Use of Prayer and Scripture in Cognitive-Behavioral Therapy

Siang-Yang Tan
Graduate School of Psychology
Fuller Theological Seminary

This article covers the appropriate and ethical use of prayer including inner healing prayer, and Scripture in a Christian approach to cognitive-behavioral therapy (CBT). Expanded CBT now includes Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy. Implicit and explicit integration in therapy are briefly described. A composite clinical case example is included to illustrate how prayer and Scripture can be explicitly used in Christian CBT. Results of outcome studies on the efficacy of religiously-oriented CBT are also briefly mentioned.

Cognitive-behavioral therapy (CBT) is one of the most empirically supported treatments (ESTs) available for a wide variety of psychological disorders (Chambless & Ollendick, 2001; see also Butler, Chapman, Forman, & Beck, 2006; Nathan & Gorman, in press; Roth & Fonagy, 2005; Tan, 2001a). It should be noted however, that a more recent randomized placebo-controlled trial of behavioral activation, cognitive therapy and antidepressant medication (paroxetine) with 241 adult patients with major depressive disorder (MDD) found that for severely depressed adults, behavioral activation is as efficacious as antidepressant medication and more efficacious than cognitive therapy (Dimidjian, et al., 2006).

Empirically supported therapy relationships (ESRs) and empirically supported principles of therapeutic change (ESPs) have also been more recently emphasized in addition to ESTs. In fact, evidence-based practice in psychology (EBPP) presently focuses not only on the best available research, but also on therapist clinical expertise, and client characteristics, culture, and preferences (see Tan, 2007).

Hayes, Luoma, Bond, Masuda and Lillis (2006) recently pointed out that a historical overview of behavior therapy can be divided into three major generations or waves: the first generation or wave consisted of traditional behavior therapy; the second generation or wave consisted of CBT (which is now more than 30 years old); the third generation or wave presently consists of relatively contextualistic approaches such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), and Dialectical Behavior Therapy (DBT; Linehan, 1993). CBT today has therefore been expanded to include such mindfulness and acceptance-based therapies as ACT, MBCT, and DBT (Hayes, Follette, & Linehan, 2004). Bishop et al. (2004) have recently proposed the following operational definition of mindfulness:

We propose a two-component model of mindfulness. The first component involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation that is characterized by curiosity, openness, and acceptance. (p. 232)

Mindfulness and acceptance-based CBT has some spiritual roots in Zen Buddhism and similar meditative and contemplative religious or spiritual traditions, including those that emphasize the sacrament of the present moment from a Christian perspective (see De Caussade, 1989). More explicit religiously-oriented or spiritually oriented CBT has also been developed in recent years, especially within Christian and Muslim traditions (Tan & Johnson, 2005). In such explicitly religious or spiritual approaches to CBT, the use of prayer and sacred Scripture (e.g., the Holy Quran for Muslims, the Bible for Christians) is a core component, especially with religious clients desiring a religiously-oriented CBT that is compatible with their religious faith. There are now at least 10 outcome studies (six Christian and
four Muslim) with varying levels of methodological rigor, that provide some empirical support for the efficacy of religiously-oriented or spiritually-oriented CBT with religious clients, particularly for those with clinical depression, and to a lesser extent, those with generalized anxiety disorder (see Tan & Johnson, 2005, pp. 85-86; Worthington & Sandage, 2001).

A Biblical, Christian Approach to CBT

In this article, I will describe the appropriate and ethical use of prayer, including inner healing prayer, and Scripture or the Bible in a biblical, Christian approach to CBT that I have developed and practiced for over 25 years. I have used it in a hospital setting, a Bible college counseling service, and in private practice. It has also been applied in pastoral care and counseling contexts, including lay counseling (see Tan, 1991). The following are key features of such a biblical, Christian approach to CBT (see Tan, 1987, p. 108-109):

1. Emphasize the primacy of agape love (1 Cor. 13) and the need to develop a warm, empathic, and genuine relationship with the client.

2. Deal more adequately with the past, especially unresolved developmental issues or childhood traumas and will use inner healing or healing of memories judiciously and appropriately.

3. Pay special attention to the meaning of spiritual, experiential, and even mystical aspects of life and faith, according to God’s wisdom as revealed in Scriptures and by the Holy Spirit’s teaching ministry (John 14:26), and will not overemphasize the rational, thinking dimension, although biblical, propositional truth will still be given its rightful place of importance. The possibility of demonic involvement in some cases will also be seriously considered and appropriately dealt with.

