Chapter 1

Introduction

1.1 Initial Exploration

Choice of Subject
The subject of inquiry in this thesis is the interface between worldview and psychotherapy. The selection of this topic came about in the following way. As theologian and psychologist, my interest was raised by the difference I observed between the way autonomy is appreciated in mental health care on the one hand, and the way it is viewed in Christian thinking on the other hand. In mental health care autonomy is a core value; in orthodox Christian thought, however, pursuit of autonomy seems suspect because laws and norms are considered God given, not man made. At some point I understood that the term autonomy not only has different, context dependent associations, but that it stands for different concepts. This recognition may well soften the stark opposition just sketched. Still, there is considerable overlap in the various uses of the term, sufficiently so for me to remain concerned about the compatibility of the distinct approaches.

My interest in the subject intensified when I designed and conducted a survey among members of the Dutch Christian Association of Psychiatrists, Psychologists, and Psychotherapists (CVPPP) (N=68). It was an inquiry about their opinion of Christian mental health care, more precisely, about the relationship between pastoral care and psychotherapy based on Christian values and non-Christian values respectively (Loonstra, 2006). On the question what was viewed as typical of Christian oriented therapy, 74% replied “providing a safe environment for Christian issues,” and 85% mentioned “understanding religious aspects,” but only 28%
marked the multiple choice answer “a Christian view of autonomy.” Only a minority of caregivers, then, indicated awareness of the significance of the patient’s autonomy and its relationship to the Christian suspicions against the secular concept.

In the course of time I realized that one should distinguish more levels of autonomy:
- moral autonomy, defined as self-determination, including both the moral right and moral obligation to act accordingly; liberation from tutelage and external moral authority (cf. Kant);
- juridical autonomy, which functions in the therapist–patient relationship, comprising the right of informed consent and inspection of one’s own patient file;
- rational autonomy, in the sense of being capable of rational self-control, organizing one’s own life without making a mess of it;
- emotional autonomy, referring to the freedom from emotional blockages to understand oneself as an individual with one’s own rights and freedoms, making one’s own decisions, defending them, and acting accordingly. Cf. Erikson’s (1963) developmental stage of autonomy versus shame and doubt.¹

In the psychotherapeutic setting of whatever fashion juridical autonomy is presupposed, while the emphasis of the treatment is often on emotional autonomy. Depending on the worldviews of the therapist and the patient this focus can be expanded to moral autonomy.

These distinctions may help to solve the previously felt tension between psychotherapy and Christianity. The solution seems obvious: both secular and Christian psychotherapists support juridical and emotional autonomy, but unlike the former the latter deny moral autonomy because it recognizes the authority of God in moral affairs. Still, this cannot be the final answer, for the distinctions do not involve separations. The four levels of autonomy have a common denominator that keeps creating tension. This common feature can be described as the self-confidence by which people stand up for themselves. Rational and emotional autonomy seem to be conditional for and inclining toward moral autonomy, and

¹ In addition I came across what can be called motivational autonomy, implying that people can make free choices that are not determined by uncontrolled causes, a position identified and rejected by Nagel (1986). This position is highly philosophical, and therewith departs considerably from the common experience of autonomy I focus on here. For this reason I ignore it in the main text.
moral autonomy seems to be legally formalized in juridical autonomy. If this is true, the levels are interconnected. The self-centered confidence expressed in all dimensions seems to be oriented differently than central biblical values like loving servitude and subservience. This makes the picture complex; worldview issues seem to be at stake. For me the drive for further inquiry continued.

Looking for a way out of this dilemma, my interest was raised by the North-American debate on the relationship between psychology and Christianity. Initiated well over forty years ago and still continuing, this is the only worldwide debate on the topic on an academic level. On the advice of my supervisor, I broadened my scope from the relationship between psychotherapy and Christianity to the relationship between psychotherapy and worldview in general, and intended to employ the Christian integration debate in North-America as a case study. This extension entails the attempt to generalize the findings and evaluations of Christian reflections in certain respects to other ultimate convictions. The three cases introduced below give an impression of the frictions that can arise because of the different views of our human condition that underlie general psychotherapeutic assumptions and characterize divergent ultimate concerns.

**Three Cases**

To gain a first impression of the subject of inquiry, three cases are presented, the first two of which are fictitious, and the third somewhat altered to make it suitable for the present purpose. Explicitly or implicitly, these cases entail some kind of connection with religious and/or cultural values.

**Case 1**

Sarah, a 30-year-old member of a Christian Reformed Church in Canada, feels that she has come to a turning point in her life. She has had a higher education and has a rather well-paid job in the administration of a trade company in the town where her mother lives. She is the only child of a couple that received her late in their marriage. After the death of her father she feels responsible for her mother who has always been infirm and who has recently been diagnosed with Parkinson’s disease. At the same time rural life does not satisfy her. She longs for a new start in the city where she can seek a satisfying job and meet other people of her own age. If she intends to move, the time is now. On the other hand, she gets depressed, anxious, and feels guilty with the thought of leaving her mother alone. Mother is increasingly dependent on her. After months of sleeping poorly and absenteeism from her workplace
her practitioner refers her to a psychotherapist. It seems appropriate to see strengthening of her sense of autonomy as one of the major treatment goals. But how should we value the psychological autonomy when it is compared with the moral appeal for family solidarity that an adult daughter should feel toward her mother? To make the situation even tenser, members in the congregation continue to praise her for fulfilling this duty. Maybe the mind of many will be made up quickly, but the case makes clear that conflicting moral values and worldviews in the appropriation of norms are the central problem.

Case 2
The second case is an example of a well-known phenomenon in multicultural therapy settings. It inescapably discloses the problem of worldview conflicts between the therapist and his/her cultural environment on the one side, and that of the patient and his life context on the other.

Ahmed, a Muslim first generation immigrant in the Netherlands of Moroccan origin, 61 years old, comes to mental health services with depressive complaints after a referral by his family practitioner. With his much younger second wife he has two daughters who are unwilling to accept the traditional dressing code, and laugh at him when he recommends candidate husbands to them. They regularly stay outdoors overnight and, as he sees it, behave like whores. He feels humiliated and ashamed. He is suspicious of mental health-care and therefore unwilling to follow the practitioner’s advice. In the end, however, because of severe low backaches from which he wants to be cured he gives in to the referral. The professional team discusses his status. Is he to be diagnosed as a patient? Or is it an ordinary generation conflict, aggravated by the cultural differences people of Moroccan origin encounter in the Western world? A five conversations arrangement is proposed in order to get a better picture of Ahmed’s condition. After this series, it appears that the depressive feelings relate to Ahmed’s hurt self-esteem. It seems plausible to assume a neurotic disorder. At the same time, his feelings of paternal superiority are culturally and religiously inspired. Is it wise, in the light of the patient’s cultural background, to assign a male therapist to him? Is the institution ready to make this concession? And to what extent are professionals willing to move along in the direction of the patient’s worldview? Will they show understanding for the patient’s hurt feelings, or are they guided by their culturally determined resistance against the patient’s attitude and refuse to voice even the slightest empathy?

Case 3
Jeff, 24 years old, suffered several episodes of depression. He was raised in a Christian family belonging to a Methodist black church in the United States. He was aged nine when his mother died. His father remarried and his stepmother was found to be the absolute ruler of the household, not allowing any
complaints. Jeff experienced increasing isolation; his efforts to win her approval only met with criticism and his mistakes were considered disastrous. His problems manifested on the sexual. He went through a period of intense masturbation and had few homosexual contacts. The rare dates he arranged yielded tension rather than satisfaction. He often proved impotent. In his twenties he had homosexual and heterosexual contacts that filled him with excitement and fear; after each attempt he felt intense guilt, which underscored his pervading sense of inadequacy. He came to look upon himself with contempt. He became slovenly, biting his fingernails, twisting his hair and mutilating himself. Three times he prepared to commit suicide but shrank back from it in the end. He tried marihua, used sleeping pills for insomnia, pep pills to overcome his fatigue, and pornography for escape. Eventually, in a state of dissociation and neglect he was taken to a practitioner by a welfare worker, and next referred to a mental health service (cf. Nuernberger, 1978).

Here, both rational and emotional autonomy are at stake. We focus on the emotional side of the issue – an aspect that deserves priority in psychotherapy – and run into the interface with moral autonomy. How should caregivers handle Jeff’s feelings of inadequacy and guilt after a period of adjustment and rehab? Undoubtedly the therapeutic relationship of unconditional acceptance by the therapist should come to function as a new frame of reference for gaining self-confidence. And usually therapists will try to assess whether the guilt feelings are real or unwarranted. But this is not the whole story. Would there be a kind of relationship between Jeff’s guilt feelings and his Christian upbringing? Should therapists explore this possible relationship and, if present, relativize Christian views of sin and guilt that Jeff inherited from his upbringing, in order to reduce the guilt feelings? Or should they support this view, invite Jeff to confess his sins to God and assure him of God’s forgiveness? Or should they leave the decision about drawing Christian faith into the treatment up to Jeff?

**Review**

These three examples reveal at least two particular traits of the practice of psychotherapy. The first, most obvious trait is the difference of worldviews that play a part within one person (case 1) or between the patient and the practitioner (cases 2 and possibly 3). In case 1 there is a competition on the moral level between the value of personal autonomy and freedom, and the value of being responsible for and loyal to the mother. The tension on the moral level is accompanied by a tension at the emotional level between insecure attachment and the legitimate desire of individuation and separation. In the second case the religious and cultural worldview of the patient is opposed to the view of life an enlightened secular therapist is likely to hold today. The third case
represents a situation in which for the patient a religiously inspired worldview is possible but not obvious, and the question is whether this should be explored and allowed for. What the cases do not make clear is that still other factors play their role in the encounter of worldviews, such as the standards of the profession and those of the particular institution where the patient signs up.

In our multicultural, pluralistic, Western society such varying, sometimes conflicting and also hidden commitments have been noted repeatedly. In the professional codes of conduct for practicing psychologists, respect for the patients' faith is required as a highly esteemed basic attitude. A quotation from the Ethical Principles of Psychologists and Code of Conduct by the American Psychological Association (APA, 2010) can serve as an example:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors.

In addition to respect for the patients' worldview, a variety of religious worldviews have been considered in much research and many publications on the positive influence of religion and spirituality in psychotherapy, conducted according to the guidelines of APA's separate division for religion and spirituality (Division 36). The introduction to these guidelines presents the following programmatic statement (Society for the Psychology of Religion and Spirituality, 2010):

Psychology of Religion promotes the application of psychological research methods and interpretive frameworks to diverse forms of religion and spirituality; encourages the incorporation of the results of such work into clinical and other applied settings; and fosters constructive dialogue and interchange between psychological study and practice on the one hand and between religious perspectives and institutions on the other. The division is strictly non-sectarian and welcomes the participation of all persons who view religion as a significant factor in human functioning.

A second trait, however, indicated by the three cases presented above, points to a possible tension for the therapist when trying to respect the worldview of the patient. This is a likely possibility in the second case.
Ahmed's authoritarian attitude toward his daughters may give rise to feelings of aversion with a therapist who favors moral autonomy. But in the cases 1 and 3 this tension may occur as well. The moral responsibility for her mother displayed by Sarah may be interpreted as only a sign of her insecure attachment to her mother without due consideration of an obligation emanating from a religious worldview. And in case 3 the therapist may feel insecure to deal with a possibly religious background of Jeff's guilt feelings.

What can be said about the apparent difficulty to treat other worldviews than one's own as equivalent? The answer to this question is not part of this inquiry; still, some understanding of this difficulty could be helpful to get a grip on the subject matter. The following explanation recommends itself by its simplicity. We notice that research of religion and spirituality and the use of its results in professional settings presuppose respect for personal religious and other spiritual convictions, even when the truth claims they contain are not adopted. We should realize that this respect for people's beliefs is a matter of worldview, too. By virtue of the principle of moral autonomy, this worldview is pluralist, entailing that everybody has the moral right to have his/her own worldview. However, this pluralist worldview about other worldviews can only function by rejecting the absolute claim inherent in these worldviews. For if the absolute claim of one of the other worldviews would be acknowledged as valid, it would challenge one's own pluralist worldview, particularly the moral autonomy and freedom it fosters. Consequently, a competition of two worldviews may arise as soon as a patient assumes the validity of worldview claims that differ from those adhered to by the therapist. The worldview of either party has its absolute claim, denying the other. Apparently, people, including therapists, consider their own worldview as superior. This circumstance may explain the tension arising for the therapist in the treatment room when confronted with divergent worldview claims.

A subsequent interesting question is part of our research. Are pluralist therapists right? Are our Western standards superior, indeed, or are they just as dependent on contingent cultural factors as other worldviews? And what are the consequences if the conclusion turns out to be that the customary practice of psychotherapy depends heavily on contingent cultural postulates?
1.2 Subject Matter of Inquiry

An Analysis of the Christian Integration Debate
The cultural presuppositions that contribute to mainstream psychotherapeutic practice have been challenged in the history of mental health care on a limited scale. Such challenges remained confined to movements such as Marxism, the so-called anti-psychiatry movement, the Christian integration movement, feminism, the multicultural counseling movement, and postmodernist criticism of modern views and claims in professional care. All of these deserve special attention from the angle of cultural criticism, although not all will receive it in this study to the same extent.

The present study’s main focus will be the Christian integration debate. There are several reasons to focus on this. The first reason is that Christian integrationists have been deeply aware of the potential importance of worldview for psychological research and theorizing, and the application of psychological insights in professional practice. They have felt the tension between some secular presuppositions and their Christian faith. The second reason is that this awareness has led to a persistent debate about the relationships between psychological care and Christian worldview, and to a variety of proposals for shaping therapy. Third, the Christian integration debate has been conducted in specific training institutes and professional journals. This created favorable conditions for the collection of empirical material and for theoretical reflection, and therefore offers a welcome opportunity for analytic inquiry. The fourth reason is that, worldwide, Christianity is still a substantial factor in society, different from, for example, Marxism that is in decay. The final reason is that the outcome of the integration debate has not been very satisfying until now. There is a kind of impasse about how to continue. Would it be possible to carry the debate any further?

Worldview
What do we mean by worldview and psychotherapy? Let us have a look at worldview first. Worldview is a modern term and has German roots. Naugle (2002) mentions that the first to use the German original term for worldview (Weltanschauung) in philosophical language was Immanuel Kant, who used it only once in his writings. He meant by it the sense perception of the world. With Schelling, the meaning shifted from sensory to intellectual perception. His view of Weltanschauung can be summarized as the result of subconscious intellectual activities producing an
impression about the existent world and its meaning. Wilhelm Dilthey linked the term not only to the intellectual function of the human mind, but also to the emotional and volitional or behavioral functions. Worldview has to do with mental pictures as well as values. Further, he connected worldviews with different stages of historical development. For him worldviews are commonly shared experiential views.

In his *Psychology of Worldviews* Karl Jaspers (1919) described worldviews as forms of particular interaction with the world, interaction in which the character of individual life comes to expression. He related them to our constructing a split between subject and object; consequently, our worldviews are more objectively or more subjectively oriented. In their most objectivized form, worldviews are like cages (German: *Gehäuse*) by means of which individuals protect themselves ideologically and rationally from the frightening infinite possibilities of the totality of life. They get the function of self-defense. Although there are also more authentic expressions of worldviews – in particular those that are more subjectively oriented –, in one way or another worldviews as such are deployed to absorb the blows caused by the confrontation with existential boundary situations (German: *Grenz-situationen*) (cf. Thornhill, 2002). This interpretation of worldviews resonates in the conception developed and tested in the research program of experimental existential psychology. This approach considers meaning systems as constellations of beliefs that address existential concerns of individuals in order to provide existential security (cf. Solomon, Greenberg, & Pyszczynski, 2004).

Wolters (1989) attributes the rise of the idea to the influence of German Idealism and Romanticism in reaction against the rational approach of the Enlightenment, which focused on the universal, abstract, eternal, and identical. Instead of this, the focus on worldview entailed a new emphasis on the particular, concrete, temporal, and unique. Worldview tends to carry the association of being personal, time bound, and private. It may be collective, though, but even then it is bound to the particular perspective of a specific group (e.g., nation, class, or period). However, with its subjective flavor, it becomes enmeshed in the problems of historical relativism.

New elements were introduced by the later Wittgenstein and Foucault. Wittgenstein (1953/1968) emphasized the role of language. *Language games* are sets of linguistic signs and rules that explain each other without being controllable from outside. They enable us to structure the
world around us that we cannot know directly. By the introduction of language as a determinant, the social character of worldviews is emphasized, because they are shared by all who use the same language system. In this way, Wittgenstein wished to bring an end to the age of the world picture in the subject-object sense that has been identified by Jaspers and denounced by Heidegger (1950/2002) as Cartesian thought. Foucault (1971/1972) added the notion that human discourse puts violence to things or, at least, imposes a practice upon them. Thus, a worldview is an effort to secure power for oneself or the community of people who affirm it.

The concept of worldview has eagerly been adopted by Dutch and English speaking orthodox Protestants. The Dutch neo-Calvinist Abraham Kuyper (1898) posited life and thought, including theoretical thought in science, as the products of an underlying worldview. Initially, the founding father of Reformational Philosophy, Herman Dooyeweerd, favored this approach; later on he began to question this function assigned to worldviews. Instead he preferred to turn to deeper spiritual and religious factors as the drives for our life and thought and, indeed, also for our worldviews: the so-called ground motives (Dooyeweerd, 1953; Klapwijk, 1989). Naugle (2002, p. 29) argues that any line of demarcation between ground motives and the content of basic worldviews is “razor thin.” However, as motive and view they belong to different categories, and therefore should be distinguished. Yet, they are very close to each other, as soon as we recognize that ultimate beliefs are basic for a worldview. This is what we observe in the definition quoted below. Ultimate beliefs can be taken as a present-day term for religious ground motive.

A final development is the fragmentation of worldviews. In the workplace other worldview principles prevail than in the family, and when participating in traffic it is another story than when attending a church service. Our fractured existence is reflected in postmodern unbelief in unity of life, favoring pragmatism. Here we can hardly speak of worldviews anymore; perhaps we should call them world segment views.

A rather comprehensive and dynamic definition of worldview, including the proximity and the different roles of ultimate belief and vision, has been presented by Olthuis (1989). It does not yet allow for the notion of postmodern fragmentation, however.

A worldview (or vision of life) is a framework or set of fundamental beliefs through which we view the world and our calling and future in it. This vision need not be fully articulated: it may be so internalized that it goes largely
unquestioned; it may not be explicitly developed into a systematic conception of life; it may not be theoretically deepened into a philosophy; it may not even be codified into a creedal form; it may be greatly refined through cultural-historical development. Nevertheless, this vision is a channel for the ultimate beliefs which give direction and meaning to life. It is the integrative and interpretative framework by which order and disorder are judged; it is the standard by which reality is managed and pursued; it is the set of hinges on which all our everyday thinking and doing turns. (p. 29)

Salient features of worldviews are combined in this definition. First, there is a cluster of characteristics that move around basic convictions and existential orientation: beliefs, calling, future, giving direction and meaning to life. This cluster has to do with expectations and purposes, and also with values. With the help of a worldview we try to make sense of our lives, or, dependent on the content of our worldview, we try to find the true sense of our lives.

This leads to a second cluster of indications, about the practical function of worldviews. A worldview is directive for our cognitions, judgments, attitudes and behavior; it is an integrative and interpretive framework, judging order and disorder, the set of hinges on which all our everyday thinking and doing turns. Here again, values play a part; values are conditional for making judgments and choices.

In line with these practical functions, a worldview has, third, an ultimate function of managing and mastering life: reality is managed and pursued, as Olthuis’s definition says. This reminds us of the power factor that is emphasized by Foucault.

A fourth cluster of characterizations indicate the implicit and unself-critical nature worldviews can have: being not fully articulated, being internalized, largely unquestioned, being not explicitly developed, and not codified.

A fifth trait of worldviews in Olthuis’s definition is their cultural-historical character. They are shared by groups of people who live in a culture that is shaped by a common history.

Worldviews, then, are basic, existential, functional, normative, domineering, largely implicit and unquestioned, and shared. Having so many and such influential relationships, worldviews can be regarded as all-inclusive. As Klapwijk (1989) indicates, they operate as a global
pre-understanding (German: Vorverständnis) that all people deploy to make sense of their experiences.²

About the largely implicit character of worldviews there is some dispute, however. Let us have a closer look at this difference. Griffioen (2012) argues that worldview implies a consciously taken stance, and includes something of a plan of action for reaching a certain goal. He distinguishes it from world picture (German: Weltbild), the latter denoting a representation held unconsciously but yet guiding action. He suggests the term embedded worldview to indicate a hybrid and less consciously held worldview, like a world picture, and considers it a worldview in decay. In contrast, Olthuis (2012) increasingly emphasizes the implicit component of worldviews. He appeals to the neuropsychological insight that much knowledge is implicit and sub-symbolic, being processed subconsciously by the right brain hemisphere, and to the attachment theory which assumes that someone’s early developed attachment style to the primary caregiver affects his or her world and life-view (‘working models’) in later years.

This difference of understanding seems to be more than a matter of definition. It affects normativity. Griffioen favors the explicit, while Olthuis sees the implicit as the standard along which people manage their lives. Olthuis’s psychological arguments for the implicit side are convincing. Moreover, this implicit side of worldviews is important for this inquiry. I am interested in the influence of worldview dynamics that may remain largely implicit and held unawares, and need to be made explicit in order to notice their influence. Therefore I advocate a concept of worldview that includes the implicit side. I realize that the envisaged explication can only be partial, because we cannot distance ourselves fully from the pre-understanding that guides our explicating analysis.

At the same time, Griffioen’s emphasis on the explicit side of worldviews is relevant, too. In worldviews several levels of functioning can be distinguished. There is the internal, and often implicit and sub-conscious level in people’s dealing with the world around; there is the internalized

² Park, Edmonton, and Mills’s (2010) concept of global meaning seems to come close to this conceptualization. They state: “Global meaning refers to individual’s core beliefs and goals. Global beliefs are basic internal cognitive structures that individuals construct about the nature of the world. These core beliefs guide individuals throughout the lifespan by informing their ongoing construal of reality, including their understanding of themselves, the world, and themselves in relation to the world” (p. 486).
theoretical level of conscious philosophy and views, held and defended by the owner of them; and there is the institutional side of worldviews, the official accounts and doctrines held by institutions of work or faith in which people participate, accounts and doctrines that are partly internalized, and partly adhered to as external guidelines by the members of these institutions.

Before being able to work with the concept of worldview, however, we should demarcate it from neurotic distortions of the perception of life, especially because we prefer to use its more implicit version. In doing so, three distinctive features may suffice. Neurosis has an individualistic bent, while a worldview is usually shared by a group of people; neurosis functions to ward off inner conflicts stemming from negative self-assessments, while worldview is linked to ultimate value to give meaning to life; and neurosis involves a negative emotional state, while worldview is emotion-neutral. Therefore, neurotic views should be subject to psychotherapeutic treatment, but worldviews should be respected in therapy. These distinctions are not watertight, I admit, and give rise to critical questions. Can’t there be collective neuroses, like mass hysteria? Then, do worldviews not serve to ward off unbearable inner conflicts? And is not something like defeatism a kind of worldview linked to negative emotions? I would respond that collective neuroses tend to be temporary; mental protections against negative self-assessments need not be neurotic; and if a worldview is loaded with a negative emotional charge, then that emotional part could grow into a neurotic distortion. True, the demarcation line is not sharp but for our purpose it will do.

Two main characteristics of worldviews are of special interest for our inquiry, namely, their seeming self-evidence and their pervasive influence. Due to the self-evident appearance of one's worldview, particularities in it can easily be overlooked. However, if all aspects of life are affected by worldviews, then psychotherapy is, too. And if theorists and therapists fail to acknowledge this all-intruding influence, this tends to mold psychotherapy in an uncontrolled way. And if worldviews are shared mental frameworks, does this not lead to prejudices and exclusion of those who do not share the common framework? If nobody feels the urge to question his or her own worldview when confronted with a different worldview held by someone else, the automatic reaction will be to disqualify that other worldview as inferior. This proclivity needs to be faced and resisted. In order to succeed in that, worldviews, as well as
their influence upon psychotherapeutic theory and practice, need to be made as explicit as possible.

**Psychotherapy**

The other term in the title is psychotherapy, and now gets our attention. When Sigmund Freud began to employ psychotherapy at the end of the 19th century, to him psychoanalytical therapy and psychotherapy were one and the same thing. As a matter of fact, his colleague Josef Breuer had been drawn into this kind of therapy when treating Miss Anna O. for hysteria, i.e., somatic malfunctioning apparently caused by mental problems, with the help of current hypnotic therapy. She happened to fall spontaneously into trance-like states (autohypnosis) during which she was able to explain her daytime fantasies and other experiences, and felt relieved afterwards. She gave it the appropriate name “talking cure” (Breuer and Freud, 1895/1937). Later, Freud (1917/1920) described his psychoanalytic therapy as follows:

Analytic therapy attacks the illness closer to its sources (sc. than hypnotic therapy; BL), namely in the conflicts out of which the symptoms have emerged, it makes use of suggestion to change the solution of these conflicts... Analytic treatment places upon the physician, as well as upon the patient, a difficult responsibility; the inner resistance of the patient must be abolished. The psychic life of the patient is permanently changed by overcoming these resistances, it is lifted upon a higher plane of development and remains protected against new possibilities of disease. The work of overcoming resistance is the fundamental task of the analytic cure. The patient, however, must take it on himself to accomplish this, while the physician, with the aid of suggestion, makes it possible for him to do so. The suggestion works in the nature of an education. We are therefore justified in saying that analytic treatment is a sort of after-education. (p. 390)

In this account, two kinds of qualifications are striking. On the one hand, Freud describes his psychotherapy in medical terms, using words like illness, symptoms, treatment, physician, patient, disease, and cure. On the other, however, he characterizes the enterprise as a kind of education, which is not a medical but pedagogical category. This ambivalence is characteristic for the way psychotherapy is understood from its beginnings up to now. Medical care, education, counseling, and support are some of the categories to which psychotherapy is linked. This has consequences for the different ways psychotherapy is defined. I distinguish
four main approaches, to wit, the medical, the psychological, the cultural anthropological, and the interpersonal.

In the medical variant, words like treatment, patient, symptoms and disorder occur, as in the definitions by Wolberg (1977) and *Stedman’s Medical Dictionary* (2006). Wolberg (p. 3) puts it as follows:

Psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of (1) removing, modifying, or retarding existing symptoms, (2) mediating disturbed patterns of behavior, and (3) promoting positive personality growth and development.

*Stedman’s Medical Dictionary* (2006) presents the next definition of psychotherapy:

> treatment of emotional, behavioral, personality, and psychiatric disorders based primarily upon verbal or nonverbal communication and interventions with the patient, in contrast to treatments utilizing chemical and physical measures.

