



INTEGRATING COGNITIVE BEHAVIORAL THERAPY AND THE GOSPEL

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Integrating Cognitive Behavioral Therapy and the Gospel
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Abstract:

This session integrates the effectiveness of Cognitive Behavioral Therapy with the message of the Gospel to help clients whose spirituality and faith are a primary lens for finding meaning and Shalom. The concepts of self-authorship, identity, belonging, and mission will be examined from a biblical perspective and applied to the practice of CBT in a way that brings new light to counseling people of faith.

Presentation Description:

Cognitive Behavioral Therapy is built on the theory that thought processes and systems of belief are the key to unlocking emotional and behavioral barriers and struggles. This session offers a theologically sound model for integrating CBT techniques with Christian beliefs about the Gospel. The primary tool to accomplish this is a matrix of Self Questions and Faith Questions each related to the concepts of Identity, Belonging, and Mission.

Throughout our lives, we all ask a series of Self Questions:

Identity: Who am I?

Belonging: Whose am I?

Mission: Why am I here?

A client's answers to these questions (whether articulated or not) create patterns of thinking, and a significant part of CBT is to discover those patterns and to exchange unhealthy ones for healthy ones. Often, clients who are people of faith (Christian or other religions) need therapeutic guidance to integrate their faith with their treatment. The Faith Questions catalyze answers the Self Questions while simultaneously integrating faith into CBT:

Identity: Who is God?

Belonging: What is the Church?

Mission: Why was Jesus here?

These questions can root the process of CBT in a faith tradition, offering greater support to people of faith on their journey toward Shalom. In addition, they offer a means for people of faith to engage with Marcia Baxter Magolda's (2009) theory of self-authorship. This approach may be especially helpful for clients whose faith has contributed to a fixed mindset (Dweck, 2006), identity confusion, or a stunted self-efficacy or self-agency.

Learning Objectives

Understand a framework for integrating faith with Cognitive Behavioral Therapy

Reflect on personal beliefs about faith and practice

Identify resources for further study on faith and practice

Manuscript

Cognitive Behavioral Therapy has become one of the most prominent therapy modalities in the US. It has also been used successfully as a component of specialized therapies such as Trauma Focused Cognitive Behavioral Therapy, Mindfulness Based Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy. Cognitive Behavioral Therapy (CBT) has a very simple and well-known framework to describe the connection between behaviors, emotions, and cognitions (See Beck, 1972). A helpful way of conceptualizing CBT is by using the metaphor of the layers of an onion. The layer on the outside, the visible layer, is the behavior layer. Behaviors are the actions and choices of a person that are visible to others. However, behaviors are not random or autonomous, they are the result of emotions. Emotions are what a person feels—anger, fear, happiness, frustration, joy, loneliness, etc. These emotions are the source of behaviors; they are the next layer of the onion. However, beneath the layer of emotions is another layer, cognitions. Cognitions are the thoughts a person experiences. They are the internal voice of a person and they directly influence a person’s emotions and behaviors. Therefore, the basic premise of CBT is that a person can change his undesired or unhealthy behaviors and emotions by changing his unhealthy thinking.

The deeper we go in the onion, the greater influence we find. Cognitions influence emotions. Emotions influence behaviors. In other words, behaviors are the consequence of a powerful chain of cognitions and emotions.

How can CBT be integrated with the Gospel¹ in a therapeutic relationship? First, it is necessary to address the obvious point that faith can only be a part of therapy when the client desires it. Second, the conversation should primarily be about the client’s faith, not the therapist’s faith.

There are several ways in which a practitioner may be tempted to integrate the Gospel and CBT. The simplest—and least healthy—way to integrate faith and CBT is by focusing on behavior. It is not uncommon to find faith expressions in which behavior modification is the strongest message. The philosopher and theologian, Dallas Willard (1999), referred to this as the “Gospel of Sin Management”. A simplified version of this type of message looks something like this: People have behaved badly (sinned), and this makes them guilty before God. God has provided a way for the forgiveness of sins so that people will not be condemned for their sins. After a person receives this forgiveness, he is strongly encouraged to make every effort to minimize all behavior that is considered sinful. While behavior modification is not necessarily intrinsically harmful or unethical, it is motivated by fear of rejection by God and threatens to harm clients through excessive guilt, embarrassment, and shame. This connects to the next, layer, emotions.

¹ The term, “Gospel”, means “Good News” and is a common Christian way of describing the meaning of Jesus’s life death, and resurrection. For a more complete discussion of the Gospel, refer to Scot McKnight’s *The King Jesus Gospel*, NT Wright’s *How God Became King*, or Tim Keller’s *Jesus the King*.

A therapist may also be tempted to integrate faith and CBT at the emotional layer. Guilt, shame, condemnation, and self-loathing can be the unfortunate result of religion—even well-intentioned religion. Conversely, religion can give a false sense of joy, happiness, or euphoria, which can fade quickly and leave the client feeling empty. In addition, it is easy to imply that people of faith are required to be happy or to only experience positive emotions in order to please God.

CBT can be integrated with faith at the layer of cognitions as well. The temptation is to simply attempt to replace undesired thoughts with doctrines. While this may be helpful, a risk exists that the client will infer that there is one perfect set of doctrinal beliefs, and that all others are imperfect and therefore sinful. This is common in religious communities, where there is little openness to learning, questioning, or doubt. Parishioners are taught to accept the religion's doctrine regardless of its relevance to their personal experience. The strength of CBT is threatened when the new cognitions resemble groupthink rather than the client's true thoughts.