4. Focus on how problems in thought and behavior may often (not always, because of other factors, e.g., organic, or biological) underlie problem feelings (Prov. 23:7; Rom. 12:1-2; Phil. 4:8; Eph. 4:22-24) and will use biblical truth (John 8:32), not relativistic values, to conduct cognitive restructuring and behavioral change interventions.

5. Emphasize the Holy Spirit’s ministry in bringing about inner healing as well as cognitive, behavioral, and emotional change. It will use prayer and affirmation of God’s Word in facilitating dependence on the Lord to produce deep and lasting personality change and will be cautious not to inadvertently encourage sinful self-sufficiency (cf. Phil. 4:13).

6. Pay more attention to larger contextual factors such as familial, societal, religious, and cultural influences and hence will utilize appropriate community resources in therapeutic interventions, including the church as a body of believers and fellow “priests” to one another (1 Cor. 12; 1 Pet. 2:5,9).

7. Use only those techniques that are consistent with biblical truth and will not simplistically use whatever techniques work. It will reaffirm scriptural perspectives on suffering, including the possibility of the “blessings of mental anguish,” with the ultimate goal of counseling being holiness or Christ-likeness (Rom. 8:29), not necessarily temporal happiness. However, such a goal will include being more open to receiving God’s love and grace and thereby growing to be more Christ-like, and overcoming mental anguish due to unbiblical erroneous beliefs (i.e., misbeliefs).

8. Utilize rigorous outcome research methodology before making definitive statements about the superiority of CBT.

Implicit and Explicit Integration in Therapy

I have previously described two major models of professional integration in the actual practice of therapy, i.e., implicit and explicit integration as two ends of a continuum (Tan, 1996):

**Implicit integration**... refers to a more covert approach that does not initiate the discussion of religious or spiritual issues and does not openly, directly or systematically use spiritual resources... **Explicit integration**... refers to a more overt approach that directly and systematically deals with spiritual or religious issues in therapy, and uses spiritual resources like prayer, Scripture or sacred texts, referrals to church or other religious groups or lay counselors, and other religious practices. (p. 368)

Whether a Christian therapist practices implicit or explicit integration or moves along the continuum depends on the client and his or her needs and problems, and also on the training, inclination, and personality of the therapist. Both
implicit and explicit integration are equally important and substantial: intentional integration is the crucial factor, whether it is expressed explicitly or implicitly. As I have emphasized elsewhere (Tan, 2001b):

**Intentional integration** is the key in professional practice: prayerfully depending on the Holy Spirit to lead and guide the therapeutic session, using implicit or explicit integration or both in a professionally competent, ethically responsible and clinically sensitive way for the benefit and growth of the client. This is done with clear informed consent from the client, and hence without forcing the therapist's beliefs or spiritual practices on the client. (pp. 22-23)

The biblical Christian approach to CBT I have described earlier involves explicit integration with clients who want such an approach and who therefore have given their informed consent. It is also an approach that is more compatible with therapists who are inclined toward a more structured, directive, and problem-solving style in therapy. However, therapists who are more reflective and less directive in personality and style can still practice a kind of Christian CBT that is more relational and collaboratively reflective (e.g., see McMinn & Campbell, 2007).

In my own clinical experience of over 25 years as a licensed psychologist, I have used a biblical Christian approach to CBT with mainly adult Christian clients desiring such an explicit integration approach with the following types of problems: phobias, obsessive-compulsive disorder, anxiety disorders, stress, burnout, anger control problems, marital and family problems, adjustment disorder, depression, bipolar disorder, epilepsy, pain, hypertension, and religious conflicts and issues. I have also used standard CBT in a more implicit integration approach with other clients who were not interested in religiously-oriented CBT. A significant majority of the clients I have seen have responded well to CBT or Christian CBT, in line with the empirical evidence available for the efficacy of CBT and religiously-oriented or spiritually-oriented CBT. I have used Christian CBT and standard CBT cross-culturally with clients from diverse ethnic and cultural backgrounds (see Hays & Iwamasa, 2006).

