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Anna Ostaszewska

The Integrative Psychotherapy: A Christian Approach to Anxiety Therapy

„It is an absurd to assume that a psychotherapist may set aside his or her own values, that may sometimes be directly expressed, but that are always implicitly present in his or her behavior and attitudes."

K. Evans, M. Gilbert (2005) An Introduction to Integrative Psychotherapy, New York: Palgrave Macmillan. Kenneth Evans – president of European Association for Integrative Psychotherapy, former president of European Association for Psychotherapy and of European Association for Gestalt Psychotherapy.

I. Introduction

In 1977 Paul Vitz published a book "Psychology as religion". Vitz, an atheist, was a lecturer in humanistic psychology at Stanford University. Later, when he became a Christian, he wrote a book critical of certain aspects of psychology that he knew very well as a professional. Today, professor Paul Vitz is thought to be the nestor of Christian psychology in the US.

Since the 70s and 80s of the 20th century a growing interest of psychology and psychotherapy in spirituality and religiousness has occurred (Prochaska, Norcross, 2006). It manifested itself both in the quantity and quality of scientific researches and papers, as well as in the number of organizations emerging worldwide and engaged in this field. It is interesting that such activities occurred simultaneously in different parts of the continent and that they were independent of one another, as in the beginning there was no exchange of information between these organizations.

The integrative Christian psychotherapy: a Christian approach, worked out by psychologists and psychotherapists in Poland, also uses the scientific publications and experience of foreign associations. It identifies itself with one of main positions within psychotherapy depending on the belief system and method of practice of the therapist which are listed by the European Movement for Christian Anthropology, Psychology and Psychotherapy (EMCAPP): "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 trusts God first and then human reason." (EMCAPP 2006 – comp. appendix 4)

II. Levels of Integration

Five major schools of psychotherapy are distinguished in Poland by Polish Council for Psychotherapy and Ministry of Health (2007): psychodynamic and psychoanalytic approaches, cognitive-behavioral, humanistic-existential, systemic and integrative approach. Kenneth Evans and Maria Gilbert in their book "Introduction to Integrative Psychotherapy" (Evans, Gilbert, 2005), define 'integrativity' as follows: (INTEGRATIVE) "Generally, the term refers to any orientation in psychotherapy that exemplifies, or is developing towards, a conceptually coherent, principled theoretical combination of two or more specific approaches, or represents a new meta-theoretical model of integration in its own right."

Integrative psychotherapy from Christian perspective developed in ACP (ACP 2009) distinguishes three levels of integration:

1. Integrativity on the level of the model of a human being (anthropological assumptions.)
2. Integrativity on the level of therapeutic practice (method of therapeutic work).
3. Internal integration of a therapist (including spirituality).

On the first level the integrating part is played by Christian anthropology and the idea of a person. The base is the philosophy of personalism especially the works of St. Thomas Aquinas, of professor Stefan Swieżawski (Swiezawski, 1983) and of Karol Wojtyla (Wojtyla, 2000). The model of a person in relationship with God, so-called 'a car model' (Annex 1), is helpful in therapeutic practice and known from other publications and presentations (Ostaszewska, 2006.a). Integrativity means the integration of emotional, cognitive, volitional, physiological, behavioral and spiritual spheres. Spirituality is understood in a Christian sense, as relationship of a human person with the person of God.

On the second level, of the techniques used, the psychodynamic and cognitive-behavioral approaches are the core. The achievements of other schools of psychotherapy are also considered. As a person is a whole, we should take into account all dimensions of their existence. Therapeutic relationship is very significant for the healing process.

On the third level the important factors are: the knowledge and professional skills of a psychotherapist, their inner self-awareness and integration and their personal spiritual attitude.

The main goal of the integrative psychotherapy from Christian perspective is healing and development.

III. Genesis of mental disorders

The identity of a person forms in the childhood. A child should be protected against situations too difficult for himself. A child is very "busy" with their own development and this task is absorbing enough. Difficult situations always happen and this is not a reason for psychological problems. What matters is how significant people react when difficult situation occurs. John Bowlby's attachment theory is a base for understanding development rules (i.e. Holmes 2007). A closely related adult enables physical and psychological survival for the child. The relationship with the child during the formation of their identity, confirms or not the significance of the child as a person and the reason for their being. Mother and father confirm (or they do not) what the child feels, make interpretations of events, teach what is possible to do in different situations. Their impact can be observed on different levels (compare the model of a person - Annex 1):

1. on emotional level - mother hugs, kisses, and thus makes the child belong, creating feelings and beliefs that "I am not alone, and my feelings are important for someone";
2. on cognitive level – mother explains, teaches, provides an interpretation of events from the position of an adult;
3. on behavioral level – she says what we do in the given situation, or does something;
4. on volitional level – she provides an experience that what a child wants or does not want, is important for others.

Also, on spiritual level - verbally or non-verbally - she sends messages about possible relationship with God and about His image. Experiences on volitional and spiritual level can be included into cognitive-emotional processes which are crucial for psychological development. But other kind of spiritual experience is also possible which comes from God Himself and cannot be reduced to typical cognitive processes.

This kind of experience described above

- confirms a child's feelings ("The way I feel is good. ") – emotional level,
- helps to avoid relying solely on a cognitive assessment of the child, that is immature and limited by objective situation of a little human – cognitive level
- helps to form skills and habits of behavior - behavioral level
- helps in formation of beliefs such as "I can want something" or "the other respect my wishes", that affects, inter alia, the awareness of decision-making processes.

If a child in difficult situations is left alone, their emotional reactions can become unbearable, and their body will initiate defense mechanisms. The child draws some conclusions from these experiences and makes their own interpretations from the perspective of a little, dependent being. This child may learn that his or her feelings are not important to others, or even that these feelings are wrong. The options of their behavior are limited to the ones available for their developmental age and objective possibilities (for example, a child cannot move out of his home). The patterns fixed in these three areas – emotional, cognitive, behavioral - become strengthened if there are no corrective experiences.

Feelings, beliefs and behaviors fitting specific (incorrect) situations in one's childhood, will not be suitable in many other life situations. Generalized conclusions from these experiences will neither be constructive nor adoptive in other events (from Christian perspective they can be false). These behavior patterns applied in other situations will not bring outcomes consistent with one's intentions. In adulthood these patterns of reaction will not work (or at least not always). Signs of dysfunction and suffering will appear that will often be incomprehensible to such a person (Fig. 1).

Figure 1: Genesis of disorders (ACP 2009)

Childhood experiences –
too difficult situations and the way how the child
was treated by significant people (attachment theory - Bowlby)
↓
Unbearable emotions - defense mechanisms
↓
Cognitive disorders, distortion of a self-image and images of other people
Generalizations (Bowlby)
Cognitive schemas (Beck)
↓
Behavior adequate to the cognitive schemas and inadequate to the external situation or to the intended purpose
↓
The lack of functioning of a person in his fullest potential
The lack of sense of control in situations where it is possible
↓
Anxiety, helplessness, transferred aggression, other symptoms

There is a close interdependence between the internal functioning of an individual and their relationships. Fixed patterns relate to both the perception of oneself as a person and to the close relationships (models of attachment) and the relationship with the environment. Relationships

(attachments) refer then to the whole person, all of their "constitutional parts". They can be analyzed as a whole - in relationships, or as individual elements influencing one another - in the work on strengthening a person. In the integrative treatment of mental disorders, we are particularly involved in working on emotional and cognitive-behavioral patterns. The attachment theory and the research relating to it (Holmes, 2007) indicate the importance of both the repressed painful emotions and cognitive patterns.

