

**Psychoeducation Philosophy**

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### Abstract

Am I an educator or a counsellor? Transformational Learning and Constructivism are first described. Then, four counselling theories are explored, including potential causes for an individual's distress viewed through the perspective of each theory, followed by their respective theory-based treatment strategies. Each theory is compared and contrasted using the framework of transformational learning and constructivism, and then analysed through a Biblical worldview. Inductive reasoning suggests that an educator using a Biblical perspective may foster better outcomes than the more traditional counselling theories.

*Keywords:* counselling, therapist, educator, Bible

### Psychoeducation Philosophy

When you review the different counselling theories in use today, many are surprised by how much of counselling is the provision of education (Kress et al. 2021; Tan, 2011). Additionally, when you consider there are over 500 counselling theories (Kress et al. 2021) and close to 300 recognised mental disorders, where only one lists a potential cause (American Psychiatric Association [APA], 2013), one is left with many questions. How can a mental illness be considered a mental illness if there is no definitive cause? When there is little agreement between the different theories on causes of dysfunction and the *Diagnostic Statistical Manual V* (APA, 2013), what constitutes a therapeutic intervention? Many interventions described in the different psychology textbooks, on the surface, seem to be education or even something a best friend would say to a person who is struggling. Prior to starting the Doctor of Education in Community Care and Counseling: Traumatology program, I had read some literature from the anti-psychiatry field (see Burstow, 2015), which may have created some bias for me as I furthered my studies in this field. But as I progress through the program and study therapies like Reality Therapy, where our distress is caused by our personal choices and not as a result of a disease process, has reignited the underground thoughts that have been burning and influencing much of my learning journey. Although I do not agree with many of the 500 therapies in their entirety, there are concepts that resonated with me that align with my reflections on counselling. I will review Reality Therapy, Existentialism, Cognitive Behavior Therapy, and Rational Emotive Behavior Therapy, as parts of my own personal psychoeducation philosophy, filtering the review through the lens of an adult educator using transformational learning theory and a constructivist philosophy. I will begin with a description of learning, Constructivism, and Transformational Learning, followed by factors that influence an individual's distress and discuss strategies to

overcome distress. I will integrate my philosophy with a Christian worldview and summarize its application as a conclusion.

### **Learning, Constructivist Philosophy, and Transformational Learning**

Learning is not only defined as a change that has occurred in a person, but also as the action or experience that led to that change (Brookfield, 2012). “Learning is understood as the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience as a guide to future action” (Mezirow, 2012, p. 74). This definition is based on a constructivist theory, which consists of using multiple perspectives to make sense of an experience influenced by perceptions and actions. Constructivism, where reality is considered to be subjective and socially constructed, is central to the concepts of creating meaning from experience (Cranton, 2016; Kreber, 2012; Merriam & Bierema, 2014; Taylor & Cranton, 2013).

Mezirow (2012) says, “learning occurs in one of four ways: by elaborating existing frames of reference, by learning new frames of reference, by transforming points of view, or by transforming habits of mind” (p. 84). Merriam and Bierema (2014) agree and suggest the heart of this learning is “engaging in, reflecting upon, and making meaning of our...physical, emotional, cognitive, social or spiritual [experiences]” (p. 105). Mezirow adds that by interpreting and encoding our experiences in such a holistic but individualistic manner, we create our own realities, explaining that the meanings we have applied to our personal past experiences serve as our unique lens through which we view the world. This is the core of constructivism. The spotlight is on the experience of the individual, and on the whole person. It is a lifelong process, and when viewed from a humanistic perspective, it is a potential source for growth and development. But it can also be the foundation of distress. In the context of counselling, an individual's sense of reality and the meanings they find in experiences are created in social

situations and interactions with others. There are multiple ways of viewing the world based on social constructs and context. Although social constructivist purists feel that there is no such thing as universal, objective knowledge, others will temper this belief with realism, where somewhere between the different constructed realities lies an absolute reality. Ultimately, it is the clients' perceptions that matter, but these perceptions can be the root of distress (Kress et al., 2021). What is important is that there is the potential for multiple perceived realities, and such core beliefs are difficult to change (Brookfield, 1987, 2012; Mezirow, 1978, 2012).