Different from the medical view, the psychological approach dismisses these medical terms, but still retains the expert model in the relationship between the therapist and the aid demanding individual. A well-known example is the definition by Niezel, Bernstein, and Milich (1998), who avoid terms like treatment, symptom, disorder, and patient, and state:

Psychotherapy consists of a relationship between at least two participants, one of whom has special training and expertise in handling psychological problems and one of whom is experiencing a problem in adjustment and has entered the relationship to alleviate this problem. The psychotherapeutic relationship is a nurturant but purposeful alliance in which varying methods of a psychological nature are employed to bring about the changes desired by the client. (pp. 240-241)

The third approach sees psychotherapy in line with age-old practices in all cultures aiming at recovery from emotional and behavioral difficulties. In this perspective, Frank (1973) suggests the following broad definition.
We shall consider as psychotherapy only those types of influence characterized by:

1. a trained, socially sanctioned healer, whose healing powers are accepted by the sufferer and by his social group or an important segment of it
2. a sufferer who seeks relief from the healer
3. a circumscribed, more or less structured series of contacts between the healer and the sufferer, through which the healer, often with the aid of a group, tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior. All concerned believe these changes will help him. Although physical and chemical adjuncts may be used, the healing influence is primarily exercised by words, acts, and rituals in which the sufferer, healer, and – if there is one – group, participate jointly. (pp. 2-3)

The author adds that these features are common not only to what we usually consider psychotherapy but also to methods of primitive healing, religious conversion, and even brainwashing (cf. for the same approach, Orlinsky and Howard, 1995).

Medical terms are absent here but the expert role of the therapist as a socially recognized official is pivotal, though not necessarily described in psychological terms. To a considerable degree the treatment success is dependent on the expectation that is derived from the healer's recognized position in a given cultural context.

A fourth effort of defining psychotherapy avoids not only medical terms, but also the unequal relationship of expert and helped person. Psychotherapy is described more loosely and broadly as a helping relationship between two individuals, each with his and/or her own role. In her characterization of the aim of psychotherapy Van Deurzen (2002) provides an example of this:

The aim of existential counselling and psychotherapy is to clarify, reflect upon and understand life. Problems in living are confronted and life's possibilities and boundaries are explored. The existential approach does not set out to cure people in the tradition of the medical model. Clients are considered to be not ill but sick of life or clumsy at living. When people are confused and lost the last thing they need is to be treated as ill or incompetent. What they need is some assistance in surveying the terrain and in deciding on the right route so that they can again find their way. (p. 18)
In this description neither the expert role of the therapist is reckoned essential, nor the focus on mental problems. Unequal expert models are even rejected.

Because of our intention to face the existing practice, it is preferable to keep the concept of psychotherapy as broad as possible. This means that the only restrictive terms consist of, first, the occurrence of “problems in living” (Van Deurzen), including mental and behavioral problems; second, professionalism, that is, a generally accepted minimal standard of competence and professional ethos; third, conversation as the main means of handling the problem. For this reason some hesitation may arise about the third presentation, that is, Frank’s definition that subsumes our Western interpretation of psychotherapy among a much wider umbrella of all kinds of culturally determined practices. This procedure impedes a distinct view of therapeutic professionalism as it is accepted in our cultural context. A psychotherapist is not a primitive healer (shaman), or an exorcist. Admittedly, psychotherapy as we know it may be part of a prolonged practicing of all kinds of respected healing efforts over time but current psychotherapy has its own character. Within the genus of healing practices I am interested in the species of professional psychotherapy.

*Connections between Worldview and Psychotherapy: Theories and Methods*

Along which lines can worldview and psychotherapy be connected? There are three possibilities, as far as I see, all of which may be actual routes from worldview to psychotherapy.

The first route goes via implicit assumptions behind the psychological theories and methods founded in them. International associations of psychotherapists set a high value on scientific theory as basic for recognized practice. The *Strasbourg Declaration on Psychotherapy*, published by the European Association for Psychotherapy (EAP), states in its 1990 version:

1. Psychotherapy is an independent scientific discipline, the practice of which amounts to an independent and free profession.
2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
   
   ...  

5. Access to training is through various preliminary qualifications, in particular in human and social sciences.
The conditions this association places upon providing a *European Certificate for Psychotherapy* (2009, most recent update) contain the following stipulations:

3.1 The method of psychotherapy used (hereafter, modality) must be well defined and distinguishable from other psychotherapy modalities and have a clear theoretical basis in human sciences.

3.2 The theory must be integrated with the practice, be applicable to a broad range of problems, and have been demonstrated to be effective.

These texts show a close relationship of psychotherapy with scientific theories and methods that are evidence based.

One of the classical claims of modern science is the pretension of neutral, value-free research with universally valid results. This claim has been challenged, however, by the philosophy of science perspective of among others Thomas Kuhn (1970; Van den Brink, 2004/2009). His introduction of paradigm shifts as the principle of scientific progress, draws attention to the role of unquestioned presuppositions. The basis of scientific theories does not consist of evident research data but consists of assumptions and worldviews that function as a preliminary framework for interpretation. If this is the case with theorizing in the natural sciences, then it is all the more applicable to the human sciences that work with less hard data, as Polkinghorne (1983) argues. All observation is theory laden, and theories are affected by worldviews (cf. Glas, 1995).

*Connections between Worldview and Psychotherapy: Therapeutic Relationship*

A second possible route from worldview to psychotherapy is the therapeutic relationship. This relationship can be broadly defined as “the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed” (Gelso and Carter, 1994, p. 297). It comprises affective, attitudinal, and behavioral aspects, in two directions. What interests us here is that the personal worldviews of practitioners might have influence on their feelings and attitudes toward their clients or patients, on how they weigh the problems, and on the way they try to have them changed. A practitioner’s value system may have a manipulative impact on a client’s or patient’s behavior, because these values remain hidden and are not made explicit. So, the autonomy of patients or clients may be violated. This need not be a conscious process: therapists may be unaware of it.
Already in 1936 Rosenzweig (1936/2002) argued that theories describing principles of change in psychotherapy explain only a part of the positive outcome of treatment, because all existing therapies of his days had similar results. This observation has become known as the Dodo Bird Verdict, appealing to the memorable words of a dodo bird in *Alice in Wonderland* after a race without clear rules; “Everybody has won, and all must have prizes.” Besides the specific factors non-specific or common factors are to be assumed. Rosenzweig’s hypotheses have been adopted and confirmed by Frank (1973, 1982). The contribution of specific factors has been established at only 20%, falling far short of the large rate attributed to common factors (Luborski et al., 2002).

One of these common factors is the psychotherapeutic relationship. Based on meta-analytic inquiry, Wampold (2001) estimates the therapist’s effect on therapy outcome at more than 70%. The therapist’s effect consists of allegiance and skill. Allegiance is the interesting factor in this context, because it contributes to the therapeutic relationship. Although these conclusions have been criticized for methodical shortcomings (Chambless, 2002; Beutler & Harwood, 2002), the percentages make a significant portion of common factors in general, and of the therapist’s factor in particular, plausible at least. Others (Lambert & Barley, 2001) present a result of 30% of the variance in client outcome for common factors, including the client–therapist relationship, which is still a substantial figure. If the therapeutic relationship is so influential, it may be assumed that the worldviews that the therapist and the patient hold affect the conversations and that the therapist should be aware of his or her own share in this respect.

This assumption is supported by findings about the effect of the therapist’s unconscious approving and disapproving responses to what the patient puts forward, namely, that the patient’s utterances were strongly influenced by this implicit approval or disapproval. Statements in categories disapproved by the therapist fell from 45% of the total number of statements in the second hour to 5% in the eighth, while over about the same period statements in approved categories rose from 1% to 45% (Murray & Jacobson, 1971; Frank, 1973). These influences have been measured in – of all places – the person centered humanistic therapy by Carl Rogers that pretended to be non-directional. As we may safely assume that unconscious valuations of the client come about in the context of personal values that characterize one’s worldview, here the obvious influence of the therapist’s worldview is exemplified.
Another argument for the worldview content of the therapeutic relationship is the concept of self-relatedness given prominence by Glas (2003, 2006, 2009b, 2012). This insight involves that neither do patients coincide with their complaints, nor do therapists coincide with their professional role; rather, patients relate to their illness, and therapists to their role. In relating to their distress or role respectively, both patients and therapists often subconsciously evaluate their parts of the process. In this implicit evaluation worldview notions automatically enter the scene, because worldviews supply the indispensable frame of reference for valuation and evaluation.

Connections between Worldview and Psychotherapy: Institutional Structures

Besides the assumptions behind theories and methods, and the personal values the therapist unconsciously imposes on the therapeutic relationship, there is a third perspective on worldview issues influencing the process, namely, the institutional structures in which the psychotherapeutic practice takes place. A range of factors play their part here, such as the kind of practice, public or private, and, annex, the possibility of reimbursement by insurance companies; then, the composition of the treatment team; and furthermore, the ethos of the organization or the corporate identity, which answers the question of what kind of caregivers they want to be. These are no mere opinions and decisions made up by the individual therapist, but structures already existing before the individual therapist joins the organization.

A private practice attracting patients that can afford long term treatments financially, may focus on patient centered treatments including all life experiences that have shaped the patient’s psychological functioning. Here a holistic model is likely to prevail. A public practice, on the other hand, being dependent on reimbursement by insurance, tends to prefer short-term treatments with the highest rates of measurable improvements of the diagnosed symptoms. Here the economic model ruled by efficiency is more likely to dominate the scene. A professional may get pulled into different directions because of conflicting interests. These directions represent different worldview orientations. Patients are viewed from their inner needs or from the economic profit of their complaints.

The way the treatment team is composed may affect the way patients or clients are viewed because the distinct caregivers may be inclined to
have their own interpretations of psychological problems. The psychiatrist may favor a biological interpretation and opt for drug therapy, the psychologist may identify a psychotrauma and recommend eye movement desensitization and reprocessing (EMDR) therapy. The social-psychiatric nurse, however, may prefer a systems approach in which the social connections of the patient are included in the diagnosis and the treatment. Discipline related biases, then, may affect the way patients are viewed: neurobiologically, relationally, or socially. The final choice is determined not only by negotiation, but also by the expertise that is available at the moment. Such a supply oriented approach sometimes seems inevitable.

Finally, the ethos of the organization may be decisive for the chosen approach. Is it patient oriented or symptom oriented; holistic and inclusive or fragmentary and distinctive; characterized by benevolence or efficiency; focused on participation or on the expert role? All presuppose a view of humanity that the organization has incorporated, and the staff members have to adopt.

The different levels of kinds of practice, treatment teams, and organizational ethos may function separately, but may also interfere. The kind of practice affects the ethos of experts. The main point is that these factors are supra-personal. The co-workers have to adapt their personal views and integrate the organizational approach of patients or clients in order to fit in the system and to participate in the professional practice. This is the institutional side of the relationship of worldview and psychotherapy.

1.3 History of the Christian Integration Debate

In order to deal with the question of how the relationship between worldview and psychotherapy takes shape in a Christian context, we now turn to what I name the Christian integration debate. I first introduce the Christian integration movement by giving some highlights of its history. After that I outline the various positions advocated in the debate by a concise analysis of the introductory book *Psychology & Christianity: Five views*, edited by Eric Johnson (2010a). On the basis of this outline the salient issues at stake can be identified. That helps us to make the concept of worldview more tangible. After that we can focus our inquiry on the central question and infer sub-questions and hypotheses.
During the first half of the 20th century there is not much evidence of conservative Christians thinking distinctively about psychology (Johnson & Jones, 2000b). As to the first part of the second half, Worthington (1994) mentions two works that he regards as preparatory for the rise of interdisciplinary integration of psychology and theology, namely, the collected papers of a Lutheran symposium under the direction of the well-known psychologist and former president of the American Psychological Association Paul E. Meehl from 1958, under the title *What, Then, Is Man?*, and the translated book by the Swiss physician and self-taught psychotherapist Paul Tournier, *To Resist or to Surrender?*, from 1964. He characterizes these contributions as unsystematic and rudimentary. One of the pioneers of the Christian integration movement, Gary R. Collins (2000) mentions the name of Clyde M. Narramore with *The Psychology of Counseling* from 1960. He recalls that Narramore, though not a scholar writing professional publications, became the first to make psychology respectable in the evangelical Christian community. The importance of Tournier and Narramore in fostering an evangelical perspective on the helping professions is underlined by Johnson and Jones (2000b), and Johnson (2010b).

An important stimulus to the emancipation of a self-confident movement of Christian psychologists is the founding in 1956 of the Christian Association for Psychological Studies (CAPS), a platform for Christian psychologists to share their concerns. Initiated by conservative Christians of the Dutch Reformed persuasion, in the early 1970s it had been developed into a broad evangelical organization (Serrano, 2006). The association would become a major player in the exchange of thoughts. Another significant initiative with great impact was the establishment of a training center for Christian psychologists at Fuller Theological Seminary in the early 1960s. Over the years it has been the combination of training in clinical psychology with training in theology which was characteristic for its curriculum. The goal of the program has been to educate psychologists who integrate the Christian faith with psychology in theory, practice, and research (Vande Kemp, 1984).

From 1970 onwards the developments progressed quickly. Before this time there were only occasional signs of attention for the integration issue, with only two initiatives showing a more structural feature, namely CAPS and Fuller. But then among evangelicals a radical opposition against secular psychotherapy emerged, following a secular anti-psychiatry sentiment. Mowrer (1961), for instance, lashed out at the
tendency in current psychotherapy, mostly psychoanalytical, to victimize the persons asking for help. He contended that continued wrong-doing was at the heart of a gradual impairment of self-respect, and that this gradual decline of self-respect might lead to a sudden emotional imbalance or breakdown, comparable to the sudden swing of a seesaw as soon as one end outweighs the other. Therefore the balance could only be restored by reinforcing the troubled person's virtue at the expense of their evil deeds. By omitting to make sufferers responsible for their own well-being, therapy would fail. Inspired by this criticism the evangelical Jay E. Adams (1970) rejected current psychotherapy and developed the so-called nouthetic (warning, admonishing) counseling that was restricted to biblical counseling. He assumed that any mental disorder either had a physical-medical cause or was the consequence of sin. In the former case sufferers should go to the general practitioner, in the latter to the pastoral or nouthetic counselor.

Many Christian psychologists rejected this approach as doing injustice to psychology's merits. So the question of how to employ psychological understandings without denying biblical notions was put forward with a new vigor. Publications and conferences were supported by new professional organizations. After the establishment of an integrated program for psychology and theology at Fuller, the Rosemead Graduate School of Psychology at Biola University saw the light and enrolled the first Ph.D. students in 1970. In later years other evangelical doctoral institutions followed: Western Baptist Seminary, Wheaton College, Regent University, Seattle Pacific University and Azusa Pacific University. As Johnson & McMinn (2003) note, the mission statements of these integrative programs emphasize the blending of faith with professional training and equipping Christian psychologists with unique skills in the provision of service to religious communities.

Another notable development is the foundation of two peer-reviewed professional journals, the *Journal of Psychology and Theology* (JPT), that was started in 1973 by the Rosemead Graduate School, and is published under its responsibility, and the *Journal of Psychology and Christianity* (JPC), published by the CAPS from 1982 onward, and presented as a continuation in a new format of *The Bulletin - Christian Association for Psychological Studies* that appeared in seven volumes from 1975–1981. Both journals are meant as a platform for debate. The colophon of the former journal's cover states:
The purpose of the *Journal of Psychology and Theology* is to communicate recent scholarly thinking on the interrelationships of psychological and theological concepts and to consider the application of these concepts to a variety of professional settings.

Its companion journal chooses similar wordings at the same place:

The *Journal of Psychology and Christianity* is designed to provide current scholarly interchange among Christian professionals in the Helping Professions . . . The *Journal of Psychology and Christianity* is designed to be a forum of discussion and exchange.

From these editors' mission statements we can conclude that the purposes and pursued functions are formulated quite broadly, be it that the front page of JPT characterizes the journal as “an Evangelical Forum for the Integration of Psychology and Theology.” Still, neither of the two journals intends to tie itself down to specific integration views. The most determining unifying conviction seems to be that separating Christian theological convictions from psychological insights is an impracticable job.

Finally, the foundation of the American Association of Christian Counselors (AACC), a more conservative peer of CAPS, deserves mentioning. Internal debates about homosexuality and male references to God among CAPS members led to this initiative in 1991. Since then, the AACC has grown out to be the largest evangelical organization for professional counselors with more than 25000 members (Johnson & Jones, 2000b; Johnson, 2010).

### 1.4 Worldview Topics under Discussion

*It Is All about Integration*

Let us now try to sort out the worldview issues that are prominent in the Christian integration debate. We undertake this by analyzing the various positions argued for in the publication of the second edition by Johnson (2010) of *Psychology & Christianity: Five Views*. The choice of this introductory volume has several reasons. The design allows for a clear synopsis of the various approaches, and it offers a recent account of the actual state of affairs, including a fifth view that was not yet included in the first edition (Johnson & Jones, 2000a). Leading representatives of each
approach present their own view, and after each presentation the representatives of the other four views give their comments. This creates a lively picture, revealing the issues that are at stake. Then, the book has been widely used in psychology classes at colleges in the United States with a Christian background.

At the same time the book gives rise to a question about the use of the term integration. Only one of the five views bears the name of Integration View, although in the present study the whole debate is labeled Christian Integration Debate. From inside and outside much criticism has been raised against the term integration, as though two supposedly separate bodies of knowledge, psychology and theology, should be fused afterward into one system.\(^3\) This has not been the intention of the pioneers of the Christian integration movement like Collins (1977) and Carter and (Bruce) Narramore (1979), however. They looked for the best way to integrate their psychological knowledge and their faith into a Christian professional view of human existence. The discussions they elicited have been crystallizing into at least three of the five positions put forward in the present volume, that is, the Integration View, the Christian Psychology View and the Transformational Psychology View. The two remaining views are at the opposite ends: the Levels of Explanation View borders on the dominant division between scientific and religious knowledge, and the Biblical Counseling View is inspired by the criticism raised against secular psychotherapy from secular circles. This does not alter the fact that all five approaches formulate their answer to the question of how Christians can integrate psychology in their own Christian view of human life. Even in the Biblical Counseling position there are some traces of the integration drive, because it can accept diagnostic description and it adopts the general format of psychotherapy: one-to-one conversations, clinics, appointments, fees, licensure, the counseling process, and specialized training. These are not borrowed from Scripture, but from the treatment practice (Beck, 2003). Moreover, psychological data is not rejected completely, especially when the data is used to illustrate and describe rather than explain (Powlison, 1984, 2010; Welch & Powlison, 1997). So, the Biblical Counseling View can be seen as an alternative for the typical integration position but working within the same coordinate.

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3 Cf. Ellens (1980); De Graaff (1980); Van Belle (1998); Roberts (2010a); Evans (2012).
system, and participating in the debate on the need for possibilities and limits of integrating Psychology and Christianity.

Let us now analyze the five views and the mutual discussions between their representatives about integration in order to extract the main topics that dominate the influence of Christian worldview issues on the conceptualization of psychology and psychotherapy.

The Levels of Explanation View
Myers (2010a) defends the position that psychology and Christian faith are two different levels of explaining human mentality and behavior. This distinction runs parallel with the distinction between God’s natural revelation and his special revelation in the Bible. Properly speaking, there are more levels of explaining human nature, each exploring different aspects of its functioning. In an increasing degree of integrative potential a physical, chemical, biological, psychological, sociological, philosophical, and theological level can be distinguished. In general, psychology and Christian faith fit together nicely. Science is characterized by curiosity and humility. Scientists continuously submit their conclusions to the judgment of their fellow researchers and subject them to the force of new research findings. This attitude is compatible with a humble faith in God and awareness of human fallibility. Further, in general they are mutually supportive. For example, people experience life through a self-centered filter. Attribution theories and the phenomenon of self-serving bias account for that. This echoes the religious idea of the fundamental sin of self-protective pride. Sometimes, however, discoveries of psychology do challenge some traditional Christian understandings. This can be illustrated by psychological evidence suggesting that homosexuality is not a choice but a condition determined by biological factors. The categorical condemnation of homosexuality that has been current in historical Christianity is unsettled by this and is challenged to be reexamined. But isn’t it true that personal values guide theory and research? To be sure, we all follow our biases and cultural bent. But as we believe that there is a real world out there, we should pursue pure objectivity as an ideal, although it may be unattainable.

In his reply, Jones (2010a) exposes Myers’s ambiguous admission that belief guides perception. By suggesting that his approach to psychological research leans in the value-free direction, Myers underestimates the overall influence of assumptions. Value-free facts do not exist. Accordingly, the ideal should not be to overcome all assumptions but to
choose the right assumptions. Watson (2010a) gives a substantiation of this comment by defining psychology not only as a science that studies behavior and mental processes, as Myers does, but as a science that studies the behavior and mental processes of persons. However, every understanding of persons is a cultural construct. Hence the definition of psychology for Christian psychologists should be: psychology is a science that studies the behavior and mental processes of persons as understood in Christian texts and traditions of interpretation. Furthermore, Watson doubts the supposed humility of secular science. To this, Powlison (2010a) adds that persons should not only be interpreted by nature and nurture variables, but first and foremost by their final cause: their goal and destiny. Coe and Hall (2010a) introduce another point of criticism. They argue that by excluding values modern psychology has never been able to provide a clear justification, in line with its own scientific standards, of what is going on in psychotherapy, which inevitably addresses issues of values, at least about health and its opposite.

These discussions reveal three issues concerning worldview. The first is epistemological: is it possible and desirable to know humans apart from value assumptions derived from pre-scientific understandings such as religious understanding? The second issue is about the object of knowledge: human nature, and the way in which its definition expresses one’s worldview. Here anthropology is at stake. And third, the topic of the relationship between psychology and psychotherapy is raised, that is, of how psychotherapy should be informed by psychological values.

The Integration View
Admitting that the term integration can be criticized legitimately, Jones (2010b) presents the following working definition of integration:

Integration of Christianity and psychology (or any area of “secular thought”) is our living out – in this particular area – of the lordship of Christ over all of existence by our giving his special revelation – God’s true Word – its appropriate place of authority in determining our fundamental beliefs about and practices toward all of reality and toward our academic subject matter in particular. (p. 102)

Jones favors the term Christianity over Bible or Christian theology, because he intends to focus on the personal faith convictions and commitments that shape the psychologist’s scientific and professional work, rather than focus on any abstract discipline or body of knowledge,
remote from the psychologist and his or her work. The psychologist’s faith deals with values and with facts, for God has intervened in our empirical reality. At the same time, psychological inquiry is an indispensable source of knowledge, because the Scriptures do not always teach us about human nature with precision, cf. the exact meaning of the *imago Dei* (humans being created in the image of God), and the constituent elements of human nature (body; body and soul; body, soul and spirit). Psychological science should not be conceived, however, in a positivistic sense, as happens too often, by accepting only brute facts and scientific hypotheses and theories that are derived from these facts. In opposition to this concept of science Jones stresses four key points that have emerged in contemporary philosophy of science: all data is theory laden; scientific theories are underdetermined by facts; science itself is a cultural and human phenomenon; science’s progress is not due to the accumulation of bare facts, but to refinement of theories and theory-laden facts, which are themselves embedded in broader conceptual webs. This is true of all psychological theories, and should be understood as an invitation to a Christian implementation. The integrative approach is characterized by being anchored in biblical truth, especially in the understanding of persons, by a methodically rigorous conduct of science and, in cases of unresolvable tension, by standing for biblical truth, as in approaching homosexual behavior. As to the practice of psychotherapy, this goes far beyond the limits of scientific theory because of the complex human relationships psychotherapists have with their clients.

In his response Myers (2010b) contends that Jones underestimates the fallible human character of biblical interpretation. Roberts (2010a) calls the concept of integration dualistic, for it binds two things together that previously stood apart: psychology on the one hand and Christianity on the other. Psychology should start with the wisdom stored in the Bible and the Christian tradition. Coe and Hall (2010b) assert that the Integration View lacks a clear methodology, that it adopts an inadequate model for the science of the person, and that these shortcomings render it unsuitable to scientifically ground the insights of various forms of psychotherapy. In line with this criticism Powlison (2010b) charges the Integration View with obscurity about the connection between psychological science and psychotherapy. It merges incompatible things: describing persons and changing them, and it does so by dubiously explaining their behavior with the help of secular personality theories.
Here too the debate touches upon the same three themes: secular and biblical knowledge (epistemology), understanding of persons (anthropology), and the relationship of psychological theory and psychotherapeutic practice. The discussion makes clear that they all are considered to function on the worldview level.

**The Christian Psychology View**

In the exposition of their Christian Psychology View, Roberts and Watson (2010a) refer to the policy of positive psychology to draw on ancient wisdom and to stress the inseparability of psychological and moral functioning. They argue that psychic well-being is dependent on metaphysical, moral and religious commitments. Unfortunately, positive psychology fails to differentiate among religious traditions. Roberts and Watson admit the charge of parochialism when advocating affiliation with the distinct Christian tradition. They wish to develop a psychology that accurately describes the psychological nature of humans as understood according to historic Christianity. The Sermon on the Mount, for instance, is about character and thus about the form of persons. After retrieving Christian Psychology from the age-old tradition, the Christian tradition should be operationalized in empirical research designs. This starts with the awareness that psychology is essentially a normative discipline. Psychological research into persons-as-they-should-be cannot avoid operating within the normative framework of a worldview. This research can lead to different results. The outcome can be a seemingly valid disconfirmation of the claims of the tradition. In that case there is a good reason for Christian psychologists to suspect their interpretations of Christian Psychology and to return to the Bible and the tradition for a better understanding. Another possible outcome is the evidence of a bias in secular research against Christian views, for instance, by classifying prayer under avoidance behavior and thus interpreting sincere Christian commitments as expressions of anxiety.

In his reaction Myers (2010c) emphasizes the limited scope of psychological questions. We should not equate psychology with philosophy. Jones (2010c) sees as his core disagreement with the authors a different taxation of how much we can gather from the Bible and the tradition to construct a unitary systematic psychology. According to Coe and Hall (2010c), Roberts and Watson fail to thoroughly critique the current empirical model and they, too, confine themselves to quantitative methodologies, without employing less quantifiable experiential sources of
knowledge. Powlison’s (2010c) main concern is that Christian Psychology fails to support face-to-face ministry.

Here again the three discussed worldview themes turn up: the sources and conditions of knowledge (epistemology), research into persons-as-they-should-be (anthropology), and the relationship between psychology and psychotherapy or counseling.

*The Transformational Psychology View*

Transformational psychology made its debut in the Christian integration movement fairly recently and with an ambitious agenda, indeed. As Coe and Hall (2010d) argue, in opposition to the existing tradition of naturalistic and reductionist science, psychology should transform into a premodern activity, sensitive to spiritual and nonphysical phenomena, as well as to the ethical values of health that psychotherapy must work with. Psychology should be done within the Christian tradition. The emphasis should be on the person of the psychologist, however. The spiritual-emotional development of the psychologist is foundational to the process of understanding human nature. Christian notions should not function as mere theoretical presuppositions but as experienced realities that condition and ground our knowledge. The Old Testament sage is a biblical prototype for doing psychology and psychotherapy, and his wisdom proverbs are indicative for the “natural oughts” or values that are discovered by observation and reflection, and not simply derived from Scripture or created by human opinions and desires. Scripture should function as an authoritative, God-authored interpretation of certain dimensions of reality. Doing transformational psychology is a means to the goal of love through union with the Holy Spirit, as humans are fundamentally relational in nature, created to the ultimate end of loving God and neighbor. From this understanding there is a logical move from theory to praxis, from conceptualizing human nature to helping people. The ultimate goal of the psychological undertaking, and of human nature as discovered and experienced by this psychology, and of psychotherapy is one and the same: to show love. This goal of showing love entails a relational paradigm for doing psychology and psychotherapy, and provides a contemporary, scientific view of transformational change and growth.