**Assessment (Pre-Intervention)**

My assessment with a client to determine whether or not to use prayer and Scripture in Christian CBT begins with the first session, which is usually a 2 hour intake interview, that includes history taking, problem listing, and goal setting. The client is asked about his or her religious/spiritual background and denomination if any, and whether he or she would like to explicitly use spiritual resources such as prayer and Scripture in therapy, and openly discuss spiritual issues. If the client responds affirmatively and gives informed consent (whether verbally or in written form, but it should at least be noted in the progress notes on the client), then we proceed with a Christian CBT approach. Therapy may last several months (weekly sessions eventually phased out to biweekly, with a 1 month and/or 3 month follow-up session, and further booster sessions if needed), to a few years (sessions are usually phased out to monthly to quarterly if therapy lasts this long).

A Christian CBT approach does not mean using prayer and Scripture in every session. Standard CBT interventions are also used, and prayer and Scripture are employed when appropriate. In fact, other spiritual disciplines such as confession and forgiveness, and silence may also be used in sessions when deemed to be relevant and helpful (Tan, 1998; also see Eck, 2002; Hall & Hall, 1997). For example, Christian clients who are experiencing spiritual dryness and emptiness may be helped and comforted by Scriptural and spiritual teaching about solitude and wilderness experiences, including the "dark night of the soul" when God's presence is paradoxically manifested in a subjective sense of God's absence for a season. Other clients who are struggling with problems such as tension, stress, anxiety, perfectionism, burnout, addictions, and compulsions may be helped by spiritual disciplines such as solitude and silence, and prayer, and going on their own private retreats. The use of biblical self-talk (e.g., see Backus & Chapian, 1980; Tan & Orberg, 2004), scriptural teaching in Christian cognitive restructuring, and inner healing prayer may be particularly beneficial for clients who are experiencing depression or anxiety. One more example of how spiritual disciplines such as prayer, confession, and forgiveness, can be particularly helpful is in the area of couple or marital therapy, and family therapy.

Inner healing prayer or the healing of memories is a specific form of prayer that can be used
in Christian CBT to help clients with painful memories or even traumatic past experiences (e.g., physical or sexual abuse, rejection, abandonment, neglect or deprivation, harsh criticism, or sarcasm) that are continuing to negatively affect them (see Tan, 1996, 2003, and Tan & Orteberg, 2004, pp. 64-70). Garzon and Burkett (2002) have defined healing of memories as “a form of prayer designed to facilitate the client’s ability to process affectively painful memories through vividly recalling these memories and asking for the presence of Christ (or God) to minister in the midst of this pain” (p. 42).

The following are the seven steps for inner healing prayer that I have developed and first described in 1992 (see Tan, 2003, pp. 20-21):

1. Begin with prayer for protection from evil, and ask for the power and healing ministry of the Holy Spirit to take control of the session.

2. Guide the client into a relaxed state by using brief relaxation strategies (e.g., slow, deep breathing, calming self-talk, pleasant imagery, prayer, and Bible imagery).

3. Guide the client to vividly recall in imagery a painful past event or traumatic experience, and to deeply feel the pain, hurt, anger, fear, or other emotions associated with the painful memory.

4. Prayerfully ask the Lord, by the power of the Holy Spirit, to come and minister to the client His comfort, love and healing grace (even gentle rebuke where necessary) in whatever way He knows will be helpful and healing to the client. It may be Jesus’ imagery or other healing imagery, music (song/hymn), specific Scriptures, a sense of His presence or warmth, or some other manifestation of the Spirit’s working. Usually, no specific guided imagery or visualization is directly given at this point (unlike some other approaches to inner healing prayer). The emphasis here is to be open, receptive and accepting toward what the Lord wants to do, and therefore to be more contemplative in prayer before Him.

5. Wait quietly upon the Lord to minister to the client with His healing grace and truth. Guide and speak only if necessary and led by the Holy Spirit. In order to track with the client and what he or she is experiencing, periodically ask the client: “What’s happening? What are you feeling or experiencing now?”

6. Close in prayer (usually both the therapist and client will pray).

7. Debrief and discuss the inner healing prayer experience with the client. If appropriate, assign homework inner healing prayer that the client can engage in, during his or her own prayer times at home.

This seven-step model can be modified where necessary.

The use of prayer, especially inner healing prayer, and Scripture may not be appropriate with more severely disturbed or psychotic clients who may need to first have their florid symptoms controlled by anti-psychotic or other appropriate medications before prayer or any other spiritual discipline is used in the session with such clients. The use of prayer and Scripture is also not appropriate with Christian clients who are in active rebellion against God or who are so angry at God at the moment that they are not interested in pursuing any explicit spiritual interventions. Patience and proper timing are crucial in such situations in the use of spiritual resources, always keeping in mind that informed consent from the client is first needed. Clients who do not give informed consent or who are not interested in a Christian or religious approach to CBT or therapy should then receive more standard CBT, with an implicit integration approach that does not force explicit use of spiritual resources or discussion of religious and spiritual issues on them.

