

# The Metaphor of Wholeness in the Practice and Supervision of Spiritually Integrated Psychotherapy: A Case Study

Monika-Maria Grace

## *Summary*

*The aim of this article is to illustrate how supervision in spiritually integrated psychotherapy can activate the metaphor of wholeness to foster faith in the divine healing agency that is embodied in the therapist's caring attitude toward the suffering client.*

In post-industrialized societies, psychotherapy is practiced as an “art of persuasion,” offered to improve the morale of sufferers.<sup>1</sup> Thus psychotherapies, as contemporary mythologies, require faith in the metaphor of wholeness as the prescriptive human condition, achievable by all who commit to the rigors of the psychotherapeutic process. The aim of this article is to illustrate how supervision in spiritually integrated psychotherapy can activate the metaphor of wholeness to foster faith in the divine healing agency that is embodied in the therapist's caring attitude toward the suffering client.

## WHOLENESS: AN OPERATIONAL DEFINITION

For the purposes of this article, *wholeness* is understood as a process of becoming that encompasses the entire person and involves a person's entire organism as an individual and a member of collective realities and systems. It includes an awareness of opposites and paradoxes of experience that some-

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times hinder one's well-being. *Wholeness* is not a final product but rather an ongoing process that heals and transforms one's relationship to self, others, and God. In spiritual terms, wholeness is best described by Martin Luther as a process of 'getting well', as a spiritual journey that also embodies life's purposes. In Luther's own words:

This life, therefore, is not godliness but the process of becoming godly, not health but getting well, not being but becoming, not rest but exercise. We are not now what we shall be, but we are on the way. The process is not yet finished, but it is actively going on. This is not the goal but it is the right road. At present, everything does not gleam and sparkle, but everything is being cleansed.<sup>2</sup>

#### THE METAPHOR OF WHOLENESS IN RELIGION AND PSYCHOTHERAPY

Faith as the investment in this lifelong journey toward wholeness presents an interesting parallel between practiced religions and psychotherapies. In practiced religions, faith is a dimension of one's relationship with the transcendent. This relationship grows through trust in the benevolence and healing agency of the divine toward humans, and often occurs in a physical and/or psychic space that is seen as sacred. In most practiced psychotherapies, faith (i.e., trust) in the therapist's integrity as a competent and ethical professional is a prerequisite for a workable and effective client-therapist relationship. Therapeutic healing occurs because there is faith in the efficacy of the journey toward wholeness, trust in the therapist's professional competence and ethical integrity, and a "sacred space" (e.g., the therapist's office) for the ritual of healing to take place.

In many practiced religions and psychotherapies, there is a dynamic between human brokenness and the agency of healing through redemptive love. In religious mythologies, the human-divine relation is the context in which divine love redeems and restores the flawed human condition. For most psychotherapies, the redemptive power of healing is in the therapist's caring attitude toward the suffering client in the context of a therapeutic relationship.

These two parallels between religion and psychotherapy (i.e., faith in divine intentions and efficacy to foster wholeness and the redemptive power of the healer's caring attitude) converge in the practice of spiritually integrated psychotherapy. Healing occurs in multiple levels that encompass the human-divine as well as the human-human relations. With regards to the human-divine relation, the restoration that occurs often transcends the bounds of traditional religious teachings and dogmas because it is embod-

ied in relationships. In the human-human therapeutic relationship, healing may occur at many levels: between client-therapist, client, the client's world, therapist-client, therapist and supervisor, and between the therapist and the therapist's world.

This article seeks to illustrate how this healing happens by presenting a case study from supervision of a spiritually integrated psychotherapy. The case study may be of interest to psychotherapists, spiritual caregivers, and pastoral counseling supervisors because it explores three main questions common to all those perspectives:

1. What is the practice and supervision of spiritually integrated psychotherapy?
2. Can spiritually integrated psychotherapy be applied to non-believers?
3. How can supervision in spiritually integrated psychotherapy facilitate the application of the metaphor of *wholeness as journey* for both the therapist and client in the therapeutic process?