In my years of practicing as a pastor and therapist, I have found that the “layer” of CBT that offers the healthiest way to integrate with faith is the layer of the schema. Schema is a component of CBT that practitioners may not use frequently in therapeutic relationships. While the word “Schema” is used for several different types of mental structures, it was first used by Piaget (1948) and later used by Beck (1972) to describe the underlying presuppositions that a person has. These presuppositions form the unseen lens through which people view the world. Schema is a similar concept as the concept of worldview, and many people live their lives unaware of these presuppositions. It is at this layer—the deepest layer—that the Gospel can be integrated with CBT. While there are many ways to understand one's presuppositions, in this article, I will offer a way that I developed through my years of ministry based on two sets of three questions.

At his core, each person is constantly asking and answering three “Self Questions” about their Identity, Belonging, and Mission:

- Identity: Who am I?
- Belonging: Whose am I?
- Mission: Why am I here?

These three basic questions offer a framework from which to articulate and understand a person's presuppositions. Humans are all on a journey of answers these questions, and when applied as the deepest layer in the CBT model, a person's answers to these questions are the driving force behind their cognitions, and therefore, the driving force behind emotions and behaviors. A person with a strong sense of self—someone who understands who she is, to whom she belongs, and why she exists—is well-equipped to face life's challenges and suffering. However, clients who are receiving CBT services have often encountered internal or external crises that have brought their sense of self and their former perception of reality into question.

Life is full of overt and covert messages that are vying for a person's attention, working tirelessly to influence the answers to these Self Questions—especially when a client is facing a crisis. Of course, answering these questions is often the aim of religion. However, it does not suffice to simply transplant the “correct” or “orthodox” religious answers. On the contrary, the theory being presented in this article suggests the healthiest way to find answers to these Self

Questions and to integrate the Gospel is by adding an additional “Faith Question” in each category:

- Identity: Who am I? and Who is God?
- Belonging: Whose am I? and What is the Church?
- Mission: Why am I here? and Why was Jesus here?

People can find answers to the Self Questions by learning to ask the Faith Questions. In doing so, they can be introduced to the Good News (Gospel) that their lives are a part of a larger story in which God is working to redeem and restore all things. The Faith Questions invite people to discover the Gospel and find answers to the Self Questions:

- Human identity is found in a God who created humans in God’s image. We have intrinsic value because God create us and loves us unconditionally.
- Humans belong to God together with all who are a part of the Church. We are the children of God and belong to a long line of people are a part of God’s family.
- Humans exist to join Jesus’s mission of restoring our broken world and offering love and justice to those who are suffering. Jesus invites us to follow him to a life of love and self-sacrifice for the sake of others.

The key component of this method of integrating CBT and the Gospel is to help the client to see their life as a story. A very helpful framework for seeing life as a story is Marcia Baxter-Magolda’s (2009) theory of self-authorship. After years of research, Baxter-Magolda concluded that there are three phases in life. The initial phase is one of formulas that are provided by external authorities (parents, religion, culture, etc.) with the promise that they will provide satisfaction. The second phase, called “Crossroads” is initiated when a person challenges the formulas or when it becomes apparent that the formulas do not deliver on their promises of satisfaction. This creates a tension between external authority and a person’s internal authority, which is only resolved when the internal self becomes the authority, guide and compass. At this point, the final phase, called “Self Authorship”, is reached. Self-authorship is the process by which a person understands his life as a story and actively writes the story through decisions and life choices. Those who self-author answer the Self Questions in a proactive way, seeing themselves as a character (Identity) with a quest (Mission) to achieve with the support of companions (Belonging). Donald Miller writes about this concept in his memoir, *A Million Miles in a Thousand Years* (2009).

However, the Gospel is not simply about the individual self, but about God and all of God’s creation. By asking the Faith Questions, we discover that the Good News (Gospel) invites us to see that God is the main character of a Grand Narrative of redemption and restoration, and that each of us is invited to find ourselves within this Grand Narrative. NT Wright (1991) and Scot McKnight (2010) offer helpful descriptions of the Grand Narrative in which God creates, sin enters the world and distorts creation, and God uses Israel, Jesus, and the Church to redeem and restore God’s creation.

Asking and answering the Self and Faith Questions is not a one-time event, but rather a life-long practice that cycles throughout life. The role of the practitioner is not to simply give clients answers to the questions. Rather, the goal is to help the client to learn the skill of asking the questions and to create space to discover answers. Unfortunately, religion has the well-deserved reputation of giving people trite answers to life’s deepest questions, rather than empowering

them to discover new answers and ask even deeper questions. Whether intentional or not, simply providing answers disempowers people and creates what Carol Dweck (2006) has called a “fixed mindset”. In contrast to a “growth mindset”, a fixed mindset looks at life like a pilot study, where the only goal is to succeed. Anything short of success is seen as a failure and can cause a person to believe he *is* a failure. A growth mindset sees life as an experiment, where the goal is to grow and learn. Failure is not internalized; it is expected and is an opportunity to grow. The practitioner who helps clients learn and value the skill of asking the Self and Faith Questions contributes to the client’s lifelong journey of growth and discovery, rather than setting them up for failure.

This process of integrating CBT and the Gospel is a process in empowering clients through the following ways:

- Psychoeducation – teaching clients the connection between behavior, emotion, cognition, and schema
- Self-reflection – creating an environment where clients are safe to discover and articulate their behaviors, emotions, and thoughts, as well as uncovering how they have asked and answered the Self and Faith Questions
- Self-authoring – helping clients practice the process of asking and answering the Self and Faith Questions so that they can continue the process on their own when the therapeutic relationship ends

When combined with other standard components of CBT (practicing emotional regulation, developing appropriate coping skills, identifying and replacing unhealthy/unhelpful cognitions, etc.) this process can be a powerful experience to help clients overcome their challenges, face their fears, and improve their well-being.

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