"A neurotic patient is someone who bases his or her relationships with the world on outdated assumptions (eg: that others ignore or disregard them, or ridicule their feelings). Although these assumptions express somehow accurate reflections of how that person was treated in its childhood, they do not necessarily show any resemblance to the actual reality and can lead to poor adaptation through avoidance or ambivalent relationships.

There are two factors that make these outdated models prevail. The first is a defensive suppressing of painful feelings that can be overcome by processing of emotions (...). The second is the need to preserve the meaning of the information coming from the environment and the need to arrange it in some kind of a schema, even if it is incorrect (...).

Considering the fact that a patient will probably become attached to a therapist, one should expect that these assumptions, opinions and beliefs, adopted in advance, will have a significant influence on the formation of a relationship with the therapist. The therapist will be uncovering and showing them gradually, so that they could become a subject of a joint assessment. This is phenomenon of transference in Bowlby's interpretation." (Holmes 2007, p. 254-255).

IV. Strengthening of a person

The model of psychotherapy developed in the Association of Christian Psychologists (ACP) is called the "therapy of strengthening a person" (ACP 2009, Ostaszewska 2009). A therapist plays , in a sense, a role of a substitute of a close related adult who should:

- help to reveal experiences from the child's past that were too difficult for him or her, to reveal their emotions at that time, and also to acknowledge the child's right to feel them, and to provide a corrective experience – level of emotions
- help in the reinterpretation of these events – correct the cognitive schemas,
- assist in developing new habits of behavior, including the patient's habit of noticing himself,
- assist in raising awareness of one's own decision-making processes, which is possible in work with an adult.

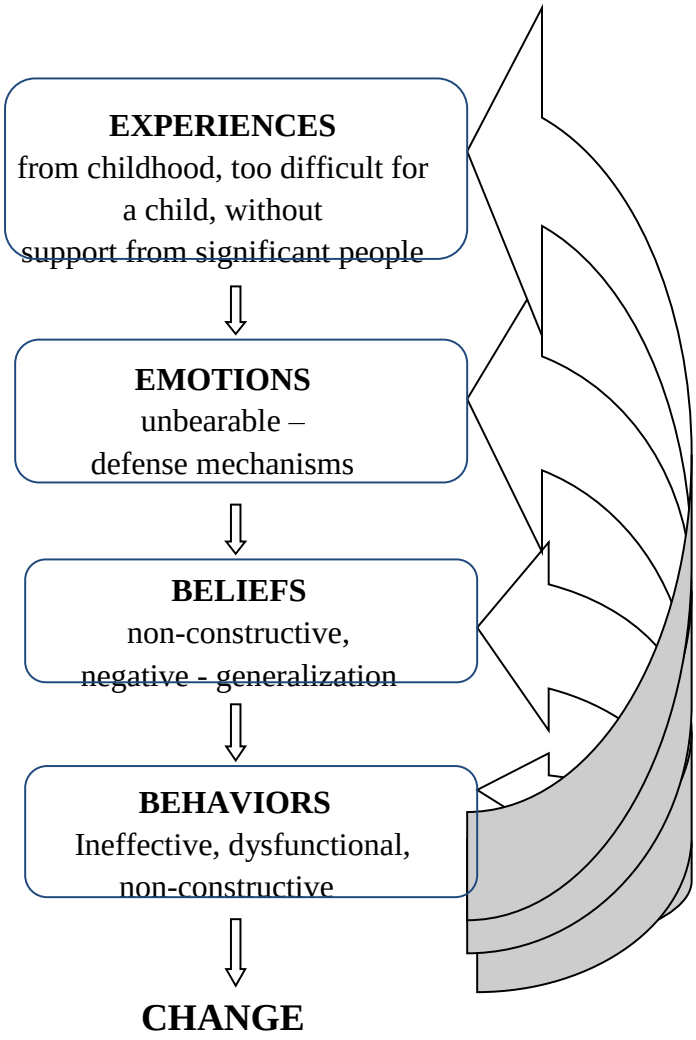
All these interactions take place in the therapeutic relationship and may include an analysis of the patient's relationships, of transference and counter-transference. Such an approach takes into consideration a spiritual dimension and the fact that psychotherapist's reactions to patient's information about their spirituality may confirm or not patient's spiritual experiences. Psychotherapist does not acknowledge them when he or she ignores them or describes them in psychological terms only (which may be correct or not in specific cases).

We assume that every sick man has something healthy inside, and that this is a tendency for being a person. Every human being is a person and becomes one. When a person does not exists fully, they in a way "kill themselves". Their body produces "signals" (symptoms) calling for a change of something very important for this person as a whole. Achieving this change should eliminate symptoms (Fig. 2).

In therapeutic work, we deal with real life experiences, really functioning, although often unconscious beliefs, and real behaviors. Psychotherapeutic relationship is also considered as real,

although the roles of a therapist and a patient, and rules of this relationship are determined by contract, and the therapy includes work with transference.

Figure 2. The integrated approach to work on change in psychotherapy (ACP 2009)



The change lies in:
1. uncovering of past experience (through insight)
2. experiencing feelings that used to be "unbearable" (thanks to a safe therapeutic relation)
3. directing the emotions "to the right address" (overcome transference)
4. experiencing previously suppressed emotions
5. change of beliefs – into true, constructive ones, connected with energy and a drive to live.
6. change of behavior – into constructive, effective (having intended outcome)
7. strengthening the person as a whole
8. enhancing the awareness of decision-making processes
9. integrating spirituality into the healing and development processes

The role of communication methods in attitudes formation and their change: a person-oriented communication and abusive communication

The type of attachment (relationship with people significant for a child, especially mother and father) is a deciding factor in the process of developing their identity. Relations with them can be analyzed as two types of communication: a person oriented (Fig. 3) or abusive(Fig. 4). The person oriented communication affirms a person, their freedom and dignity, that is, it confirms their right to: feel, think, want, and make decisions. It strengthens the person.

The abusive communication does not confirm one's freedom and their right to autonomy, and it even questions them what leads to disturbance in the growth of this person's self-awareness. Non-verbal messages are more important than verbal ones, but more difficult to identify. They form experiences "saved" in the emotional sphere. Verbal messages get "recorded" in the cognitive sphere, but sometimes they may remain in conflict with the experience on emotional level. Of course, types of communication parents use with their children depend on their own experiences in childhood and their own patterns of attachment (Holmes, 2007, Buchheim 2001).

A person-oriented communication includes providing information about oneself and asking open questions about the other person. By waiting for an answer and respecting what the other person feels, thinks, wants, and does one shows respect to the other person's freedom and dignity. Non-verbal messages such as a quiet tone of voice are important. Examples:

Feelings: How are you? What's going on? What are you afraid of? Were you pleased? Do you like it?

Thoughts: What do you think about this? What is your opinion? What's your guess?

Will: What do you want? And how do you want it? Would you like...?

Behavior: What are you doing? Could you... ? Would you agree for...?