In Myers’s (2010d) opinion, Coe and Hall transform psychology into religion, denying the agreed-upon meaning of psychology. Jones (2010d) criticizes the spiritually individualistic bent of their presentation. In line with this, Powlison (2010c) is bothered by the orientation toward the
tradition of contemplative spirituality, which tends toward an elite,
strenuous and privatized spirituality that is impracticable in everyday
circumstances. Roberts (2010b) reads their paper as a supplement to
Christian theology, in that it deals with one aspect of the epistemology of
that kind of psychology, namely with knowledge as acquaintance or ex-
perience, leaving propositional knowledge and understanding out of
consideration.

It is clear that Coe and Hall present a coherent system of epistemol-
ogy, anthropology and psychotherapy: experiential knowledge inspired
by Scripture, in opposition to modern science, leads to a relational view
of human nature that results in a love-inspired psychotherapeutic rela-
tionship. Apart from Roberts's broadening of epistemology, the respon-
ses do not add much to this picture. The three themes identified earlier
are conspicuously present.

*The Biblical Counseling View*

Powlison (2010d) sets the tone of his contribution by stating: Christian
faith *is* a psychology, Christian ministry *is* a psychotherapy. Christian
faith understands psychology and psychotherapy as elaboration of the
God-centered conviction that the Lord is our maker, our judge, and our
redeemer. Put differently, through these qualifications the key charac-
teristics of human nature are indicated. Powlison marks six segments in
the psychological industry: (1) our psychology in the pre-theoretical hu-
man subject, such as being stuck in a traffic jam on the way to an im-
portant appointment; (2) organized knowledge, as practiced through
science; (3) the competing theories of human personality; (4) psycho-
therapy; (5) professional and institutional arrangements; and (6) a mass
ethos, the air we breathe, the popular culture or the world. The Christian
articulation in these segments are: (1) Christian faith; (2) close obser-
vations and systematic descriptions of the Bible, of the own sins and
sufferings, of other people, of good arts, from literature to music and
painting, of history and culture studies, and, lastly, the critical processing
of thoughtful writers in psychology and psychiatry; (3) theology; (4) cure
of souls; (5) the church; and (6) a counterculture of biblical wisdom. Fi-
nally, he presents a case study about a Christian medical doctor who feels
depressed, has marital problems and resorts to heavy drinking and por-
ography.

Myers's (2010e) comment is identical to that on Christian psychol-
ogy and transformational psychology: the word psychology is used in a
different sense. Jones (2010e) wants to stress more forcefully the interest of scientific and professional psychology to supplement and complement Christian perspectives. Watson (2010b) holds Powlison liable for letting Biblical Counseling downplay the work of science, instead of articulating formal, professional methods of inquiry and discernment in the very interest of counseling. And he wonders on what grounds Powlison takes the unity among biblical counselors for granted, in view of the diversity of perspectives that result from the favored interpretive methods. Finally, Coe and Hall (2010e) contend that Biblical Counseling fails to adequately critique the modernist approach to science and psychology for adopting a methodology that is purely quantitative and descriptive. Coe and Hall as well as Jones fault the case study because it lacks specific psychological complications.

Here again, knowledge (epistemology), human nature (anthropology) and the psychological support – if and how – of psychotherapy are the main topics under discussion. For Powlison, they are decisive for advocating his distinct Biblical Counseling concept and practice.

Conclusion

My first concluding observation is that the debate on the five views is somewhat out of balance, because with Myers the center of gravity is on psychological research, but the others focus more on clinical psychology. It is important to notice this because different practices have different standards. Scientific research and clinical psychology or psychotherapy are different practices. Earlier (section 1.2) I identified social structures as a constituent factor of the prevailing worldviews. This aspect of the issue remains underexposed.

Three topics proved to dominate the debate; these are the topics of epistemology, anthropology, and the relationship between anthropology/psychology and psychotherapy. Epistemology touches on the inevitable research bias, the legitimacy of Christian presuppositions in psychological research, and the compatibility of the Bible with scientific psychological methodology as an authoritative source of knowledge. Anthropological issues relate to the origin, freedom and ultimate goal of human nature, and thus include moral values. The relationship between psychology and psychotherapy deals with the way in which implicit or explicit psychological presuppositions about human nature affect the therapeutic practice.
Each of these three themes affects worldview concerns. Apparently, the most obvious connection of worldview with the identified topics is the one with anthropology, which refers to our view of humanity. But also epistemology, as the source of specific anthropologies, has a worldview component of itself. It relates to our view of the sources and character of reliable knowledge. Maybe we should admit that psychotherapy has no worldview component of its own. The differences in therapeutic method can be traced back to differences in anthropology, as can be indicated by identifying a mechanistic, materialistic, culture-dependent, and autonomous-relational view of human nature, as the possible anthropological backgrounds of the four successive conceptions of psychotherapy mentioned in section 1.2.

For most of the five views the three identified topics mark the differences with secular psychology and psychotherapy, but at the same time mutual differences in preconceptions lead to different outcomes among the five models. Therefore, in the inquiry into the interplay between worldview and psychotherapy within the Christian integration movement these are the issues on which we focus.

The chapters below, then, concentrate on the worldview issues of epistemology, anthropology, and the relationship of anthropology/psychology and psychotherapy.

We should realize, however, that the debate may be impeded somewhat by the institutional level of worldviews. This level of worldview input is underexposed in the debate. Only Powlison (2010d) mentioned it as one of the six segments in the psychological industry. Yet, we have seen in section 1.2 that the institutional level is one of the relevant factors in worldview issues determining the direction of treatment. In the present debate institutional interests play their hidden part, for the defended positions have the function, be it unintentionally, to legitimize the specific practice of training and treatment centers based on the own Christian orientation. After all, much money and many jobs are involved here. This may be an obstacle for convincing other participants of the debate. But this does not prevent an independent, disinterested investigator from analyzing the debate on a conceptual level.
1.5 **Focus of the Inquiry**

*Central Question*

After our orientation in the main worldview topics of the discussions about the interplay between psychology and Christianity, we return to our starting point with respect to the issue of worldview and psychotherapy in general, in order to formulate our central question. In section 1.2 we found that worldviews affect psychotherapy through psychological theory and psychotherapeutic method, the therapeutic relationship, and the institutional embedment. Because of all these routes of influence, which may be mutual on the relationship level, and the permeating nature of worldviews, I assume an intrinsic interaction of worldviews and psychotherapy. On this interaction the inquiry is focused. The overarching central question is twofold and can be formulated as follows:

*What are the mutual relationships between worldviews and psychotherapy?*

*What do these interrelationships imply for conceptions of psychotherapeutic professionalism?*

For clarity, I note that the former question is particularly descriptive, and the latter mainly philosophical. In order of priority, the philosophical question precedes issues investigated by psychology of religion and spirituality. It is about the legitimacy of worldview influences, whether religious, spiritual, or other, in psychology and psychotherapy, and not about how religion and spirituality can be described, explained, and employed psychologically, as is dealt with in psychology of religion and spirituality. From two sides the legitimacy is challenged. From a specific worldview the presuppositions of professional psychotherapy may be questioned; conversely, professional psychotherapy may question the input of certain worldviews by the client. This kind of questions is not dealt with in psychology of religion and spirituality. There is an interface, however, in the reflection on the usefulness of religion and/or spirituality in psychotherapy. The question of usefulness balances on the edge of empirics, as investigated by psychology of religion, and normativity, as reflected on by philosophy. But it remains that the primary focus is not on how basic beliefs operate psychologically and can be utilized in a therapeutic context, but about the compatibility of psychotherapeutic interventions with all kinds of worldviews.
Sub-questions and Hypotheses

The Christian integration debate will be analyzed as a case study of how worldviews and their influences can be distinguished and should function within psychology and psychotherapeutic practice. This choice for the Christian integration debate presupposes the expectation that this debate has yielded observations and recommendations for the relationship between worldviews and psychotherapy. Hence, the first sub-question for our inquiry is:

*What do the analyses by participants in the Christian integration debate yield on the interrelationship between worldview and psychotherapy?*

The first hypothesis formulates the expected answer to that question.

*First hypothesis*

*The Christian integration debate demonstrates the dependence of psychotherapy on worldviews, and delineates the implications for psychotherapeutic professionalism.*

The second hypothesis is hinted at in sections 1.1 and 1.4. It starts from the observation that in spite of analyses the debate did not result in unifying conclusions. Several solutions have been proposed that partly criticize each other without settling the cause or opening up promising new perspectives. We have already seen that the institutional factor unintentionally favors a process of entrenchment in the own position. But this is not the whole story. Not only in the elaborations but already on the basic presuppositional level the participants diverge in their ways. Apparently, within the Christian integration movement, different presuppositions play a part and nourish the different options. This leads to the second sub-question of our inquiry:

*Why are the positions taken in this debate, or some of them, not capable of carrying the discussions any further?*

Answering this question demands a fresh analysis on the basic level of the integration of Christian worldview and psychotherapy. We are looking for a suitable tool that helps us to evaluate the present state of affairs. A proper candidate for this enterprise might be Reformational Philosophy with its newly developed Normative Practices Model (Glas, 2009b; 2009c; Jochemsen & Glas, 1997; Jochemsen, 2006a). It is introduced as an instrument for distinguishing between practices that differ from each other but at the same time have overlapping activities. In our case these
practices relate to psychological research and theorizing, psychotherapeutic treatment, and pastoral care.

The Normative Practices Model discerns several constitutive factors for a practice. These are (1) the qualifying factor, that is, what the practice is about – in this every practice has its normative task; (2) the founding factors, referring to the indispensable tools, competences and knowledge; (3) conditioning factors, like social, juridical, and economic ones. By identifying the conditioning factors, the Normative Practices Model is able to account for the institutional side of the worldview-psychotherapy issue.

In addition to the constitutive side, every practice has a regulative side, that is, the dynamics by which and the direction into which it is developing. The feature of this approach is, that it does not think in terms of territories and boundaries, but in terms of objectives and normative purposes. The advantage of this is that it keeps the debate free from spasmodic quarrels about competence, and at the same time provides clear concepts needed to distinguish religious faith, psychological science, psychotherapy, and pastoral care from each other.

The most decisive aspect of the model, in this context, is the qualifying factor. Qualifying for science is analytical disclosure of the reality we experience, different from faith knowledge we recognize in a religious context. Science arrives at rationally justifiable inferences from careful and controllable observations. Psychotherapy is another kind of practice, qualified by giving help in order to deal with problems in living, usually psychological ones. As soon as psychotherapy makes appeals to spirituality and religion, the interface with pastoral care comes to the fore. Pastoral care is a spiritual practice, directed toward growing in devotion to higher purposes. The model is supposed to be able to determine in what way and to what extent worldviews – in this case Christian worldviews – should be related to scientific theories, methods, and psychotherapeutic relationships. These provisional insights lead to the following phrasing:

Second hypothesis
The Christian integration debate arrived at unsolved disagreements that can be traced back to (1) epistemic confusion about the practice of psychological research and theorizing in relation to faith knowledge derived from the Bible, and (2) conceptual confusion about the distinctions between the psychological, psychotherapeutic, and pastoral practices.
Provided that this second hypothesis will be confirmed, the third sub-question of our investigation is focused on the cause of these confusions, and the way to deal with it. Brief and to the point, the question reads:

*How can the debate be reinvigorated in order to make some progress in achieving a kind of integration between psychotherapy and Christianity?*

The cause of the confusions should be sought deeper than simply attributing them to the limitations of Christian theorists’ minds. It seems plausible to assume an intrinsic characteristic of psychotherapy that is refractory toward some Christian notions, so that Christian theorists either fully reject psychotherapy (the Biblical Counseling View) or instinctively try to push it in a more convenient direction, shifting psychotherapy away from the context in which it belongs. In this second approach psychotherapy becomes something other than the practice as professionally understood. It is turned into a kind of pastoral care or spiritual guidance. If Christian theorists want to preserve psychotherapy as a respected practice of proven merit they should resist both strategies. Reflection should start from the intrinsic nature of psychotherapy, and then consider in what way the employment of Christian notions can do justice to both the specific practice and Christian faith. This enterprise is only meaningful if we suppose that such a combination or integration is possible without hurting either the norms of psychotherapeutic professionalism or the special character of Christian faith. This leads to the formulation of the third hypothesis.

*Third hypothesis*

*It is possible to integrate psychotherapy and Christian faith, and at the same time preserve both psychotherapeutic professionalism and the specific nature of Christian faith.*

The fourth and last hypothesis is about generalizing the findings to the realms of other worldviews, both the more religious ones such as found in Judaism, Islam, and Buddhism, and more secular ones, as in Asian and African cultures. It gives an answer to the fourth sub-question of our investigation which reads as follows:

*Can conclusions be drawn with regard to the relationship between psychotherapy and worldview in general? If so, what inferences can be made for any ideal interrelationship between them?*
It is reasonable to assume that the findings can only be generalized to those worldviews in which similar frictions as in Christianity show up when coming together with psychotherapy. The reason is that sound generalizations about one issue can only be made if the other conditions mutually more or less correspond. We attempt to make generalizations on the issue of worldviews, assuming that their relationship with psychotherapy is similar. The fourth hypothesis is about generalizing the interaction between psychotherapy and Christian faith while retaining the specific character of each.

**Fourth hypothesis**
A new perspective on the integration of psychotherapy and Christian faith (see third hypothesis) can be generalized to all those worldviews that are subject to tensions similar to those between psychotherapy and Christian faith.

### 1.6 Field, Method, and Outline of the Inquiry

**The Research Field**
The research field is a body of literature that will be examined in order to describe the integration debate, consisting of the two Christian integration journals from their first appearance until 2012, the *Journal of Psychology and Theology* (1973–) and the *Journal of Psychology and Christianity* (1982–), while the latter’s forerunner *CAPS Bulletin* (1975–1981) is included as much as possible. There will be some limitations and some extensions, though.

The limitations refer to the articles that will be selected from the mentioned journals. This study will be focused on the basic form of psychotherapy, that is, individual therapy with adults. Therefore, articles about marriage counseling, family therapy, child therapy, and group therapy are left aside. It could be countered that especially Christian therapy will focus on relationships and systems in which clients and patients participate, for in a Christian view people are not considered as independent

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4 The opportunity has been offered me kindly to consult *The Bulletin of CAPS* in the library of the Southern Baptist Theological Seminary, Louisville, KY. However, some issues were lacking, to wit, three issues of 1975, all four issues of 1976, and two issues of 1977. It was impossible for me to consult these issues elsewhere.
individuals, but as persons-in-relation. In spite of this true observation, the incorporation of these forms of therapy will complicate the subject matter too much. Of course, the results of this basic analysis may be applied to other kinds of psychotherapy or counseling. Further, we address psychology and psychotherapy in general rather than articles on a specific subject such as alcohol abuse, missionary kids, or Christian integration training programs.

Besides these limitations there are some extensions as well. I will not limit myself to articles in the two named journals, but also consult pivotal publications referred to there. In addition, for the sake of clarification and completeness I will appeal to other publications by the authors of the journals’ articles.

**Method**
In dealing with the first sub-question of inquiry the method is descriptive. The basis is an overall inventory and scanning of articles that in any way deal with worldviews in psychology and psychotherapy. The following step was a sorting of these articles by what they put forward about epistemology, anthropology, and their relationship with psychotherapy, respectively. Then, quantitative analyses were carried out of formal characteristics, like the numbers of articles about epistemology, anthropology, and their impact on psychotherapy, respectively, the ratio of theoretical and research articles, the expertise of the authors – psychological, theological, or philosophical – and the distribution over the two journals. Thereafter, qualitative investigations of the subject-matter on the respective topics were carried out, partly topically, and partly chronologically. Within the topics analyzing becomes chronological as soon as developments can be discerned that shed light on the reason why certain positions are held. Generally, debates have some progress, so the chronological dimension should not be overlooked. Nevertheless, for the sake of clarity, in the analysis the various themes are discussed separately as much as possible. So, in the topical analyses, the chronological approach is incorporated. In the end, it is analyzed to what extent the five approaches identified in section 1.4 are reflected in the journals’ contributions to the debate.

Later on in our analyses the different terminology of psychotherapy and counseling will be reviewed, cf. section 5.4.
As to the second sub-question, about explaining the differences in the defended positions and the problems of getting any further, the inquiry is mainly philosophical, because of the philosophical, meta-theoretical level of the analysis. Additional theological reasoning is indispensable, however, because in the debate the participants put forward their faith as a normative worldview component, and feel the need to warrant Christian worldview elements by appealing to biblical and theological notions.

Answering the third sub-question, about developing new perspectives in the integration of worldview and psychotherapy, demands a full-scale philosophical argument. Specific theological input is justified by the normative character of the notion of worldview that is adopted in the debate. Here theoretical considerations lead to practical implementations.

In sum, the study is primarily philosophical in character, with an indispensable descriptive basis, and theological contributions where appropriate. These types of theoretical analysis are intended to result in practical directives.

Outline
The subject matter of this examination consists of writings in the mentioned journals on the issues of epistemology, anthropology, and the relationship of both with psychotherapy. These three themes were distilled from our provisional review of the integration debate in section 1.4. In three subsequent chapters, that is, the chapters 2, 3, and 4, the various positions about these issues are brought forward and the internal debates highlighted. Also, certain questions in the margin will prepare the reader for the critical evaluations in the subsequent chapters.

The chapters 5 and 6 offer these critical reviews. Chapter 5 includes an internal critique, that is to say, a critique from the presuppositions held by (a part of) the participants in the debate. By this internal critique I try to test the first hypothesis and first part of the second one. Chapter 6 comprises an external critique, that is, a critique starting from an external viewpoint that enables us to review the debate from a greater distance in order to identify the causes of the ambiguities and to formulate proposals to eliminate them, and thus demonstrate the plausibility of the second part of hypothesis 2.

In chapter 7 an attempt is made to formulate a general format of mental functioning that is sensitive to worldview issues, in order to substantiate hypothesis 3. This outline pretends to offer a handhold to therapists to introduce and deal with worldview items in the
psychotherapeutic process, respecting both the status of professional psychotherapy and the distinctive features of the overall Christian worldview. In chapter 8, the appropriateness of this outline is tested by applying it to several kinds of worldviews. It is an effort to examine the generalizability of the outcomes, herewith testing the claim of hypothesis 4. In chapter 9 the usefulness of the design is tested in even more detail, by analyzing the three case descriptions from the second sub-section of the present chapter with the help of the outline.

The final chapter summarizes the results, and draws some conclusions.
Chapter 2

Sources of Knowledge

In the first chapter we envisaged *worldview* as a multilayered concept, including both implicit preferences and more explicit or explicable notions. Logically, the further explanation of worldview content focuses on its more explicit and explicable levels. This is what the next three chapters are about. We distinguished three main topics concerning worldview, namely, epistemology, anthropology, and the relationship between anthropology/psychology and psychotherapy. These topics will be investigated subsequently. We examine them by reviewing the relevant contributions in the two mentioned journals about Christian integration of psychology, the *Journal of Psychology and Theology* (JPT), and the *Journal of Psychology and Christianity* (JPC). The method for the reviewing was reported in section 1.6. Other publications will be involved in the analyses if they are referred to in the relevant articles and if further consideration of them happens to be helpful to sharpen the focus.

In this second chapter we review how the participants of the Christian integration debate evaluate the epistemology of secular psychology and account for their own epistemology. This inquiry will entail four focal points, namely, the epistemological presuppositions of secular psychology as analyzed in the journals (2.2), the epistemological status of authoritative knowledge through faith in the Bible (2.3), the critique raised against elevating biblical testimony to the highest level of authority in scientific discourse (2.4), and the development of new methodological perspectives (2.5). Before diving into the subject matter though, I present some figures to give an impression of the extent and variety of the contributions (2.1).
The aim of this chapter is twofold: to give an overview of the various contributions, and to prepare for the critical evaluations presented in chapters 5 and 6.

2.1 Numbers

The two journals contain 173 articles about epistemology in some relevant way, 106 of these in JPT and 67 in JPC. Of these articles, 94 are about epistemology only (JPT 53, JPC 41), the rest share their focus of interest with anthropology (JPT 37, JPC 11), psychotherapy (JPT 13, JPC 15), or both (JPT 3). Of the 173 articles about epistemology, 11 are empirical (JPT 8, JPC 3). Without exception, all of these empirical contributions emanate from the research programs realized by J.P. Watson and his colleagues (see section 2.5, “Bible and Worldview”).

These figures do not pretend to be exact, rather they are indicative. I focus on articles that specifically account for the methodology of acquiring knowledge and for the role of presuppositional assumptions in what is considered to be knowledge. However, in practice the demarcation line is not so clear. This may be illustrated by the use of the Bible. As far as the role of the Bible is concerned, the boundary between methodological accounts of its input – which is what I am looking for – on the one hand, and emphatic appeals to Bible texts for justifying one’s concrete position on the other, is not sharp. The reason is that methodological justifications are repeatedly confined to mere appeals to the Bible. More than once some subjective weighing for the purpose of selection was inevitable.

Who are the contributors? In 118 articles the authors are psychologists, including psychiatrists (1), sociologists (1), and philosophers of psychology (4) (JPT 74, JPC 44). In 18 contributions the authors are theologians (JPT 15, JPC 3). 6 articles have been written by general philosophers (JPT 3, JPC 3). The remaining 33 articles (JPT 16, JPC 17) were written by psychologists and theologians either cooperating, or united in one person, or in a combination of these.
2.2 Knowledge in Secular Psychology

Analysis of Secular Methodology

From the start of the *Journal of Psychology and Theology*, and later on also in the *Journal of Psychology and Christianity* and its forerunner, the antennae were attuned to worldview dependent assumptions in psychological and psychotherapeutic theorizing. Collins (1973) set the tone. In the inaugural issue of JTP he identified three major forces in psychology working with overlapping sets of presuppositions: naturalism, determinism, and relativism. Naturalism assumes that God does not exist, and that all behavior results from the operation of natural laws. Determinism teaches that all behavior is determined by some prior cause or causes, so that we can understand, predict, and control what people do. And relativism holds that there are no absolute standards of right and wrong. Collins does not link these presuppositions to the epistemological issue but restricts the application to behaviorism as the allegedly scientific alternative for psychoanalysis in the 1970s. Epistemological implications are, however, also attributed to them, as will become clear in some of the subsequent paragraphs.

An account of secular scientific epistemology was given by Farnsworth (1974). Referring to the Christian apologist Francis Schaeffer, he depicted the evolution of modern thought from the late Middle Ages onward. Schaeffer (1968) observed a growing contrast in Western thinking between God and nature: grace is positioned over against nature (late Middle Ages), then freedom over against nature (Renaissance), next faith over against rationality (Enlightenment), and lastly the non-rational over against the rational (modernism). All these dichotomies resemble the platonic dualism between the world of ideas and perceived reality. These dichotomies should be overcome.

Another contribution was made by Foster and Ledbetter (1987). They noticed that psychology in its secular form limits itself to a methodology that emphasizes what can be seen, measured, and quantified, and ignores forces that cannot be measured or quantified. They labeled this position logical positivism and empiricism and saw these approaches characterized by emphasis on observation, measurement, and experimentation in the search for knowledge. In a reaction, Vande Kemp (1987) is critical of the authors for equating empiricism with logical positivism. Empiricism (different from the philosophical assumption of empirism) is just a matter of methodology, giving priority to the senses over reason. Logical
positivism, on the other hand, assumes that only things which can be observed, measured, and quantified are required for knowledge. As to her own position, she criticized the limitation by positivism to the mechanistic or efficient model of causality, and advocated final causality or teleology, that is, asking for the purpose and meaning of phenomena and states of affairs. Apparently, she rejected a one-sided natural science model of psychology, and included a methodology modeled by human or social sciences, employing a more qualitative approach instead of mere quantitative measurement.

Similarly, Johnson (1997) characterized the modern epistemology that dominates psychology as naturalism, neo-positivism, relativism, individualism, and secularism. Naturalism is an ontological position with epistemological consequences. It accepts only material entities as real. In this context therefore, only causal explanations within the natural order of things are appropriate, at the expense of non-natural influences like supernatural ones; neo-positivism, or logical positivism, recognizes only knowledge that is based on observables and logical inferences; relativism denies the existence of absolute or ultimate truth; individualism claims the priority of individual interests, rights, views, and values over communal interests etc.; and secularism interprets reality apart from divine origin or authority. Johnson recalled that many of the pioneers in psychology and psychiatry have been raised more or less within Christian or Jewish families but moved away from their religious orientation toward a worldview in which psychology offers supposedly more reliable alternatives to the traditional Judeo-Christian forms of meaning making. He thinks of people like Stanley Hall, James, Freud, Skinner, Horney, Piaget and Rogers.

Richardson (2006) observed that the modern scientific ideal of knowledge is objectivity, which is obtained via abstraction and objectification. Appealing to Taylor (1995), he contended that this approach presupposes a detached, punctual observer, and ignores the historical, cultural, and social connections that determine people’s identities. The empiricism employed by natural science, with its conception of empirical theory, controlled experimentation, purely objective description and the idea of wholly reliable techniques, has led to a naturalistic view of reality, denying the existence and influence of spiritual realities, and thus being too restrictive for the social sciences. Slife and Whoolery (2006) went a step further; they noticed that even in its weakest form, in which it is explicitly restricted to scientific methodology, naturalism implies that
God is not required for complete knowledge of the natural and social world. So, with naturalism a theistic approach is discarded. On this ground Slife and Whoolery contest the often defended assumption that experimental methods are philosophically neutral. I note in passing that the crux here is the assumption of complete knowledge. It is simply not true that naturalism in its weakest form pursues complete knowledge. Naturalism in its weakest form sets out only to achieve selective knowledge.

De Oliveira (2004) discerned two conflicting worldviews in the field of secular developmental psychology: mechanicism and organicism (cf. also Larzelere, 1980). Mechanicism reduces human functioning to involuntary responses and external influences, and is favored by evolutionism and behaviorism. Organicism interprets the qualitative change of organisms as an intrinsic feature of human nature, cf. Chomsky on language acquisition in children, revealing innate linguistic potentials. In overly rough lines De Oliveira identified the epistemology of mechanicism as logical empiricism because of the preference for systematic observation, while the epistemology of organicism is characterized as rationalism (the alternative of empiricism) because of the admission that the observations constituting the empirical content are never free from reasoned inference. Neither of these two developmental worldviews of how knowledge comes about depend directly on empirical evidence, for neither of them are open to falsification, although relative success or stagnation in continuing research may attract or fail to attract the support of the academic world. They leave room, however, for other, alternative or additional vantage points for interpretation.

Appraisal of the Usefulness of Secular Methodology
Can the epistemology implicated in the methodology of modern psychology be adopted by Christian researchers? Initially this question was not posed that sharply. Carter and Mohline (1976) equated the truths of psychology as a science with God’s general revelation, not in the sense that it reveals something about God himself but about His works in humans. This does not alter the fact that the epistemological approaches of psychology and theology are different; in psychology it is empirical, in theology historical and socio-cultural. The results of these two methods were fused into a theo-psychology with a single perception of humanness. A clear concept of integration was not yet developed. Methodology as such was not a serious issue either. Pascoe (1980) put it as follows:
psychological data should be considered within a Christian frame of reference. Here, too, the methodological question of how these data are obtained remained untouched. Furthermore, much effort was put into considering human nature and doing psychotherapy from a Christian perspective (e.g., Narramore, 1973a, 1973b, 1974a, 1974b, 1974c; Carter, 1974a, 1974b, 1975; Wilson, 1974; Oakland, 1974).

