

# Shame Off You: A Case Study in the use of Spiritual and Religious (S/R) Interventions

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This Case Study reflects on the therapeutic journey taken by a single male in his mid-twenties over the course of 17 sessions spanning approximately 12 months. While his presenting issues of depression and relationship challenges were not abnormal, his religious convictions and desire for Christian Counselling was somewhat atypical. In response, the counsellor affirmed the client's religious convictions, and with fully informed consent, offered numerous Spiritual and Religious (S/R) Interventions that complemented standard therapeutic approaches. The counsellor applied the General Counselling Model developed by the Australian Institute of Family Counselling as the underpinning framework. Specifically, the S/R Interventions included prayer, use of Biblical texts, a Rite of Confession and Absolution, Christian psychoeducation and a Christian Accommodative CBT Approach. The case study shows qualitative and quantitative improvement for the client, who not only resolved immediate issues but indicated that he felt equipped to deal with similar issues in the future.

**Keywords:** *Spiritual Religious Interventions, Professional Counselling, Forgiveness, Identify, AIFC General Counselling Model*

## Introduction

As Professor Emeritus at California State University and author of over 40 books, Gerald Corey is amongst the many authors recognising the importance of the human spirit as it relates to a holistic approach to Professional Counselling (Clinton & Ohlschlager, 2002; Collins, 2007; McMinn & Campbell, 2009; Tan, 2011). In an article published by the American Counseling Association (Corey, 2006, p. 117), he states,

*"Effective counselling addresses the body, mind, and spirit... Spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counselling in a secular setting. Counsellors must be prepared to deal with their clients' issues of the human spirit"*

Despite Corey's apparent recognition of the importance of dealing with issues of the human spirit it, is difficult to identify even in his most well-known text (now in its tenth edition) (Corey, 2016),— exactly how counsellors are supposed to do this. Corey is not alone in highlighting what needs to be done and why it is essential while leaving the practising counsellor a little vague on how to go about this when working with clients. This case study is presented to illustrate one client's therapeutic journey, showing the use of standard therapeutic approaches while highlighting areas where S/R Interventions were explicitly utilised.

This case study is not intended to imply the way of including S/R Interventions but is humbly offered as one of many examples of how S/R Interventions can be variously used to support a holistic therapeutic approach to meeting client's needs. John (not his real name) is a single man with no children in his mid-thirties. He is very astute and self-aware. He works as a public servant and suffered debilitating Chronic Fatigue in 2004/05. He has recently seen various doctors for severe lethargy and is currently taking high doses of Vitamins.

I started seeing John in February 2016 after a referral from another therapist. Our initial meeting was at a local coffee shop. It is my practice with all private clients to meet first on the neutral ground of a coffee shop as I want to be sure of a good two way fit before we commit to formal counselling. I often consult with private clients in my home, so this also gives an opportunity for me to screen them before giving away my home address. John was clear at this coffee shop meeting that he wanted a Christian Counsellor and gave an early indication that his presenting issue was a deepening depression that had been noticed by loved ones.

Given his explicit request for Christian Counselling, I felt it appropriate to base my therapeutic approach on the principles of the Australian Institute of Family Counselling (AIFC) General Counselling model (Litchfield & Litchfield, 2005). Dr Bruce and Mrs Nellie Litchfield developed this model as founders of the Australian Institute of Family Counselling. I engaged a Supervisor who was familiar with this model. The clinical application of this model involves four stages. These are shown in Table 1 in comparison with the 5-stage model proposed by (Hackney & Cormier, 1987) upon which Balu's 6 stage model was based (Balu, 2014).

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Table 1. *Stages of Counselling*

AIFC General Counselling Model	Cormier & Hackney	Balu
Preparation	Relationship Building	Relationship Building
Assessment and Diagnosis	Assessment and Diagnosis	Assessment and Diagnosis
Resolution	Formulation of Goals	Formulation of Goals
Termination	Termination	Termination
-	-	Research and Evaluation

By describing the case study regarding the four stages identified by AIFC, it will be shown that while the Resolution stage, may lead directly to Termination, and it may also naturally lead back to a revised diagnosis and assessment, or diagnosis and assessment of a new presenting issue.

