influence of biological factors and physiological processes on the development of attitudes and current reactions is also acknowledged. The significance of the therapeutic relationship for the therapy process is always assumed, as well as the significance of the self-awareness of the therapist.

The following differences with respect to other therapeutic approaches can be observed:

1. We assume the influence of past experiences but not determinism.
2. We acknowledge the existence of free will understood as the area where someone wants or does not want something and makes decisions.
3. We acknowledge the existence of objective truth understood as internal and external facts and Biblical truths.
4. Therapists need to distinguish between psychological, spiritual and pseudo-spiritual experiences.

Techniques.

The techniques applied should be adapted to the patient's problem, the stage of therapy and the patient's abilities. We consider the life experiences, emotions, beliefs, and behavior of the patient. In our work with past experiences we pay much attention to emotions and work with emotions – especially using psychodynamic techniques (this can be called “work from the beginning” – from the past to the present). In the work “from the end” (focused on the present) there is a larger contribution of cognitive and behavioral techniques.

The therapist may give homework, which should serve to build new habits in the treatment of oneself and others, and greater self-awareness.

The therapist helps the patient reveal the truth about his life and to integrate those areas of his life that up to now he could not admit as his own. We believe that truth sets free – if someone knows the truth about himself, is in touch with his emotions, reaches deeper motivations for his behavior, understands facts from his life and the deeper context of his behavior which up to now was out of his control – he may find a constructive solution even in a difficult situation.

We emphasize the significance of the personalistic treatment of the patient, we use open-ended questions. We address not only conscious content (for instance declaration of intentions), we promote the disclosure of content that was unconscious, paying attention to mixed signals, feedback (understood as non verbal reaction to the therapist's intervention), indeed to all non-verbal information.

We pay attention to the passive and active voice in the patient's speech. If an adult person often uses the passive voice this suggests a passive-demanding attitude (the attitude of a "victim") – we attempt to reinforce the "personalistic" attitude, involving self-awareness and taking responsibility for one's decisions and actions (this is connected with energy for living).

This is a "directive-nondirective" therapy: in a directive way it acknowledges the person, his dignity and freedom; the therapy – especially in the work with difficult experiences and emotions – is conducted in a nondirective way, the therapist gives room to the patient, does not limit his autonomy, accompanies him in interpreting reality.

Spiritual dimension.

A Christian approach to Integrative Psychotherapy takes into account the view of a person from a transcendental perspective. The explicit anthropological assumptions provide a reference system for the evaluation of the results of therapy. Spirituality is treated as reality, not as a defense. We acknowledge that contact with God may be real, but also may be illusory – the therapist should be able to distinguish this knowing the criteria of healthy and ill spirituality.

In relation with the patient we try to see the spiritual process coexisting with the psychological process. In therapeutic practice this implies skills in the areas of:

1. Help in integrating healing and psychological development with spiritual development.
2. Understanding the patient's spirituality and distinguishing between healthy and ill religiousness (healthy, based on freedom and personal relation with God; ill – based on rigid schemata and defenses).
3. Applying – apart from typical therapeutic techniques – Biblical arguments enhancing the process of change, and showing that change is profitable also in spiritual terms (for many people the spiritual motivation is more important than the psychological one).

The stages of the therapeutic process:

1. Revealing the causes of current attitudes (how did I learn this? experiences in childhood, especially in relationships with significant people, insight).
2. Revealing repressed emotions.
3. Corrective experience in the therapeutic relationship.
 - a. Experiencing previously unbearable emotions thanks to a safe therapeutic relation.
 - b. Experiencing acceptance and respect towards the experienced emotions.
 - c. Regaining the right to feel what one feels (support on the therapist's part).
 - d. Building trust in one's own personal resources, including emotions, thinking, constructive action and personal relation with God.
4. Work on beliefs concerning oneself, others, the world and God.
5. Work on behavior.
 - a. What do I do, especially in situations which are difficult for me?
 - b. How is it received, experienced by others? (the possibility of using the therapeutic relation).
 - c. Looking for alternative behavior and testing it.
 - d. Distinguishing between profitable and dangerous (destructive) influences of the environment – making use of constructive elements and eliminating as far as possible the dangerous, destructive elements.
6. Work on the integration of new attitudes with one's new self image and new understanding of the world.
 - a. Analysis of situations which cause anxiety and provoke the previous form of behavior, diagnosis of "weak points".
 - b. Therapeutic help in resolving those concrete problems.
 - c. Between-session exercises.

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