As soon as the issue of the reliability of secular methods was made a theme, the opinions began to grow apart. On a limited scale McKeown (1981) introduced the subject. He raised a critical voice against incorporating methodological behaviorism into a Christian theory of psychology since this implies separating it from philosophical behaviorism. In his view methodology cannot be separated from its philosophical presuppositions.

Farnsworth (1982a) turned out to be the first to address the theme in a more systematic way. His approach is a rather nuanced one. Primarily, he spoke about the data-base of psychology, making it run parallel with the data-base of theology. In his presentation, interpreting data leads to facts, that is, psychological and theological findings. Secondly, he raised the condition that the facts must be reasonably shown to have been produced by sound methodological procedures, which is not the case if psychological and theological facts do not match. In that case reinterpretation of psychological data in the light of other presuppositions is not always the right thing to do but should be substituted by an entirely new study, utilizing a more appropriate methodology. In the case of a mismatch, reanalysis of theological data is opportune, too. Here for the first time methodological inferences were drawn from the effort to integrate psychology and theology. Evidently, within the integration context Farnsworth took the scientific standard seriously.

In contrast, Foster and Ledbetter (1987) expressed skepticism about scientific methodology by contending that Christianity is a religion that emphasizes faith and belief in forces that cannot be seen, measured, or quantified, and hence has difficulty accepting a methodology that emphasizes that which can be seen, measured, and quantified. In her reply, Vande Kemp (1987) contested this skepticism, emphasizing the reliable nature of reason, senses, intuition, as well as special revelation, to expand our knowledge of God’s creation.

Myers’s contribution to the discussion is the most optimistic one. He admitted that scientific objectivity gets tainted by ideology, but within the circles of current psychological science self-critical scrutiny does
have its proper place (Myers, 1995). In analogy with Churchill’s famous statement about democracy, he calls psychological science the worst method of learning about behavior and mental processes except for all the others (Myers, 1996). According to Johnson (1997) and Narramore (1997), evangelical perspectivalists like Myers, who see psychology and theology as two disciplines looking at humans from different perspectives or explanatory systems that work on different levels, fail to weigh the serious problems inherent in positing the autonomy of reason over faith, as is standard in modern psychology. This is clear already from secular psychology’s ignorance of humans’ relationship with God, and the meaning imposed by Him on human lives. By bracketing their faith beliefs while doing science and integrating these beliefs with the already developed psychological concepts, perspectivalists downgrade the role of faith to a second order process. Instead of this, Johnson advocated the priority of faith in theorizing and doing research.\(^1\) Integration of whatever is truly good within secular psychology should be secondary. Here, the Christian Psychology View is born, reflecting the priority of faith in psychological research and theorizing.

Facing the development of the integration movement, McMinn and Hall (2000), in their turn, observed the modernist climate in which it originated, and evaluated favorably the scientific epistemology that ascribes great value to systematic and measurable observations. At the same time they recognized the shift to postmodernism, and were sympathetic with its skeptical attitude to objective, value-free science.\(^2\) A similar positive appreciation as the one advanced by McMinn and Hall (2000) can be found with Beck (2003), who acknowledged the possible value of theoretical formulations that are built on non-Christian or even anti-Christian presuppositions. In spite of their presuppositions, these formulations do have the capacity to generate verified and verifiable observations of human nature that were never before suggested. He especially thought of theories by Freud (e.g. about the unconscious; repression), Jung (extraversion–introversion) or Fromm (receptive, hoarding, and exploitative character types) that have been criticized by Christian theorists because of their anti-Christian or anti-supernatural biases, but nevertheless have been confirmed to a large extent by empirical

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\(^1\) Examples, especially from P.J. Watson, will be presented in section 2.5 and 3.2.

\(^2\) Later on, Hall (2004; 2007b) moved to a more critical stance toward modern scientific epistemology.
research. We may expect that this more positive account of secular psychology results in a more independent position for psychology in determining the relationship between theology and psychology as it is reflected in the Integration View.

Dueck and Parsons (2004) struck a conciliatory tone about the usefulness of modern and postmodern discourse. They feel at home with both. As modernists they accepted a modest foundationalism, as they wrongly named it (see note 3). This treats basic beliefs as foundational unless one has good reasons for thinking that they have been shown to be untenable. For this they referred to the 18th century philosopher Thomas Reid, who took one’s perceptions, impressions, and involuntary judgments to be real, unless other perceptions, impressions or judgments made clear that one was mistaken. He accepted common sense as the starting point of knowledge. This common sense is built on trust that is ultimately grounded in God, who established reality and its knowability the way He did (Wolterstorff, 2001).

As postmodernists Dueck and Parsons followed Wittgenstein in taking language as a constituent of language games governed by internal rules that help construct our view of life. This constructivist idea of language completely contradicts the positivist conception of words as references to self-evident realities. Yet, they did not intend to make a choice between realism and constructivism. By recognizing the strong and weak elements of both, they tried to combine them as mutually corrective and complementary perspectives. In their peaceful reconciliation of realist and constructivist perspectives they paved the road to a more hermeneutical approach of psychological phenomena in addition to the modern rational and realist approach. They did not, however, participate in the discussions about secular modernist epistemology as being distinct from Christian modernist conceptions (as described above).

Surveying the discussions thus far, we note the emergence of two points of disagreement. First, there is the issue of the acceptability of secular methods, about which Myers was the most positive while they were fully rejected by some others. The other point is about the acceptability of results of secular psychological research despite anti-Christian

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3 For this reason Greco (2004, p. 148), followed by Dueck and Parsons, called Reid an advocate of “a moderate and broad foundationalism.” However, to Reid the deepest basis is trust, which is at variance with foundationalism. The same is true of basic beliefs.
tendencies in the utilized methods. Some did accept certain results while disapproving the neglect of the Bible in the methods used, others rejected the results because the methods did not take the Bible into account.

The debate was continued by further reflection on the concept of naturalism. A journal issue from 2006 dedicated to the subject was very critical of secular science. It comes close to the Transformational View of the relationship between psychology and Christianity that intends to include spiritual knowledge in science. Slife and Whoolery (2006) opposed naturalism and theism as differing fundamentally on the question of whether or not God is required for complete knowledge of the natural and social world. Note that here a holistic knowledge concept is indicative. Naturalism and theism answer the question with No and Yes respectively. Slife and Whoolery distinguished methodological from metaphysical naturalism. Other terms used were soft and hard naturalism (Nelson, 2006). Soft naturalism holds: in reality God may be there, but in science we investigate only the natural, observable level of reality. Christian advocates of secular science appeal to this distinction to justify their position. Slife and Whoolery rejected this point of view, arguing that epistemology always assumes ontology. We cannot put God in brackets methodologically without denying that God is currently active in world events. Naturalism produces the picture of a law-governed and thus essentially mechanistic and determined order, while theism results in the view of a God-inspired and thus divine and obedient order (Nelson, 2006). In their reply to critical responses, Slife and Melling (2006) opposed strong and weak theism, judging weak theism to be an inconsistent position, because it allows for the assumption that God is absent from and inactive in some portion of the world. This runs counter to the distinguishing feature of Christianity and other theistic religions, that a loving God is immanent in world events, including psychological events. Slife, Stevenson, and Wendt (2010) repeated this vision, appealing to the Christian philosopher Alvin Plantinga (2001) who in his critical review of methodical naturalism argued that God is always intimately acting in nature which depends from moment to moment upon divine activity.4 In the same line, Richardson (2006) refused to adopt the current psychological methods of inquiry, for they derive their force partly from a

4 Against these authors it should be observed, however, that Plantinga (2001, 2011) does not disqualify methodological naturalism completely, as they do, even though he emphasizes its limitations.
naturalist ontology and a “disguised ideology” of an individualistic and instrumental sort.

In the same critical vein, Watson (2011) argued for the incommensurability of secular and Christian psychology, because the standards of the former are not those of the latter. The ultimate standard of secular psychology is nature. Empirical observations are evaluated by measuring them against contemporary understandings of what nature represents. Nothing stands outside nature to judge nature. On the other hand, the ultimate standard of Christian psychology is Christ, who stands outside nature to judge nature. The two psychologies move within a different “ideological surround,” indicating a rather closed worldview or value system, and implying that the measures of different ideological surrounds are incompatible, causing biases if employed in the alien ideological context.

On the other side of the scales, Entwistle (2009) criticized spiritualistic metaphysical extremism that fights against naturalistic metaphysical extremism by casting suspicion on natural explanations and interventions. Entwistle argued that methodological naturalism only means that psychology, as a science, is constrained to studying religious and spiritual matters as biological, psychological, and social processes. However, this approach from below does not preclude that there are spiritual realities, it only means that psychology as a science cannot study spiritual realities directly.

Conclusion and Question for Further Discussion
Participants in the debate noticed that the prevailing paradigm, or worldview, for scientific research in psychology, namely, naturalism or positivism, leads to a methodology that is limited to observable phenomena and natural influences, and characterized by quantification, abstraction and the ambition to achieve objectivity. In this sub-section, I formulate the principal question for further discussion, and map the mutually varying answers to this question, accompanying each of them with an illustration that may be of interest for the practice of psychotherapy.

The main question that remains after noting the different positions is: Can the prevailing scientific methodology, oriented to objectification and quantification as it is, rightly be separated from an underlying naturalistic view on reality? And if so, how? Three answers are conceivable: Yes, without qualification; Yes, if completed and corrected; and No.
The first answer says: Yes, it can, and this leads to methodological naturalism, which is acceptable, and yields plausible results as judged from a Christian point of view. Myers (1996) mentioned two examples. First, naturalistic methods have been used to demonstrate the self-serving bias that parallels the Christian notion of pride as fundamental sin. Second, he pointed to the evidence collected by naturalistic methods that supports Christian values such as the evidence that material wealth does not reliably increase happiness, and that cohabitation and frequent premarital sex are associated with increased risk of future divorce.

The second answer says: Yes, provided that it is completed and corrected by a religious anthropology. We can think of McMinn and Hall (2000) who admitted the usefulness of current scientific methodology but wanted to add elements that do justice to the Christian view of what it is to be human. As an illustration we can refer to Beck's (2003) appeal to the contributions by Freud, Jung and Fromm about personality (see above).

The third reaction dismisses the naturalistic approach to reality by secular science, and wants to replace it with a theistic approach. Yet, it adopts quantitative research fostered by natural science, but wants to incorporate it in a religious worldview. In the survey mentioned above Johnson (1997) and Watson (2011) represent this position. This third approach is similar to the view represented by the authors who contributed to the journal issue from 2006 referred to earlier. Johnson appealed to the research about locus of control to make his point. Secular research with its naturalistic orientation has led to the assumption that there are but two locus-of-control orientations, the internal and the external one, the former making individuals self-confident and enterprising, the latter making them feel uncertain and dependent. Reliance on God was classified under external locus of control. However, acknowledging reliance on God as a distinct religious activity resulted in the opposite conclusion that God control is more similar to the active problem focused style characteristic of an internal locus of control (cf. Welton, Adkins, Ingle, & Dixon, 1996). Here the answer says: No, research programs should be embedded in a religious pre-understanding in order to do justice to the subject matter investigated. The quantitative approach can be retained but the underlying view should be substituted.

As an aside, one could ask whether the locus of control example really demands a change of paradigm, or only a change of hypothesis. Trust in God can be examined as a natural psychological phenomenon, and be
thus conceived. The investigation of trust in God does not need a particular Christian orientation. It is true that a Christian orientation may contribute to a specific direction of inquiry and consequently a specific direction of theory.

The different answers reflect the different views of the relationship between psychology and Christianity as surveyed in chapter 1, except for the Biblical Counseling View, which does not pursue epistemic integration but rejects psychology as a legitimate research discipline altogether. On the third answer to the issue of the validity of secular methodology, the Transformational Psychology View seems to join the Christian Psychology View. Meanwhile, the question remains: Can the prevailing scientific methodology that is oriented to objectification and quantification, rightly be separated from an underlying naturalistic view on reality or not? And if it can, how?

The answer depends on how dominant worldview presuppositions are. Do they determine all research outcomes or do they leave room for generally acceptable results? Furthermore, the answer is associated with some related issues, such as the relationship between psychology and the Bible or theology, and the pretension of science as to the kind of knowledge it produces, complete or selective. The first two issues are dealt with in the subsequent sections, and together with the last issue they are resolved in chapter 6.

2.3 The Bible as Primary Source of Knowledge

From the beginning of the Christian integration debate the Bible and theology were put forward as the decisive source of knowledge. Within this approach the question arose, however, how the relationship between the Bible and theology should be seen. In this section we deal with this matter. First, we are introduced to the argument about the importance of God’s special revelation in His Word, and its theological processing, then we go into a philosophical justification of this source of knowledge within the framework of scientific psychology. The next section (2.4) will deal with the critique that has been leveled against overly simplistic attempts to connect authoritative and empirical knowledge. After the discussion of this critique, we explore two directions into which a solution has been sought (2.5).
Bible and Theology

Rather programmatically, Narramore (1973a) offered a prescriptive characterization of the essential attitude for effective integration. Besides an attitude of commitment to scientific method and rigorous academic study, he demanded respect for the complete inspiration and authority of the Scripture, and its acknowledgement as God’s objective, accurate revelation to man. “If we fail to base our work on this we are building on an inadequate foundation and will have a psychology essentially no different from the secular psychologist” (p. 16). Collins (1973) has a keener eye for the relationship between biblical revelation and our presuppositions. Psychology must be re-examined as far as its underlying presuppositions are concerned; these should conform to principles revealed in the Bible. As a result he expects a significant change in the future methods, content, and direction of psychology.

Farnsworth (1974) distinguished three methods of acquiring knowledge, namely: by rational faith, through experiential inquiry, and through exhaustive inquiry. Faith borrows its knowledge from the Bible, while experiential inquiry is performed by clinical approaches and existential validation within the humanities. By exhaustive inquiry he aims at experimental approaches and scientific validation. Eight years later he accepted three categories of data: data from Bible texts, data from human experience and data from systematic observation of human and nonhuman behavior (Farnsworth 1982a). As we saw in section 2.2, he went on to develop a method that produces integrated knowledge, suggesting the distinction between data and facts. Through interpretation the data are recognized as facts, that is, as psychological and theological findings. Human experience (second category mentioned) consists of subjective phenomena in general, and of religious experiences in particular. They are interpreted by psychological and theological analysis respectively. Observed behavior (third category) is interpreted through psychological analysis, and Bible texts (first category) are interpreted through theological analysis. Accordingly, the disciplines should cooperate to integrate data from different origins. Various models of integration can be imagined, in which either the psychological facts or the theological facts prevail, or in which they are complementary, or saying the same thing in a different manner. Some years earlier Farnsworth (1980b) had expressed his discontent about the continuous mixing of categories; the integration is about psychology and theology, not psychology and the Bible. His 1982 survey makes clear why he cherished this distinction. The Bible is
on the level of data, but integration is not about data but facts, that is, interpreted data. This interpretation is the task of both psychology and theology.

In a paper about secular and sacred models of psychology and religion, Carter (1977) presented a preparatory study for the influential book he would write together with Narramore about the integration of psychology and theology (Carter & Narramore, 1979). He emphasized the importance of integration for the psychological view of human nature. For the Christian, the soul, including freedom and responsibility, can ultimately be recognized only within a biblical framework. Without seeing persons in relation to God we cannot know them as they really are and as they are fully meant to be, however many sorts of information autonomous humans may amass about the human being. So, a biblical epistemology is especially of anthropological interest. Years later, both authors upheld their view that the Bible is filled with divinely revealed truths that are normative in personality theory and psychotherapy. There is a mutuality, however, in the way psychology and special revelation interact. Not only should data and theories of psychology be critiqued, complemented, corroborated and clarified with the help of God's written Word, but, conversely, also psychological data and theories can help us to raise questions about our biblical interpretations and to clarify, complement, critique or corroborate our understanding of God's Word (Narramore & Carter, 2000).

Larzelere (1980) categorized six levels in psychological study: worldview, general propositions (models and theories), linkage (induction and deduction), specific propositions, hypotheses, and data. Criticism by Christians against secular assumptions should not be limited to the general propositional level but must focus on all levels of scientific inquiry. On the data level Christian psychologists differ from their secular colleagues by recognizing the Bible as data. They need to identify relevant scriptural passages and relevant empirical data and develop generalizations for more theoretical levels from both kinds of data. Larzelere therefore advocates the development of biblical exegesis skills and the collaboration with theologians.

Rather than speaking of the Bible on a data level, Pascoe (1980) connected the Bible with Christian presuppositions. Just as everyone who is engaged in scientific research proceeds from definite presuppositions, the Christian psychologist should be adequately grounded in a Christian way of thinking. He appealed to Dooyeweerd's concept of the religious
ground motive which is behind any scientific activity. The Christian ground motive refers to humanity as created, as fallen, and as redeemed through Christ. For Dooyeweerd, this conception is not to be considered as a theological exercise but rather as a pure biblical reality. So, integrative psychology is about the origin, nature, and purpose of humanity.

Berry (1980), on the other side, talked about two data bases, the phenomenon of mankind and the Bible, of which the latter enriches the information derived from the former. He called the Bible an ageless document, able to transcend our limitations determined by culture and character. This ahistorical approach to the Bible can be characterized as biblicistic. Similarly, but without adopting such an ahistorical view, at least explicitly, Crabb (1981) was worried about the weakening of the Bible as the cognitive, rationally meaningful, understandable, and binding revelation of God. Every Christian psychologist who believes in a fully authoritative Bible, should unequivocally attribute to Scripture the role of final arbiter, even about propositional truth. When empirical psychology and the Bible contradict, the authority of the Bible must take precedence, Foster and Ledbetter (1987) echoed Crabb. Powlison (1984) underlined in a similar way the considerable functional control of Scripture over psychology because of the extensive overlap of psychology and Scripture; in all it teaches about human nature, Scripture is authoritative. In the same sense, Petty (1984) characterized psychology as a subdivision of Christian anthropology. Therefore, Scripture must have the ultimate primacy over both the subject and the object, that is, the investigator and the situations of psychological interest. De Oliveira (2004) affirmed that in the Bible God states infallible and authoritative principles, applying to everything one can think of doing. Here he sees a sharp contrast with those who argue for a limited scope of the Bible. Biblical principles, however, although indispensable and relevant to all spheres of knowledge and behavior, are often too general to make scientific inquiry superfluous. Like Berry (1980), McMinn and Hall (2000) rated two epistemologies as authoritative in integrating psychology and theology, the scientific and the biblical one. In the same vein, Beck (2003) advocated a balanced approach in which biblical and theological work is related to current social science research. More precisely, Porter (2004), referring to Methodist John Wesley’s quadrilateral, accepted four mutually interacting, though hierarchically arranged, sources of knowledge: Scripture, tradition, reason and experience.
In line with Farnsworth (1974), Hurley and Berry (1997), presented a reflection on the relationship between the Bible and theology. They argued that Scripture is God’s direct, undistorted revelation, and that creation is God’s truth distorted by the fall into sin. Therefore, creation must be read in the light of Scripture, which is the Word of God and provides a trustworthy source of information. For this statement they referred to John 17:17 which says: “thy word is truth.” All sciences, however, including theology and psychology, are human formulations that must be measured by Scripture and by creation. As results of human theorizing, theology and psychology are not related hierarchically; neither stands above the other.

This position was contested by Porter (2010), who argued for the superiority of theology. He maintained that in cases in which our best interpretations of Scripture conflict to some degree with our best interpretations of psychological research, our well-grounded theological claims have the higher authority. The reason for this is that in a scientific setting Scripture can speak only through theological interpretation. Careful, though fallible, theological interpretation has a derivative authoritative advantage because it is our best interpretation of our highest authority, that is, Scripture. He illustrated this with the assumption of an immaterial component of the human person in addition to the brain and body (this terminology, implying dualism, is Porter’s own), against the reductionist physicalist view held by prevailing neuropsychological research. Earlier, Latini (2009) had already made some remarks in favor of the logical precedence of theology. Her argument is that of the more comprehensive character of theology, addressing the ultimate questions of human existence, over against psychology that deals with the penultimate realm.

In a reply to Porter, Entwistle and Preston (2010) opposed this claim for several reasons. The first reason is that Scripture has come to us through a fallible process of transmission by manuscript copies from manuscript copies. The second reason is that Scripture contains cryptic passages in poems and parables in a foreign language which is far less univocal than the technical language used by science. So, in some cases it is reasonable to judge that our best theological understanding is not good enough to trump our best understanding from other domains. Nevertheless, Scripture should have a primary, determinative role in worldview formation. The authors contend that many apparent conflicts between psychology and theology can be traced to rival worldviews. In those
cases Christian theology can correct secular assumptions that are opposed to a Christian worldview. To illustrate this they point to the degree to which human nature is prone to evil, which is underestimated by humanistic psychology.

In another reaction, Sandage and Brown (2010) critique the equation of God’s Word and what God claims to be the case. We have to reckon with the human factor in the Bible in language, style, and theological interests. Moreover, Porter neglects the issue of the contextualization of Scripture. Scripture has to be understood as a culturally located divine discourse. The initial meaning in the original cultural-historical context into which God’s Word came must now be re-contextualized in the contemporary context.

When we survey the objections raised against Porter’s argument about the authority of theology in both responses, we may conclude that in fact these are no sound objections against his argument about theology’s priority, but against a simplistic conception of the authority of the Bible itself. With this we anticipate the criticism that will be explicated in section 2.4.

Porter’s (2010) claim is similar to the earlier claim made by Hathaway (2005). Christians may wonder whether they are reading Scripture correctly. But after due re-examination they will not be able to dismiss the implication of the text in favor of contingent psychological findings, Hathaway asserted. We may be mistaken about our understanding of God’s Word, but if we believe we are hearing it correctly we cannot give up its truth claims without rejecting our commitment to its legacy as the Word of God. He contested the view that the Bible’s scope is limited to matters of faith and practice and does not involve propositional revelations of the empirical facts of science. Defenders of this nonscientific scope have the task to justify this view from Scripture itself, which will not be easy because it demands a modern approach that is foreign to the Bible. Furthermore, he argued for the acceptance of a source of knowledge that is out of scientific control and yet functions in a scientific context. For this he appealed to Alvin Plantinga’s externalism (Hathaway, 2002, 2004). Because of the fundamental character of Plantinga’s philosophical argument for a Christian epistemology, we now turn our attention to it.
Plantinga’s Externalist Epistemology

The for non-philosophers rather baffling terms internalism and externalism do not appear prominently in Plantinga’s (1993a, 1993b; cf. Van Woudenberg, 1998a, 1998b) publications about epistemology, but they touch the heart of the matter. To get a hold on the problem, we first listen to a preliminary analysis. The fundamental epistemic question is: When can we truly say that we know something? Which criteria should be met before some idea can be awarded the status of knowledge? Translating this question to the Christian integration debate, we sense its relevance. The present chapter is about the issue whether biblical information can be seen and handled as sharing the same epistemic status as is accorded to information by empirical research. In general, there are three criteria: the subject (S) should believe that the proposition (p) at stake is true (1); p should be true (2); and p should carry something more, called warrant, for having the status of knowledge (3). What is this “something”? In answering this question the pathways diverge.

On one point Plantinga (2000, p. 83-85) agreed with his internalist (see below) opponents, namely, with respect to the distinction between foundational and founded knowledge. The acceptance of this distinction can be named foundationalism in general. It implies that every proposition is either in the foundations of my noetic structure, or believed on the evidential basis of other propositions that are in the end based in the foundations. Further, a proposition is in the foundations of my knowledge if and only if it is basic for me, and it is basic for me if and only if I don’t accept it on the basis of other propositions.

On the question of the criteria for basicality, however, Plantinga and his opponents – a large part of the academic world – go their separate ways. According to his opponents, a proposition is properly basic for a person S, if and only if it is self-evident for S, or incorrigible for S, or evident to the senses for S. Not only properly basic propositions deserve the status of knowledge, however, but also propositions that are, in a shorter or longer chain of regression, founded on these basics. So, which beliefs are acceptable for a person as knowledge? Those beliefs that are properly basic, that is, self-evident, incorrigible, or evident to the senses, and those believed on the evidential basis of propositions that support it deductively (by rational conclusion), inductively (based on sense perception), or abductively (by authoritative testimony from, for instance, a witness or an expert). This view Plantinga labeled classical foundationalism. The criteria it upholds are of an internalist character, which means
that the ‘something’ that has to be added to true belief in order to acquire knowledge, that is, the warrant, is internal to the knowing subject. The knowing subject must judge by sound reasoning whether he or she acknowledges the proposition in question. He/she can only accept the proposition as knowledge after having equated it with the criteria.

What is wrong with these criteria? In answering this question I confine myself to the rendering of warrant and proper function by Van Woudenberg (1998b) about perceptual knowledge, disregarding other cognitive powers, such as self-knowledge, memory, taking information on trust, and reason. Suppose, you are standing before an abyss. How do you know you are standing before an abyss? According to the classical foundationalist you can only know that on account of a reasoning with as a premise the statement “it appears to me that there is an abyss before me.” Of the reasoning the following demands are made: that I accept the general proposition of how things appear to me, for instance, by observation (1); that I accept the proposition “before me there is an abyss” on account of how things appear to me (2); and that the latter part of the reasoning is, indeed, evidence for the proposition in question (3). Plantinga rejects each of these conditions. You need not accept propositions about how things appear to you before you can say that there is an abyss before you. Not your accepting the proposition “I am moved in this or that manner” is important, but your actually being moved in this or that manner. Therefore, the second demand is not right either. You do not believe there is an abyss before you because you are moved in this or that manner. Your way of being moved is no evidence for the contention that there is an abyss before you. And for this very reason also the third demand is false.

Apart from analyzing what happens when people gain perceptual knowledge, a more general criticism against classical foundationalism deserves to be mentioned. Classical foundationalism appears to be self-referentially inconsistent. That means that it does not meet its own standard. It is not basic itself, for it is not self-evident or depending on sense perception or authoritative testimony, nor is it founded on properly basic propositions (Plantinga, 2000, p. 93). For all those reasons, and more, it falls short.

What alternative did Plantinga offer? Instead of internalism he advocated externalism, which teaches that warrant for true belief is not cognitively accessible to the knowing subject from within. It takes the viewpoint of the ideal observer who reviews the entire cognitive
situation of the knowing subject, including those aspects of which the knowing subject is not aware. In *Warrant and Proper Function* Plantinga (1993b, pp. 46-47) explained that a belief has warrant for you only if it has been produced in you by cognitive faculties that are functioning as they ought, not being subject to cognitive dysfunction (1); only if these faculties are working in a cognitive environment that is appropriate for your kinds of faculties so that you are not being misled (2); if the design plan, that is, what these faculties, like eyes, ears, the cortex, are made for, is aimed at the production of true beliefs (3); and if there is a high objective probability that a belief produced under those conditions will be true (4). Well, Christian knowledge by divine revelation meets these externalist criteria. God chose to inform us of the scheme of salvation by way of a three-stage cognitive process; by the production of Scripture, by the presence and action of the Holy Spirit, and by faith, produced by the Holy Spirit. True, this knowledge is not produced by way of the normal functioning of our natural faculties, they are supernatural gifts, but as soon as these special faculties work, the believer does not have the power to suspend believing the message received. The beliefs will be an appropriate response to what is given to the believer through his or her previous belief and current experience, without compromising proper function (1). The belief producing process (i.e., revelation) cannot fail to function properly because it consists of direct divine activity (2). It operates in an appropriate cognitive environment for which the belief producing faculties were designed, namely, the truth about God, according to a design plan successfully aimed at the production of true beliefs (3) (Plantinga, 2000). Perhaps needless to say, the objective probability that such beliefs produced under these circumstances are true depends on the truthfulness of the God in question (4). Furthermore, the reader can check that this externalist account of knowing God is self-referentially consistent.