**Preparation – before and including session 1**

The AIFC model is unique in the emphasis it places on the preparing of the counsellor for each counselling experience. Litchfield highlights the importance of seeking wisdom, removing blockages (through the confession of the counsellor’s own sins outside of the counselling session) and seeking the fruits, infilling, gifts and leadership of the Holy Spirit (Litchfield & Litchfield, 2005, p. 81). Many other authors have recognised the unique role played by the Holy Spirit in Christian Counselling (American Association of Christian Counsellors, 2014; Clinton & Ohlschlager, 2002; Tan, 2011). The AIFC model also considers the gathering of the necessary client information to be part of the preparation stage.

On our first consult, as is my regular practice, I had John complete a client information sheet which includes a question on whether the client has a Church affiliation (amongst other demographic questions) as well as the question ‘Do you want your spirituality discussed as part of counselling?’ Given my prior meeting with John where he expressed a desire to see a Christian Counsellor, I was unsurprised that he answered ‘Yes’ to this question. It is worthy of note however that many of my private practice clients answer ‘No’ to this question in which case I do not raise any further discussion of religion or spirituality.

John indicated he did want his spirituality included so a conversation ensued about what he would hope that might involve. As is typical of many of my Christian clients, he asked that this include “prayer, referring to the Bible and other things”. At this point, I indicated I would be able to accommodate these types of interventions, but I would need his consent to do so.

John then signed a standard form requesting the use of Spiritual and Religious Interventions in Counselling.

In this way I can ensure I am meeting my client’s desired outcomes, (Psychotherapy and Counselling Federation of Australia, 2017, p. 2), respecting their religious convictions (Christian Counsellors Association of Australia, 2017, p. 6) and working to affirm their worldview (Australian Counselling Association, 2012, p. 7), bearing in mind the concept of “dignity of risk”(Psychotherapy and Counselling Federation of Australia, 2017, p. 4), whilst reminding aware of my own religion and minimising its impact on the therapeutic process (Psychotherapy and Counselling Federation of Australia, 2017, p. 9). All this is done in an environment of transparency and informed consent (Psychotherapy and Counselling Federation of Australia, 2017, p. 8).

**Assessment and Diagnosis (Cycle A) - sessions 1 to 3**

Worthington, (2007) affirms the importance Corey gives to addressing the body, mind and spirit in counselling. In the discussion that follows these are considered physical, psychological and spiritual (respectively). In my practice, I further extend these three elements to include two further elements of the client’s life for a holistic view. The first is relational/social. It is hopefully self-evident the importance relationships have to most people and how the health of these can affect (and be affected by) our physical, psychological and spiritual health. Finally, I have noted amongst many clients (particularly my male clients) the importance they place on their work – which I extend to their calling (or vocation) acknowledging that while their current paid employment may reflect their calling, that is not always the case.

Having briefly explained these five elements of life, I typically ask clients to assess “how they are travelling” in each element. I ask them to consider a scale of zero to 10 with a ten being “the best they could realistically imagine” and zero being “awful” or “terrible”. John scaled: Physical (6), Psychological (3.5 – down from a 6 in recent times), Spiritual (2), Relational (5), and Vocational (6). Based on his recent significant decline in emotional/psychological well-being, his physical demeanour and his previous indication of depression, I asked about suicidal ideation. His response assured me he was low risk. Based on these scales he identified two work areas he wished to focus on as Psychological and Spiritual, stating that he was “sure they are related”.

He summarised his goal as “wanting to feel excitement about things again”. He indicated he “felt a bit numb”. Further client quotes included “I don’t have any passion for anything anymore, and it concerns me a lot”. I indicated we could work on what I sensed was a lack of purpose/meaning and I recommended we commence meeting weekly.

In our second session, John indicated he was feeling better after our conversation and was even able to pray again. He talked at length, rather excitedly about others he had been praying for. In response to what I felt was a leading from the Holy Spirit, I gently probed with a question about praying for himself. This opened up a torrent of inner reflection and self-assessment including a self-observation that his faith (and prayer-life) was at its strongest when he was suffering most (during his illness over ten years ago) – “When I couldn’t do anything, and I didn’t know who I was” to which he concluded “I still don’t really know who I am”.

As this was all discussed in the context of prayer and he had indicated 'spirituality' as an area he wanted discussing I asked him what God might answer if I asked Him (God) who he (John) was. As is common for my practice, I did this using a Gestalt-based Empty Chair Technique. His answer after much thought was "Someone with a lot of potential". This was a further indication to me that Identity and self-worth was likely an issue.