In order to explore these questions, the article will first present my perspective on spiritually integrated psychotherapy, followed by a description of supervisory practice of spiritually integrated psychotherapy. A supervised case study of spiritually integrated psychotherapy is then presented to illustrate the implications of this perspective for supervision.

#### SPIRITUALLY INTEGRATED PSYCHOTHERAPY: A DEFINITION

"Spiritually integrated psychotherapy" is the healing process that occurs between a professional psychotherapist and a self-identified client, in which belief about the divine healing agency is articulated in implicit or explicit theologies and/or faith practices of *both* the therapist and the client. The divine thus becomes an active agent of healing and transformation, referenced *and* invited into the psychotherapeutic process through mutually agreed upon and periodically reviewed practices, determined and defined by the specific theologies, religious traditions, and/or faith expressions of both the client and the therapist. In this regard, spiritually integrated psychotherapy transcends the domain of "pastoral," which is primarily associated with Christian theology and praxis and embraces *all* possible expressions of faith and religious traditions.

In support of this perspective on spiritually integrated psychotherapy, Kenneth Pargament has observed that "spirituality cannot be separated from psychotherapy, no matter how hard we try."<sup>3</sup> He presents evidence that even in secular psychotherapy contexts, where neither religion nor spirituality are

included in the therapist's approach, clients have appealed to the divine for help with psychological healing and made use of spiritual resources to achieve forgiveness. Pargament concludes that "spirituality continues to be a relevant resource...for people even when it goes unaddressed in psychotherapy."<sup>4</sup>

This inclusive definition of spiritually integrated psychotherapy makes three assumptions: first, the belief in the redemptive power of divine love vis-à-vis broken humanity is active and functions for *both* therapist and client; second, the therapist has an articulated theology, an active faith practice, and a clearly internalized appreciation for plural spiritual and religious expressions; and third, the therapist can show *religious empathy* toward the client, that is the therapist can understand and articulate the client's emotional levels of faith/religious/spiritual experiences even though the therapist has no association with the specific religious or denominational traditions and faith practices of the client.

The last assumption stands on the premise that—positive or negative—religious experiences, although stemming from diverse traditions and practices, generate emotions that are universal. *Religious empathy* understands religious diversity and particularity while communicating emotional universality vis-à-vis the human-divine relationship. In this sense, *religious empathy* is necessarily both cognitive and affective. If the third assumption is met, then spiritually integrated psychotherapy can be practiced independent of the therapist and client's particular religious affiliations. *Religious empathy* is possible when the therapist understands religious mythologies as metaphors facilitating the human-divine relationship through faith and ritual and not as narratives of facts to be held as real and reproduced through imitative actions.

On another level, spiritually integrated psychotherapy—when it embodies *religious empathy*—can function as a metaphor for inter-religious and inter-faith reconciliation and peaceful coexistence. To say more about the importance of *religious empathy* as a means to inter-faith reconciliation would be beyond the scope of this article. It is enough to emphasize here that transcending conflicts or tensions between religious or spiritual perspectives presumes understanding the 'other' that depends on humility, listening accurately and imaginatively, and respecting the differences we understand.

Can spiritually integrated psychotherapy be relevant for people who might say they are 'spiritual but not religious'? Faith in the efficacy of the redemptive love of the transcendent is a key prerequisite for both therapist and client. If that faith does not exist for either or both client or therapist, then spiritually integrated psychotherapy cannot be practiced. On the other

hand, if that belief alone exists, I suggest that it can function as a foundation for the healing process even though the individual is not a practitioner of a particular religious sect or organized spiritual tradition. Faith in the efficacy of divine love and in the competence of the therapist both matter.