Abusive communication may be of psychological, physical or sexual character, or it can come as neglect. It is perceived as lack of acknowledgment or respect and violation of boundaries. It can be shown through giving ready formulas, incorrect interpretations, inadequate and unjust punishment, punishing by silence or withdrawal of feelings, through blaming, manipulating, blackmailing ("If you don't…, then ..."). A similar part can be played by ignoring - no response to what the other person feels, thinks (or says), wants and does; by non-fulfilling their needs, non-giving relevant information, non-asking essential questions, or over-protection. It is assumed here that "I know better what you should feel, think, want and do" and "I have the right to dictate this to you" (sometimes even with using spiritual arguments). Abusive communication causes anxiety and withdrawal or anger and aggression. In such a case anger is a reaction to evil. The other person focuses on defense - withdrawal or aggression. In case of a child's relationship with their parent, the child - in spite of those feelings – adapts himself, because they want to be loved and want to love, because they assume that the adult knows better (because they are "big"), or because they have no other choice (for example, they cannot move out as they are small and cannot survive). Examples of abusive verbal messages on emotional, cognitive, behavioral and volitional levels:

Feelings: How can you feel this way? What is it you are worried about? Do not be scared! Do not exaggerate!

Thoughts: What has come to your head?! Well, when you come up with something... You idiot!

Will: How can you want it?! It doesn't matter what you want, it matters what must be! You have to!

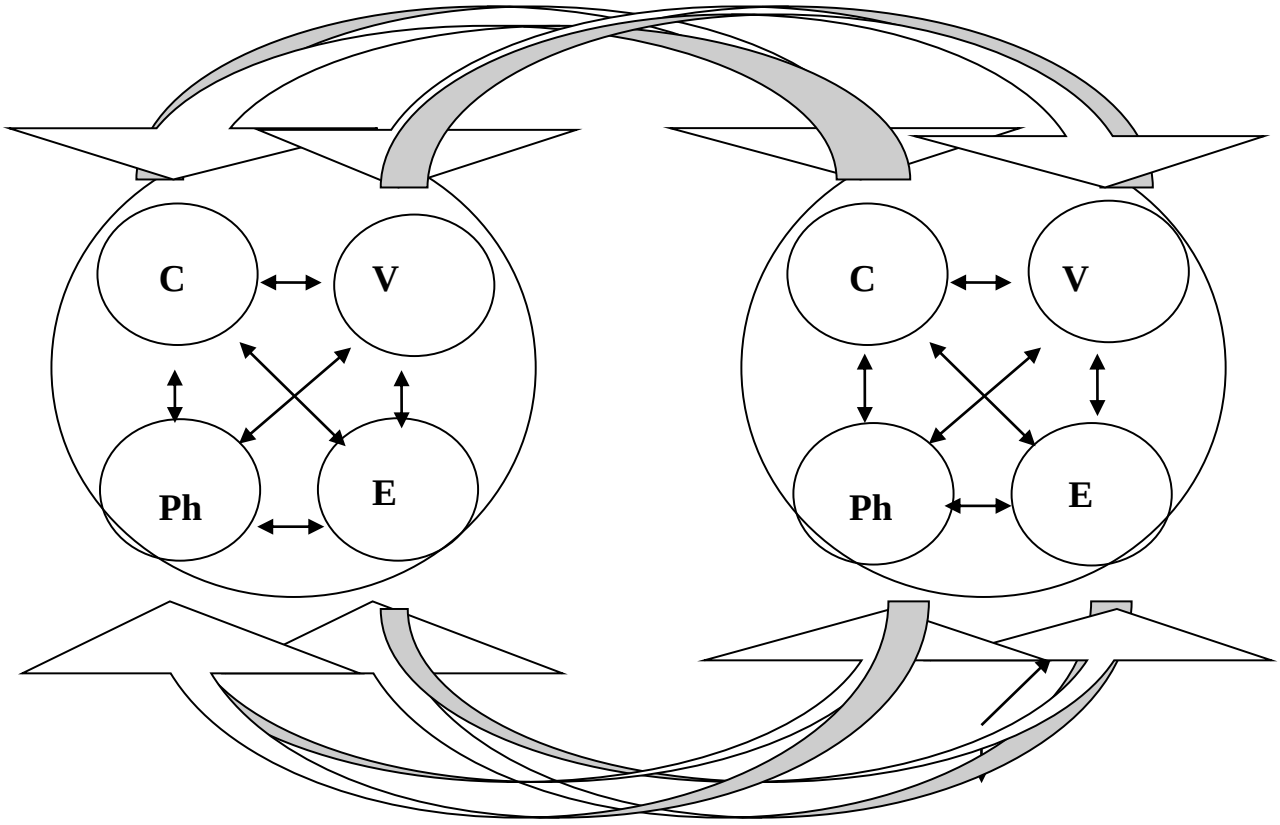
Behavior: How can you act like this? What are you up to? Do it, don't argue! Do it or…!

Experiencing a particular type of communication with a close related adult in childhood creates some sorts of attachment: trustful or anxious - avoidant, ambivalent, disorganized (chaotic).

The research made by Soufre shows that "children classified as trusting show greater control over their ego and stronger psychological resistance in comparison to the children with a pattern of anxiety. In teachers' opinion, children belonging to a group of trustful attachment had just right control of their ego, while the children of the avoidant model controlled their ego too much and the ambivalent children - too little."(quoted to Holmes 2007, p.172).

Psychotherapist should pay attention to the fact that his or her interventions and interpretations can be abusive too, and they have to avoid it. Through person-oriented communication we strengthen the patient's identity of being a person.

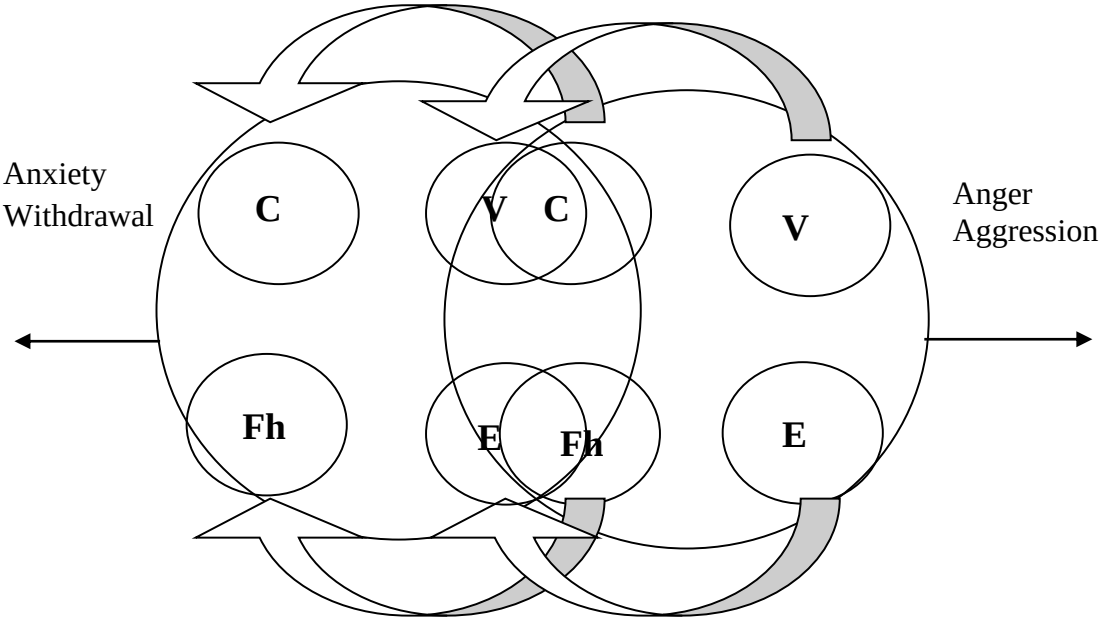
Fig. 3. Person-oriented communication – I feel …, think…, want…, do… And you? What do you feel? …think? …want? …do?