What did Plantinga achieve with this argument? The main conclusion is that religious knowledge can and ought to be dealt with as proper knowledge. He applied this insight to his thoughts about scientific methodology. In his article “Methodical Naturalism?” Plantinga (2001) argued that a Christian academic and scientific community ought to pursue science in its own manner, starting from and taking for granted what we know as Christians. There is a respectable pragmatic argument for Christians, however, to take part in the game of methodological naturalism. It is important that we all, Christians and non-Christians, be able to work at the sciences together and cooperatively; therefore in science we should
not employ views, commitments and assumptions that only some of us accept, as is the case with the Christians’ faith in God’s activities toward the world. This public science would involve methodological naturalism. However, this purpose of public science does not alter the fact that different groups within the scientific family, such as naturalists and theists, have their own metaphysical or religious principles and feel the urge to explain the results of scientific research in terms of their own frame of reference. Each group could go on to incorporate public science into a fuller context including the philosophical or religious principles of that group. Christians ought to feel obliged to it, especially in the human sciences in which large stretches appeal to the meaning behind the phenomena. So, with his analyses Plantinga argued for a kind of Christian science and thus for a Christian psychology that integrates biblical and empirical knowledge.

2.4 Internal Debates

Having surveyed the various positions taken in the integration debate, we now pay more detailed attention to the internal debates that consequently have emerged.

Some criticism has been raised against the view of Scripture as the primary source of knowledge in psychology. The first to be mentioned is Rambo (1980). He observed that most integrative authors see psychology and theology as merely two different language systems for interpreting the human condition and emphasize the dominance of theology. He identified the lack of systematic interest in hermeneutics as one of the surprising omissions in most of the integration literature. In his opinion, the process of Bible interpretation is fraught with many perils. Rambo therefore favored a dialectical mode of interaction between psychology and theology, in which the strengths, limitations, methods, concepts, assumptions and goals characteristic of both disciplines are respected, and in which the two are allowed to interact from positions of strength. Similarly, Ellens (1981) depicted Crabb’s (1981) attempt to root truth and authority in biblical inerrancy as a rational positivist or foundationalist effort that can be compared to the modernist need for self-evident truth as the basis for real knowledge. In a later response to Crabb, Guy (1982) contested that biblical inerrancy necessarily results in inerrant theological formulations. The inevitable errors in conceptualizing the Bible’s
truth prevent the Bible from exercising indisputable authority over psychology with respect to knowledge.

DeVries (1982) opposed Farnsworth’s (1982a) picture of integration because of the latter’s starting point in two separate bodies of knowledge, one psychological and the other theological. Farnsworth assigns a crucial role to scientific facts, that is, psychologically and theologically interpreted data. The modern idea of facts stems largely from logical positivism. In this sense, Farnsworth seems to lean heavily on positivistic philosophy. In the same context, DeVries blamed him for reducing revelation to a rationally apprehended set of truths rather than considering the Word of God in a more communicative way. In his reaction, Farnsworth (1982b) expressed his disagreement with DeVries’s complete disqualification of positivism. A positivistic methodology is a faltering tradition, indeed, but it can still be employed fruitfully, for God can reveal His truths through all methodologies. Presumably, DeVries would object to this account for the very reason that it has an objectifying, non-communicative concept of truth.

In a response to Narramore and Carter (2000), Cole (2000) criticized them for ignoring the constructed nature of all knowledge. This is a lesson taught by postmodernism. It does not preclude accepting a real world out there, if we face the culturally influenced character of all knowledge. True, the Bible has much to say about psychological reality, as it does about all of the dimensions of God’s creation, but it does not give us a formal system of psychology. In short, Cole contended that it is inappropriate to reduce the Bible to a textbook that contains facts about the psychological world; the Bible can only be understood as a whole, that is, by considering its scope and focus. In a conversation on integration in a postmodern age (Hall, Gorsuch, Malony, Narramore, & Van Leeuwen, 2006), Van Leeuwen raised a somewhat different and yet similar critique. She thought that all who cherish the term integration are affected by the Enlightenment mindset in which the world exists of brute facts apart from values. In the same conversation, Malony feels addressed by Van Leeuwen’s comment on the Enlightenment distinction between positivistic truth on the one hand, and theological and confessional truth on the other.

As we have seen in the previous section, Entwistle and Preston (2010) opposed the claim that theology is the primary source of knowledge in psychology. They referred to the uncertainties in the transmission and interpretation of the Bible text. This does not, however, preclude a
decisive role for Scripture in worldview formation. Many apparent conflicts between psychology and theology can be traced to rival worldviews. In those cases Christian theology can correct secular assumptions that are opposed to a Christian worldview. We have also seen that Sandage and Brown (2010) critiqued the equation of God’s Word and what God claims to be the case. They point to the contextualization of Scripture. Scripture has to be understood as a culturally located divine discourse. The initial meaning in the original cultural-historical context into which God's word came must now be re-contextualized in the contemporary context. As with DeVries, here the communicative character of God’s Word is emphasized.

As a kind of counterbalance to this position, Jones (2006) underlined the cognitive content of special revelation that merits primacy among our intellectual commitments. As he conceived it, a tradition that rejects the assumption and the authority of such a cognitive content fails to appreciate the core of integration and seems to have departed from essential elements of orthodoxy. In a similar attempt to safeguard the reality content of the biblical texts, Hathaway (2002, 2004, 2005) opted for what he called hermeneutical realism to acknowledge the differences between the horizons of understanding of the first receivers and the contemporary readers on the one hand, and to maintain the truth claims of the original texts in the process of understanding, leading to expanded horizons of understanding, on the other. For his reality claim he relied on Plantinga's externalist justification of knowledge in everyday life. Our true understandings are not so much constructions but approximations of the real world. Contextualization does not preclude having a shared, common reality.

2.5 Adjusted Pathways

Our next step is to examine the proposals that were made from within the integration movement to counter the charges. Two pathways were indicated in the investigated literature. They left the nonreflective, naïve use of Bible texts at data level behind, but at the same time intended to maintain the ultimate significance of the Bible in doing psychology. One of them remains close to current research methodology, the other adopts a more hermeneutical approach.
**Bible and Worldview**

One of the first to call attention to a more complex role for Holy Scripture in Christianly inspired psychology was Larzelere (1980). He pointed to the interrelationships among worldviews, psychological theories, and research, although he continued to treat the Bible as data. The data level is not the only level, however, on which conflicts between the two different kinds of data (biblical and psychological) should be resolved. To modify or reject some model or theory it is not sufficient to state that it is inconsistent with the Bible. At all levels of scientific inquiry – worldview, theories, reasoning, hypotheses and data – the relevant scientific input should be reconsidered in order to achieve some integrated results. In the same issue, Pascoe (1980) focused even more emphatically on a Christian way of thinking that is at the basis of integrative psychology. He appealed to Dooyeweerd’s concept of the Christian ground motive for all thinking as the foundation for this kind of psychology, consisting of the fundamental reality of humanity as created, as fallen, and as potentially redeemed through Christ. This principle implies the views that all truth ultimately comes from God (against naturalism), that truth as revealed in Christ is necessary and sufficient for viewing and understanding life, that we accept and reckon with the reality beyond this world, that humans are relational persons, that evil expresses itself in moral conflicts, and that there is ultimate meaning and purpose in life. These presuppositional views can be applied to many psychological issues related to polarities like determinism and free will, mechanistic and dynamic structures, the priority of the whole or the parts of human functioning, and moral and amoral behavior. Prater (1982) seemed to be moving in the same direction. Citing Emil Brunner, he asserted that the role of Christian psychology is to be understood not as constitutive but rather as regulative, informing and guiding psychological investigation to understand the phenomenal nature of humanity.

A major contribution to this mode of integrating psychology and Christian faith was offered by Wolterstorff (1984a, 1984b). Many participants in the Christian integration debate referred to Wolterstorff’s (1984a) concept of control beliefs (cf. Dueck, 1989; Van Leeuwen, 1996; Faw, 1998; Cole, 2000). This influence, along with the thorough reflection on the matter, justifies a closer look at his analyses and proposals as presented in his publication about *Reason within the Bounds of Religion*.

Wolterstorff (1984a) launched a striking negation of the assumption that the Bible could provide us with a foundation for scientific theorizing.
Why deny this assumption, cherished by many integrationists? He explained that this assumption would mean looking for an alternative foundationalist account of true knowledge surpassing the secular foundationalist account. Foundationalism judges a theory as belonging to genuine science if and only if it is justified by some foundational proposition and some human being could know without doubt that it is thus justified. But when should a proposition be called foundational? If and only if some human being could know non-inferentially and with certainty that it is true. In secular science such non-inferential knowledge is attributed to repeatable observations only. Can this non-inferential knowledge be extended to include biblical propositions? This is what Wolterstorff denies, even if the Bible is infallible in the sense that all the propositions asserted in it and all the propositions they presuppose are true by inerrant divine revelation. The reasons why boil down to the corruptibility of our copies of the Scripture, and the dubitable status of its content for its human authors and its readers and hearers. This is not to say that prophets doubted their own message but that doubt about it is possible, so that the strict criteria of foundationalism are not met. Therefore, the Bible does not provide us with a foundation for scientific theorizing. The Bible should function in another way, however. It provides the foundation for several kinds of beliefs, to wit, beliefs about data, data-background beliefs and control beliefs. Obviously, our control beliefs are fueled by the other two kinds of belief, but perform a special task. Their function is a regulative one in that they lead us to weigh existing theories and to devise new ones. This is in total conformity with the way everybody deals with a theory, measuring it by beliefs as to what constitutes an appropriate and plausible sort of theory in whatever case. Foundationalism is an example of this itself. This function of control beliefs does not mean, however, that these beliefs fully control the process of theorizing. There may be true theories emerging from false control beliefs, even to such an extent that non-Christians have played a decisive role in the progress of scientific theory.

Wolterstorff not only emphasized what in his view is the proper Christian attitude to modern science, he also promoted the development of alternative research programs, in which Christian philosophy and theology are at the center. A Christian model ought to be both biblically faithful and genuinely psychological by comprising theories which are supported by and suggestive of research projects (Wolterstorff, 1984a, 1984b). He was not optimistic about the actual implementation of the
policy he recommended, however. For this he blamed the status modern science still has among many Christians. Modern science starts from the axioms of Descartes which are as follows. We have to confine ourselves to that on which we can gain rational consensus; method is of prime importance; mathematics and mathematical physics are paradigms of rationality that ought to be adopted in all sciences; the proper method starts with certitude (applied less rigorously in our days); and science properly conducted will never conflict with the Christian faith (Wolterstorff, 1984b). The adoption of these axioms prevented Christian academics from developing particular research programs.

Others have been acting upon Wolterstorff’s directives. Vande Kemp (1987) favored philosophizing of psychology, taking a firm stance in Christianly inspired philosophy and theory. She stressed the importance of ongoing scientific research, rooted in biblical and theological anthropology (Vande Kemp, 1998). Clinton (1990a, 1990b) felt the urgency to develop a comprehensive biblical worldview, a Christian philosophical framework for Christian psychologists.

From a somewhat different perspective, Johnson (1992) attributed a range of roles to the Bible with respect to psychology, among which those of being foundational and creative (besides the roles of being experiential, contextual, axiological, anthropological, canonical, and dialogical). He advocated the development of a Christian psychology. A prerequisite for this is that Christian psychologists be immersed in Scripture and the Christian tradition, by means of which they are prepared to discover new facts and theories and to devise new lines of research.

Frequent appeals are made to an influential article by Jones (1994), who championed a mode of interaction between religion and science in which religious belief suggests new modes of thought by shaping new perceptions of data and new theories. Van Leeuwen (1996) agreed with Wolterstorff that the Bible provides us with certain background assumptions or control beliefs by which Christians can both shape and judge psychological theories. Scripture cannot be used atomistically, however, by way of proof texts. Scripture is a cumulative, God-directed narrative in which all persons are players, that is, it presents itself as an indissoluble whole. Leffel (2007) and Hackney (2007) favored the use of a well-considered methodology for integrating Christian doctrine with theory and research in psychology. For this purpose they adopted the conceptual framework proposed by the physicist and philosopher Nancy Murphy that does fit in the picture developed by Wolterstorff, but has
a pronounced profile. She embedded her approach in the philosophy of science by Imre Lakatos. Let us direct our attention to it, limiting ourselves to the epistemological side of her work.

According to Lakatos progress in any science is driven by competition between different research programs. To Murphy (2005a), even theology can be organized from this viewpoint and therefore can be regarded as a real science. Following Lakatos, she asserted that research programs try to gain support by creating a shield of theories, hypotheses, and data that are utilized to confirm, protect and defend a core thesis that is elevated above all dispute. Supportive theories and hypotheses may be adapted under the pressure of counterevidence, but the central basic assumption will be fostered as long as possible. Applying this to psychology, Murphy (2005b) characterized psychology as the science that asks questions about the ultimate goal of human life and the factors that constitute human flourishing. These are theological-ethical questions about the ultimate good. Hence, psychological research should start with a core assumption that has a theological character, and organize research programs around it. Murphy (2005b, 2005c) admitted that there is not just one theological position that has the potential to start with, there are plenty of them. Standing in the tradition of the Radical Reformation, she herself opted for the hard core theory of self-renunciation and nonviolence over against the goals promoted by secular psychology and psychotherapy such as adjustment to society or self-enhancement.

These proposals to integrate psychological theory and research with biblical testimony have a common feature in that they combine biblical insights in the basic views that contribute to theorizing and research issues, whereupon the research is carried out along the lines of regular methodology. The way this worldview influence is thought to work differs between the various proposals. It can be controlling and regulative (Wolterstorff) but can also play a more central role and be directive and determinative (Johnson, Murphy).

These theoretical-methodological guidelines were implemented in the extensive research program carried out by J.P. Watson and his fellow workers. All research articles about epistemology in both journals were produced by this group. They observed that humanistic and rational-emotive self-report measures are biased by negative prejudices about Christian values like dependency and community orientation (Watson, Morris, Hood, & Folbrecht, 1990); by non-Christian preconceptions about self-actualization, self-esteem (Watson, Milliron, Morris, & Hood, 1995a),
and perfectionism (Watson, Morris, & Hood, 1994); and by the inability to assess the actual locus of control in a religious context (Watson, Milliron, Morris, & Hood, 1995b); or by failing to distinguish between biblical foundationalism and religious fundamentalism (Watson, Chen, & Hood, 2011). They argued for the adoption of a specific ideological surround, so that, in the Christian area a Christian ideological surround (e.g., Watson, 2011; Watson, Chen, & Hood, 2011) that sets the scene for the development of Christianly adapted self-report scales (e.g., Watson, Hood, Morris, & Hall, 1985) can take shape.

Non-Rational Knowledge
From the beginning the importance of integrating knowledge from the Bible and the empirical world not only on the rational level but also on the level of personal experience was emphasized; cf. Farnsworth’s (1974, 1982a) introduction of the notion of embodied integration that many authors have adopted since. However, this experiential, embodied integration did not so much function epistemologically as a way of acquiring knowledge; rather it was meant to characterize the personal processing which is supposed to be pursued by the integrative endeavor on the spiritual level. As far as I can see, however, this changed with DeVries’s (1982) critique of Farnsworth’s (1982a) alleged dependence on logical positivism by assuming two bodies of facts that should be integrated afterwards, the theological and the psychological (cf. section 2.3). Instead of this, DeVries distinguished a primary and a secondary sense of integration, the former being a process of attuning the twofold revelation, creatinal and scriptural, with our faith-response, and the latter being the attempt to achieve unity and consistency in our scientific knowledge, especially between psychology and theology. Here personal, experiential integration on a non-rational level takes the lead in searching for truth. This kind of integration is spiritual in nature, because it bears witness to Christ, the Truth. Psychology and theology draw their truths from their relationship to the Truth. The task of secondary integration is not to reconcile conflicting truths, but to seek a type of scientific knowledge which is faithful to the Truth. Within the truth conflicts cannot exist; conflicts can only be due to the unfaithfulness and imperfection of the human act of knowing, that is, at the level of primary integration between revelation and life.

Anderson (1989) took a step further in the direction of connecting experience and knowledge. Experience is distinct from empirical and
rational cognition in that it is open to unconscious mental processes – symbolic representation and intuition – as located in the right brain hemisphere. He refers to Michael Polanyi, who argued that scientific knowledge is part of a larger structure of knowledge which is discovered through intuition as well as experimentation. Symbolic representation appeals both to the cognition of the represented experience, and to the experienced content that transcends experience, like God. As experience of the transcendent, the human experience of God is an encounter with the reality of God’s grace and salvation, and a gate to true knowledge. So, psychological and theological science can work together in seeking knowledge that encompasses cognition and understanding, and in pursuing healing of persons as psychological and spiritual beings. There is some similarity with the article in which Vande Kemp (1996) explores a phenomenology in which contact with the unconscious via dreams or intuition is appreciated as a source of knowledge, following incentives by Tillich, Laing, and Jung about keeping in touch with the unconscious in order to properly deal with existential anxiety.

Sorenson (1996a) tried to explore new pathways by critiquing the then dominant approach. He contrasts “bounded set thinking” and “centered set thinking” and stresses the importance of the latter. Bounded set thinking is typically Western, Reformational, and masculine, with set membership being determined by essential characteristics, clear boundaries, uniformity of membership, and static concepts. In the alternative or, rather, complementary model, not the boundaries but the center of the integration enterprise is directive. At the center is personal commitment. Variability outweighs uniformity; properties are more dynamic than static; codification of autonomous rules should be avoided; and ongoing relational dependence should be accounted for. It is less culture specific and more feminine and ecumenical. Along with a development toward centered set thinking Sorenson notes a shift from theoretical integration in psychology to applied integration in psychotherapy. Sorenson (1996b) continued to characterize the core of the integrative enterprise as personal joy and gratitude, borrowing from Melanie Klein’s analysis of gratitude and the opposing attitude of envy, as the core virtue and vice, respectively, in psychodynamics. Personal integration occurs in persons, including therapists; it occurs through contact with persons-in-relation to both God and fellow humans, through our whole being, and it is embedded in the intersubjective community of the church that wrestles with the presence of the living God. Here again, personal and
shared appropriation of God’s truth is at the heart and at the start of the integration process.

Hall and Porter (2004) distinguished conceptual integration and experiential integration. Conceptual integration refers to the bringing together of explicit concepts from the two separate disciplines of psychology and theology; experiential integration applies to implicit relational knowledge and spiritual-emotional growth. For this mode of integration Hall and Porter appealed to the neuropsychological assumption of a separate experiential processing level proposed by Epstein (1994), and to the subsymbolic and nonverbal symbolic processing levels proposed by Bucci (1997). This mode of processing is preconscious, automatic, holistic, non-verbal, rapid, affect-driven, and based on implicit memory. On the other hand, the rational system is conscious, deliberate, linear, verbal, slow, affect-free, and based on explicit memory. The authors aim at uniting the truths psychology identifies in God’s world and the truths theology discerns in God’s Word by having them incarnationally lived out in our lives. Here the conceptual and the experiential components come together. Like DeVries (1982), they contend that experiential integration is primary to any unified conceptual integration between psychology and theology. The priority of the experiential level is supported by neurological findings; the right cortex matures before the left, and contains extensive reciprocal connections with limbic and subcortical areas, which are responsible for the processing, expression, and regulation of emotional information and nonverbal communication (Hall, 2004). This whole integration enterprise was labeled “referential integration,” for it is fueled by the referential activity of linking feelings and words. This mode of achieving integrated knowledge is the only way to avoid the control beliefs of manipulative integration models, in which one of the disciplines overrules the other and thus manipulates it (Hall & Porter, 2004). They derive the term ‘manipulative integration model’ from Eck’s (1996) ‘manipulative integration paradigm’. It should be noted, in passing, that the connection of control beliefs with manipulation fails to do justice to the role Wolterstorff attributes to control beliefs.

In a similar way, Hill (2005) appealed to postmodernism that allows for sources of knowledge other than the rigid positivistic limitation to self-evident and logically derived truths, including socially constructed

Note that in 2010 Porter fell back upon a manipulative integration model, cf. section 2.2.
knowledge. After the novel approach to cognitive science by Sperry (1988), Hill held that mental states surpass physical events, but do not violate physical laws. As holistic properties of the brain they are open to religious experiences, and operate with downward causality, influencing lower levels of human existence. In an earlier stage of his career, Hill (1991) had uttered a reverse view of the mutual relationship. There he appealed to Evans (1989) by stating that the empiricists only get the job half done. The results of empirical research can only be appreciated in the light of hermeneutical evaluation. At that time, then, he advocated complementary methodological pluralism.

Dueck and Parsons (2004), by contrast, saw both approaches as disconnected; the modernist assumption of a stable, and objective order on the one hand, besides the culturally and historically dependent perceptions and interpretations within the hermeneutic approach favored by postmodernism on the other. They did not grade them as primary and secondary but regarded them as two separate lines of thought, without being inclined to give preference to one over the other. Both sorts of knowledge are culture specific. Dueck (1983) referred to the classical sociological analysis by Toennies who distinguishes two forms of social existence: community (Gemeinschaft) and society (Gesellschaft). Knowledge in the former is based on faith and religion, in the latter on science and public opinion. Following Charles Taylor (1985), Dueck and Parsons (2004) called for peaceful coexistence between scientific and hermeneutic psychologies. The common and the unique, the nomothetic and the idiographic, psychology and theology, should enter into dialogue with each other. This argument is similar to Van Leeuwen’s (1996) advocacy for some form of critical realism, rejecting both naïve realism and radical anti-realism. More sympathetic toward one of the approaches, Richardson (2006) proposed an ontological hermeneutic alternative to scientism’s naturalistic outlook on the world. Appealing to Charles Taylor (1995), he pictured the route of knowing via abstraction and objectification as a manifestation of a view of the human self as disengaged, disembodied, atomistic, punctual, self-autonomous, self-responsive, and finding one’s purpose in oneself. Instead, humans should be interpreted as being thrown into the cultural contingency of their familiar life world from which they draw their possibilities of self-interpretation (Taylor, 1989). Still, to Richardson, ontological hermeneutics implies some measure of dialogue and constructive mutual influence between seemingly incommensurable viewpoints, and the abandonment of any monopolistic
claim. According to him, as for Taylor and Dueck, this open attitude sometimes leads to deeper insights and understanding.

The position defended by Slife and Whoolery (2006) is more definite. They advocated interpretive methods that include divine activity. In this way, biases that are inherent in the traditional methods of gaining knowledge can be avoided by a rupture that originates from beyond this world (Faulconer), or, by a surplus of meaning grasped intuitively (Gadamer), by affectivity (Ricoeur), alterity (Levinas), unveiling (Heidegger), a surprise (Taylor), resulting in the miracle of understanding (Gadamer). From this background the authors argue for a fully theistic approach that is more phenomena driven than method driven.

By way of provisional commentary to the presentation thus far, I observe that under the heading Non-Rational Knowledge different labels have been hung, such as postmodern, hermeneutic, constructive, and experiential. So far they were not yet sharply distinguished from each other. They all refer to the importance of the subjective input in creating or unveiling meaningful knowledge, and in that sense they overlap, but they do not say the same thing. Postmodern refers to the resistance against modernism with its universal truth claims generated by logical reasoning as the highest arbiter. Hermeneutic focuses on the process of understanding by involving our culturally and idiosyncratically developed framework of pre-understanding and affiliations in the interpretation of texts and phenomena. Constructive relates to the active endeavor performed by the interpreter to make the observed particles a meaningful whole. And experiential highlights the implicit, affective, and intuitive aspects of knowledge.

In all these renderings the preconscious, prepossessed, intuitive, experiential, non-rational mode of cognition that gets hold of meaning in an implicit and automatic way is presented as an alternative or complement to the conscious and rational mode of cognition that dominates modern epistemology. It is coupled with the acceptance of a more permeable epistemology that allows for understanding besides causal explanation as a part of scientific knowledge. The spokespersons revealed difference in emphasis, however, in the evaluation of modernism. Some dismissed modern epistemology completely, and saw postmodern epistemology as an exclusive alternative, others tried to connect both approaches. Furthermore, those who tried to connect a hermeneutical or experiential
approach\textsuperscript{6} with the systematic, rational and naturalistic, did so in different ways. For some these are autonomous methodologies that can gain by interaction, for others the naturalistic methodology is subordinated to and dependent on a hermeneutical or experiential methodology. The latter drew near to the approach elaborated in the previous subsection, because primary experiential knowledge shaped by biblical testimony is close to the Bible and Worldview position, which sees Bible and worldview as regulating theorizing and research. The difference is that there \textit{worldview} was taken in its explicit and cognitive sense, while in the present exposition the implicit experiential beliefs point to the subconscious side of worldview.\textsuperscript{7}

\section*{2.6 Conclusion}

In this chapter we reviewed the reflections among Christian psychologists, theologians, and philosophers on epistemology. Most of them dismissed the positivistic and naturalistic criteria held by current modern science as wrong or one-sided. Some, however, accepted them as the legitimate conditions for valid scientific knowledge. Many advocated the inclusion of the Bible as a source of psychological data, although reservations have been raised about this view as well. More nuanced attempts to include the Bible in the psychological discourse have been proposed, such as employing the Bible on a presuppositional level, or connecting it with a non-rational mode of knowledge. The latter group of proposals can be differentiated as postmodern, hermeneutic, and experiential. In most proposals to include the Bible in psychological discourse, the question of the proper nature of scientific knowledge seems to be underexposed as may be highlighted by an example in the next paragraph (in response to the latter part of 2.3).

As of yet, the penetrating analyses by Plantinga leave us with a question. Can biblical knowledge serve as data alongside empirical data within a psychological discourse? The key question is related to the character of biblical knowledge. Plantinga’s externalist argument is about

\textsuperscript{6} For this moment, I confine myself to the similarity between the experiential and the hermeneutical approaches, and save a closer examination of the main difference for chapter 5.

\textsuperscript{7} For worldview as a multifaceted construct see chapter 1.
knowledge in general. Often he is speaking of propositional knowledge, including perceptual knowledge ("It appears to me that there is an abyss before me"). He has argued convincingly that, standing on the edge of an abyss, my perceptual belief by no means implies methodologically obtained evidence. However, science seems to deal exclusively with this methodological type of evidence. Can a warrant of knowledge in general be applied to specific scientific knowledge without further consideration? This question becomes acute with respect to employing biblical knowledge in scientific discourse. Is biblical knowledge to be seen as properly basic knowledge in the controllable, generally accessible sense required by the prevailing scientific standard? Or should biblical knowledge rather be characterized as everyday knowledge, experienced by the eye of faith? If so, can this kind of knowledge be integrated into one system of knowledge together with information acquired by systematic empirical observation? It seems likely that scientific knowledge demands other criteria than everyday knowledge or religious knowledge. What if we should employ internalist criteria to scientific knowledge for the sake of general accessibility, and externalist criteria to everyday knowledge and religious knowledge? Then Plantinga's account would be lacking as soon as we try to apply religious knowledge to psychological science.