Constructivist therapy usually incorporates empathy, encouragement, affirmation, reflection, elaboration, stories, and metaphors, all positive teaching strategies that foster change; a change or transformational learning that grows from inside the person and not outside, and as such, one should not try to persuade, analyze, or instruct (Kress et al., 2021).

Transformational learning is defined as “transforming a problematic frame of reference to make it more dependable in our adult life by generating opinions and interpretations that are more justified” (p. 85). Cranton (2016), Fazio-Griffith and Ballard (2016), and Mezirow, explain a frame of reference is the habit of mind or set of assumptions; the way an individual thinks, feels and behaves, based on life experience. Our frames of reference include values and beliefs that act as a filter for interpreting meaning that comes from our experiences. According to Brookfield, (2012), transformative learning;

is to transform one's meaning schemes (sets of assumptions governing particular situations) and meaning perspectives (broader worldviews) so that they explain the disorienting dilemmas (situations that take us by surprise and cause us to question assumptions) we inevitably encounter as we journey through adulthood.

In the process we alter how we see ourselves, our purpose in the world, and the way that purpose can be realized (p. 142).

Taylor and Cranton (2013) add “it is the revision of the meaning of experience that is the essence of learning” (p. 35). Brookfield, and Cranton agree, adding that transformational learning is the result of critical reflection and dialogue fostered by an event and occurs by critically examining habits of mind, revising them, and acting on the revised point of view. Brookfield, and Merriam and Bierema (2014) suggest transformational learning is freeing, empowering, and emancipatory. Brookfield, Charaniya (2012), and Merriam and Bierema all suggest in transformational learning, it is not just the meaning itself that changes, but the way we know that changes. Charaniya adds it is a circular process where beliefs are revisited and simultaneously created, by meanings associated with the experience. Mezirow describes transformational learning as a primarily cognitive exercise, but according to Charaniya, and Illeris (2013), it also includes emotions and social dimensions; it is developmental and therefore involves the identity of the individual.

Although this is a brief explanation of complex concepts, it is important as it builds the foundation of the underlying premises that make up my personal philosophy. The four therapies I integrate into my philosophy, Reality Therapy, Existentialism, Cognitive Behavior Therapy, and Rational Emotive Behavior Therapy, theorize similar but different causes of personal distress with the commonality being cognition, what the client thinks, not what they experience. An individual's distress is a result of their constructed realities and to relieve that distress, transformation is required. I will examine each of the therapies and their view of factors that can influence distress.

### Factors Influencing Distress

Reality Therapy is built on the foundation that all behaviour, including those that cause distress, is purposeful, a choice. Using a Reality Therapy lens, it is not presumed that individuals choose to be distressed but that they choose to think or act in a way that results in distress. In Reality Therapy, there are five basic human needs that influence the choices individuals make, including belonging, such as being loved or relationships with people; power/achievement, which includes competence, self-esteem, and control; fun/enjoyment; freedom/independence; and survival/self-preservation such as good health, food, shelter, comfort. Failure to meet these needs effectively can result in distress and the choices made in an attempt to control their perception or constructed version of the world and the need to meet their human needs are realised as a distressed state. Such distress becomes an extension of an individual's cognitive, emotional, and behavioural responses. Individuals choose anxiety or depression to control anger. This can be to control others, possibly to get help from others, or to avoid the challenges life presents. Ultimately, in Reality Therapy, it is the individual's own choices and resulting behaviours and emotions that are the result of their perceived reality that creates their distress (Joyce et al. 2021; Kress et al. 2021; Tan et al., 2011).