#### SUPERVISION IN SPIRITUALLY INTEGRATED PSYCHOTHERAPY

Supervision is an interactional process between a supervisor and a supervisee in which the supervisor assumes the role of educating, forming, reinforcing, correcting, and developing the supervisee's theoretical understanding, technical, conceptual and problem-solving skills, self-awareness, and use of self. Regarding the meaning of "use of self," I have found Han van den Blink's definition helpful:

A whole range of skills having to do with the ability to know and employ one's own strengths and vulnerabilities to the benefit of the psychotherapy one is doing with others. That is, to have a sense how these strengths and vulnerabilities have been shaped by one's family of origin and by subsequent life experiences, to know how certain behavioral patterns of one's own can be triggered and affected by one's internalized scenarios, as well as to have a clear sense of unexamined assumptions and blind spots with regard to one's culture, values and beliefs, especially in our time, with regard to gender, race and class.<sup>5</sup>

Supervision in psychotherapy is an interactional process that unfolds in stages. It is intrinsically developmental and highly relational. The supervisory relationship is based on a contractual agreement between supervisor and supervisee and impacts the personal and professional growth of both participants. In this interactional process, the supervisor may assume different roles, such as teacher, peer, consultant, therapist, or case monitor.<sup>6</sup> Additionally, the supervisor may assume the role of developing the professional identity and meta-cognitive abilities of the supervisee, as it is illustrated in the case study that follows.

Supervision unfolds in distinct stages reflective of the supervisee's learning and growth process. In the initial stage, the supervisor models a therapeutic experience by providing therapeutic conditions. In the second stage, the supervisor assumes a role of teacher, with a focus on teaching the supervisee models for understanding psychopathology and change. The third stage focuses on the roles of transference and counter-transference, and the supervisor assumes the role of review consultant. The fourth stage is the post-training stage; the supervisor now becomes a peer/colleague who sup-

ports the supervisee to solidify positions and to learn new developments.<sup>7</sup> The case study that follows describes a supervisory process as it develops from second to third stage, in which the supervisor assumes the role of review consultant to help the supervisee address counter-transference issues.

Supervision in spiritually integrated psychotherapy also incorporates the faith/spiritual practices of the supervisor and supervisee. Those practices are brought into supervision and function as variables of healing, growth, change and transformation as the divine is invited to be a healing and instructive agent in the multifaceted relationship between the “self” of the supervisor and the “self” of the supervisee. This process includes theological reflection as a way of exploring how faith practices can interact within psychotherapy and positively affect mental and emotional health. It can make use of Scripture and sacred texts, refer to the messages of specific faith communities, involve the faith experiences of supervisor, supervisee, and client cases, and examine the self-understanding of the supervisee as a clinician in light of his/her faith—in addition to his/her psychotherapeutic philosophy and method. It seeks to develop, nurture and support the supervisee’s pastoral identity, as well as his/her identity as a clinician.

Supervision practiced in this context always seeks to keep a balance between the ethical standards applied to psychotherapists and those applied to pastors and ministers, some of which are at conflict because of distinct functions in the practice of psychotherapy and that of ministry. One such distinction lies in the nature of the relationship between minister and congregational members versus psychotherapist and client. In the therapist/client relationship dual relationships are strongly discouraged: the boundaries are proscribed and clear from the onset, specifying time, location, and duration of the interaction—which is most often limited to an hour per week in the therapist’s office, excluding social contact outside the therapeutic relationship or familiarity with the therapist’s personal context. The minister/congregational member relationship is by nature dual: the boundaries tend to be more flexible, as they include social contact, home visits, participation in church and other activities, and familiarity with the minister’s personal and family contexts. When the pastoral therapist is also a minister, great attention must be given in creating and maintaining boundaries according to the therapists’ code of ethics without losing sight of the healing power of community as well.