Certain sites or locations of practice may also limit the use of a more explicitly Christian CBT approach. For example, in some public hospital or clinic settings, or school settings with minors as students, the therapist may not be able to do more explicit integration in the therapy or counseling session unless informed consent is obtained from the appropriate authorities, including parents, for therapy conducted with younger children and minors.

Intervention

Prayer and Inner Healing Prayer

Prayer refers to communicating with God, including other ways of focusing attention on God besides direct talking to God. There are therefore different types or forms of prayer, such as intercessory prayer (praying for oneself and others), contemplative prayer (quiet, meditative prayer), inner healing prayer, and listening prayer (Walker & Tan, 2003), as well as various aspects or dimensions of prayer (e.g., petition
for oneself, intercession for others, confession, thanksgiving, and praise or worship of God). The therapist can use prayer in its different forms and dimensions in CBT at different times (e.g., before, during, or after the therapy session, at the beginning or end of the therapy session, or any time during the therapy session). The therapist can also explicitly pray aloud (generally or specifically) or silently with the client, or pray silently and implicitly for the client (see Tan, 1996). The Scripture teaches that prayer (and confession) can be a powerful and effective means of healing (James 5:16).

I usually close a therapy session with a brief prayer aloud with the client who is interested in doing so in Christian CBT. Sometimes we begin the session with a brief prayer aloud. The prayer usually includes a request for guidance, help and healing for the client, with some thanksgiving. For clients with some painful past memories that still affect them in negative and adverse ways, inner healing prayer may be conducted.

The following is a composite case example of an adult Christian Asian woman client (Jane) who was experiencing mild depression, fatigue, and a superficial, distant relationship with God. Part of her family history included having a father who provided for her material needs but who was not emotionally expressive of affection toward her. She felt that this emotionally distant relationship with her human father was affecting her present relationship with God in the sense that she also experienced God as being distant, no matter how hard she tried to deepen her intimacy with God in prayer and Scripture reading daily.

She was also suffering from mild depression and fatigue, partly due to her hectic schedule of having to take care of her four young, school-aged children, as well as her husband who was attending law school. She had to prepare lunches for her four kids and her husband every weekday morning, and then drive the kids to and from school. She also had many household chores to do and errands to run. I will not cover in detail the cognitive-behavioral interventions such as activity scheduling, relaxation techniques and coping skills training, and general cognitive restructuring of negative dysfunctional thinking that I also used with her. Instead, I will describe in more detail, with hypothetical verbatim transcripts, how I used prayer and inner healing prayer with her, at her request and with her informed consent. I will also describe how the Bible was used in Christian cognitive restructuring with her.

Most of our therapy sessions ended with a brief time of prayer. The following is an example:

**Therapist:** As we come towards the end of our session today, would you like us to close in prayer?

**Client** (Jane): Yes, please.

**Therapist:** Okay, let's close in prayer. Why don't you start and I'll end in prayer.

**Client:** "Dear Lord, thank you for this session. I ask you to continue to bless our sessions here, and to help me overcome my fatigue and depression even more. I ask all these things in Jesus' Name. Amen."

**Therapist:** "Thank you Lord for blessing Jane. Continue to touch her with Your healing grace, and guide us in our sessions here. Bless us now as we go, in Jesus’ Name. Amen."

The following is an example of an inner healing prayer intervention during a later therapy session with Jane:

**Therapist:** As we discussed in our last session, and you have read about the 7 steps of inner healing prayer, do you feel ready today to begin this prayer intervention, focusing on the painful memory you still have of your emotionally distant father?

**Client:** Yes, I would like to begin inner healing prayer for this painful memory.

**Therapist:** Good. Before we begin, let us remember that this is prayer and not a technique per se. We will come before the Lord with your need and painful memory, and let Him minister to you in whatever way He wants to, and knows you need. Let us be open and receptive to what He may want to do today, with no specific expectations or demands on our part, okay?