E – emotional sphere, I feel
C – cognitive sphere, mind, I think, I know, I recognize
W – volitional sphere, I want, I choose, decisions
Ph – physical sphere: body (physiology) and behavior, I do

Comp. appendix 1

Fig. 4. Abusive communication - I feel… think… want… do…



E – emotional sphere, I feel
C –cognitive sphere, mind, I think, I know, I recognize
V – volitional sphere, I want, I choose, decisions
Ph – physical sphere: body (physiology) and behavior, I do

Comp. appendix 1

V. Relation to other schools of psychotherapy

Psychodynamic and cognitive-behavioral approach is crucial for the integrative psychotherapy developed in ACP. Elements of humanistic-existential and systemic therapies are also applied (ACP 2009). Basic elements of different psychotherapy schools are recognized.

• Psychodynamic approach - importance of childhood experiences, existence of unconscious processes and their impact on other experiences, influence of emotions on thinking, decisions and activities, significance of defense mechanisms, transference and counter transference.

• Cognitive-behavioral therapy – significance of core beliefs, automatic thoughts, process of learning, positive and negative reinforcements.

• Humanistic-existential therapy - significance of a person in all aspects (including body, feelings and emotions), potential of the person, significance of relationship for forming and adjustment of attitudes, significance of the meaning of suffering and death.

• Systemic family therapy - significance of the family and social system for the growth of a person and their relationship schemata.

Most of the above listed items, referring to the process of formation of a person, their relationship patterns and the origin of disorders are a part of J. Bowlby's attachment theory. Among representatives of the object related theory, the approach of R. D. Winnicot is the closest.

As in any psychotherapy, the influence of biological factors and physiological processes on the attitudes formation and other reactions is recognized. Psychotherapeutic relationship is always important for the therapeutic process as well as psychotherapist' self-awareness (psychotherapists are obliged to have their own individual therapy and other forms of "self experience").

In comparison with other approaches in psychotherapy the following differences can be observed:

1. Recognition of the existence of free will understood as an area within which a person may want something and make decisions. (The possibility of conscious decision making grows with maturity. That is why we are not talking about the child's responsibility for their behavior. However, during the therapy, we can work on conscious decisions or choices made by an adult.)
2. Psychotherapists acknowledge the existence of the objective truth understood as external and internal facts, psychological mechanisms, and the Bible truths.
3. Psychotherapists can distinguish between psychological, spiritual and pseudo-spiritual experiences.

VI. Techniques

Techniques applied should be adapted to the patient's problem, the stage of therapy and the patient's abilities. Typical techniques applied in psychotherapeutic work comprise clarification, paraphrasing, verbalization, confrontation, and interpretation. Therapist's attitude is flexible and open to what patient brings into a session. But the psychotherapist can also propose some structures which make therapeutic work more clear for the patient. A wide range of more directive techniques is also applied in aim to intensify therapeutic process. When working on the sources of the patient's problems as well as when working on present symptoms, particular attention is paid to internal connections between emotions and beliefs. "Beliefs" are understood here as working „obviousness"? Meaning of the word "beliefs" is very similar to the Beck's "core beliefs" (Popiel, Pragłowska, 2008) (compare fig. 3 and 4: Genesis of disorders and the integrated approach to work on change in psychotherapy). Practically functioning beliefs usually are not conscious (they seldom

appear as “thoughts”). Discovering suppressed emotions and beliefs connected with them is an important part of therapeutic work.

It is assumed that an effective change requires involvement of the whole person. Therapy requires an appropriate use of techniques of working with emotions, as well as cognitive and behavioral techniques. So called “personalistic” techniques are used for strengthening of the awareness of decision making processes and self-awareness of the person as a whole, and spiritual techniques. “Spiritual” techniques, like talking about spiritual or religious aspects of the patient’s problem, are applied if needed. The "person-directed" and “spiritual” techniques may be classified as cognitive in the context of psychotherapy.

We stress the importance of person-directed attitude of the therapist towards his patient and using open questions. Therapist refers not only to patient’s consciousness but also uncovers unconscious layers, paying attention to any nonverbal information, double signals and feedback - understood as a non-verbal reaction to the intervention of the therapist.

We pay attention to using active and passive voice in the patient’s speech. Frequent use of the passive voice by an adult signals an immature, passive-demanding attitude (the attitude of a "victim"). We try to reinforce in our patients the ‘person-oriented’ attitude involving self-awareness and taking responsibility for their decisions and actions, which is associated with the energy to live.

VII. Spiritual dimension

Spirituality is treated as reality - not as defense. It is recognized that contact with God can be real but it can be also illusory. Therapist should be able to make such a distinction knowing the criteria of healthy and unhealthy spirituality. In relation to the patient, we try to note the spiritual process in its coexistence with the psychological processes. In practical terms, this means applying therapeutic skills if there is such a need in the following areas:

1. Help in integrating healing and psychological growth with spiritual growth.
2. Understanding the patient's spirituality and distinguishing between healthy and unhealthy spirituality or religiousness (healthy - based on freedom and personal relationship with God; unhealthy - based on rigid schemata and defenses).
3. Applying, besides typical therapeutic techniques, Biblical arguments enhancing the process of change, and showing that a change is also advantageous in spiritual terms (for many people spiritual motivation is deeper and more important than the psychological one).

Psychological goals of the psychotherapy process (health) may seem differ from the general objectives of growth on the spiritual level, but they do not contradict each other and can exist simultaneously (see Table 1). A psychotherapist should be aware of this. On the psychological level, the task lies primarily in obtaining or regaining a sense of influence within the area that depends on a given person. On the spiritual level awareness and acceptance of one’s own limitations, mistakes and sins opens to receiving mercy and grace. Giving up on one’s own influence is possible when a person has a sense of control. On the psychological level the pursuit of happiness is the goal. However, at the same time on the spiritual level it is important to be able to accept suffering that cannot be avoided, when it is better to accept it than to fight with. The main objective of psychotherapy is healing. When this has been achieved, we face the natural challenge for growth, that in the spiritual dimension means the development of love for oneself, other people and for God. The process of healing should not be in conflict with fulfilling spiritual goals of life.

Table 1: Objectives of psychotherapy on the psychological level and the goals of life on the spiritual level - examples:

Psychological level	**Spiritual level**
Gaining a sense of being able to have influence on things in the scope that depends on me	Truth. Awareness and acceptance of both talents and limitations. Each being needs mercy and grace.
Independence.	Freedom. Together with the acknowledgement of one's dependence on God.
Taking care of oneself.	Love. Acceptance of God's love and loving thy neighbor like yourself.
Pursuit of health and happiness.	Acceptance of the suffering which cannot be avoided or which it is better to take than to fight with.
Doing everything as if everything depended only on me.	Trust in God as if everything depended only on God.

IX. Working with anxiety in neurosis and in personality disorders

The lack of sense of control in situations where it is possible plays, in my opinion, crucial role in the origin and development of psychological problems. (Even if someone wants to exert an influence on situations that do not depend on him, the proper understanding and use of influence, where possible, helps to accept objective limitations). Thus anxiety or substitute actions occur based on defense mechanisms, when anxiety is unconscious. They are unconstructive and inefficient as they do not give results consistent with one's intentions.