Brokenness and healing are working metaphors for both the supervisor and supervisee in spiritually integrated psychotherapy. Loren Townsend

has suggested that the use of metaphors in pastoral counseling supervision can be “instrumental in provoking revolutionary potential” in supervisees. Pastoral counseling supervision is enhanced by the use of a metaphor both “for the brokenness of human life, and for the hope of transformation in the community.”<sup>8</sup> Through interaction with this metaphor, supervisees engage in a process of self-transformation through skill development and concretization of imagined potentialities as therapist, as they develop a therapeutic self that they will carry out into their future ministries.

The case study that follows aims at illustrating the salient characteristics of supervision in spiritually integrated psychotherapy, as they have been outlined thus far.

#### A CASE STUDY

The supervisee, Sofia, is a 40-year-old, Italian-American female, married to a German-American male, with no children. A graduate of a MA program in Counseling Psychology from a Catholic college, she had been working toward her licensure and had accumulated 100 post-Master’s level supervised hours before she sought my supervision for what she called a “rather complex case.” Sofia had been raised Roman-Catholic yet ‘rebelled against the Church in college’ and since then had not practiced her faith. She referred to herself as “spiritual but not religious,” although she said that she prayed regularly to God and to the Virgin Mary, whom she considered the feminine expression of the divine. Her psychotherapeutic training included basic Rogerian skills (empathic listening, regard, and congruence), Gestalt techniques, brief solution-focused therapy, and some exposure to family therapy. At the time of supervision, she was seeing clients in a community center supported by the Catholic Church, offering sliding scale or no fee therapy.

The client is a 25-year-old, Irish-American male, fine arts college dropout, at the time of supervision working in a data-entry position and a practicing Catholic. He presented with homicidal ideation and intense remorse following his father’s (at age 52) male-to-female sex change, which began three years before the client sought therapy with Sofia and was completed after two and a half years. The client was the eldest of two brothers. His mother was a devout Catholic who raised both her sons in a working class, Irish-American home. His father “drank a lot but was never abusive.” Religion was very important in the family, although the father stopped participating when the client was in middle school. The client’s father left the

family when the client graduated from high school. For the following four years, the father avoided contact with his sons. His parent's divorce was final when the client was 22 and the marriage was annulled by the Roman Catholic Church. After the divorce, his mother fell into clinical depression and she asked her son "to stay with her and not abandon her like his father did." As a result, the client dropped out of college and found temporary work. He stopped praying and attending mass. At 24, he met a woman a few years his senior and, after a few months of courtship, the client moved in with her and they became engaged. His fiancée encouraged him to find his father, seeing how affected the client still was from the divorce. After some search, the client located his father who had begun the sex-change process, was living with a man, and "seemed very happy." Two months later, the client broke off the engagement and moved back with his mother. He decided to come to therapy because he has begun having homicidal ideations against his father, who has completed the sex change and now had a female name. The client states that he feels "ashamed to God" for his father's acts and "very guilty" for wanting to kill his father who "is no longer his father because his father is dead, having now become a woman."

#### DISCUSSION OF SUPERVISION OF SOFIA

Sofia was in the middle to advanced stage of training and, therefore, supervision focused on her *use of self*. The supervision—following the model proposed by Guest and Beutler—eventually focused on the roles of transference and counter-transference with the aim of integrating the communicative and technical skills learned at previous levels. Following that model, I—as the supervisor—assumed a role of case review consultant.

First, the client's homicidal ideation was addressed in order to rule out possible action against his father and address the nature and underlying causes of the ideation.<sup>9</sup> Sofia performed a complete homicide assessment on the client and it was determined that he did not have actual plans to kill his father. Rather, the client clarified that he "was so ashamed and angry for his father's actions, that he wished he had died instead of becoming a woman." Further exploration revealed that the client's shame was of religious origin and his anger stemmed from feeling betrayed and abandoned by his father when he was still a man.

With this information disclosed by the client, Sofia conceptualized the client's reported "homicidal ideation" as a reaction to grief that he was ex-

periencing as anger. In supervision, she was encouraged to address first the client's grief and facilitate his adjustment to his father's new gender identity. Sofia admitted knowing nothing about transgender issues, although she recognized the father's decisions as legitimate. I recommended familiarization with literature on transgendered families and issues involving sex change in parents in order for her to place her client's case in a specific context. The goal in supervision was instructional and informative.