Similar to Reality Therapy, Existential Therapy uses a phenomenological perspective and is based on freedom and a responsibility to choose individual meanings of life and how we respond. Much of the theory is built on the concept that life is full of challenges that can result in existential anxiety, anxiety that comes from sources such as the inevitability of death, a need to act, meaninglessness, and isolation, and the choice to be authentic, to choose life over death, to choose meaning over meaninglessness, and to choose intimacy over isolation. The choices one makes can lead to an authentic life, a life without distress. In contrast, not choosing, or being

inauthentic, can lead to neurotic anxiety or more severe symptoms or behaviours. "One chooses to choose because not to choose is already a choice that is inauthentic" (Tan, 2011, p. 108).

Although Existentialism and Reality Therapy are similar in that individuals choose how they want to be, meaning who they are now and the distress they may be experiencing is a direct result of their perceptions of the world and the choices they make, the difference is Reality Therapy focuses on distress associated with more finite events where Existentialism focuses more on life meaning and purpose, although the lines can occasionally be blurred. Such as in the case where an individual may feel burnt out in a job that has lost all its meaning, but the individual, instead of making changes, makes choices that result in depression. Also, as in Reality Therapy, the focus is on the present and not the past, and the choices are to choose what to do now without dwelling on what happened in the past. It is all about the individual and the choices they chose or not chose to make (Kress et al. 2021; Tan et al.; 2011; Tzu et al., 2017).

Cognitive Behavior Therapy (CBT) includes many subdisciplines, one of which is Rational Emotive Behavior Therapy which will be discussed in more detail below. CBT is mentioned here as although the concepts are included in my personal philosophy, I do not ascribe to 100% of the causes of distress as described in CBT theory. In CBT, distress is a result of distorted cognitions and may have originated during childhood and continued through adulthood. The schemas that are created build biased thoughts which can lead to automatic self-deprecating thought patterns. In general, there is a large focus on the origin of faulty thinking in CBT, where "An accurate diagnosis can therefore facilitate identification of those distortions and ways to change them" (Kress et al., 2021, p. 202). Using an educator's lens, viewing through a transformational learning framework, schemas are complex in that they are created not from one disconfirming experience but are a result of many experiences. Although the root may have been planted in



childhood, knowing the root is inconsequential when schemas are transformed (Mezirow, 1978, 2012). What is important is that the distress an individual experiences is a result of disoriented cognitions and not the cause of the disorienting cognitions, a concept that is recognized in Rational Emotive Behaviour Therapy.

Rational Emotive Behaviour Therapy (REBT), is different from Reality Therapy and Existentialism in that the causes of an individual's distress does not involve choices, choosing how one reacts to a situation or choosing how one wants to be. REBT focuses on the concept that the distress experienced by an individual is a result of evaluative cognitions. It is not the events that cause the distress. It is the perceptions; thoughts, and meanings that are created about the event, that cause the distress. Their behaviours stem from self-defeating beliefs or misinterpreted events and their resulting emotional reactions, cumulating in behaviours learned over time. Kress et al. (2021) suggests, "REBT most strongly emphasizes the role of blame, as well as absolute should, must, ought, always, never demands or statements that people desire for themselves, from others, or in the world around them" (p. 184) and when not fulfilled, irrational beliefs are developed. This sort of dysfunctional thinking is quite common and therefore many persons react to situations in similar fashions regardless of their environment. According to REBT theory, irrational beliefs usually fall into three themes: awfulizing; self-deprecation; and frustration intolerance. Ellis, as cited in Kress et al. (2021) provided the three following examples:

1. I must act perfectly and be achieving and lovable at all times. If I do not, I am incompetent and worthless. (This belief usually leads to feelings of anxiety, depression, and low self-esteem.)

2. Other people must always treat me kindly and fairly or I can't stand it and they are terrible, evil people who should be punished for mistreating me. (This belief typically leads to rage and vindictiveness.)
3. Life must go the way I want it to go and must never be too difficult or frustrating. Otherwise, life is terrible and I cannot bear it. (This belief often results in inaction, low frustration tolerance, self-pity, anger, and depression.)" (p. 185).