A therapy should restore a sense of being in control through empowering a person in general, and specifically by strengthening the weakest areas of their functioning or correcting the faulty ones. It is necessary to make diagnosis here on the emotional, cognitive, volitional, behavioral (cf. "a car model" - Appendix 1) and, if necessary, also on the spiritual level. Regaining a sense of being in control means acquiring an ability of dealing with anxiety. This is related to autonomy and separation.

Anxiety is good. If we make an assumption that everything makes sense and serves a purpose (see Appendix 2), then the negative connotation of the symptom changes. Anxiety is a symptom, not a cause, as patients often think. Anxiety is information. The first task of therapy is to discover, what purpose such a symptom serves. The symptom may be treated as exaggeration of a problem so as to enable a change. If it did not hurt, one would not want to change anything.

Working on anxiety in adults consists of different strategies in the therapy of neuroses and personality disorders. In neurotic disorders, the anxiety comes like "flooding", therefore, it needs developing an ability to cope with it by strengthening the cognitive, behavioral and volitional spheres. In personality disorders, the anxiety is very strong, but suppressed or separated. Therefore a patient needs assistance in confronting it and regaining a feeling that from the position of an adult they can bear it, while as a child they could not. It is necessary to uncover the traumatic events, emotions connected with them, to give them new interpretation and work out new behavioral strategies, especially for the close relationships, in which the anxiety originally appeared. Safe therapeutic relationship is necessary base for this work.

A neurotic person is afraid of rejection like a child, because he or she will not be able to function. They do everything to meet the expectations of others, often they are not able to say "no." They cope with life but it is as if he or she did not know about it. A neurotic person often does not

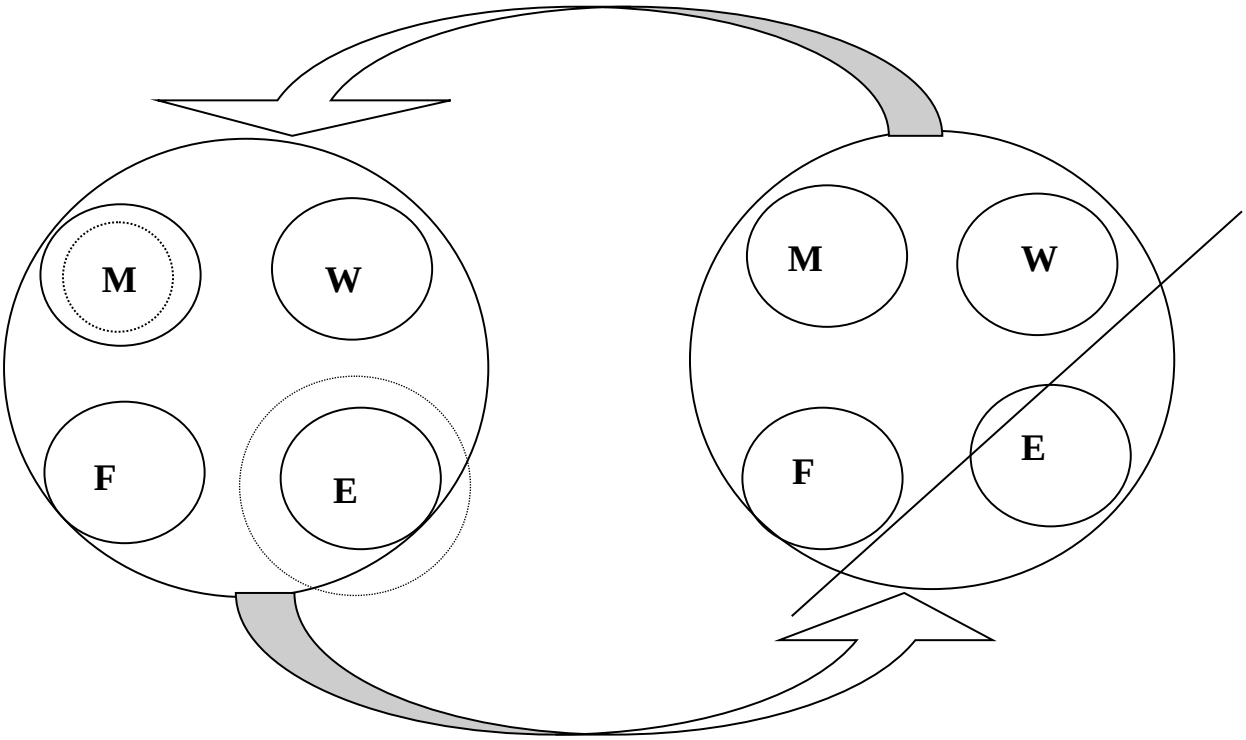
have boundaries in relationships. They are characterized by syntonic disposition rather than by empathy, although they can be very empathetic. He or she constantly deals with anxiety or with feeling of guilt because of what somebody may think or suppose. They think that the cause of their problems is anxiety. The sense of guilt in anxiety disorders is caused by fear of criticism or rejection, with no real guilt. Anxiety is often connected with a sense of dependence on “how other people will judge me”. It is also connected with a overestimated image of others and underestimated image of oneself. The other person is perceived as the ‘big’ and I as "small." It is a characteristic way of seeing the world by a child. Also in their relationship with God that kind of person has a tendency to "to earn" for love.

A person with personality disorder keeps their cognitive (intellectual), decision-making, behavioral abilities efficient in handling various tasks, but malfunctions in close relationships. Mind and will work fine but they do not take much information from the emotional sphere and rely on unverified cognitive patterns from childhood. A part of emotions is suppressed, and a frequent pattern appears then: anxiety – helplessness - aggression. Avoiding anxiety manifests itself in the tendency to theorize (intellectualization and rationalization), suppressing, separation, manipulation or depreciation. What does a symptom do? Generally, it is telling that you are “killing” yourself in some way. In personality disorders it indicates that you deprive yourself of the right to feel a whole range of emotions and thus prevents closeness. Your functioning is based on transference and defense mechanisms, you develop new attributes, and show apparent strength. Symptoms shows weakness and demands dealing with it. Love in the relationship with God is sometimes the only love that kind of person is experiences. However, the suppressed emotions make love difficult or even impossible in real relationships with people.

It is worthwhile to mention communication between persons with anxiety disorder and personality disorders (Fig. 5). Their close relationship seems to be inherently doomed to failure. The first one is too focused on emotions, especially the anxiety, and the other does not feel a part of emotions at all, especially the anxiety. However, if we treat this kind of relation as a challenge for both sides, it can be a chance for development. A neurotic person can learn to think more, make conscious decisions and undertake actions, while a person with personality disorders can learn to feel more and respect emotions in relationships.

E – emotional sphere, I feel
C –cognitive sphere, mind, I think, I know, I recognize
W – volitional sphere, I want, I choose, decisions
Ph – physical sphere: body (physiology) and behavior, I do

Fig. 5 Communication between a neurotic personality
and a person with personality disorders



Working with fear in a person with anxiety disorders includes the following objectives:

1. CAUSES. Discovering how the patients learned to react (childhood, insight) and direct their feelings to the rights objects.

2. CONCRETE FACTS. Return from the level of generalization to facts. A sample technique: "The four points of working with anxiety": 1.What am I really afraid of ? 2. What is the probability that this will happen? 3. What can I do with it? And do it. 4. Close the subject.

3.THINKING. No turning thinking off in moments of strong emotions, especially the anxiety (i.e. what is going on? What can I do in a given situation?). Develop self-awareness, thinking and knowledge.