In the third session, I felt led to introduce the Seven Great Truths. I felt John needed something tangible, positive and uplifting to anchor himself to for stability and strength. His dialogue had spoken openly of a deep, intellectual faith and I felt the scriptural references would be useful. From our earlier conversations, I felt there were difficult aspects of John's past that he would want to raise. Given his already depressed state I wanted to ease the possible pain, this could initiate. I asked John to read through the seven truths and chose the one that resonated most with him. He chose "Unconditionally loved by God for who I am."

A discussion of his family of origin facilitated through the construction of a genogram, revealed a loving Christian family upbringing, success in sports, high achievements in academia, positive friendships and healthy church life. I was pleased for him that his childhood and early adulthood was so confident. Overall, there wasn't anything standing out regarding bitterness or forgiveness of others so I began to suspect that the aspects of the past that John had earlier alluded to would potentially relate to unresolved guilt.

I taught briefly the distinction between unhealthy guilt (not meeting other's unreasonable standards), healthy guilt (not meeting God's standards) and shame (not meeting our standards). This psychoeducational framework is developed from a Christian worldview and therefore was only employed because it suited the client's needs and desires. He eagerly engaged with this discussion and used the framework to deepen our discussion into an aspect of his life he identified as healthy guilt that needed resolving. We discussed forgiveness including the powerful benefit some people experience by engaging in a structured process of Confession and Absolution. I introduced a Rite of Confession and Absolution to read through and for us to talk about next week.

In the case of John, the session ended with him declaring that he wanted to go through the whole Rite (unedited) and knew exactly what it was he desired to confess. There was such a conviction that we made another appointment for only a few days later.

### **Resolution (Cycle A) - sessions 4 to 8**

In our fourth session, I revisited the steps in the Rite – to again see if there was anything he wanted to be removed or adapted in any way. There were no edits desired and no hesitation, just a desire to move forward. Amid tears (from both of us) he named and declared his specific sin/s and I had the privilege to announce to him God's forgiveness through the work of Jesus. My notes reflect two profound statements John made during the debrief/recovery that made up the remainder of the session:

*"I feel like I've always known Jesus dealt with my guilt on the cross and today he dealt with my shame in this room."*

*"I look back on it (the sin) now as a lesson to learn rather than an event that defines me."*

I finished by referring again to the Seven Truths and asking if there was another one that stood out for him. He Chose (I am A Saint). As I had earlier learned that he was a photographer and appreciated visual art, I asked him to consider what 'image' came to mind as he imagined his rediscovered identity as a Saint who is unconditionally loved by the most high God. I suggested this as a homework task and said I would ask him about it in the following session.

John's image was arriving before God (the Father) with old, tatty (black and white) clothes, being embraced by a "Giant Patient Hug" and emerging "bigger and full of colour". He was feeling much better personally (mind, body and spirit) and he naturally moved the conversation to relationships. While these were not much better, he had a new perspective which made them much more bearable. We discussed the powerful imagery around God as Father and how this is implied in three of the other Seven Truths (Prince, child and eternal son). John raised the story of the prodigal son, embraced by the Father. I loaned him a book (the Father Heart of God) (McClung, 2007) and we agreed weekly meeting was no longer necessary.

Session six naturally moved at the client's direction to other issues (Litchfield & Litchfield, 2005, p. 82). When I enquired about the possible existence of other 'guilts' - John was appropriately confident that he knew what to do with these now. Foremost amongst other issues was the discussion of current and past female relationships. In addition, we continued a growing conversation about the process of reforming identity out of which purpose can subsequently be found (as compared to finding our identity out of our purpose).

The prodigal son story (as found in Luke chapter 15) continued to be a common thread to our discussion. A significant breakthrough as perceived by the client was the observation that the Father came running (to the son) despite the cultural inappropriateness of this act in the culture of the time. This spoke sincerely to John who felt he had turned from his ways but wondered what he needed to do to have the Gentle Patient Embrace. We discussed God as the doer and what it, therefore, meant for John to simply passively receive God's love and embrace. Throughout the counselling journey, prayer in a form that was comfortable and familiar for John in a style sensitive to his faith tradition was a common practice.

### **Check-in - session 9**

I used session 9 (10 June) as an opportunity to recap – I call this a Check-in. As is typical, we re-scaled the five elements, noting little change in relational or physical wellbeing. Psychologically, things had returned to a 6, Spiritually things were at a 5 (the highest they had been for many years), and although Vocationally things had fallen to a 4, John felt it was not bringing him down as it used to.