As suggested above, and similar to Reality Therapy and Existentialism, REBT focuses more on thoughts and actions and less on emotions and sensations. (Kress et al. 2021; Olean et al., 2019; Tan et al., 2011). The bond between all three theories is the focus on errant or irrational thoughts and an underlying constructivist philosophy. The basic premise of constructivism is individuals construct their understandings or meanings through their experiences or their interactions with their environments (Fenwick, 2001). Distress results if the individuals are presented with new realities that conflict with their constructed belief structures that are often uncritically assimilated (Wolff, 2020). It is this bond along with the common education-based treatment strategy where the connections begin to be made with adult education theory and the crossover of the two disciplines of psychology and education.

### **Psychoeducation Strategies**

The evidence-informed psychoeducation strategy I would employ is built on a foundation of education and the four discussed therapy strategies. I base my theory on specific components of each of the four strategies combining them with education theory. I will outline each theory's therapeutic interventions as they relate to my overall evidence-informed strategy and describe how a psychoeducation-based strategy can be beneficial.

"The central foci of Reality Therapy are choice and behaviour" (Kress et al., 2021, p.226). The therapy is solution-oriented and spends little time digging into the past. Kress et al. add, "The best a counsellor or another person can do is to give information to a client" (p. 231), to help the client make different choices. The difficulty is how the information is given. Putting on my educator's hat, this is an area where there is much debate between telling or giving information, and discovery or learner-centred active learning. Learner-centred activities guided by a skilled facilitator can and do lead to better learning experiences (Merriam & Bierema, 2014), and Reality Therapy uses similar strategies and techniques where the therapist promotes motivation and provides support while using the WDEP questions to guide the client through their cognitions, "W-What do you want? D-What are you doing? E-Is what you are doing helping you? P-What is your plan?" (Kress et al. p. 233), in an effort to guide the client in exploring their wants and direction, to self-evaluate, and plan to make changes. The conversations can be confrontational in nature to highlight discrepancies in thoughts but as a result of compassionate confrontation, thoughts and perceptions can change, which can lead to changes in behaviour and emotions. It is important to note that for a therapist using Reality Therapy, to work with a client at such depths, a strong relationship between the therapist and client is required (Joyce et al. 2021; Kress et al. 2021; Tan et al., 2011). The same would apply to an adult educator using similar critically reflective questioning.

What I find most attractive about Reality Therapy is the general idea that the concept of a mental illness is invalid and harmful. This concept not only reaffirms my self-declared bias, it also resonates with my personal philosophy that is based on using education in place of therapeutic intervention. A large component of Reality Therapy uses education to help individuals develop skills to help themselves fulfil their needs and practice rational thinking that

can provide new perspectives and promote growth. Reality Therapy is individual-based, and the plans clients develop to address their behaviours are based on their worldviews, not the worldviews of others. The goal is to give the freedom to have greater control over their own lives by making better choices that can lead to growth. Inglis (1997), in his dialogue about empowerment and emancipation within adult education, explains it this way:

Through an ongoing process of externalizing, problematizing, and critically evaluating one's being, actions, and thoughts, a critically reflective self is constituted. This self becomes the centre of control. If properly constituted, we no longer need the regulatory discourse of psychiatry. Through emancipatory learning, we become our own psychiatrists (p. 7).

In Reality Therapy, it would seem that education is the core of the therapy, and the therapist's role is that of a friend and an educator guiding the learning of the client in building or rebuilding their realities.

Existentialism is similar in that, from a phenomenological perspective, the client's reality is their reality. And to help the client, the whole person must be considered; cognitive, emotional, physical, and spiritual. At the core of existentialism, is "while people cannot control the events that happen to them, they can control how they respond to them" (Kress et al., 2021, p. 283). The ultimate concerns of Existentialism are life and death, acceptance of isolation, developing meaning, and freedom. Although some will say that a true Existential approach follows that there is no meaning in life except for the one we make for ourselves, this does not preclude an individual from including spirituality and God in their meaning-making. An Existential approach focuses on the physical, psychological, and spiritual dimensions in a way that can foster growth. It begins with self-awareness and being authentic with themselves. Aware of who they are, their

future potential, and the freedom to make choices that give meaning to their lives, thus aligning with the ultimate goals of Reality Therapy. The difference between Reality Therapy and Existentialism that makes the two approaches complimentary is that Reality Therapy focuses on addressing specific issues, whereas Existentialism focuses on belief systems and created meanings. The concept is to help the client gain more awareness and take control of their lives by confronting them about issues of life and death, isolation, and probably the most important point, meaninglessness (Kress et al. 2021; Tan et al., 2011; Tzu et al., 2017).