Sexuality and sexual orientation often needs to be addressed in the supervision process. Janie Long discusses the importance of encouraging supervisees to learn about lesbian, gay, bisexual, transgender and queer (LGBTQ)-related issues when treating LGBTQ clients, thus expanding their competency base and to explore their possible stereotypes and biases. Additionally, learning about LGBTQ-related issues helps supervisees explore their hesitancy to treat LGBTQ clients because of a lack of knowledge *rather than avoiding a conflict of values that may have religious and faith-based roots* (emphasis mine). "Through this exploration," Jamie Long states, "the supervisee begins to identify that his fear is highly related to his lack of exposure and knowledge of same-sex couples. He is forced to confront his stereotypes."<sup>10</sup>

The client's feelings of shame toward God for his father's behavior were addressed. Interestingly, the client's intense shame stemming from his religious upbringing triggered in Sofia negative counter-transference feelings. She said "she rebelled against the church when she decided to have a sex life like a normal person and use birth control," and she had difficulty empathizing with the client's religious objections toward his father's sexuality. Her unresolved anger toward the Catholic Church's prohibitive sexual ethos shifted her focus from the client's feelings toward God to *her* feelings toward the church. At that point, the goal of supervision was to help *her* see that she needed to address the client's religious-based shame without contaminating it with her own feelings toward religion. I encouraged her to explore her unresolved emotions toward her church in her own therapy in order to be more aware of how those feelings were separate from those of her client. When I was the client in role-play, Sofia experienced counter-transference feelings when the context of church was brought up. We processed how her own feelings for the church affected her empathic ability with this client. Sofia thus developed self-awareness and meta-perspective about her responses as a therapist.

*The Turn to Spiritual Matters*

In subsequent supervision sessions, Sofia brought up the issue of prioritizing the client's issues, using a solution-focused theoretical approach. As her relationship with the client deepened, the client disclosed more affective and historical material, in which family dynamics, his relationship with God, and his own confusion about the meaning and fluidity of sexual identity converged through expressions of guilt, remorse, and anger.

It was obvious at that point in therapy that faith, God, and the church had become central in the client's material and as he revealed deeper layers of inner turmoil—that seemed to trigger Sofia's inner instability, to which she reacted by wanting to "prioritize" the client's issues. The main goal of supervision then became to help Sofia manage her counter-transference by embodying "stability among chaos," thus acting as a living metaphor of the calm and graceful God with whom the client sought reconciliation. As long as Sofia could embody calmness and grace in the therapy session, an implicit goal could be achieved: that of eliciting and reinforcing the client's faith in the efficacy of the therapist as the healer and his faith in God's benevolence and healing efficacy, embodied and conveyed through the therapist.

To facilitate this convergence of parallel "faiths" in the client, supervision now began including spiritual reflection of Sofia's experience of the client. We explored how she experienced connection with the divine amidst turmoil and Sofia revisited the models of God that she trusted, even after her breakup with the Catholic Church. Thus, an active metaphor of wholeness was activated in Sofia, which we cultivated through exploration and reflection in order for her to learn to embody it during her sessions with the client.

In the supervision process "wholeness" was conceptualized as the transformational process of integrating into awareness of all unintegrated, seemingly opposite, or paradoxical, aspects of personal and collective experience. Sofia engaged in a process of integrating her own spirituality with the religious beliefs of her upbringing that she had rejected. In supervision, she was encouraged to reflect on her prayer practice as a source of calm and strength, and on her theology of grace, which she considered God's essential gift of redemption. Together, we explored the imagery that symbolically conveyed grace to her through a guided exercise. Through this process, Sofia was able to integrate some of the symbols of her Catholic faith—ones that she had formerly rejected—into her current spirituality. In doing so, she was able to develop deeper empathy for the client's "Catholicism" and begin embodying grace when feeling threatened by the client's chaos or re-