**Client:** Okay.

**Therapist:** Good. I will begin with the first step. Please close your eyes and be in a receptive, prayerful mode, as I begin in prayer: "Dear Lord, we pray that You will protect us from evil, and come in the presence and power of the Holy Spirit, and minister to Jane Your healing grace and truth for the painful memory she has. Thank You for Your love, and presence with us. In Jesus’ Name we pray, Amen." Now keep your eyes closed and continue in a prayerful mode, as I move on to the second step.

**Client:** Okay.

**Therapist:** Now Jane, I would like you to use the relaxation techniques that you learned a couple
of sessions ago, to help you relax as deeply and as comfortably as possible... I would like you now to take in a slow, deep breath... hold it for a few seconds... and now breathe out slowly and relax... letting go of all tension... just relax deeply... Now Jane, again take in a slow, deep breath... hold it... and relax, breathing out slowly and letting go of all tension... just relax as deeply and as comfortably as possible... Now go back to normal breathing, as you use the second relaxation technique of calming, relaxing self-talk... saying quietly to yourself... just relax... take it easy... letting go of all tension... so that from the top of your head all the way down to your toes... you are allowing yourself to relax as deeply and as comfortably as possible... good... just continue to relax... and unwind... Now Jane, use the third relaxation technique of pleasant imagery... in your mind's eye I want you to visualize or imagine as vividly and as clearly as possible, a very relaxing, calming, peaceful, enjoyable, and pleasant scene... like lying on the beach on a beautiful sunny day... allow this pleasant and enjoyable scene to relax you even more deeply... even more comfortably... How are you feeling now Jane?

Client: I am feeling very relaxed and calm, feeling pretty good.

Therapist: Okay, good. Now I would like you to switch the focus of your attention to something that is not as pleasant. I would like you to go back in your imagination and see yourself as a young girl in elementary or primary school and picture your father at home sitting in his chair and reading the newspapers, and not paying much attention to you... can you relive that scene in your imagination... is it clear?

Client: Yes, I can see it as if it's happening again... oh how I wish my father would put the newspapers down and talk to me or play some games with me... it's actually quite painful... (with eyes beginning to tear up a bit)... 

Therapist: Okay... I would like you to continue to see that scene clearly and to experience your feelings as fully as possible, and not avoid them or block them out. Do not just look at yourself in that scene but try to actually be yourself in that scene, so that you're actually experiencing those feelings yourself afresh at this moment.

Client: I can feel the painful emotions... (with some more tears)

Therapist: I know this is hard for you, but it's important for you to continue to experience these painful feelings and stay with the scene with your father still reading the newspapers...

Client: Okay...

Therapist: Also, please tell me aloud while keeping your eyes closed Jane, what are you experiencing now, how are you feeling, and what's happening? so I can follow you and track with you.

Client: I'm feeling lonely... and deeply hurt... that my father is still hiding behind his newspapers and not noticing me although I try to get his attention... he actually tells me not to disturb him because he is tired from a long day at work and wants to relax by reading the papers... I wonder if he really loves me although he does provide material things for me and my family... I feel alone and isolated and ignored and I feel like crying... (with tears)...

Therapist: (After some time has passed) Jane, continue with that painful scene in imagery and continue to feel the painful emotions that are bubbling up such as feeling lonely and alone... and deeply hurt and ignored. At this point, I would like to pause here and pray for the Lord to come and minister to you, by the power and presence of the Holy Spirit, and to touch you with His healing grace and truth, okay?

Client: Okay...

Therapist: "Dear Lord, I pray that you will now come by the power of the Holy Spirit, to walk with Jane into this painful memory, and lovingly minister Your healing grace and truth to her in whatever way is needed or appropriate, according to Your will. Thank you, in Jesus' Name, Amen." Now Jane, just wait for a few moments and be in a receptive, open, prayerful mode allowing the Lord to minister to you, to speak to you, to touch you in whatever way He wants to and knows you need...

Client: Okay...

Therapist: (After a few moments have passed) Jane, please tell me now what's going on... what are you experiencing... what are you feeling... 

Client: (with some tears but a smile on her face) It's deeply touching and healing what I'm experiencing... I actually sense the presence of Jesus with me, although I can't see His
face clearly... he is having lunch with me, spreading out a blanket with a picnic basket filled with food like sandwiches and tea to drink, on green pastures besides the still waters as Psalm 23 describes, ... and He eats a leisurely lunch with me, giving me His full and loving attention... and He speaks to me and tells me that I am His beloved child and very precious to Him... (with some tears)... I really feel close to Him and my heart is experiencing some warmth and joy and... deep peace. This is very meaningful and healing for me... I feel that I can experience God more now as a loving and present Heavenly Father or Parent...