The therapist's role is to understand the client's deepest thoughts, beliefs, worldviews, hopes and dreams. In Existentialism, it is believed that growth comes from intense experiences. The therapist helps the client discover how their past experiences contributed to the life meanings they have created and the importance of meanings. The focus is philosophical and based on thoughtful open dialogue. Through an adult educator's lens, this is similar to transformational learning experiences where disorienting dilemmas (intense experiences) are critically reflected on with others in a way that can foster transformational learning and the creation of new meanings. Perceptions of the world are filtered through these new meanings that result in new learning and a potential change in behaviour (Mezirow, 2012).

Where Existentialism is focused on addressing the application and interpretation of meanings, the goal of CBT is to recognize and respond to difficult thoughts and to turn those into adaptive behaviours. This can be focusing on automatic thoughts, but also on schemas. Therapists use a collaborative approach or a guided discovery using Socratic listening, active listening skills to assess validity of clients' thoughts and analytical questioning that challenges dysfunctional thinking. CBT practitioners use extensive intake interviews to gather detailed histories of the client as there is an emphasis placed on identifying the source of disordered

thoughts and schemas, unlike the other three therapies incorporated into my personal philosophy. This is one component I do not personally put an emphasis on but the other components, such as the cognitive triad, where negative thinking patterns, environment, and perceived future, can provide great insight into the sources of disordered thinking. The therapist will use multiple tools to help the client identify disordered thinking, such as using a thought record where automatic thoughts subsequent to experiences are recorded, then analysed for alternative responses that could lead to positive behaviours. Or Socratic questioning, where the therapist will ask questions like: "What evidence is there for the belief? How else could the situation be interpreted? If it is true, what would the implications be?" (Kress et al., 2021, p. 205). There are many approaches therapists can use to take another perspective on their own thought patterns, as well as many in-therapy (e.g. cognitive rehearsal and role-playing) and take-home (e.g. self-talk, letter writing, and bibliotherapy) activities that therapists can use to guide their clients. The goal of the different methods is to foster critical reflection and critical self-reflection on their beliefs to identify distortions and equip them with the tools to change or transform their beliefs and adopt more objective thinking by identifying alternate responses (Kress et al. 2021; Tan et al., 2011). Switching hats again, in the discipline of adult education, what we are discussing here is higher-order thinking skills. The resounding bell is how individuals view their world. Uncritically assimilated assumptions, beliefs, and core values are explored and analysed through the use of critical reflection, guided by a facilitator, as critical thinking and critical reflection are skills that are difficult to teach and best learned through guided practice (Wolff, 2020).

Where Existentialism is quite broad in its approach, considering an individual's beliefs and meanings in a big question sort of way, and CBT is more focused in its approach as it considers schemas, REBT is more granular as it guides individuals through analysis of specific situations

and how they were filtered through their beliefs resulting in negative behaviours. It is similar in that it is all about uncritically assimilated assumptions, beliefs, and core values, and a guided analysis and exploration of alternate thinking. What makes REBT attractive is the guided use of the A-B-C-D-E-F method, once understood, can become homework, and eventually a strategy the client can continue to use on their own, essentially becoming their own therapists with positive results (Kress et al., 2021; David et al., 2017). The core assertion of REBT is "positive results are obtained when people gain awareness of their irrational beliefs and take effective action to change them" (Kress et al. p. 190). The A-B-C-D-E-F method guides this process. In session, the therapist and client identify the initiating event (A), the beliefs the client has about the event (B), and the resulting behaviours or consequences (C). The therapist challenges or disputes the clients' beliefs (D) using several techniques such as education, questioning, and other techniques used in CBT (Kress et al. 2021; Tan et al., 2011). The important point is that the client examines their beliefs in a critical way and once dysfunctional beliefs are recognised, they can be replaced with more realistic thoughts. The new way of thinking influences the clients' emotions and promotes new and different positive behaviours thus aligning with the transformational learning theory in a similar fashion as previously discussed theories.