Some alternatives have been proposed, indeed, one of which is offered by Wolterstorff. Instead of Plantinga's externalist foundationalism as basic for scientific knowledge, including existential beliefs in propositions derived from sacred texts, Wolterstorff rejects foundationalism, and views specific kinds of basic convictions merely as the background to scientific research programs and theorizing. They do not function as foundation but as control beliefs to influence the direction of research and theory development. Basic beliefs, or worldview issues, do not fuel the content of psychology but affect the direction of its practice. The other alternative is the recourse to experiential knowledge as the primary source of scientific knowledge, therewith renouncing the conventional scientific practice as it has been developing over the past centuries.

This issue can be linked with the other open question about the epistemological quality of methodological naturalism (at the end of 2.2). Both topics will be dealt with later, in chapter 6. For now, we turn our attention to the anthropology that results from the epistemologies argued for by the contributors to the debate.
Chapter 3

Being Human

Having investigated the journals under scrutiny on the sources of knowledge in the previous chapter, we now focus on the main field these sources are used for, that is, for anthropology as our second topic of interest. In the next chapter about the relationship between psychology and psychotherapy, the third topic, we shall discover the importance of the way humans are viewed, and end up with some questions that ask for further assessment.

In the relevant journals many reflections on being human refer to biblical basics about human nature. They are about the image and likeness of God in which man and woman have been created, about body and soul, about our moral destination, about free will, sin, and renewal of our sinful nature. These subjects are interconnected and overlap each other, inasmuch the image of God is associated with soul, morality, and free will. We will give them separate attention, because all of them elicit their own debates. Moreover, on the distinct subjects differences and similarities with secular theories are identified. In spite of the differences raised between the biblical picture and secular theories about human nature, many papers try to show interfaces and similarities, in line with the a priori epistemological assumption of concord between God’s general and special revelation. In presenting the various contributions I aim at the core of their content (section 3.2).

Besides the biblical sources and secular psychologies about being human, we will pay attention to philosophers who have been consulted and employed by participants in the debate. They have been appreciated for their Christian, Jewish, or generally theistic perspectives and
conceptions concerning humanity, usually in conformity with biblical notions but not limited to them (section 3.3).

But first we turn to some quantitative data (3.1).

### 3.1 Numbers

In total, I counted 211 articles about anthropology in some relevant way in the two journals: 136 of them in JPT, 75 in JPC. Of these articles, 113 were about anthropology only (JPT 77, JPC 36), the rest share their focus of interest with epistemology (JPT 37, JPC 11), psychotherapy (JPT 19, JPC 28), or both (JPT 3). Of the 211 articles about anthropology, 34 are empirical (JPT 21, JPC 13). 10 of these have already been counted in the numbers of epistemology articles (section 2.1), because of their dual epistemological and anthropological focus.

The reader should not conceive of the figures as exact but as indicative. I focus on those articles that raise the theme of the need to distinguish worldview influences in psychology, and the compatibility of psychological anthropology with a Christian worldview. However, in practice the delimitation from religion-psychological issues – about how religious and spiritual phenomena can be explained psychologically – is not sharp, and more than once the selection process requires some subjective weighing.

Who are the contributors? In 131 articles the authors are psychologists, including psychiatrists (2), and philosophers of psychology (3) (JPT 80, JPC 51). In 28 contributions the authors are theologians, including philosophers of theology (3) (JPT 22, JPC 6). 7 articles were written by general philosophers only (JPT 4; JPC 3). The rest, 45 articles (JPT 30, JPC 15), were by psychologists and theologians both, either cooperating, or united in one person, or in a combination of these alternatives.

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1 For the difference between them, see section 1.5.
3.2 Biblical Basics

Imago Dei

The predominant biblical notion to which authors appealed is the notion of our being created after the image and likeness of God, as it is found in the book of Genesis 1:26-27. The first to explore this concept is Koteskey. He described developmental maturing as “becoming more like God” (Koteskey, 1973, p. 35). He saw our striving for cognitive consistency as an indication of our being made in the image of God, since God is a consistent, unchanging, thinking, reasoning, and reasonable God (Koteskey, 1979a). He noted that behaviorism (conditioning) and psychoanalysis (drives) emphasize the animal-like aspects of human nature while humanistic and cognitive psychology emphasize the God-like aspects. A Christian theory of personality should consider both, just as the notion of being created after God’s image indicates both the similarities and the differences between God and humanity (Koteskey, 1979b). As to emotions, he distinguished their animal-like physiological aspects and the God-like cognitive aspects. Furthermore, he counted several positive and negative emotions (like anger) as expressions of the image of God in humans (Koteskey, 1980). 2 Apparently, by his biblical representation Koteskey intended to correct one-sided secular approaches. He also seemed eager to show how much psychology can be derived from the Bible.

Carter, too, related psychological maturity to the image of God in humans, although he did not limit his view of maturing to creation. Psychological maturity is grounded in the image of God in humans as created but fallen in sin. So, according to biblical standards, maturing needs the additional operation of a renewed image by the power of God (Carter, 1974a), because as a consequence of sin God’s image in humans has become marred and even distorted, though not lost (Carter, 1977). Here, the biblical perspective adds a spiritual dimension to psychological maturity, a dimension that will return in the reflection on psychotherapy.

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2 In one of the few articles about emotions, Bassett and Hill (1998) adhered to the well-known ACE-model of emotions: arousal followed by cognitive interpretation leads to an emotional reaction. They argued that any emotion, from anger to love, has the capacity to be experienced in a manner that is pleasing or displeasing to God. The crucial decision is made at the stage of the cognitive interpretation. Here a moral dimension was added to the evaluation of emotions.
Unlike Koteskey, Pascoe (1980) interpreted humanity’s being created in the image of God in a personalist sense as being capable to commune with God and other humans, that is, as being social. He contrasted this personalism with the reductionist mechanicism of some secular personality views. This track has been followed by Vanderploeg (1981a, 1981b) who exploited the relational character of human nature, originating in the *imago Dei*, to found the therapeutic relationship. He delineated the shift in theological interpretation of the concept from Calvin to that of Karl Barth and Emil Brunner. Calvin sketched the *imago Dei* as the position of dominion over creation, exercised in a state of pure righteousness and holiness; Barth and Brunner saw it as a relational quality. This new interpretation was gathered mainly from the way Genesis 1:27 speaks in the same breath of both the creation of humans after God’s image, and their creation as male and female.

In the same way, Benner (1983) defined the core of the *imago Dei* as our social nature, also appealing for this to Barth and Brunner. He saw humanity’s relational need both for God and for others as fundamental to human nature. This truth had been largely ignored by Freud, but emphasized by object relations theorists like Fairbairn and Kernberg, although the use of the term ‘object’ reminds us of the mechanistic flavor of their psychoanalytic background. For object relation theorists the relationship with the primary caregiver, usually the mother, is of crucial importance to humans’ development. In a later stage, transitional objects that represent the mother, like a cuddly toy, can compensate for her temporary absence. In a later article, Benner (1989) added a specific trait to relationality as the core meaning of being created in the image of God. He connected it with what he called our natural spirituality, defined as the quest for self-transcendence and surrender.

Like Vanderploeg, White (1984) considered the relational redefinition of the *imago Dei* as an important step in the attempt to integrate psychology and theology. This need and desire for relationships is the aspect of the *imago Dei* which survived the fall into sin and has affinity with the conceptualization of internal object relations. Referring to Hoekema (1986), Jensma (1993) mentioned important theologians in history and

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3 For a right understanding of Fairbairn and Kernberg it should be borne in mind that for them object relations are *internal* representations. So, maybe the distance between them and Benner’s relationality is even greater than the latter admits.
their explanations of the term: Irenaeus saw its distinctive characteristic in rationality and freedom, Thomas Aquinas in intellect and reason, John Calvin in true knowledge, holiness, and love of God and other people, and Barth and Brunner in our relational nature. Referring to White (1984), he regarded the relational aspect of the *imago Dei* as most central to the intersection of theology and psychodynamic psychology. Anderson (1989) continued the same line of thought but expanded the meaning by adding a teleological (goal oriented) notion, at the same time integrating the cognitive aspect. He defined God’s image and likeness as a capacity for relationship with the self, others and God in a knowing way, and an openness to a future which provides hope and meaning to life; or, to put it briefly, “wholeness through relatedness” (p. 379).

It is clear that this emphasis on relationality toward neighbors and God may affect the character and content of the therapeutic contact (see chapter 4). It might be questioned, however, whether this emphasis is specifically Christian, and whether this interpretation of the *imago Dei* is in accordance with the understanding of traditional Christian theology (cf. section 5.4).

Lawrence (1989) explored another direction. He dealt with the *imago Dei* in the context of what he calls the new paradigm in psychotherapy, that is, constructivism, holding that our knowledge is no exact representation of the outer world, but an interpretative construction of that world from within, with the help of language as a symbolic expression that both coordinates and creates reality. There is some biblical evidence, however, of humanity being called to order and structure their observations and experiences; cf. Adam being called to name the animals (Genesis 2), which should be interpreted in the light of the Old Testament purport of naming as determining someone’s or something’s character. The field of family therapy in the first place does reflect the prevailing influence of the constructivist paradigm, the family members constructing their own views of what is going on, and of everybody’s role in it. Although mental constructions may lose sight of external reality, and distort the idea of God being involved in his creation, Lawrence sees a connection between this constructivist activity and the *imago Dei*. This connection lies in the calling of humankind to dominate and order God’s creation. Although not being a creator *ex nihilo*, like God, the human being has received the position of a creator by the mandate to rule over creation and cultivate it. In the same vein the constructivist interpretation of the *imago Dei* implies the faculty of using language, shared by God and humanity only. These
considerations seem to be meant to legitimize a prevailing kind of (family) therapy as sound for Christians.

The relational interpretation of the *imago Dei* continued to be the prevailing one.\(^4\) Olthuis (2006, cf. 1994a, 1994b) turned out to be an eloquent advocate of this view. Since God is love, being made in God’s image means that our original nature is love. This emphasis on the intrinsic relationality of human selfhood exposes the shortcomings of the long standing assumptions that independence, autonomy, and self-reliance are the primary goals of human development. The presently emerging focus on the relational-communal nature of being human can only be applauded. He noticed, however, that in the present relational focus the emphasis is still too often on the individuals and their complex intrapsychic selves that need others as self-objects; insufficient attention is given to the dynamics between two related subjects.

Watson (2007) expanded the theological foundation of our relational nature by connecting the *imago Dei* with the Trinity. The divine Trinity of Father, Son, and Holy Spirit consists of mutual relationships without mutual domination. In psychotherapy the struggle to attain a similar relationship is going on, “relationship without the motive of power over the other; relationship without resistance or compulsive repetition of past painful patterns; freedom within the bonds of love” (p. 72). In the same year, Miner (2007) added a referral to the attachment theory. He asserts that humanity is created for relationship with God, and that this reality is the source of our attachment to God. This attachment is not a one way motion from humans to God, as most theories about religious attachment assume, but a matter of intersubjectivity. God’s attachment activities toward humans originate in His Trinitarian being, which consists of divine relationships and includes affections, as was advocated by the Trinitarian theology proposed by Colin Gunton (1985).\(^5\) At least five empirical

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\(^{4}\) In their *Integrative Psychotherapy*, McMinn and Campbell (2007) distinguished a structural, functional, and relational interpretation of the *imago Dei*, referring to the managing of creation, the rational or moral nature, and loving relationships with God and one another, respectively. In their therapeutic application they do not favor one of the three interpretations, however, but try to combine them.

\(^{5}\) Some years earlier, Evans (2005) already made a connection between the *imago Dei* and the internal Trinitarian relationships between the Father, the Son, and the Holy Spirit. This connection with the Trinity has been rejected, however, by Van de Brink and Van der Kooi (2012).
studies are about attachment to God, relating it for example to implicit spiritual functioning, and religious coping.

Distinct from this relational tendency, in Myers (1996) we find a reminiscence of the cognitive interpretation of the *imago Dei*. He drew a parallel between our awesome cognitive capacities and our liability to err on the one hand, and our being made in the image of God as finite creatures on the other. Similarly, but more broadly, Puffer (2007) characterized being created in God’s image as having innate qualities like love, mercy, compassion, forgiveness, truthfulness, and kindness, emerging from the exercise of human intellect, will, and emotion. This connects to the more classical interpretation of the *imago Dei*, which does focus on human faculties instead of personal relationship, and leaves room for a more cognitive approach of mental problems.

*Body, Soul, and Spirit*

In the quest of a genuinely Christian anthropology the importance of the soul has also been drawing attention. There was a common complaint about what psychology has done with the soul. Vande Kemp (1982b, p. 206) made herself the spokesperson for “Christian psychologists [who] are gravely concerned because psychology has chosen to banish the immortal soul from its realm.” In other words, psychology, heavily influenced by the experimental movement, has ended up with “psychology without a soul” (Vande Kemp, 1982a, p. 105). She viewed this development as one source of the tension between psychology and Christian theology. Therefore, Christian psychologists have been looking for a fitting place of the human soul in their psychologies and psychotherapies.

The first to touch on the subject was Jackson (1975). He surveyed the biblical idea of soul and came to the conclusion that it underscores the wholeness of human beings, their personalities, that is, the vitality of their existence through their functioning. As he notes, in this respect the biblical view is consistent with the views of modern psychologies. Jackson rejected what he called the common theological interpretation of the soul as a non-physical and separate metaphysical complement of being human, labeled the Platonic view. In a reaction, Schoen (1975) objected to the identification of the dualism in traditional theology with Platonism. To Plato the material body, like the total material world, is unreal. Only the world of ideas to which the soul belongs is real. Our dichotomy looks more like the dualistic version of Descartes. From this reaction I conclude that Schoen, like Jackson, rejected conventional theology that
dualistically speaks of an immortal soul in a mortal body. This means that they challenged the easy appeal to Christian theology that VandeKemp seemed to make.

The main issue concerning the soul for Vande Kemp was not the choice between monism and dualism, but between dichotomy and trichotomy. In the history of Christian theological anthropology there has always been the debate between the supporters of a dual structure of human nature consisting of body and soul, and the advocates of a triple structure consisting of body, soul, and spirit, of who Franz Delitzsch with his System of Biblical Psychology (original German edition in 1855) was an influential representative (Vande Kemp, 1982a). Vande Kemp favored a moderate trichotomy inasmuch it offers the opportunity to distinguish between the psychological and the spiritual. It would be dangerous to diagnose a psychopathology as a spiritual problem, albeit that the other way round spiritual growth enables the person to pursue psychological wholeness. The psyche should be approached on its own terms, anyway.

Reflecting not on the difference between soul and spirit but on the distinction between body and spirit, Olthuis (1994a) described the spirit as the perspective from which we see human existence as intentional, centered, and directional. Spirit can be identified with the I. Body, on the other hand, is defined as humans’ differentiated, multifunctional, positioned existence.

Boyd (1995) went deeper into the subject. From the Bible he inferred that soul and spirit are synonymous, though not completely so. Soul emphasizes the earthly, carnal, and uniquely individual aspect of the inner person, while spirit stresses the susceptibility to a relationship with God. Secular therapists treat the soul as the primary focus of their work, even though they mostly avoid the term. By neglecting the soul, theological anthropology would be overly spiritual, and underestimate psychological issues. The author saw body and soul in close unity, leaving room for two approaches. The soul can be defined as the inner person or as the whole person. Conform to these approaches, everyone can be called a body-soul, or a soul, respectively.

In a special issue about self and soul, Duvall (1998) rejected some philosophical forms of body–soul dualism, such as those pictured by Plato and Descartes, but deemed not all forms of dualism problematic. Some

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6 In fact, that is the way the Biblical Counseling View deals with psychological problems; cf. chapter 1.
duality is expressed in the Bible, although the unity dominates. Soul can mean living being, all aspects of human personality, including thought, emotion and volition, the whole person, and the self, but sometimes it designates an entity distinguished from the body, cf. Matthew 10:28. There is much similarity between soul and self, although the terms imply distinct perspectives, soul being the more ontological and objective term, and self emphasizing the more experiential and subjective side. In the same issue, Moreland (1998) stated that soul as a major focus of psychological theorizing has been replaced by self. He argued that this shift is due to the denial of the substantial character of the soul. In his view, only the assumption of a substantial soul can make sense of the functions attributed to the self, such as consciousness, intentionality, sameness (identity) through change, and libertarian freedom. These functions cannot be described in physical categories. Therefore, substance dualism (body–soul) is preferable to physicalism (reduction to the material body). He took the soul as an immaterial substance, defining substance as a whole that is ontologically prior to its parts in that those parts borrow their reality from the substance as a whole. In this view, the soul can be defined as a substantial self. As a consequence, the human person consists of two substances. This runs counter the unity that was argued for on biblical grounds by Jackson, Olthuis, Boyd, and Duvall.

Johnson (1998b) mentioned four reasons for a revival of the concept of the soul: it is biblical, it denotes inner life, it responds to the common sense experience of the body–soul duality in human life, and it accounts for a relatedness to God. Beck (2003b) in turn underlined the importance of focusing attention on the soul because this could contribute to the increase of confidence in Christian counseling on the part of the church at large. For interest in the soul brings about interest in soul care and spiritual direction. He proposed to use the term soul with great elasticity as an end term; a word that covers concepts like individual, individuality, person, personality, (inner) self, and selfhood. If soul should be too Platonic, the Pauline spirit would be a good alternative because it is biblical, and it has an evident link with spirituality. From Scripture soul should be interpreted as the person, possessing a rich emotional life, an amazingly complex psychological existence, a capacity for deep spirituality, and a need for being in relationship with God. It is clear that Beck tried to

\footnote{Libertarian freedom over against compatibilist freedom will return in the subsection about freedom and responsibility.}
account for the person’s unity for all his/her variety as portrayed in the Bible, and that he did not distinguish soul conceptually from spirit.8

In another direction, that of neuroscience, Cole (2002) and Brown (2004, 2005) appreciated non-reductive physicalism, which assumes, in their explanation, an embodied soul as an emergent, unifying entity of the whole person. Emergent means supervening on lower biological processes, depending on them, and at the same time having causal properties that influence the lower level neurobiological functioning. In this way neurobiology can co-exist with Christian notions of the soul as the central faculty of personal relatedness. Similarly, Hill (2005) tried to demarcate the soul from man’s material existence (body). Appealing to Sperry (1988), he adopted a multilevel view of the mind–body relationship, distancing himself both from dualist and monist, usually materialist, positions. Speaking of mind and consciousness, he argued that this cannot exist independent of physical events but that mental states are dissimilar from physical events. He agreed with Sperry that mental states are higher level, holistic properties of the brain, operating top down, making use of but not violating the laws of lower levels of human existence. In sum, Hill said two things; first, the mind needs the material body (brain); second, the mind is not only governed by the brain, however, but also inversely, the brain/body is governed by the mind.9 In an interview, Behensky also emphasized how our own behavior and choices can affect the functioning of our brains. It is true that the reverse causation also occurs: our biological functioning shapes our behavior, but the relationship is not simply unidirectional. This view is often missing from the neuroscience perspective, however (Yangarber-Hicks et al., 2006). In line with this but less specific about the relationship between mind and brain Brugger (2008) defended the non-reducibility of the human person to matter. Human life is not just a material phenomenon, and mind is not just an expression of the brain. Human persons are created as unified wholes, constituted of a material body and a spiritual soul.

In conclusion, both the unity of body and soul, and the relative independence of the soul from the body (brain) were defended on biblical

8 Beck showed affinity with Benner (1998), who understood the soul “as referring to the whole person, including the body, but with particular focus on the inner world of thinking, feeling, and willing” (p. 22), and defined the care of souls as the care of persons in their totality.

9 In the sub-section about free will and responsibility we return to the portrayal by Sperry.
and neuropsychological grounds. In this debate, the main interest of the distinction was religious; it was meant to leave room for a real contact with a spiritual world, instead of regarding the spiritual dimension as a kind of illusion produced by material existence.

**Morality: Antithesis**

Morality as a part of anthropology does not focus on practical issues of good and evil but on the question: What are we humans living for? So, it is about understanding the meaning of human life. This meaning creates a standard for our virtues and behavioral choices. In several ways the journals under scrutiny dealt with morality in this sense.\(^{10}\) The first way in which several contributions dealt with morality is by criticizing views of human life advocated or presupposed by secular psychologies and psychotherapeutic methods. Their critique aimed at unmasking the non-neutrality and worldview dependence of alleged scientific results and cultural common sense.

Llewellyn (1973) reprimanded behaviorist Skinner (cf. *Beyond Freedom and Dignity*, 1971) for denying morality to human beings, and attributing all good behavior to the force of attractive stimuli. In this line of thought, ethical dilemmas are no more than cultural competition between possible reinforcers. The author’s verdict was that Skinner erred by reductionism. Hammes (1973) moved in the same direction by characterizing Skinner’s main assumption as environmental determinism. He concluded that Skinner committed the naturalistic fallacy in ethics, by deriving ought conclusions from is statements because he held that the study of operant conditioning by reinforcement will yield value judgments of what is good or bad in human behavior.

Ellens (1984) criticized the contemporary Western notions of the meaning of illness and health that are inferred from the current ideal for humans to be alive, healthy, functional, happy, comfortable, wealthy, beautiful, and young. Conversely, the lack of these values is appreciated

\(^{10}\) This approach is indebted to social philosophers like Alasdair MacIntyre and Charles Taylor. MacIntyre (1984) favored an ethics of virtue embedded in a community that finds its cohesion in a common tradition directed to the implementation of a specific practice. Taylor (1995) emphasized that we take position in our surroundings, and that our understanding of the world is grounded in our dealings with it. Both of them oppose the modern, liberal illusion of a disengaged, objective position of humans to act freely and rationally in the natural and social worlds.
as unfortunate, painful, demeaning, destructive, and wrong. In the Christian understanding, on the contrary, both illness and health are taken as part of the growth process that constitutes life *coram Deo*, in the presence of God.

According to Beck (1990), therapeutic settings reveal the virtues adopted by society at large: accepting people as they are, assisting them in making their own choices, instead of confronting them with God’s standards as the pastor did in former times. Bergin and Payne (1991) identified a paradox in traditional psychology and psychotherapy. On the one hand these foster individualism, free expression, and tolerance of dissent, but on the other they are reluctant to address morality and spirituality. Speaking of wholeness, they insist on parts; appreciating openness, they stay partly closed; preferring to be accepting, they limit this acceptance; favoring tolerance, they exclude the most fundamental concerns from it.11 Further, Bergin and Payne signaled a danger for a moral frame of reference that is not rooted in spirituality of religion. It is the danger of relativeness, opportunism, and a changeable prioritizing of values. This may prompt the risk that the psychotherapist uses defense mechanisms and self-justifications to reconcile questionable intentions and needs with occasional moral imperatives.

Olthuis’s (1994a) evaluation of secular views of human life leaned heavily on Browning (1987), who gave a detailed account of life values and virtues behind the different psychologies.12 As Olthuis observed, Browning associated Freud with a culture of detachment, Skinner with a culture of control, and the humanistic psychologists with a culture of joy.

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11 Be aware that this was written in 1991. Openness and carefullness in the approach of different views of life have been increasing since then. Cf. Fulford’s approach of psychotherapy as a negotiation of values (Fulford, Dickenson, & Murray, 2002).

12 Browning (1987; 2nd edition: Browning & Cooper, 2004), who is held to be a liberal, mainstream protestant theologian, released a study about the moral background of the dominating psychotherapeutic methods that surpassed a lot of contributions by orthodox Reformed and evangelical authors in accuracy, profundity, and completeness. He pictured modern psychologies as mixed disciplines which contain examples of religious, ethical, and scientific language. So, Freud’s implicit morality is one in which the only effective and relevant ultimate context of experience is determined by the drives of eros and death (Browning, 1987, p. 43); humanistic psychologists can be characterized as non-hedonist ethical egoists (Browning, 1987, p. 74), and the cognitive psychologist Albert Ellis as a long term hedonist ethical egoist (Browning & Cooper, 2004, p. 219).
Modern psychoanalysts Kohut and Erikson represented a culture of care, which has the most affinity with Christian thought.

Johnson (1997) was critical of the values of relativism, individualism, and secularity that permeate modern thought and express themselves in psychology and therapy. For example he pointed to the humanistic psychologist Maslow's concept of self-actualization, in which the self is seen as the supreme, orienting principle in human life, occupying the rank that is due to relationship, especially the relationship with God.

Referring to Lowe (1976), Reber (2006) delineated modern secular life as one in which people view psychologists as moral authorities who make moral pronouncements in the name of science, just as in former days the clergy was called upon for religious directives. One of these pronouncements says: individual autonomy and self-fulfillment is right and good for people, thus reflecting ethical egoism. Similarly, Slife and Whoolery (2006) argued that behaviorists, many Freudsians, humanists and cognitive behaviorists assume the pleasure principle and/or self-interest as the predominant moral motives.

The last example of a critical stance toward the secular approach to the meaning of being human is Brugger (2008), who criticized the materialist evolutionary account of the human person, in which human value is roughly equivalent to other forms of complex mammalian life with survival as its highest aim.

**Morality: Synthesis**

There was not only antithesis, however. In a contribution as a guest author, Browning (1992) analyzed several developmental theories and explores their possible benefits for the church. He identified various non-moral or pre-moral goods or values that underlie the held moral goods. A clear example is Erikson, whose various developmental stages of trust, autonomy, initiative, industry, identity, and intimacy, can be seen as a hierarchy of non-moral goods that prepare and support the seventh stage, generativity, which can be viewed as a moral good. Correspondingly, Maslow's stages that lead to self-actualization (viz., nurture, safety, love, esteem) can be interpreted as an alternative list of developmental pre-moral goods, preparing and supporting the different moral norm of self-actualizing.

Several attempts are made to integrate secular insights into a Christian view of being human. Clouse (1974) tried to utilize the psychoanalytical categories of *Ego* and *Superego* for describing a healthy
development of moral behavior. Carter (1974b) adopted the humanistic notion of self-actualization, and paralleled it with Christian maturation, contending that for non-Christians and Christians the process is parallel but the content is different. Motet (1978) suggested that Jesus addressed his audience in all six stages of Kohlberg's moral development, from the assumed punishment–obedience orientation (lowest moral level) up to the universal ethical principle orientation (highest moral level).

Another example of this is Roberts (1987), who sought to reveal the Christian counterparts of Albert Ellis's virtues of equanimity, self-acceptance, and sense of humor in his Rational Emotive Therapy. He interpreted *equanimity* by appealing to pronouncements by the apostle Paul in some of his letters: giving thanks in all circumstances (1 Thessalonians 5:18), having learned to be content in whatever state (Philippians 4:11-12), being not crushed, although afflicted in every way (2 Corinthians 4:8-9), not losing heart (2 Corinthians 4:16-18), and always being of good courage (2 Corinthians 5:6). Self-acceptance cannot imply the avoidance of all terms of self-evaluation, as Ellis stated, but he is right in rejecting excessive self-evaluation, however. Different from what he holds, there can certainly be reason for self-condemnation, but this does not have the last word. The importance of forgiveness, reconciliation, God's love, and being a child of God may lead to a kind of Christian self-acceptance. Humor remains largely implicit in the Bible, but is implied in God's solving our fatal needs over against our extreme worrying about relatively tiny problems.