4. DECISIONS. Developing awareness of person's own decisions.

5. BORDERS. Determining the person's boundaries and learning to defend them.

6. GOALS. Setting up patient's goals: active ones ("I want"), not re-active ones ("I have to"). Strengthening autonomy of the person.

7. POSITIVES. Noticing and appreciation of personal gifts (skills) and what is good in one's situation. What matters here is also the philosophy of life and the definition of hope (ex. all is well, because everything has a sense and purpose).

8. DIAGNOSIS. Learning to diagnose other people and situations, and to see people without naivety (idealization).

9. BODY. Change interpretation of the body symptoms into the positive ones. The body is our friend not an enemy. It sends important information that is good for a given person. Learning to read this information.

10. RISK and TRUST. Taking risks of living in spite of anxiety. Not running away from freedom (cf. Fromm, 1984). “Do everything that depends on you, and trust God who does not lose control over the world” (spiritual dimension).

Working on anxiety in a person with personality disorders usually requires unblocking of the feelings first in order to uncover the emotions suppressed in the past. This leads to regression so the patient needs to be simultaneously strengthened. His resources and possibilities that he did not have as a child need to be revealed. We need to discover the patient's cognitive schemas and work on the reinterpretation of events. Stages of work on the emotions (insight and feelings), cognitive work and work on behavior may interlace.

Work on fear in a person with personality disorders considers similar objectives like above but main accents are different. Discovering sources of given reactions and beliefs (childhood, insight; how I learned it?) is very important. One of the techniques of the integrative psychotherapy is work based on the material collected according to the scheme of "Experience – Emotion – Beliefs - Behaviors": 1 The list of experiences too difficult in childhood including experience of lack of something important. 2. Emotions associated with them. 3. Beliefs resulting from these experiences (usually unconscious and operating as evident reality). 4. Behaviors related to them.

Unblocking feelings is necessary, revealing emotions repressed in situations too difficult for a child, expressing them to their right address and keeping in touch with current emotions. Psychotherapist works also on revealing cognitive schemas active since childhood but inadequate for an adult.

In personality disorders therapy, like in any other therapy, building trust in the relation with psychotherapist is a ground for working on change of functioning in other relationships. Identification of transference, also in psychotherapeutic relationship and working on them is part of the therapeutic process. Psychotherapist’s help is needed in reinterpretation of past events from an adult point of view and strengthening the adult and his resources, as well as gaining a sense of control in situations similar to the traumatic ones, especially in close relationships. Confrontation is often necessary. During psychotherapy a patient develops new models of communication, especially in close relationships. Specific experiences in the psychotherapeutic relationship can be helpful. Identification of the patient’s life goals (ex. love) and those actually working (ex. defense), expanding the perspective, reconstruction of life goals can become the last part of the psychotherapy.

VIII. Example of psychotherapeutic work

Below I present a case of psychotherapeutic work. This is a letter from Jack[1] - the patient with anxiety disorders. His therapy was interrupted because he had to go abroad. I’ll leave it without comments - let it speak alone; but also because information about healing strategies and techniques of the therapy are included in the presented material.

JACK

Jack’s letter to a psychotherapist:

"Therapy is something unusual for me because when it starts, it becomes a process that continues, despite the fact that I don’t have now a possibility to meet with you. Now, I still discover something

[1] Patient’s names is changed. He agreed for using the material in this article. His remarks were accepted and included. Jack’s additional comment is put in Appendix 3.

related to what we did in Warsaw. The issues and questions I didn't quite understand then, return to me now. That is what I know about myself today:

1. Once you asked, and I did not understand it then, what my parents communicated to me in a non-verbal way. The discovery was devastating. My parents instilled a fear of people in me. They taught me non-verbally that one should be afraid of people because they are bad. The house was closed, and we almost never had guests. We didn't go anywhere, and that only strengthened my belief that people are enemies.
2. The same people are constantly watching me and waiting for my mistake.
3. If I make a mistake, my parents will be ashamed of me and something terrible will happen (we talked about this: they will stop loving me – it's like ceasing to exist). Because of that kind of their talk, subconsciously, I'm ashamed of myself when I fail to do something well, I'm ashamed of myself, and a huge internal conflict arises here because I despise myself.
4. As a child I used to solve such a tension (and it still comes like this) through the mechanism of suppression. If enemies are around, the child's suffering is too big, so he has to hide. Where? In dreams. I lived in dreams and the reality blurred. With the blurring of reality the pain was not so unbearable, because a difficult event was not quite real. Unfortunately the negative side of that method was that this defense mechanism does not allow to 'save' positive experiences (everything seemed unreal). My next great discovery was understanding that it still works. As a young man I frequently asked people whether it was normal that I often felt as if I was standing next to my life, which meant that it was just like a fairy tale, unrealistic. No one could explain it to me. Now I know the answer: blurring of reality (turning it into something unreal). I only understood it recently and now I am beginning to fight it, through not running into dreams and particularly, when "a threat" appears, through not switching off the thinking (very hard).

I tell myself that I must face the truth. For I hide the truth, fearing that I will not be perfect. I'm afraid of being judged or rejected. I often think, and it is getting stronger in me, that this is what I am like: I sweat, my hands shake, you can accept me as I am, and if not, then it is you who has a problem. Recently, I often tell myself: I love you, Jack. I love your hands that tremble and your problems. I love how you experience yourself. I love you = I love myself. For now, these are just signals from my mind, but they are consequently followed by my will. The problem is that I do not know how to accept myself, my lack of perfection, and, that I cannot be myself for now (because I'm afraid that I would be ridiculed and rejected.) I know that is not me. I know and it's not arrogance, that I have a great potential. I know I can cope with almost any situation, but for the moment I cannot do so. What course of work is needed?

Once, you asked me about my decision-making. I know that some things depend on me, and I can control them. But I was wrong. I decided: today I won't get nervous, I will stop my hands from trembling, but I failed. Now, I know that it was unrealistic and only undermined the decision-making. As for now, the decision-making is not a strong enough foundation to build on. Still thinking is even worse. When you recommended that exercise: I think, I feel, I want to .... I did not understand, but I always had a problem with thinking, that is I used to catch myself on non-thinking (option often inactive).

After writing a letter to you I realized that the key to the case is "rejection". This is the key of everything that is going on in me: the fear of rejection. This is what I was scared to death of as a child, and it remained somewhere deep in me for any stressful situation: fear of rejection.

Neurosis causes my dying out of desire to be in the center, for being small and ridiculous. I also found out that I go too far in the thinking, that I start to worry about something that is going to happen or not going to happen in a year or two, and I punish myself with this. Now, I started thinking "today". It helps, because many of the fears about the future have never come true. More and more often I am beginning to "feel" that I exist. It's strange, but I did not feel that I really existed earlier. Recently, there were some moments when I felt that I am/exist. Thank you for everything. Yours again. "

X. Conclusions

The theory of the integrative psychotherapy: a Christian approach is based especially on J. Bowlby's attachment theory and cognitive-behavioral approach. Both of these concepts have well known scientific background. Integrative psychotherapy from Christian perspective takes into account also spiritual dimension of human life. In last years a lot of research on including spirituality into psychotherapy has been conducted. Research indicates that Christian approach is as effective as other types of psychotherapy (Wade, Worthington, Vogel, 2007). In some cases it is more effective, especially in healing of religious people, as well as in the healing of depression (Probst 1992, Hawkins 1999). Today spirituality is reflected in the healing of various psychiatric disorders such as depression (Probst, 1992; Hawkins, 1999), sexual abuse (Murray-Swank, Pargament, 2005), maniac depressive syndrome (Raab, 2007), anxiety, stress, eating disorders.