The key underlying mechanism across all four theories that lead to meaningful changes in clients is addressing dysfunctional cognitions through education. Not by the typical education one is normally exposed to in traditional educational institutions but education that is learner-centred active learning that focuses on new critical reflection skills, a skillset that the majority of the world is weak in (Keagan, 1997). Education to learn how to critically self-reflect and analyse their own thoughts and belief systems and to teach clients how to self-manage their disordered thoughts, essentially becoming their own therapists, replacing disordered thoughts with realistic

thoughts. Each theory focuses on a different level of cognition, belief system, or schema, from broad big life questions to behaviours as a result of a specific incident. Through different methods of education, e.g. guided exploration, critically reflective dialogue, role-playing, journaling, reading, and homework, etc., the clients are able to realize disordered belief systems and thought patterns, to experience emancipatory learning, and be equipped with tools to replace those thoughts with realistic thoughts and adaptive behaviours.

### **Integration of Christian Worldview**

My first question when integrating a Christian worldview into my philosophy is, why do Biblical commentaries of therapeutic principles focus on incorporating a Christian worldview into their theories and practice instead of using the best of the theories to augment their Christian practice? In Tan's (2011) review of Reality Therapy, Tan suggests its focus on present behaviour and future plans agrees with a Biblical viewpoint but disagrees with just forgetting about the past, suggesting there may be unresolved issues that may require inner healing, directly contradicting 2 Corinthians 5:17, Hebrews 12:1, Isaiah 43:18, Luke 9:62, and Phillipians 3:13 (*English Standard Version Bible*, 2001/2021) and many more passages. Tan also cautions us that there is too much emphasis on a self-centred form of ethics. Tan states Reality Therapy can be dangerous through misuse by imposing therapist values on the client. I question this through a Christian worldview. Shouldn't God come first? Is this imposing therapist values? I agree that there could be dangers of human legalism being misapplied through misinterpretations of the Word, but using the Word as a guide, such as "speaking the truth in love, we are to grow up in every way into him" (*English Standard Version Bible*, 2001/2021, Ephesians 3:15) and "Show yourself in all respects to be a model of good works, and in your teaching show integrity, dignity,



and sound speech that cannot be condemned, so that an opponent may be put to shame, having nothing evil to say about us" (*English Standard Version Bible*, 2001/2021, Titus 2:7), is sufficient in avoiding such traps. Reality Therapy starts with relationship, and that relationship needs to start with God (*English Standard Version Bible*, 2001/2021, Matthew 6:33), and the Reality Therapy strategies can flow from there.

Tan (2011) also has similar conclusions about CBT and REBT. "REBT is problematic from a Christian perspective primarily because of its very humanistic definition of rationality, its vision of human health that is individualistic, hedonistic, and rationalistic, and its troubling views on rationality and emotion" (p. 274). Tan also questions many aspects of CBT but also concludes that there are 'integrative potentials' in its strengths, providing a Biblical approach to CBT. To turn this integrative approach on its head, starting with God and a relationship with Christ first and incorporating CBT tools into a Biblical perspective changes everything. People are fallen and equally capable of evil. To truly experience growth and fix the broken human condition (*English Standard Version Bible*, 2001/2021, Romans 3:23), shouldn't God come first (*English Standard Version Bible*, 2001/2021, Matthew 6:33)? As suggested above, following Jesus first negates any issues that may lay in the past as we are commanded to not look back and we are new creations in Christ (*English Standard Version Bible*, 2001/2021, 2 Corinthians 5:17). Then there can be a focus on the useful tools of REBT and CBT such as focusing on irrational thoughts and replacing them with rational thoughts in concordance with the Word (*English Standard Version Bible*, 2001/2021, Ephesians 4:22-24, Philippians 4:8).