A similar positive account was given by Galbreath (1991) about the many characteristics of self-actualization elaborated by Maslow. He traced Maslow's differentiations back to Jesus' attitude and behavior in the Gospels, to wit, acceptance, spontaneity and naturalness, problem centering ability, need for privacy, autonomy, continued open-mindedness, peak experiences, sense of community, loving interpersonal relations, democratic character structure, discrimination between means and ends, mild sense of humor, creativeness, and transcendence.

Watson, Milliron, Morris, and Hood (1995a) tried to make self-actualization operational in a Christian translation of a humanistic self-actualization scale. They recognized a possible cultural bias in standard psychological scales against Christians. Therefore, reformulations of the items can help to gain more reliable results. So, "I do not feel ashamed of any of my emotions" became "I believe that people are essentially good and can be trusted: God's love and trust of me has taught me to love and
trust other people” and “I fear failure” was converted to “Although I am told that God loves and forgives me, I can’t help being afraid that I am a failure in living the Christian life correctly.” This enterprise shows the authors’ confidence in the usefulness of the concept of self-actualization.13

Spilka and Bridges (1989) admitted the importance of the role of self, and the need for meaning, control, and self-esteem as advanced by social psychology. Process, liberation, and feminist theologies are adduced as Christian testimonies that support these values. Myers (1996) adopted the secular interest in self-acceptance, and stated that grace is a key to self-acceptance. Leffel (2007) opposed a hedonic (pleasure based) approach of a good life to a eudemonic (maturity based; wise and balanced) approach. The latter focuses on meaning making, moral reasoning, self-realization, and virtue acquisition. In this approach, preferred by the author, the issues of personal identity and the good life are intertwined. The construction of a personal narrative seems to be the appropriate way to situate one’s identity in some moral stance, an ideological setting which provides a perspective on the good.

Roman Catholics Moncher and Titus (2009) were ambivalent on the secular psychological appeal to virtues. They welcomed the growing interest in morality, for instance in positive psychology as proposed by Peterson and Seligman (2004), but at the same time they held Petersen and Seligman liable for refusing to provide a normative frame of reference and therefore susceptible to relativism. On the other hand Moncher and Titus showed some trust in the natural human potential to create decent frameworks of morality. Wright and Strawn (2010), too, combined positive and critical approaches to contemporary psychotherapy. The positive side is the shift from an obsessive interest in pathology to the emphasis on relationality and existential issues, as for example put forward by Peter Shabad. The negative side, however, is that the moral assumptions remain concealed. The only thing that can be said of them is that they are of an individual and emotivist (feel-good) character. Yet, more is needed than a relationship with an authentic therapist. Life

13 Their elaboration may raise concerns, however. The revised Christian version contains many composite items, where the original version has simple items. Composite items are ambiguous, because the response can focus on either constituent part of the item. Moreover, the difference in length of the items may create a difference in response tendency.
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should not only be founded on feelings and experience, which are fleeting and variable, but on a directive moral framework, preferably the one the Christian tradition provides.

In all these attempts to show the compatibility of secular psychology and psychotherapy for Christian use, Christian theorists submitted arguments to defend that secular psychology and psychotherapy have to be taken seriously, and can be employed successfully provided that in some respects the content should be Christianized.

**Morality: Original Christian Content**

Apart from their attitudes to current psychotherapeutic models and methods, and related to the biblical sources, authors thought of the moral standard human nature should respond to. Hereby they substantiated the claim that Christian morality should be applied in the context of psychotherapy.

This is why Prater (1982), echoing Karl Barth, stated: only in doing the will of God persons realize their ontological possibility, i.e., their destiny as creatures of the seventh day. Olthuis (1994a, p. 47) gave a concise definition of the core meaning of being human: “Being human is being (com)ing an embodied, male/female connective self-as-agent, alienated, and thus needing reconnection, gifted and called by God to love.” According to Narramore and Carter (2000) we should be guided by the life of Christ as the most complete and healthy example of ideal human functioning. This seems close to the statement by Brugger (2008), that humans are created as persons, to know all truth, especially about God, and to live in loving communion with God and other persons.

In an interview, Pak (Yangarber-Hicks, et al., 2006) introduced the cultural factor. He appealed to the widely discussed difference between Western and Eastern cultural views of self, the former promoting individualism, and the latter fostering interdependence. They represent two opposing value orientations with different accents, such as egalitarian versus hierarchical relationships, individual rights versus duties and responsibilities, assertiveness and self-expression versus respect for authority and obedience, and personal achievement versus group status. He linked both value systems to biblical standards, connecting the Western approach with the first commandment, to love God, that requires individual centered choice and response, and the Eastern approach with the second commandment, to love the neighbor, that requires a relationship centered interdependence. This approach is similar to the appeal
made by Majerus and Sandage (2010) to Johnson (2007a), although the argument differs. It says that the Word of God moves the believers, communally, into an increasingly theocentric way of life that gradually comes to resemble, as individuals, the form of Christ, and, as a body, the communion of the Trinity.

**Free Will and Responsibility**
Free will and responsibility are not completely new subjects, inasmuch they have many interfaces with the last two items, about soul and morality. Like these items, the championing of free will and responsibility served the argument for a Christian version of psychotherapy in which an appeal can be made to patients’ religious worldview choice.

Skinner’s behaviorist denial of morality was related to his deterministic conception of operant conditioning. Against Skinner’s rejection of human autonomy, Llewellyn (1973) adhered to the Scriptural notion of decision making as an important function of human personality. This does not imply, however, that humans are excessively autonomous; John 8:34 teaches that everybody who commits sin is a slave of sin. Still, our responsibility before God and fellow humans is unimpaired. Hammes (1973) observed that Skinner’s environmental determinism implies that humans are not free. Skinner contested the traditional mentalist interpretations of human behavior by recommending evolution as a determining cause. Wolterstorff (1984b) perceived determinism in much psychology, even in developmental theorists as Piaget and Kohlberg (the humanistic creator of a developmental model of moral awareness).

Narramore (1985) did not want to confine responsibility to right actions and right thinking, but to extend it to one’s hidden inner wishes and feelings and sinful nature. He applied this principle to homosexuality; the homosexual has a responsibility to both behave according to biblical instructions, and set on a way to alter the underlying orientation that drives to sinful actions. He painted a positive picture of Freud who assumed that inducing awareness of repressed sexual desires makes it possible to gain a mastery over them which the previous repression was unable to achieve.

Jones (1989) raised a point of criticism, directed against Albert Ellis’s Rational Emotive Therapy. Ellis argued that no particular aspect of behavior can serve as a standard for judging the whole person because there is no whole person, that is, no coordinating and uniting responsible core to our selfhood, and cognitions should stop persons to find fault
with the self for doing unwise things. We should evaluate each part of our persons in isolation from the whole. Ellis, then, proved to hold an atomistic view of the self. A central, evaluative conscience was denied.\textsuperscript{14} Olthuis (1994a), on the contrary, emphasized the self-as-agent, responsible, committed, and free. From a social psychology viewpoint Myers (1995) stated that we are both creatures and creators of our social worlds. He drew a parallel with the Christian conviction that although God is ultimately in control, yet we are responsible.

Hoffman and Strawn (2009) offered a psychoanalytical view of human freedom. Unconscious processes may limit the freedom of choice. So, irrational emotions and distorted perceptions of present and past reality may actualize irrational, immoral, destructive, and unloving choices. This process is accompanied by an inability to tolerate ambiguity and paradox, and leads to psychopathological reactions. The limitedness of free will is supported by cognitive neuroscience. Automatic behavior appears to be an important survival tool, inasmuch 95% of our behavior is determined by previous learning. Still, humans have the ability to direct their limited attention to previously unconscious aspects. And a well-balanced mind is able to alternate between concern for self and concern for other.

As we saw in the sub-section about body and soul, Moreland (1998) advocated a libertarian freedom, i.e., a contra-causal freedom able to act independently from determining causes. Physicalism, on the other hand, implies determinism. So, to Moreland, what we experience as the mind is not caused by neurobiological processes, because that would be incompatible with (contra-causal) freedom.

Others, however, did defend a freedom that is compatible with determinism. One of them was Hill (2005), who subscribed to Sperry (1988) as we saw in the just mentioned sub-section about body, soul, and spirit. Sperry intended to integrate free will with determinism, and tried to manage this by assuming not only a bottom up causation from neurobiological processes to mental processes, but also a top down causation from the train of thought to the brain’s neuronal firing pattern. Analogously, a chosen TV program controls the electron flow, while at the same time the electron flow causes the moving pictures on the TV, without however determining the choice of the TV program. In the same way, the

\textsuperscript{14} Browning & Cooper (2004) adopted Jones’s analysis. They conclude that Ellis assumes “a fragmented self, that seems less than a cohesive, responsible agent” (p. 226).
laws of biophysics and biochemistry are inadequate to account for the
cognitive sequence of a train of thought, although they are an indis-
}\textit{pensable condition for the train of thought to be realized. Sperry admit-
ted, however, that the analogy with the TV program cannot be carried too 
far, because the TV cannot choose a channel itself, while the brain can 
generate its own mental programs. He spoke of a paradox in which both 
causal reality and mental autonomy are preserved. He contended that 
freedom to will our actions as we wish, moral choice and responsibility 
are real. Yet none of these is uncaused. He pointed to innate value 
preferences inherent in the human cognitive structure that have been 
developed by evolutional mechanisms; they are part of nature's genetic 
provisions for survival, and include a basic social conscience, which is 
deemed central to morality. Here the mind is traced to deterministic evo-
lutional causality. 

\textit{Sin and Pathology}
\smallskip
One remarkable trait in which Christian anthropology differs from secu-
lar views of being human is the assumption of human failure and sin 
against God’s purpose with humankind. Narramore (1973a) accused 
liberal counselors of rejecting Christian notions like sinfulness and feel-
ings of guilt and remorse, and of dismissing them as the result of inhibiting 
upbringing which produced overdeveloped superegos. In line with 
this thought humans are supposed to need the refutation of guilt feelings 
rather than forgiveness. Carter (1974a), however, tried to delimit the 
consequences of the fall in sin. The non-Christian may actualize his full 
potential as a person made in God's image but fallen, he asserts. The fall 
does restrict the potential and direction of self-actualization but does not 
prevent the person from becoming a good, healthy and kind person, since 
being created in the image of God is more fundamental than the fall in 
sin. At the same time he intends to not underestimate the impact of sin. 
He criticized the Biblical Counseling approach for reducing sin and pa-
thology merely to symptoms. The Biblical Counseling procedure focuses 
on doing, saying, and thinking the right and wrong things as taught by the 
Bible, instead of penetrating into the deeper needs (Carter, 1977). 

Sin and psychopathology were linked up by several authors. Wilson 
(1974) put self-orientation, sin, and suffering together. He argued that 
self-orientation is sin and therefore wrong. Moreover, all of humans’ 
problems and sufferings are related to their self-orientation, i.e., to their 
selfishness and pride. This attitude makes them vulnerable to anger,
jealousy, sorrow, fear, pain, and shame. Carter and Mohline (1976), on
the other hand, did not assume a causal relationship but a relationship of
similarity. Both sin and psychopathology express lowered functioning,
loss of potential and/or inappropriate behavior. Wilder (1978) did deem
the relationship between sin and psychopathology causal. The essential
element in sin is pride, or the need for self-deification, and is opposed to
healthy self-esteem. The same causal relationship was defended by
Koteskey (1979c), who defined adjustment as being like God,\(^{15}\) and mal-
adjustment as being unlike God. Physical disorder, learned responses,
underlying conflicts, sin, immaturity, or demon possession may result in
maladjustment. Olthuis (1994a), in his overall characterization of being
human, talked of our being alienated in the tragedy of sin and evil. This
understanding of a life destroying power is reflected in the psychothera-
peutic attention to developmental stagnation, fixation, splitting, and
(or pathological) personality functioning” (p. 74), herewith more or less
identifying sin and pathology.

In an instructive article, Carter (1994) connected the symptom
oriented approach by the Diagnostic and Statistical Manual of Mental
Disorders (DSM) with the notion of a universal negative human condition.
He distinguished three streams of psychological theorizing about psy-
chopathology: two etiological explanations and a non-etiological one. The
etiological explanations are the view of innate causation in psychody-
namics, and the view of acquired causation, advocated by humanistic
and existential thinkers, as well as object relations and interpersonal
theorists.\(^{16}\) Innate causation refers to primary narcissism, striving for
superiority, overcoming inferiority, and the death instinct. Acquired cau-
sation refers to the split or incongruence because of a conflict between
the innate valuing process and acquired behavior to protect the self
against an unsafe environment. The innate psychoanalytical perspective
is most similar to the theological concept of original sin. The acquired
perspective, on the other hand, is similar to the effects of original sin. The
third perspective, however, is the symptom oriented approach apart

\(^{15}\) Not in the meaning of “being in the same position as God” but “being in line with
God.”

\(^{16}\) I would argue, on the other hand, that all psychodynamic approaches, including
psychoanalytical, object relations and interpersonal approaches, adopt both in-
nate and acquired causation. The humanistic approach may indeed be limited to
the assumption of acquired causation.
from any etiological understanding, and is found in behavioristic approaches. The latter way of classifying psychopathology is also the policy of the DSM manuals since 1980. It would be incorrect to characterize this approach as a-theoretical because preference for a descriptive phenotypical approach, disregarding the genotypes, is itself a theoretical position. In it, statistical empiricism comes instead of deeper universal understanding. So, it precludes the assumption of universal sin and its permeation in all behavior. Sixteen years later, Davis and Strawn (2010) reviewed the psychodynamic pendant of the DSM: the *Psychodynamic Diagnostic Manual* (PDM) that opts for a holistic and dialectic view of persons as auton-omous and relational, self-referential and other-referential, unique and communal. PDM, by affirming the pervasive reach of psychopathology, parallels an orthodox Christian view of the pervasive reach of sin.

Obviously, these reflections on sin and pathology served to demonstrate both the relevance of much psychotherapy, and its need for Christian adaptation.

*Original Sin*

Apart from the relationship between sin and pathology, some authors drew attention to humans’ sinful condition as such. Myers (1995, 1996) paralleled the self-serving bias, that is, the praising of oneself for success, and the blaming of others or the circumstances for failure, with pride as the fundamental sin.

Vitz and Gartner (1984) argued that the oedipal complex is a fairly apt characterization of original sin. In psychoanalytical theory, the oedipal crisis consists of the son’s envy toward his father as the rival lover of his mother. This rivalry with the father is projected onto God. Just like the son rebels against his father and tries to replace him, original sin is rebellion against God and an attempt to replace Him. The authors asserted that the oedipal complex is not applicable to all humanity, and neither is its connection with original sin, but they do maintain that this kind of motivation characterizes many people, especially in modern Western society.

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17 This analysis seems somewhat problematic, because behaviorism focuses on reinforcement, which points to acquired causation. Yet, Carter’s observation is true for some behavior techniques, like desensitization.
Bridgment and Carter (1989), however, linked the concept of original sin with the pre-oedipal drive toward omnipotence that arises from the infant state of primary narcissism. This position can be appreciated as an attempt to localize original sin as early as possible in human life, conform the traditional dogma of the church. On the other hand, in spite of this obvious chronological similarity, Greenlee (1986) drew an analogy between the original innocence attributed to the pre-fall condition, and Kohut’s undisturbed primary narcissistic equilibrium in the infant. The awareness of sin originates at the point of a heightened sense of narcissistic vulnerability where people experience shame and a fragmentation of the self, paralleled by Adam and Eve’s shame about their nakedness after their disobedience, being cut off from the perfect self-object: God (Genesis 3).

Vitz and Mango (1997) drew another parallel with psychodynamic theory, thinking about the function of hatred in the framework of object relations as developed by Melanie Klein and Otto Kernberg. Hatred was understood as an extreme resistance to change, and explained as a defense against narcissistic injury. It protects the ego against a depressing, humiliating or inadequate past, and defends one’s unrealistic ego ideals and moral pride, permitting the pleasures of moral superiority. Hoffman (2010) referred to Klein’s picture of the envious and destructive infant to support the Christian narrative of original sin.\(^\text{18}\) Klein appealed to Freud’s death instinct as one of the two predominant drives, along with the lust principle, in human life. Not simply because of environmental failure but because of its innate capacity for destructiveness, the infant attacks the breast and the goodness of the mother represented by it. This basic destructiveness and envy contributes to the infant’s difficulties in building up his or her relationship with the good object, the mother. Later, Winnicott moderated the concept of this innate destructiveness however, and attributed the infant’s negative reactions to deficient parental care. Hoffman’s implicit criticism against Winnicott was uttered explicitly by Wolterstorff (1984b), who viewed the assumption that humans are inherently good as one of the main problems with much

\(^{18}\) An earlier appeal to Klein’s *Envy and Gratitude* was made by Sorenson (1996b), who favored personal integration (instead of conceptual integration), and referred to Klein to emphasize the importance of gratitude as the psychological correlate to grace. Meanwhile he cited her judgment about envy as the worst of the deadly sins. Envy is not only against one virtue but against all virtues and against all goodness.
contemporary psychology. Similarly, Brugger (2008) denounced the materialist assumption that humans are neither fallen nor non-fallen.

The various explanations of original sin in psychological terms reveal a desire to demonstrate both the psychological significance of this doctrinal concept, and actual relevance of psychological and psychodynamic interpretations of the initial human state.

**Sin, Guilt, Sorrow, and Shame**

A remarkable line of thought ran from 1974 up to 2011. Bruce Narramore (1974a) initiated the debate by distinguishing between neurotic guilt and genuine regret, later on called “constructive sorrow” (Narramore, 1974d). Neurotic guilt is rooted in the punitive self that originates in a deficient upbringing and is characterized by a deep seated feeling of self-devaluation due to one’s felt weakness and inadequacy (Narramore, 1974a). Together with sin it is involved in all pathology (Narramore, 1974b). He equated it with the worldly grief or sorrow mentioned in 2 Corinthians 7:8-10. Because believers share in the righteousness of Christ, he concludes that guilt feelings should have no place in the Christian life (Narramore, 1974c). On the other hand, constructive sorrow, a term also inferred from 2 Corinthians 7:8-10, is rooted in the disciplinary self that is not so much troubled by punishment, rejection, and disesteem, but concerned with loving self-acceptance, awareness of the consequences of misbehavior, and constructive reasoning (Narramore, 1974a, 1974d). Unlike negative guilt, positive sorrow can flourish in interpersonal relationships characterized by unconditional acceptance and mutual regard, and may produce constructive change (Narramore, 1974c, 1974d).

Watson, Hood, Morris, and Hall (1985) referred to Narramore’s (1984) distinction between guilt feelings and constructive or godly sorrow in their experimental attempt to find a way out of the dilemma of how to integrate biblical beliefs about sin with psychological notions associating positive self-regard with mental health. How can self-esteem be established when the self is flawed by the sin of pride? Stated more briefly, how can self-esteem be discerned from pride? Narramore’s distinction was supposed to be helpful to separate negative self-evaluation from positive desire to change in favor of the offended person and one’s relationship with God. In a research article, Bassett, Hill, Pogel, Lee, Hughes, and Masci (1990) concluded on the basis of two studies
conducted among college students that the respondents were fairly able to distinguish between guilt and godly sorrow.

However, the adequacy of the definitions remained a moot point, as other studies showed. Hill and Hall (2002), for instance, explored the literature and revealed a distinction between exchange relationships and communal relationships. In the former, the main motive is maintaining equity, while in the latter partners do things to benefit each other without necessarily expecting benefits in return. In this context a sense of interpersonal guilt is interpreted, not within the context of an exchange but in a communal relationship, while the authors assumed that guilt may be a primary enforcer of the communal norms of mutual concern and protect close bonds. Narramore’s distinction between guilt and godly sorrow seems to parallel the distinction between exchange and communal relationship, interpreting guilt inversely compared with Hill and Hall’s interpretation. Riek (2010) joined the main part of the literature as represented by Hill and Hall (2002), assuming that guilt is an interpersonal emotion, acting as a mechanism by which relationships are maintained and repaired, an assumption that he examined empirically. Eventually, in their research study Bassett et al. (2011) chose the terms shame and guilt to name the difference between egocentrism and low self-esteem on the one hand, and concern about harm done to someone else, on the other, and equated Narramore’s guilt concept with shame. Apart from the empirical studies mentioned thus far, there are others about sin and guilt, relating this variable to self-forgiveness (Meek, Albright, & McMinn, 1995; McConell & Dixon, 2012), religiosity and stress (Forman & Malony, 1986), and the relieving effects of confession (McCormick & McMinn, 2012). These studies paid more attention to relational guilt than to psychic guilt feelings.

The profit of this discussion among Christian theorists and researchers about guilt is the insight that there is a guilt factor that transcends psychological dimensions (guilt feelings), and is part of a relational reality. Anyway, for therapy this insight has the implication to not restrict the focus to the individual but expand it to his/her personal relationships.

Renewal

If, in Christian terms, psychopathology is interwoven with sin, then recovery is connected with restoration from sin, and with renewal in accordance with God’s design for our lives. Carter (1974b) deemed
the self-actualization process with Christians to be similar to the self-actualization process described by secular psychologists, only the content is different. The Christian self-actualization process consists of salvation, sanctification, and glorification, and can be described in terms like congruence and maturity, if only these are interpreted in a Christian sense. Carter (1977) criticized, as we saw, biblical counseling for superficially limiting itself to doing, saying, and thinking, and thus tending to become a symptoms removal or works sanctification, neglecting inner feelings. Oakland (1974), as well, equated the psychological concept of self-actualization with the theological concept of sanctification, and typified these kindred concepts as a long term growth process in the individual. Bailey (1975) asked how the Christian concept of self-denial can be compatible with the humanistic concept of self-fulfillment. He looked for the solution in relating self-fulfillment with outside-the-self commitments and concerns, as Maslow did, instead of focusing on a richer life experience. Clark (1990) raised the same question. How can self-denial go together with a positive self-concept? His answer was that self-denial refers to the selfish dimensions of fallen human personalities. Therefore, self-denial is consistent with having a positive concept of the self as it is created, loved, and meant by God.

Hamon (1977) was somewhat more critical. Christian renewal does not run parallel with self-actualization, but goes beyond self-actualization. It is an acceptance of self in Christ that transcends self-actualization, and that may result in martyrdom. Ingram (1995) advocated a “biblical/scientific humanism” (p. 12) that aims at integrating the best of biblical and secular truth to enhance understanding of redeemed, regenerate creatures in Christ. Unfortunately, the article did not contribute substantially to this project itself, however. Coe (1999) seemed to meet this desideratum, supporting a pneumatic dynamic approach to personality, psychopathology, and health, open to the movements of the Holy Spirit within human dynamics. This approach does not only focus on the relationality of the self, as some secular psychologies do, but also on the union with God. Olthuis (1994a) formulated somewhat more cautiously and conservatively, defining the core meaning of being human as a way of becoming more human: being human is becoming a person, initially

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19 This cannot be said to be true for Biblical Counseling in its later developments. Cf. for instance Lane (2006).
being alienated and thus needing reconnection, gifted and called by God to love.

Another attempt to identify the proper Christian character of meaningful human life relates renewal to a model of health. According to McMinn and McRae (1997) health is not only the absence of pathological symptoms but, interpreted in a Christian fashion, the presence of hope and inner peace in a healing relationship with God, in which we have to move beyond the myth of self-sufficiency, and yield control of our lives to God.

The attempt by Paul (1999) to render spiritual renewal in psychological language is different again. He described Christian conversion in terms of object relationship with Jesus, and emphasizes the foundational role Christ plays in identity development. Narramore and Carter (2000) defended that Christ and the Holy Spirit have effect on Christian believers and their psychologies. The notion that the body of Christ, the church, is to function in such a way that its members will grow into increased Christ likeness, and thus will be sanctified, should be part of integrative psychological theory. In addition, Carson, Paolini, Ziglear, and Fox (2009) conceptualized the unconverted subconsciousness as subconscious parts of the self that need to be externalized in order to recover from being damaged.

These efforts to articulate a specific Christian concept of renewal imply that therapeutic goals should be formulated in terms of spiritual change and growth.

### 3.3 Other Influences

**Introduction**

In the previous sub-section about biblical basics of Christian anthropology, we noticed that authors attempted to connect the pictures inferred from the Bible with concepts developed and defended by secular theorists. We were faced with many appeals to the relationality of human nature as it is advocated by the object relations approach. The attachment theory was employed to explain the relationship with God. Descriptions of the soul borrowed from secular ideas of the self, mind, and consciousness. Morality is defined in terms of meaning of life, and has been related to virtue ethics. These ideas and concepts have been developed by social philosophers like Alasdair MacIntyre and Charles Taylor.
Humanistic values like self-acceptance, self-actualization, and self-fulfillment have been criticized, but also adopted with due amendments. We noted the concepts of identity and identity development which are popular since Erikson. Notions like the unconscious, repression, the Oedipus complex, primary and secondary narcissism, lust drive, and death instinct, have been adopted from psychoanalytical theories. The self-serving bias has been appraised as an affirmation of the human sin of pride. Sin and psychopathology have been paralleled in their pervasive reach. The humanistic values of unconditional acceptance, congruence, and maturity have been integrated in Christian language. Many other influences have already been identified as I surveyed the presentations of biblically justified anthropologies.

Besides these secular influences connected with and integrated in biblical views, there were other reflections that utilized cultural insights in human nature without attaching them explicitly to biblical notions. These insights stem from Jewish, Christian, or otherwise theistic philosophers. In the present section we pay attention to these inputs that contributed to the Christian understanding of humanity within the Christian integration debate.

Beforehand, we have to consider in which sequence the data will be presented. The character of our inquiry seems to favor the chronological order of publication of studies about these influences, for our main interest is in the processing of data and theories by Christian psychiatrists, psychologists, psychotherapists, and theologians. On the other hand, the materials processed have their own order of interdependency and, moreover, these influences left their own traces in Christian and also non-Christian approaches and presentations rather autonomously and even without explicit referral. This implies that influences may already have been at work before being fully analyzed. For the sake of tracing and understanding the impact of certain views and approaches, a historical order of development seems to be preferable. For that reason we choose the historical sequence of the data. We distinguish the contributions by Kierkegaard, Buber and Levinas, Ernest Becker, and the narrative approach, as the main influences not yet identified in the accounts of the biblically oriented anthropologies of the previous section, and we present them as they are reflected on by the participants of the integration debate.
Kierkegaard

The attractiveness of Kierkegaard’s appeal lies in the immense influence it exerts both in non-Christian and Christian thoughts. This is related to the central significance of his teachings in the shift of attention from objective theorizing to human subjectivity. Interest in his message by orthodox Christians was exhibited in a monograph and collected essays by Evans (1990, 2006), and in some articles published in the journals under scrutiny (Watkin, 1998; Podmore, 2009; cf. Tietjen, & Evans, 2011), all focusing on the self. However, these were not the first studies dedicated to the 19th century Danish philosopher. Sobosan (1975) noticed Kierkegaard’s analyses of the finite and infinite components of the self, despair, man’s becoming in time, and God as an effective Power. Without giving any historical background he paralleled these elements with particulars in Carl Jung’s psychological theory, like the ego, the collective conscious and the collective unconscious.20 Teschner (1977) drew attention to the value Kierkegaard attached to our theological identity. Confronted with one’s conditioned and finite existence, the individual may end in despair. Only by living on intimate terms with God one can find happiness. One has to risk everything for an unknown with supreme importance. One fails to relate to this possibility by identifying too closely with the familiar and the ordinary. The attribution of infinite value to the indifferent may result in pathology. Although Teschner revealed some important notions, he ignored the central significance of the self. The following renderings do emphasize the self’s central function.