In the American literature the phrase "spirituality and religion" is used precisely in the context of psychotherapy. Recognized definitions of spirituality and religiosity, according to Psychotherapy Research (Smith, Bartz, Richards, 2007) are as follow: "The term *spirituality* refers to transcendent experiences with and understandings about God or other forces in the universe, whereas the term *religious* refers to an institutionalized system of beliefs, values, and activities based on spiritual creeds (Kelly, 1995). Individuals can be both spiritual and religious, primarily religious but not particularly spiritual, or primarily spiritual but not religious. Both concepts have consistently been found to be relevant to mental health (Koenig, 1998), and religious-spiritual approaches to psychotherapy have the potential to address clients' religious-spiritual concerns when relevant and to involve language and interventions that demonstrate respect for clients' religious-spiritual contexts. In addition, religious-spiritual treatment approaches have the potential of being more congruent with client values and of working with the methods of religious and spiritual coping already present in clients' religious and spiritual worldviews."

"Spiritual treatment approaches involve a wide variety of specific spiritual techniques or interventions."

"Spiritual interventions are being used with increasing frequency across all types of treatment, including individual therapy (Richards & Bergin, 2005), group therapy (Hiatt, 1999), marriage and family therapy (Butler & Harper, 1994), and child and adolescent therapy (Miller, 2004). Spiritual perspectives and interventions have now been incorporated into most mainstream theoretical orientations, including the psychoanalytic tradition (Shafranske, 2004), Adlerian therapy (Watts, 2000), behavior therapy (Martin & Booth, 1999), cognitive therapy (Propst, 1996), rational_emotive behavior therapy (Nielson, Johnson, & Ellis, 2001), person-centered therapy (West, 2004), existential_humanistic therapy (Mahrer, 1996), gestalt therapy (Harris, 2000), constructivism (Steinfeld, 2000), and transactional analysis (Trautmann, 2003). Religion and spirituality are also increasingly seen as important aspects of client diversity, with spiritual perspectives and

interventions being incorporated into treatment with various multicultural and special client populations (e.g., Richards & Bergin, 2000; Smith & Richards, 2005)".

Following the authors of the article "An empirical justification of spiritually integrated psychotherapy" (Pargament, Murray-Swank, Tarakeshwar, 2005):
" Drawing on several lines of research we note that: (1) spirituality can be a part of the solution to psychological problems; (2) spirituality can be a source of problems in and of itself; (3) people want spiritually sensitive help; and (4) spirituality cannot be separated from psychotherapy.
Spiritually integrated psychotherapy is:
- based on a theory of spirituality,
- empirically oriented,
- ecumenical and
- possible to use in any form of psychotherapy. "

The authors indicate the risks of taking up this topic in psychotherapy:
- the risks of trivializing spirituality as simply a tool for mental health,
- reducing spirituality to presumably more basic motivations and drives,
- imposing spiritual values on clients
- and overestimating the importance of spirituality.

"Perhaps the greatest danger, however, is to neglect the spiritual dimension in psychotherapy."

Integrative psychotherapy: a Christian approach integrates especially psychodynamic and cognitive-behavioral approach in treating mental disorders. It accepts the majority of techniques used by other psychotherapeutic schools. It contains also specific elements like the perception of the individual as a person and taking into account the spiritual sphere. This approach is based on anthropological Christian assumptions and therapeutic methods proved by scientific research which provide clear framework for psychotherapeutic praxis as well as for evaluation of therapy results.

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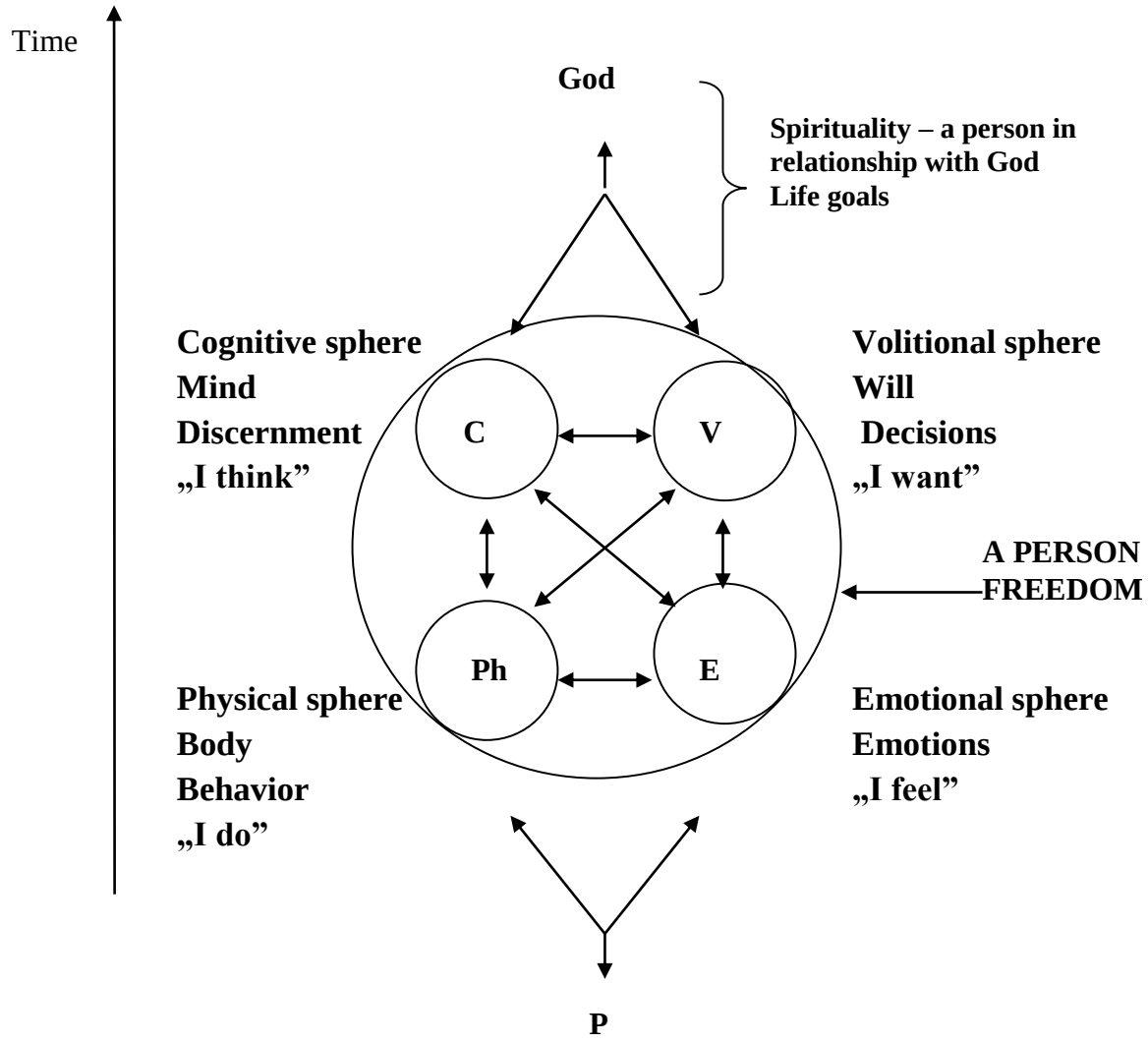
Appendix 1

FIG.1 „THE CAR MODEL" – A PERSON IN RELATIONSHIP WITH GOD



E – emotional sphere, I feel
C –cognitive sphere, mind, I think, I know, I recognize
W – volitional sphere, I want, I choose, decisions
Ph – physical sphere: body (physiology) and behavior, I do
Person - E + C + V + Ph (a person as an unity feels, knows, wants, does)
The proper proportion, balance should be between feelings (E), cognitive process (C), will and decisions (V) and acts (Ph).
Person in in relationships with other persons. Person is also in relationship with a person of God.
Source: Ostaszewska, 2006a

Figure 1 presents the model of an individual as a four-wheeled car. Like all models, this is a simplification. It may, however, prove useful in understanding the self as well as individuals undergoing therapy.