ligious beliefs. Through practice, she began to implicitly invite the divine healing agency into her sessions by using the self as the vehicle of embodied grace and to keep psychological distance when a conflict of religious values occurred between her own and the client's. Once she mastered that, she no longer felt threatened by the client's chaos or religiosity. As she embodied grace to the client, the client's issues continued to be "prioritized," not according to his therapist's theoretical orientation, but according to his intra-psychic processes and other variables beyond the therapist's control and technical interventions. In this way, the metaphor of wholeness as the process of integrating fragmented and opposite aspects of experience was activated in the client as well.

#### *The Therapeutic Significance of Wholeness*

It is important to address why, at this point in supervision, Sofia's theoretical orientation (i.e., solution-focused approach to address client's chaos) had to be challenged and subsequently replaced by the activated metaphor of wholeness embodied in Sofia's spiritual stance toward the client. First, as a supervisor, I assessed that applying solution-focused therapy at that point in the process was impeding both client and therapist from opening up to the healing agency of the transcendent. This is a judgment call that often-times must be made in spiritually integrated psychotherapy practice and supervision. Research on the relationship between therapist's orientation and therapeutic outcomes has yielded poor results. Certainly, theoretical orientation is what anchors therapists in the stormy waters of the therapeutic session, but research evidence shows that therapists develop their theoretical views primarily from personal therapeutic experiences and their personal values.<sup>11</sup> Other research suggests that therapist orientation represents a tool developed from therapeutic experience, tempered by therapeutic expediency.<sup>12</sup> For these reasons, I made a clinical judgment as a supervisor to facilitate experiences of therapeutic value for Sofia, which would anchor her therapeutic expediency by addressing her counter-transference. By shifting the focus from Sofia's therapeutic approach to her inner turmoil and then to her experiences of calm and grace, I believe that I helped her overcome the risk of therapeutic incompetence and open herself to becoming a vehicle of divine healing for the client. This approach—in my experience—proved efficacious in activating the metaphor of wholeness and furthering the goals of spiritually integrated psychotherapy for both therapist and client.

In subsequent sessions, Sofia reported that the client had begun to question his beliefs that gender identity is God-given and that any deviation was a sign of sin. Sofia reported feeling a sense of camaraderie with the client as she recalled her own struggles with sexual freedom and her faith but she still felt limited in having a theological conversation about sexuality and gender with the client. She feared that her “camaraderie” with the client on the basis of their questioning the doctrine of sin might be an expression of positive counter-transference that might not be helpful for the client’s fragile—and unfolding—relationship with God. The supervision goal then became to educate Sofia about theologies that regard sexuality as non-sinful and bring new perspectives to queer and transgender issues with regards to God and humans. I suggested that she research queer theology and write a reflection essay in which she was asked to integrate her “former” theology of sexuality with her newly acquired perspectives, articulate them clearly, and discover the implications they have for psychotherapy practice. Among the resources available, I recommended the collection of essays in *Queer Theology: Rethinking the Western Body*.<sup>13</sup> The goal here was to help Sofia develop meta-perspective as a clinician, founded in revised theology and grounded in concrete experiences with her present client.

This case continued for several months. The supervision accomplished the goals set by supervisor and supervisee in each session, under the general contract of the relationship as educational, instructional, transformational, and growth-oriented. Some therapeutic outcomes were the client’s integration into awareness of his father’s sexuality as a reality that the client could not control or change, but embrace as part of his collective experience. This integration into awareness prompted a process of forgiveness that could be ongoing and extend past the limits of psychotherapy. Activating a metaphor of wholeness in Sofia as the therapist directly influenced much of that outcome. Sofia, through her integration into awareness of rejected religious symbols of her own spirituality, embraced the religious reality of her client. Thus, she withdrew counter-transference and learned to embody the divine in the psychotherapeutic process, using the self as the vehicle of grace and the liberating agency of the transcendent. As the metaphor of embodied wholeness remained active in sessions, it continued to transform both Sofia and her client, catalyzing in them changes in their relationships with God, others, and themselves.