Existential Therapy, which is more of a theory than a therapy, can be woven throughout this sort of Biblical worldview. Although Tan (2011) critiques Existentialism in that in its secularism, it is inadequate, incomplete, and misleading as it is self-originating and subjective. However

misplaced the subjectiveness of Existentialism is, it is all about meanings. The focus does not have to be on emptiness and meaninglessness as an existential purest would believe. Theories are created to be challenged, built upon, disputed, or even changed. Where an existentialist may be hopeless, hope can be introduced from a Christian viewpoint. Existentialism does not need to be focused on meaninglessness. It can be focused on creating meaning through a belief in Jesus Christ. Tan (2011) warns us not to "give religious answers too quickly or superficially" (p. 122). This is sound advice, as even Christian platitudes are sometimes not helpful in difficult situations, but Existentialism is more about the bigger questions in life. As stated in Ecclesiastes several times over, "[life] is a chasing after the wind" (*New International Version Bible, 1973/2022*), but in God, there is purpose (*English Standard Version Bible, 2001/2021, Romans 9:11, Ephesians 1:5-11*).

Existential therapy as a therapy on its own, used in this manner can be beneficial, but as a theory used within and throughout the other three theories, it can have a greater effect. Starting with a relationship with Jesus can place a client much further ahead as it begins changes in the individual's perceptions. Changing emptiness to meaning, seeking God first and knowing God's love is the primary goal. Suddenly, everything else is secondary. The only choices to be made (Reality Therapy), are those that align with Biblical truths. There is no looking back as indicated in CBT to resolve past issues as we are new creations in Christ. Incompatible thoughts can be viewed in light of Scripture. In REBT, dysfunctional thoughts can be challenged by Scripture and rationalized by simply asking, what does the Word say? Ultimately, by starting with the Word, the Holy Spirit can begin His good work in transforming who the client is, and the therapist now becomes a guide for the journey.

### Conclusion

I began this narrative with many questions. Questions about what a therapist is, and what is a therapeutic intervention? I declared a bias early on that agrees very much with the anti-psychiatry movement. But through inductive reasoning, I believe the bias is grounded in Christ more than in any anti-psychiatry movement, although there may be some cross-over in reasoning. There are several motifs that sing out. Reality Therapy does not ascribe to mental illness aligning with the anti-psychiatry movement and its position on the *Diagnostic Statistical Manual V* (2013). This would align with the Biblical viewpoint where we are made perfect in Christ (*English Standard Version Bible*, 2001/2021, 2 Corinthians 12:9) and as new creations in Christ (*English Standard Version Bible*, 2001/2021, Philippians 3:13, Luke 9:62, 2 Corinthians 5:17). REBT suggests that through therapy, one can become their own therapist and with instruction and a skilled guide using the Word as a Standard, this can be realised. When the causes for an individual's distress are viewed in the light of the Word, is the individual's problem a disorder, or is it a God problem? The client's thoughts may be dysfunctional. There may be a lack of meaning in their lives. Their behaviors and emotions follow the dysfunctional thoughts and search for meaning. But if perspectives are changed and God is put first, what happens to the thoughts? Is purpose in life found? How does the role of the helper now shift from that of a therapist to a friend, a teacher, and guide? *Should we be evangelists first?* As a clinician, there are ethics and rules that forbid such action. As an adult educator, there is not.

I have expounded in each section above on how much of the role of the therapist is as an educator. An educator that helps individuals critically reflect on their uncritically assimilated thoughts, perceptions, beliefs, and schemas. If there is no such thing as 'mental illness', and with assistance, we can become our own therapists helping ourselves through a relationship with Jesus

Christ and all that comes with that; the assistance of the Word, the Holy Spirit, friends/guides/educators who are leaders in the Christian community where we are all a royal priesthood (*English Standard Version Bible*, 2001/2021 Peter 2:9)? Do we need to ascribe to the traditional concept of psychology and psychiatry, or do we turn everything on its head? "For whatever was written in former days was written for our instruction, that through endurance and through the encouragement of the Scriptures we might have hope" (*English Standard Version Bible*, 2001/2021, Romans 15:4).

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