The two front wheels represent the cognitive sphere (C) – reason and volitional sphere - will (V). The two rear wheels represent the physical sphere - the body and behaviors (Ph), and

emotional sphere - emotions (E). The individual constitutes one whole, which means that all wheels are equally important and that a flow of information is necessary between all of them. Lack of communication between the wheels leads to disintegration and the whole mechanism ceases to function not properly. If the car is to move forward, all of its wheels should be "balanced" – none of them can be either more or less important.

There are two external forces affecting the car: God (G), and his antagonist (A). God has access to the inner self of the individual, knows him, and helps him drive the car in His direction. The Antagonist does not have direct access to the spheres of reason and will, but can affect the physical and emotional spheres. Fig. 1 additionally shows the function of time, which means that the car always moves at a particular moment and toward a specific destination. The time we are given on earth is limited and ends in death.

When one of the wheels dominates the others it causes the car to veer toward it. For example, if we put too much attention on emotions they may decide on where the car is going. The same result we have when one of the wheels is less important. The less attention it gets, the more it will demand it. In the end, the car is forced to deal with this wheel. When you ignore i.e. your emotions, they will become more intense and even "throw a fit," like an attention-seeking child.

Human problems can be viewed and solved in consideration of all six factors (E, C, V, Ph, G, A). In the diagnostic process, the problem can be broken down to just one or a combination of any of them.

Traditional psychology roughly deals with all four wheels. Particular schools tend to focus on just one. Psychoanalysis and humanistic psychology, mainly tap into the emotional sphere, behaviorism targets the physical sphere, and cognitive psychology centers on the mind processes.
In the discussed model, the individual is an integrated person (Fig. 1) that may be affected by two invisible beings – God and his Antagonist. Traditional psychology does not account for the influence they have on the individual or for the direction the car he is driving.. It often shrugs off the issue of direction with statements such as: "It is up to you, psychology is not preoccupied with that," or: "Do whatever you like, whatever you decide will be good for you." Process oriented psychology takes up the issue of direction, or the sense and purpose of various events, but does so in the Buddhist sense. It does not view the problem as going toward or away from God in the Christian understanding. Transpersonal psychology also takes deals with the relation of the individual with the outside world, but does so New Age-style.

The presented model shows that an encounter between two people opens up a field for the exchange of messages in separate spheres ("wheels"). Traditional psychology and psychotherapy deal with relations between individuals. However, it does not account for the influence of God in a person-to-person relation. In this model God is present in meeting of two people but psychotherapist is interested in a person of patient, not in God.

Appendix 2

METAPRINCIPLES in Therapeutic Work

1. Everything makes sense and serves some purpose.
The first task of therapy is to reveal what is the purpose of a symptom.

Anxiety is a symptom not a cause. Anxiety is information. A symptom is an exaggeration of the problem in order to bring a change. If it didn't hurt, I would not change anything.
Acceptance: Whatever is there in me, it has the right to exist. It serves some purpose and we reveal it. The other person also has the right to have within himself what he has.

2. The essence of all problems is the loss of a sense of control.
The purpose of psychotherapy is to regain control over one's life.
Reclaiming control is important for the person who does not have it.
Giving up control is possible for a person who has it.
The decision to do nothing is also a decision.
It is important to be aware of what depends on me, and what I can do in a given situation.
Uncovering the truth about myself or about a situation (diagnosis) lets me take adequate actions in the right time, or search for particular assistance. To take a step forward, you have to move from the place, where you are (you need to know this place - diagnosis, specific details).
The truth makes you free. In therapy, we are looking for the truth.

3. Outcomes consistent with the intentions require self-awareness.
Lack of self-awareness often leads to outcomes inconsistent with one's intentions.
The self-awareness allows effective self-management. A principle: Do the same but consciously.
Anxiety has a power over me as long as my consciousness does not work.
Do not stop thinking in situations with strong emotions.

4. A person has learned something. If one has learnt something, then one can learn new things.
Discovering one's past experiences, emotions connected with them, unconscious beliefs, and behaviors learned from them enables introducing changes.
A change comes by creating a new experience.
The past influences the present, but it does not determine it.

5. Effective change requires the involvement of the whole person.
All components interact with each other and with the whole. Man is a whole (see "the car model").
An effective change involves a change of feeling, thinking, decision (choices), and action.
The decision that I want to do what God wants me to do is taken by a person who has free will.
Recognize your emotions, and use your mind. Make your decisions consciously.

5. Integration of the new content needs new strategies for responding to difficult situations.
Man is logical. He is interested in concrete results.
Trying out new behaviors takes place in specific sample situations.
Developing a new strategy to respond to difficult situations requires a decision (what I want to change?) and practicing new behaviors (how to do it?).
Homework serves practicing both new skills and habits, including the habit of self-awareness (noticing oneself).

7. Psychotherapeutic work has a spiritual dimension.
Christian psychotherapy enables the integration of personal growth and spiritual development.

Psychotherapy is not a spiritual direction/management.
God (love) creates again and again. Therefore, life must discover His lead again and again.
The journey through life needs a map (or GPS - satellite navigation, direct contact with the "Top").

Appendix 3

Jack's comment after reading this article:
"Ann, I like this article, because I find myself almost in its every sentence, and I'm not talking about my testimony, but a theory that is verifiable in my life. The origin of disorders corresponds perfectly to my personal experience. The paragraph about communication that confirms or denies a person is very important for me (at home I experienced abusive communication, I know how it is). Your presentation of the topic is very clear, important, and very logical for me.
And now about spirituality in psychology.
The experiences of the last difficult and extremely painful months of my life (I did not write about them to you), just confirmed to me that in my case, any attempt to help that ignores the spirituality and God, makes no sense and will not have any effect. I live only because I believe in God. I had many moments when it was hard for me, and if it hadn't been for God and faith in final things, I would have run away long time ago from strive for a normal life. I might be dead now. Now, it is faith that allows me to accept the suffering of different intensity experienced every day. Interestingly thanks to the trust felt in the midst of my difficulties, I found the real presence and closeness of God. Someone, who does not believe in God, cannot understand me and cannot help me. I share with God the subjective suffering that I experience, and therefore it has meaning. I'm not running into unreality. Such experiencing of the suffering with God is the true reality. At this stage of my life, faith is a force that makes me continue fighting for my life, for its meaning, and when it is possible, I will return to meetings with you. Faith makes me want to fight for myself. When someone tries to exclude it, it takes the motivation away from me. Then nothing remains. Then nothing could motivate me to fight for myself".

Appendix 4

***European Movement for Christian Anthropology, Psychology and Psychotherapy – EMCAPP[i] 2006 declaration:**

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.

[i] European Movement for Christian Anthropology, Psychology and Psychotherapy - EMCAPP www.emcapp.eu