**Therapist:** Good... just continue to let the Lord minister His healing grace and truth to you even more deeply... continue to receive from Him...

**Client:** Okay...

**Therapist:** (After some more moments have passed) Can you tell me now what's happening, what you are feeling or experiencing now?

**Client:** Yes... I continue to experience the presence of Jesus... I also sense that He is gently telling me to let go any resentment I may have toward my father, and to forgive him... at least he works hard to provide for my material needs... I also can see more clearly now with God's help, that this is the way my father expresses his love for me, by being a good and faithful provider... and I actually feel more gratitude and some warmth towards him now, as I let go any resentment toward him and forgive him... I also ask God to forgive me of any resentment or wrong attitudes I may have had toward my father all these years... I feel more released and at peace...

**Therapist:** That's beautiful Jane... anything else before we close in prayer?

**Client:** No... I'm ready to pray.

**Therapist:** Okay, let's close in prayer. Would you like to start?

**Client:** Okay... “Dear Lord, thank You so much for this deeply touching and healing time with You... for giving me such a healing image of You having lunch just with me... Please continue to heal me and make me whole so that I can know You more deeply and serve You better. Thank You in Jesus’ Name. Amen.”

**Therapist:** “Dear Lord, we thank You for Your healing grace and loving truth that You allowed Jane to experience today during this time of inner healing prayer. Continue Your healing work in her life, and be with us and lead us as we go on with the therapy sessions here. In Jesus’ Name, Amen.” Jane, just before you go, do you have any comments or questions about this experience in inner healing prayer that you’ve just had? Let's debrief and discuss it now.

**Client:** It was a deeply touching and healing experience for me, thank you. Can I use these steps of inner healing prayer on my own, in my daily quiet time with the Lord, to experience even more of His healing grace and wholeness?

**Therapist:** Yes, that's a good idea. I was about to ask you to do exactly this as a “homework assignment.” Are you okay with doing this?

**Client:** Yes. And thank you again!

**Therapist:** You’re welcome Jane. Take care and God Bless! See you again next week.

Inner healing prayer does not always go so smoothly. Sometimes clients are not able to image past painful memories clearly or vividly, in which case I suggest they simply tell me their stories, using more of a narrative approach, or we may role-play the event, and then pray over it. Some clients do not have any specific experience of healing during the inner healing prayer time, but they often do sense a deeper level of peace afterwards. The debriefing time is important to reassure clients that different people have different experiences and the Lord has promised grace sufficient for their need and pain (cf. 2 Cor. 12:9,10), but healing per se does not always occur in a particular inner healing prayer session. Several sessions of inner healing prayer may therefore be needed. Even then, clients are briefed to be biblically realistic in their expectations, and to trust the Lord for sufficient grace even if significant healing is not experienced. The importance of forgiveness is also emphasized (Tan, 2003).

Inner healing prayer is therefore not a panacea for all painful memories and problems associated with them. It can however, be a potentially helpful intervention in Christian CBT for deeper levels of emotional processing and cognitive change. It also emphasizes a more receptive and contemplative prayer stance, consistent with recent mindfulness and acceptance-based versions of CBT. It should be pointed out that while some research findings have been obtained supporting the efficacy of Christian, religious CBT, including the use
of religious or Jesus imagery, with religious, Christian clients with depression (e.g., Propst, 1980; Propst, Ostrom, Watkins, Dean & Mashburn, 1992), there is still a need for further research that specifically evaluates the efficacy of inner healing prayer per se (e.g., the 7 step model already described) and not simply religious imagery (Tan, 2003). Furthermore, as Garzon and Burkett (2002) have pointed out, the religious imagery of Jesus used in the Propst studies was for dealing with present and future-oriented situations, and not with past painful memories.