John indicated that while the actual circumstances of life had not changed much (in fact things at work had got a little worse), he felt he could deal with these things from the basis of his identity as he understood (from a Biblical worldview), rather than a burdensome sense of performance. We celebrated how far he had come, and I indicated that now would be a natural place to draw our counselling relationship to a close.

## Assessment/Diagnosis (cycle B) – sessions 10 to 14

John indicated a desire to continue and we re-contracted based on the new goal of discovering purpose and direction in life. This 'growth focussed' outcome desired by the client is a wonderful example of what Worthington observes as:

*"a person seeks help in an explicitly Christian setting generally the person will be more open to the counsellor addressing Christian growth rather than limiting the focus to problem-solving. In fact, such a person might be dissatisfied if Christian growth were not emphasised."*

In the subsequent five months we met approximately monthly discussing (amongst other things):

- Godly purpose and vocation that grows out of identity,
- Male/female relationships and
- The masculine challenges of a culture that places value on what we do (performance) rather than who we are (as followers of Jesus).

Along the way, I had been encouraging John to keep a journal. In late November John came to a session with a few 'ah-ha' moments that had emerged from some of this reflective writing. It related to a past relationship situation that we had briefly covered, but he felt something was stirring up. We agreed to meet the following week to work on this emerging issue.

## Resolution (Cycle B) – session 15

As John discussed the details of the past relationship, it became clear that John was questioning his understanding of the relationship – in particular, his processing of the circumstances under which the relationship concluded. This had led him to conclusions about his self-identity upon which he had lived out much of his life. In light of some of his self-discovery, significant cognitive dissonance was emerging that he sought resolution for. I decided to approach this through a simple Cognitive Behavioural Therapy Approach. The AIFC General Counselling model offers a tool for identifying and resolving unhelpful thoughts known as a PO Chart. The PO Chart is an S/R Intervention in so far as it is a type of Christian Accommodative Psychotherapy. At its core it is a mechanism of CBT, however, in a Christian context, the client often finds their religious worldview as a helpful mechanism to identify both the unhelpful thoughts as well as their preferred replacement.

This was the case with John. He found the idea of using a (paper-based) form a little restrictive and uncomfortable but certainly resonated with the principles associated with the mechanism of change. He applied these principles in the session regarding the past relationship and gained extraordinarily helpful insight that directly impacted subsequent behaviour. This included a time of forgiveness where John was able to forgive the other party in the past relationship. Having modelled how to manage this real-life example, John indicated he felt equipped to deal with any future similar items that may emerge.

## Resolution (Cycle B) – session 15

Our following session was only a few days before Christmas, and it had the feel of an 'end of year celebration'. I discussed termination (a term he found rather amusing) and indicated that many of his comments in recent weeks had indicated my confidence that he was highly self-reliant.

He expressed he was entering the New Year in a far better place than he entered the last.

We mutually agreed after this session that the door was always open if John felt a desire or a need to 'touch base', but for now we would finish. We met again in March after I followed him up to ensure the changes were lasting. The AIFC GCM refers to this as a maintenance meeting. In total, John and I met for 17 sessions from February 2016 to March 2017. When I contacted John to seek permission for this case study, he was in a new, healthy and stable relationship and going well within himself.

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## Footnotes

1. The Seven Great Truths is a single A4 page summary of uplifting and encouraging verses from the Bible that speak to 'Biblical truths' about a person's identity. These include being unconditionally loved, being a son or daughter of God and being a Saint. The use of this resource is encouraged by the AIFC General Counselling Model.
2. The Lutheran Church of Australia publishes a booklet of Rites and Resources for Pastoral Care. This rich resource includes a Rite for Confession and Absolution which can be adapted to numerous settings and contexts. To ensure informed consent, whenever I utilise any Rite in counselling practice, I provide a hardcopy of the rite for the client to review between sessions.

2. cont. I always make a point of encouraging them to feel free to speak about any aspect of the rite with other people (usually their Pastor), so they can be confident of all aspects of the rite (including the implied theology within it.). In the same way, as most marriage celebrants will have a template order for the ceremony that can be adapted by the couple, so I provide standardised rites of S/R Intervention that the client can modify if they choose.

3. A PO Chart helps the client identify unhelpful thoughts that they can then choose to Put-Off as well as identifying more helpful and constructive thoughts they might choose to Put-On.