This case illustrated how the metaphor of wholeness in psychotherapy and supervision is experienced as a process, in which “everything does not

gleam and sparkle, but everything is being cleansed." This process was activated in the therapeutic relationship between Sofia and her client through spiritually integrated supervision. Forgiveness began as an outcome of integration into awareness of what formerly was paradoxical, opposite, or threatening. More specifically, the client began forgiving his father's sexuality by integrating into awareness different sexual preferences as equally real. Sofia began forgiving herself and God for her Catholic upbringing with regards to sexual values by integrating into awareness formerly rejected religious symbols that enhanced her current spirituality, in which she remained grounded. That integration led both Sofia and her client to acceptance of realities different and larger than their own, and a subsequent "yielding" to the healing power of the transcendent, invoked through study and/or prayer, and experienced through the therapeutic outcomes. That healing agency continues and perfects its work outside the bounds of therapy and/or supervision processes, as "it is not health but getting well, not being but becoming, not rest but exercise."

#### NOTES

1. For an overview of contemporary psychotherapies as contemporary mythologies, see American psychiatrist Jerome Frank's exposition of psychotherapy as "an art of persuasion:" Jerome D. Frank and Julia B. Frank, *Persuasion and Healing: A Comparative Study of Psychotherapy* (Baltimore, MD: The John Hopkins University Press, 1960).
2. Martin Luther, "Defense and Explanation of All the Articles," in LW 32:24, 1521, quoted in Frederick J. Gaiser, *Healing in the Bible: Theological Insight for Christian Ministry* (Grand Rapids, MI: Baker Academic, 2010), 206.
3. Kenneth I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, 1st ed. (New York: The Guilford Press, 2011), 14.
4. *Ibid.*, 15.
5. A. J. van den Blink, "Reflections on Supervision of Pastoral Psychotherapy." *Journal of Supervision and Training in Ministry* 17 (1996): 96.
6. Allen K. Hess, Kathryn D. Hess, Tanya H. Hess, eds., *Psychotherapy Supervision: Theory, Research and Practice*. (Hoboken, NJ: John Wiley & Sons, 1980), 15–28.
7. Paul D. Guest and Larry E. Beutler, "Impact of Psychotherapy Supervision on Therapist Orientation and Values," *Journal of Consulting and Clinical Psychology* 56, no. 5 (1988): 657.
8. Loren L. Townsend, "A Creative/Redemptive Approach to Training in Pastoral Counseling," *The Journal of Pastoral Care* 44, no. 1 (1990): 26.

9. For an excellent resource for risk assessment and treatment of patricide adult and juvenile offenders, see Kathleen M. Heide, *Understanding Patricide: When Sons and Daughters Kill Parents* (Oxford, UK: Oxford University Press, 2012).
10. Janie Long, "Sexual Orientation: Implications for the Supervisory Process," in *The Complete Systemic Supervisor: Context, Philosophy and Pragmatics*, Thomas C. Todd and Cheryl L. Storm, eds. (Boston, MA: Allyn & Bacon, 1997), 67.
11. John C. Norcross and James O. Prochaska, "Clinician's Theoretical Orientations: Selection, Utilization, and Efficacy," *Professional Psychology: Research and Practice* 14, no. 2 (1983): 197–208.
12. Leslie K. Rothman, "Toward a Theoretical Conceptualization of the Whitehorn-Betz A-B Scale," *Journal of Consulting and Clinical Psychology* 36, no. 3 (1971): 442.
13. Gerard Loughlin, ed., *Queer Theology: Rethinking the Western Body*, 1st ed. (Malden, MA: Wiley-Blackwell, 2007).