Use of Scripture

The use of Scripture or the Bible is another major intervention in Christian CBT. As with prayer, Scripture can also be misused or abused in therapy. However, the appropriate and ethical use of Scripture or the Bible in Christian CBT by a sensitive and prayerful therapist can be of significant help to Christian clients who seriously take the Bible to be the inspired Word of God and their ultimate authority in life (see Tan, 1996). Cognitive restructuring of dysfunctional or irrational thinking can be more deeply conducted in Christian CBT with the appropriate use of Scripture, and not just rational or empirical analysis and disputation. Oftentimes, unbiblical, erroneous, even sinful thinking needs to be dealt with in therapy, in a compassionate and sensitive way, with proper interpretation of Scripture (see Collins, 1993; Hurley & Berry, 1997; Johnson, 2007; Maier & Monroe, 2001; Monroe, 2007; Schultz, 2001; Welch & Powlison, 1997; see also Kruis, 2000; Miller, 2002; Miller & Miller, 2006; Osborne, 2006). Monroe, (2007) has pointed out that unthoughtful use of the Bible in counseling and therapy can be risky and potentially harmful. He emphasizes the need to follow basic guidelines for the effective use of the Bible in counseling, focusing on paying attention to matters of purpose, contextualization, and client/counselor rapport.

Monroe (2007) suggests using the following simple questions to help assess the purpose or goal for using the Bible in therapy: Why do I want to have the client read this biblical text? What do I hope to accomplish through it (e.g., to provoke, taught, comforted, connected to something greater than self, to change one’s focal point)? What barriers might hinder this goal? How might the client misinterpret my intervention?

The Bible as the powerful inspired Word of God (2 Tim. 3:16) can be used in Christian CBT for various purposes including the following: to comfort, clarify (guide), correct (cognitively restructure), change character, cleanse, convict (convert), and cure (or heal) (e.g., see 2 Tim. 3:16; Jn. 15:3; Ps. 119:9,11; Heb. 4:12; 1 Pet. 2:2; Ps. 119:105; Ps. 119:97-100; 1 Pet. 1:2,3; Rom. 10:17; Jn. 8:32). It can be used in the following ways: indirectly by alluding to biblical truth or directly by generally referring to teachings or examples in the Bible or specifically citing biblical texts by chapter and verse; by reading, meditating, memorizing, hearing, or studying Scripture (see Tan & Gregg, 1997); or assigning it for reading, study, memorization, or meditation in between therapy sessions.

I will now use the previous composite case example of Jane to illustrate the possible uses of Scripture in cognitive restructuring in Christian CBT, with informed consent from her. Standard CBT typically employs the following key questions in cognitive restructuring or cognitive therapy of dysfunctional or distorted thinking: “On what basis do you say this? Where is the evidence for your view or conclusion?}; “Is there another way of looking at this?”; “What if this view or conclusion of yours is true, what does it mean to you?”. In Christian CBT, the following are also crucial questions to ask in cognitive restructuring of dysfunctional or unbiblical thinking: “What does God have to say about this?”; “What do you think the Bible has to say about this?”; “What do you think the Bible has to say about this?”; “What does your faith tradition or church or denomination have to say about this?”

Here is an example of how the Bible was used to help Jane cognitively restructure one of her particular distorted and unbiblical ways of thinking (concerning anger):

**Client** (Jane): I feel badly whenever I experience even mild anger at my father for not being more expressive of affection toward me when I was a child growing up. I tend to block the anger out or deny it because I believe that it is wrong or sinful for me as a Christian to get angry at all. I do the same thing whenever I get angry at my husband or my kids. But the anger doesn't really go away and I feel more fatigued and depressed eventually.

**Therapist:** Let's take a closer look at your specific thought or belief that anger is always wrong or sinful and therefore you try to block it out or remove it. On what basis do you believe it is true? What do you think the Bible has to say about this?
Client: I remember there are verses in different parts of the Bible commanding us to put away anger and wrath and malice but I can't recall the specific references now. I feel guilty whenever I feel angry. I know the Bible teaches that bitterness, resentment and hatred are wrong, and when I feel angry, I feel that I am also getting into resentment, bitterness, and possibly some hatred!

Therapist: Okay, Would you like to look at the Bible more closely and see what it really says or teaches about anger?

Client: Oh Yes! I've been struggling with this issue for quite awhile in my life.

Therapist: Can you think of any other Bible verses or passages that are relevant to our discussion concerning anger and how sinful you think it is?

Client: Not really... hmmm...wait a minute, I do recall Jesus throwing out the moneychangers in the temple. He got angry with them but Jesus never sinned... so maybe there is a type of anger like when God gets angry (I believe the Old Testament has verses on this) or Jesus gets angry, and it's not sinful, it's okay... but I still feel that when I get angry it's not okay, because I'm not God.

Therapist: So, you already see that at the very least, when Jesus or God gets angry, it is not sinful or wrong, so there is a type of anger that may not be sinful. Some call this any righteous indignation. Can you think of any other Bible verses or passages that may teach this more directly?

Client: Come to think of it, didn't Paul say somewhere in the Bible something like "Be angry but do not sin"?

Therapist: That's a good text you recalled. It's actually found in Eph. 4:26. It may be helpful for us to read this verse. Would you like to read it in the New International Version?

Client: Sure. (Reads from the NIV Bible the therapist hands over to her) Eph. 4:26 says: "In your anger do not sin”; Do not let the sun go down while you are still angry.

Therapist: What do you think Eph. 4:26 means?

Client: Well, at least it says we can be angry but must not sin in our anger, and it implies that if we allow our anger to fester and go on even after sundown, then it's bad or sinful anger. Is this right?

Therapist: It sounds like you are seeing now that anger is not always wrong or sinful per se.

Client: Yes, I am beginning to see this. But I can't help noticing Eph. 4:31, a few verses later in the passage I'm reading.

Therapist: It's good to read verses or texts in the Bible in the context or passage where they are found. Please, go ahead and read verse 31, and also 32.

Client: Eph 4.31 says: "Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice." And verse 32 says: "Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you." I'm still bothered by verse 31 that says get rid of all bitterness, rage and anger. Anger is still on the list.

Therapist: But look more carefully at the context of this list – the anger here is associated with bitterness and rage, brawling and slander and malice. It seems to be a very extreme form of anger like rage. Also, as you noted in verse 26, there is another kind of anger in which you do not sin, and you made the insightful comment that it does not go on and on or fester, because it can then turn into bitterness, rage or anger that is wrong or sinful.

Client: This is beginning to make sense to me now. I guess I don't have to try to deny or get rid of my initial anger when it is mild and not rageful or bitter. My initial anger is often a response or reaction to being hurt, or being taken advantage of or being taken for granted. If I can pray about this, and then talk openly to my husband or kids, or to God about my father's lack of attention or affection expressed toward me, then my anger does not have to go on and fester into bitterness or resentment. It can be dealt with, especially if my husband or kids listen and may be even apologize to me for taking me for granted! I also see that forgiving those who may have hurt me is important.

Therapist: Wow, you've applied the truth of the verses in Eph. 4 really well to yourself and your situation. You are telling the truth in Scripture to yourself as you learn to think more biblically and accurately. How do you feel about all this?

Client: I'm actually feeling better and have a good handle now on how to deal with my anger, and not just block it out so quickly as I used to do.

Other examples of how the Bible can be used in Christian CBT can be provided, but space limitations do not permit me to do so in this
article. Tan and Johnson (2005) have described another case example (Grace) in a Christian approach to CBT that is largely Rational-Emotive Behavior Therapy (REBT) based, with several illustrations of the use of the Bible generally or specifically, in cognitive disputations of Grace’s irrational beliefs.

As pointed out earlier, there are now at least six outcome studies of Christian approaches to CBT or REBT that include the use of Scripture in cognitive restructuring of dysfunctional thinking or cognitive disputations of irrational, unbiblical beliefs, with results that generally support the efficacy of such Christian CBT approaches. Again, further research is needed to evaluate the efficacy of more specific uses of Scripture in Christian CBT for various psychological disorders.

**Concluding Comment**

Prayer and Scripture can therefore be ethically and effectively used in Christian CBT, especially when explicit integration in the therapy room is appropriate, with clients who have given informed consent for such an approach to be taken. Christian therapists can practice Christian CBT in this Christ-centered, biblically-based, and Spirit-filled way. As Dallas Willard (1996) has written:

> Many counselors today are learning that for their own work, deep immersion in the disciplines is necessary, both for developing their own character, and beyond that, accessing special powers of grace for their work in counseling people... I think the most important and the most solid way is to begin to integrate prayer and spiritual teaching into the therapy process as it seems to be appropriate... We can observe what the effects of prayer and spiritual understanding are, and advise clients as to how they can use Scripture, how they can worship, and so forth in a way most helpful to them. (p. 19)

**References:**


Author

Siang-Yang Tan, Ph.D. (McGill University) is Professor of Psychology at the Graduate School of Psychology, Fuller Theological Seminary in Pasadena, CA, and Senior Pastor of First Evangelical Church Glendale in Glendale, CA. He has published numerous articles and 12 books, the latest of which is Full Service: Moving from Self-Serve Christianity to Total Servanthood (Baker, 2006).