Watkin (1998) reflected on Kierkegaard’s suggestion that the human self is a relation relating to itself (Kierkegaard, 1849/1983). His understanding of the self can be viewed in terms of dynamic process and goals, which is of special interest for psychologists and psychotherapists. The functioning of the psyche was viewed in terms of the purposes for which we live. He distinguished the actual self and the ideal self, the latter being both outside individuals as the image to grow toward, and within them, because it is they themselves. The ideal self was presented as a spiritual being, living in relationship with God. For Kierkegaard the spiritual dimension was a fundamental feature of human nature. The human is a self-transcending being. He made room for an authentically spiritual understanding of the self. There is a duality in human nature, a godlike and

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20 This equation seems to detract from Kierkegaard’s specific message.
a beastlike tendency, contrasting like ideals and drives. The ideal self seeks after God, the inauthentic self seeks to be God and master of its own existence. In this alternative there is the possibility of freedom, and this freedom, in turn, creates anxiety and despair, because of the failure to develop a proper relationship to the eternal. The self can be swallowed up by the infinite sufferings in the world, and be absorbed by the finitude of purely temporal values. A truly balanced personality can only develop by centering one’s life on the eternal.

Podmore (2009) added some perspective to the given sketch by delving deeper into the resistance against authentic selfhood and the despair caused by the discovery of the impairment due to this resistance. Like Watkin, he was focused on the self, and appreciated Kierkegaard’s thinking about the self as a very fruitful idea in the areas of psychotherapy and counseling. The self has to become disclosed to itself. The only way to this self-disclosure is in the relation to a transcendent Other. However, humans are on the run from themselves, because of despair about the sense of unworthiness in the confrontation with their inauthentic selves. This inauthentic selfhood consists of dissolving one’s identity within the amorphous inauthenticity of the crowd and of deceiving oneself that nothing is wrong. The flight can express itself in the seeking to create an “infinitized” self, a fantasized, hubristic self, trying to behave as its own master, and forsaking the relational call of the other. In order to restore the authentic self, humans have to receive and accept God’s forgiveness, but to be able to do so, they have to encounter themselves in their improper way of maintaining their isolated control. The truth about oneself can lead to despair over sin and to despair over the forgiveness of sin. By accepting forgiveness humans abandon their self-oriented subterfuge to hold on to their narcissistic existence. This forgiveness, ensuing from the divine Other, transcends the self’s introspective capacities for self-diagnosis and even despair. So, at an existential level Kierkegaard unmasked the self-enclosed self, and indicated the open relationship with God as the essential factor in the real self.

In these renderings, several aspects of Kierkegaard’s anthropological view were advanced. (1) Human subjectivity was highlighted, and explored as a reflexive self: the self is related to itself, and is moving itself into some direction. (2) The self is related to God, the transcendent Other. (3) Humans resist their authentic selves strongly, warding off anxiety and despair about their inauthentic selves. (4) Yet they are free to answer God’s calling to give up their resistance and surrender to Him.
(5) Recognition of God’s call leads to the facing of the inauthentic self, reveals guilt, and evokes anxiety and despair, but may lead to forgiveness and the realization of the authentic self. All these dimensions were put forward by theorists in order to have them permeate the content of psychotherapy.

Buber and Levinas

Jewish philosopher Martin Buber received explicit attention from Watson (2006), who characterized his philosophy as dialogical philosophy. He appraised Buber’s famous book I and Thou (first German edition in 1923) as a clear articulation of orthodox Jewish anthropology, and as a milestone in our understanding of the relational nature of humanity. Buber defined the self in terms of relationship, and opposed the related self to the severed I. The self engages in two kinds of relationships: the I–Thou and the I–It relationship, of which the former is fundamental. It has two dimensions, to wit, the dialogical encounter of two people in mutuality and reciprocal love, and the dialogical meeting with the eternal Thou. The relationship with God is made possible by Himself, as He enters into a direct relation with humans in creative, revealing and redeeming acts.

The importance of the I–Thou relationship does not prejudice the I–It relationship, however. This relation is based on the principles of logical positivism, like objectivity, determinism, abstractive contemplation, and a utilitarian approach to the other. Philosophy itself is the highest expression of the I–It attitude. This attitude is relevant to everyday life as well. What is wrong is its overwhelming predominance in modern technocratic society. This predominance results in alienation of the other. This was Buber’s crucial objection against Freud’s psychoanalytic method. In it, the other person is viewed as an object to be analyzed, and the personal relationship is ignored.

For the same reason, Buber rejected Freud’s conception of guilt as a neurosis born from social and parental taboos. Buber did recognize the existence of neurotic guilt but argued for the importance of existential guilt, which originates in the violation of inter human relationships. As individuals are always guilty in relation to others, an important question is how to overcome existential guilt. It can be overcome by illuminating the guilt, by persevering in that illumination, and by the repair of the injured order of existence. This final step allows for reconciliation with other persons and in turn to God, who is the ground of the I–Thou relation.
In the same issue, Barsness (2006) dwelled a moment upon the nature of the relationship between the two dimensions of the I–Thou attitude proposed by Buber. In some way the two dimensions merge. God is present in the interhuman encounter. When I meet you, I meet Him. Conversely, as soon as I look away from you, I ignore Him. I deny God as long as I merely experience or use you. God exceeds our rational comprehension, but He is also wholly present as He is experienced only in the relation to another.

The philosophy of another Jewish thinker, Emmanuel Levinas, has some resemblance but also differences. Dueck and Parsons (2004) appealed to him as an advocate of the postmodern attitude that focuses on the unique and denounces the modern pretension of mastering universal, objective truth by autonomous, expressive selves. Levinas (1961/1969) argued that the face of the other is so unique that it cannot be reduced to totalizing, ontic categories. Doing justice to the other is incompatible with reducing the person to what is universal, neutral, or objective. In the same way, ontological descriptions of God fall short. God is mystery, which is other than being. All ontological definitions of the self are contaminated. The call of the other in the context of a face-to-face encounter makes a demand on the self and constitutes personal identity. In its brevity, this rendering of Levinas’s thinking appears to be accurate; it demonstrates the dubiousness, however, of characterizing it as a postmodern attitude. The demand on the self by the other is a kind of heteronomy that does not fit well in postmodernism, in which the moral norm is rather derived from the definition of the self.

Levinas agreed with Buber in his emphasis on the encounter with the other that cannot be adapted to fit in with the demands of one’s own interests and life patterns. The other is beyond the I or the self and makes an appeal to me. I have to transcend my own territory to meet the other. On other points, however, it has become clear that Levinas opposed Buber. First, for Buber the I–Thou relationship is reciprocal and mutual, while for Levinas I am appealed to by the Other, not the other way round; it is just one way traffic. Second, while to Levinas every

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21 This makes it dubitable whether Levinas can be regarded as a theistic philosopher, as is suggested in the introduction of this section.

22 In line with Levinas, Rosenstock-Huessy (1958) criticized Buber for this mutuality over against the priority of our being in the second person: we are addressed before we answer.
objective formulation about someone’s characteristics was suspect, Buber did allow for I–it relations as being relevant to everyday life.

Becker
In 1973 Becker released a book that attracted much attention and won the prestigious Pulitzer Prize, *The Denial of Death*. The title indicates the main statement of the discourse. Hartz (1980) was the first participant in the integration debate to reflect on its message. Humans feel the constant need to defend against their own finitude, their fear of death, and their anxiety about the chaotic world around them. To ward off this anxiety, people use two defense mechanisms: repression from consciousness, and self-absorption or narcissism. Repression is inevitable to function adequately without constant fear, narcissism is neurotic. Confronting our finite limitations we develop infinite aspirations, we seek to self-actualize in ways that fulfill conditions of heroism and relieve doubts, often caused by death fears, about our initial self-esteem, aiming at self-deification. Becker equated this heroism with pride, the root of all sins. The healthy person, on the other hand, transcends the self by relating oneself to the Ultimate Power, a living God. Different from Becker, Hartz argued that a finite, self-deifying worldview is as good as a transcendent one in preventing psychopathology. On this point, Rambo (1980) contested the separation Hartz made between psychological or mental health and existential health or spiritual maturity. To him, there is more coherence between these two, as our pathologies distort our view of God.

Prater (1982) referred shortly to Becker, summarizing his message: As a consequence of the ambiguity of their existence, humans are born into a state of anxiety. In their efforts to escape this anxiety, they can choose to deal with it neurotically, that is, to avoid being their true selves, or non-neurotically, that is, to become authentic. Aden (1984) dedicated a complete article to Becker, to present his theory as a model for pastoral care. Aden, too, identified the fear of death as the core motive of human life in Becker’s account. The defense against this fear is repression and self-inflation. Self-inflation is pictured as the root cause of human evil. Therefore we should not only be comforted, but also confronted with our own self-centered attempt to secure life. In the paralyzing conflict between our being creatures and our transcendence, our being nature and spirit, we should transcend our egoistic attempts to become immortal and center our life in a God beyond the finite world.
In these renderings of Becker’s insights, we recognize much of what Kierkegaard has put forward. This is not to deny that other influences, too, were constitutive for Becker, like the major influence of Otto Rank, as he himself frankly acknowledged. But the impact of Kierkegaard is certainly there. Between the reviews of Kierkegaard and Becker I observe one major difference in content, however. While Kierkegaard saw different possibilities to avoid one’s authentic identity, Becker focuses on one. Kierkegaard related the reluctance to be oneself not merely to the effort to create an imagined hubristic self but also to the inclination to dissolve one’s identity within the crowd, while Becker restricted himself to the former option. Furthermore, I notice a formal difference in that Becker’s analyses lack the sharp edges, desperate predicaments, and complex states of mind that accompany Kierkegaard’s accounts, at least as far as the surveys reveal.

Aftereffects
The turn to subjectivity as enacted by Kierkegaard and others leaves its tracks in psychology, including Christian oriented psychology, often without any explicit account. With Christian psychologists, these tracks may run directly from the sources as they are revealed in the previous sub-sections, and they may derive indirectly via psychological theories that have been inspired by these sources themselves, or by the mental climate that they created and/or by which they have been fostered. I present some notable examples.

Vande Kemp (1996) appealed to Tillich to underline that our souls and personhood perish when we lose touch with our basic relational nature, and the transpersonal world. Tillich (1952) interpreted human anxieties as a response to three pairs of existential terrors: the ontic terrors of fate and death, the spiritual terrors of emptiness and loss of meaning, and the moral terror of guilt and condemnation. She welcomed the attention paid to object relations theory and inter-subjective theory by Christian psychologists as a warrant that our psychology will be a psychology of persons. McMinn and McRay (1997), too, viewed the

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23 That someone’s influence is also determined by the mental climate in which his/her thoughts are received can be illustrated with Kierkegaard, who died in 1855 but whose fame grew tremendously in the 1930s along with the rise of existentialism. Obviously, the times need to be ripe for the reception of some ideas. Conversely, from that point onward these ideas may fertilize further developments.
human person in its fundamental dimensions. Mental health is more than the absence of psychopathological symptoms, and the central human problem is much more pervasive than a psychiatric diagnosis can capture. Sickness is a part of human nature. Therefore, an awareness of personal need and brokenness is a prerequisite to healing. Inner peace can never come through personal efforts alone, but only by yielding control of one’s life to God.

Olthuis (2006) presented a Reflexive Self Model that reminds us of Kierkegaard. He distinguished three dimensions of human personhood: me, myself, and I, or, the adaptive self, the authentic self, and the agent self, respectively. The agent self (I) is continuously called to choose whether to play a desired role (me) or to work for change and healing (myself). The model gives these dimensions their own place and simultaneously allows them to overlap, coalesce, enmesh, or split off, as the case may be. The latter constitution is the starting point for Bland (2009) to explore the divided self. Hidden and revealed parts of the self will conflict as soon as undesirable compulsions and behavioral tendencies cannot be kept in control, which leads to frustration and stagnation of self-development. Courage and grace are identified as conditional virtues for self-integration.

Barsness (2006) focused on surrender and self-transcendence. He qualified the nature of our being as other driven and other seeking, which characterizes our search for meaning. Basically, the search for the other is the search for a relationship with the One existing beyond the self, that is, for the holy. We are achieving our existential purpose when the contrived self is free to release itself of pretense and defense, to offer itself to the unknown, and to accept the risk of losing itself for something more. In spite of the often dangerous affective dynamics, the intimacy of the I–Thou encounter sustains persons in their search for the mystery of God. The notion of transcendence presupposes the centrality of human relatedness.

**Narrative Approach**
In line with the turn to subjectivity, but supplied with additional perspectives, the narrative approach renders account of personal self and identity in a specific way. Dueck and Parsons (2004) classified the narrative

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24 It also reminds us of the object relations approach by Fairbairn and Winnicott, who seem to be indebted to Kierkegaard on this point, too.
approach to as a postmodern view of life because it does not focus on
general regularities and rules, as modernism does, but on the unique
perception of personal experiences. In order to illustrate the difference, I
contrast some articles from distinct authors.

In a paper about personal identity and creative self-understanding, Conn (1977) opted for a creative, self-transcending subjectivity model of
the human person. Moreover, he appealed to Piaget and Erikson to clarify
the cognitive and affective roots of the self-transcending subject. The
similarity between Piaget and Erikson, besides many differences, lies in
their periodization of human development. At the end of one develop-
mental period humans have to cross a border and transcend their limita-
tions up to then. Both picture a development in which persons end up
with integrating their thoughts and feelings about themselves into a total
life perspective which expands beyond personal interest to the whole of
mankind. What is going on here? Conn connected the concept of subjec-
tivity with a typical modern account of human development. Both Piaget
and Erikson formulated universal stages of development that all humans
are supposed to more or less complete. The general rule provides the
framework for interpreting identity.

Conversely, Ganzevoort (1998), distanced himself from a normative
account of identity development in which identity is viewed as something
to be obtained, and advocated a retrospective view of development. That
is, identity development should not be seen as a process toward a certain
fixed goal, but as the continuous reconstruction of goals. The former ap-
proach is related to a standard design of identity development, the latter
to the unique story the subject, who is both the hero and the author of
the story, constructs and reconstructs. The problem with developmental
theories is that the impacts of social contexts, coping processes, and re-
ligion are precluded. However, identity should be seen as the continuous
formulation and reformulation of how the person wants to be in the eyes
of self and others. In this process, social context, coping, and religion in
mutual dependence are inextricable. In another article, Ganzevoort
(1993) defined a story as a way of interpreting facts of life. Human life
should be seen as a process of interpreting and ordering the world of
experience in images or stories. Understanding people’s life story is un-
derstanding the meaning they attribute to their experiences, reactions,
and initiatives.

The importance of our narratives was furnished with a neurobiologi-
cal juncture by Hall. As he derived from literature, we are hardwired for
two fundamentally distinct forms of knowing, the explicit and the implicit way, leading to cold and warm knowledge, respectively. Explicit knowledge is processed in the prefrontal, mainly left cortex, but the processing of implicit knowledge occurs in the right hemisphere, which has extensive connections with limbic and subcortical regions. This implicit knowledge comprises emotional information, and the interpretation of nonverbal communication and social relationships (Hall, 2004). This implicit knowledge is carried in our bodies, emotions, and stories. So, the narrative mode of knowing, being concerned with human wants, needs, and goals, operates in the implicit relational knowing system. It has to do with meaning, which derives from relationality, and therefore touches our fundamental sense of self-in-relationship (Hall, 2007).

The narrative approach turned out to open new perspectives on psychotherapy, particularly in providing opportunities to give meaning to life events, in a Christian setting even to give meaning in the light of God’s intentions with his human creatures.

3.4 Conclusion

The inquiry in this chapter resulted in the following outcomes. First, the classical theological notions about anthropology have been preserved, such as being created in the image of God, human soul, morality, responsibility, universal sin, and renewal. However, these notions were often interpreted with the help of psychological insights. For instance, the soul has been defined with the help of the concept of the self, though not absorbed by this notion; renewal and Christian maturity were explained in terms of self-actualization; the pervasive reach of sin was paralleled with the pervasive reach of psychopathology; the enslaved will of the wicked was related to irrational emotions and distorted perceptions; the sin of pride was paralleled by the self-serving bias in attributions; original sin was put in line with primary narcissism or the oedipal complex; hatred was explained as defense against narcissistic injury; and the relationship with God was interpreted with the help of the attachment theory.

Second, the move to subjectivity and relationality that was prepared and announced by Kierkegaard, has been followed by Christian psychologists, maybe even more consequently than by their secular colleagues. In conformity with theological interpretation, the human creation in the image of God was understood as the relational nature of humanity.
Accordingly, morality was often interpreted within socio-historic and social contexts that determine the meaning of life and its inherent values and virtues. In opposition to much secular psychology the essential importance of our spiritual nature was emphasized. The spiritual character of humanity was derived from our being made in the image of God, and from our being a soul or spirit. From the more subjective perspective, spirituality was related to our self-transcendence.

Third, about human freedom the age old controversy continued, albeit in other contexts than the former theological and ecclesiastical settings. The threat of determinism comes from the physicalist interpretation of neurobiology.

Finally, the narrative approach highlighted human identity as a unique and continuously reformulated story of which the person concerned is both the author and main character, aimed at the interpreting one’s life and attributing meaning to it, leaving ample room for Christian articulations.

To build a bridge toward the evaluative appraisal in the chapters 5 and 6, I formulate some questions that need further consideration. As to the first observation above, the interpretation of theological items by psychological views may contribute to further clarification, indeed; confer the help of the attachment theory in explaining the relationship to God, or the psychodynamic clearing of hatred. On the other hand, the psychological framework easily takes the lead, becoming the standard to interpret and mold the theological notions, or the other way round, theology dominates psychological understanding. What about these possible processes? How to judge them?

The second observation leads to the question of how to think of the development toward a growing emphasis on subjectivity and relationality. To what extent does this development reflect the rise of modern self-understanding, and to what extent is it indicative for a particular Christian understanding of human nature?

The final issue concerns the problem of determinism. Sperry (1988) resorted to an evolutionary explanation of social conscience as basic for the human will, being a part of nature’s genetic provisions for survival. This implies a naturalistic, deterministic view of the human will. Did he really succeed in making the compatibility of freedom and determinism plausible? There is some reason to doubt it. The kind of mental freedom belonging to this view is not a libertarian freedom that is able to act independently from whatever causes, but a freedom as voluntariness of
acting in accordance with the determining causes (Van den Brink, 1993). This is a kind of free will in which one cannot will otherwise than one has been determined to do by external causal factors. The free character of the will confines itself to the fact that this causally determined will does not run counter to what it wills. But this is implicit in the meaning of will. Then the question remains how humans can be held responsible for wrong choices if these are caused by irresistible natural forces to will them and thus make such choices. Non-reductive physicalism tries to find a way out of a deterministic framework.

In the course of this chapter already some lines were drawn from anthropology to psychotherapy. In the next chapter these lines are made more explicit. We will see how Christian articulations of psychological anthropology are related to the pleas for a distinct Christian psychotherapy.

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Chapter 4

Psychotherapy

Introduction
The journals under scrutiny abound in articles about psychotherapy. From the 1990s onward, psychotherapy has been enjoying growing popularity in the journals’ contributions. By 1994, Worthington observed a shift of attention from Christian oriented psychological theory to Christian inspired psychotherapy or counseling. He found a change from interdisciplinary to intra-disciplinary integration, which, in his conception, proposes a variety of ways to integrate Christian values, beliefs, and assumptions in various theories of therapy. This shift of attention is affirmed by the ongoing development after 1994. Some authors relate it to the move from the modern preoccupation with universal truth to the postmodern attraction of the unique and the personal. These distinctions will not dominate our discourse, however, but the mention of them may be meaningful to be able to grasp the trains of thought.

Having charted the issue of anthropology in the previous chapter, our interest turns to the effects of the anthropological notions of relationality and spirituality in the psychotherapeutic context. Our main concern is whether these notions return in the conceptualization of Christian inspired psychotherapy and, if so, how. The large number of articles about psychotherapy can be classified in more than one systematic way.

When we try to put them in a systematic order, the following principle of presentation may recommend itself. We can focus on psychotherapy as

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1. A restriction has to be made, though, for the *Journal of Psychology and Theology*. From the start of this century the emphasis has shifted again to articles on psychology, with an increasing supply of research articles.
the subject matter of this chapter, and ask for what is meant by it, how it works, and why it is understood that way in the conceptions that are put forward. Then, answering the What, we arrive at views of psychotherapy and its goal, as both distinct from and in relation with counseling, pastoral care or care of souls, and spiritual guidance. The How is answered by referring to the methods employed, the valuation of the therapeutic attitude and relationship, and the institutional setting. The Why hints at the religious and cultural backgrounds that affect views and expectations of therapy.

As to the What, psychotherapy, including its goal, was related to other forms of help by conversation in different ways. Here, anthropology appears to be the leading principle (section 4.2). In this connection we also pay attention to accounts of soul care in Christian history as forerunners of present day psychotherapy. Some authors appealed to these deep roots of spiritual care to infer guidelines for contemporary therapeutic practice. Because of the particular nature of this kind of historical examination, we devote a separate section to it (section 4.3).

As to the How, several kinds of means have been employed. There were proposals to utilize secular models and methods of psychotherapy, adapted to Christian anthropological insights (section 4.4). Otherwise, the employment of spiritual techniques was proposed (section 4.5). Furthermore, the therapeutic relationship was identified as a means to reach the therapeutic goal. One of the aspects of this relationship is the influence of the therapist's ethical values. Another aspect is spirituality, justified by the understanding of humans as spiritual beings. The legitimization of spirituality as an intrinsic factor in psychotherapy was supposed to decide the success of integrative efforts with respect to psychotherapy (section 4.6). Then, some argued for a specific institutional environment for Christian therapy, related to a church (section 4.7). Finally, the mutual differences between the various positions within the integration debate are mapped (section 4.8).

As to the Why, we refer to the Christian anthropology that appears to be a leading principle for the ideas about a distinct psychotherapy in a Christian context. However, anthropology cannot explain all differences. Therefore, we turn to the cultural considerations of human functioning and needs, and clients’ expectations, as they are analyzed in both journals (section 4.9). They supplement the theological reflections on anthropology that were presented in the previous chapter.

Our systematic rendering need not coincide with a chronologic presentation, of course. Within the elementary building blocks,
chronology will be pursued, however, unless conceptual clarity requires completion of a train of thought.

But first we face some figures (section 4.1).

4.1 Numbers

In total, 232 articles about psychotherapy in some relevant way were counted in the two journals, 118 of them in JPT, 114 in JPC. Of these articles, 154 were mainly about psychotherapy (JPT 83, JPC 71), the rest share their focus of interest with epistemology (JPT 13, JPC 15), anthropology (JPT 19, JPC 28), or both (JPT 3). Of the 233 articles about psychotherapy, 58 are empirical (JPT 38, JPC 20).

These figures do not pretend to be exact, rather they are indicative. I focus on the articles that specifically account for the impact of epistemology and/or anthropology on psychotherapy. However, in practice the boundary line with contributions about Christian oriented psychotherapy without a straight connection with these other fields of interest is not sharp. More than once some subjective weighing for the purpose of selection was inevitable.

Who are the contributors? In 161 articles the authors are psychologists, including psychiatrists (6), sociologists (2), and philosophers of psychology (6) (JPT 85, JPC 76). The latter are not psychologists in the strict sense but presumably more familiar with the discipline in comparison with the category of theologians. In 12 contributions the authors are theologians (JPT 7, JPC 5). A few articles were written by general philosophers. 54 articles (JPT 24, JPC 30), were by psychologists and theologians, either cooperating or united in one person, or in a combination of these. Of one paper the author’s academic background was unclear. Is a Christian counselor a psychologist or a theologian?

4.2 What is Psychotherapy About?

This section concerns the What of psychotherapy, related to the goals it pursues as they are proposed by therapists and theorists. In this characterization the interfaces with other practices are considered, such as pastoral counseling, spiritual direction, and medical care.
Psychotherapy and Counseling
In the search of what psychotherapy is about, we meet with the remarkable fact that in America psychotherapy and counseling are used almost interchangeably. In the journals surveyed this interchangeability is mentioned explicitly from time to time but rarely accounted for, although authors sometimes do appear to be aware of some difference. Narramore (1973b) spoke of Christian therapists, be they psychiatrists, psychologists, or pastoral counselors. Carlson (1976) declared to avoid the debate over the differences between counseling and psychotherapy, thus suggesting that differences do exist. He took counseling to denote a wide range of interventional, interpersonal relationships intended to bring about change in another person. This definition covers a wide range of changes indeed, from recovery to conversion and from adjustment to growth. Obviously, the intention to bring about change is still a rather unspecific formulation of a therapeutic goal. Worthington and Gascoyne (1985) noted that they use the term counseling to represent either counseling or psychotherapy. This makes clear that they at least presumed a difference but that they do not deem the difference sufficiently important to merit further consideration. Similarly, Ridley (1986) asserted the interchangeable use of the terms, although he allows for theoretical, historical, and political arguments for differentiations. Unfortunately, he gave none of them, neither the arguments nor the possible differentiations, nor did he refer to other literature. In the same vein, Underwood (1986, p. 304) talked about “pastoral counseling and related disciplines” such as psychotherapy.

The only one to make some effort to give a closer account of the confusing terminology was Jones (1991). For the meaning of psychotherapy he borrowed the following ingredients from the definition by Nietzel, Bernstein, and Milich (1991): it consists of the intentional relationship between a person struggling with an adjustment problem and a person specialized in dealing with that kind of problem. Psychological methods are used to bring about the desired changes, rooted in psychological theories both of personality in general and of the particular type of problem. Jones notes that nowadays the relationship between counseling and clinical psychology has become very blurred, and that the same is true for the distinction between psychotherapy and pastoral counseling. He explained this state of affairs by adopting the definition of pastoral care by Clebsch and Jaeckle (1975), herewith disregarding the distinction between pastoral care and pastoral counseling. These authors state: “Pastoral care consists of helping acts, done by representative Christian
persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns” (p. 4). Because of the similarities between the respective definitions, Jones argued that pastoral counseling and professional psychotherapy in its Christian manifestation are not intrinsically different but that nonetheless in practice differences in emphasis and focus often emerge. Counselors in both contexts deal with the same things; like pastors, psychotherapists may be “representative Christian persons” by virtue of the priesthood of all believers in Christ; and in many cases psychotherapists, like pastors, venture into the domain of ultimate questions and concerns.

**Goal of Psychotherapy: Healing**
The main formulated goal of psychotherapy is promoting health, or healing. But what is meant by health and healing? Is it just absence of illness? Or does the meaning extend to proper functioning? If so, what does proper functioning mean? Nelson and Wilson (1984) tended toward the broader sense, and interpreted it in a Christian way. They stated that the basic intervention which begins the process of healing is to so present Jesus Christ in the power of the Holy Spirit that persons will come to place their trust in God and to serve Jesus Christ in the fellowship of the church. Here, incontestably, healing has a spiritual dimension. Johnson (1991) defined psychotherapy as the attempt to understand and heal visible pathologies as well as the results of sin. To attain this goal he preferred a multidimensional diagnostic process to pathology based diagnoses, utilizing temperament, type, gender, subculture, age, and other relevant dimensions of personality. Olthuis (1994b) spoke of a healing and empowering dynamic that belongs to the concept of relational psychotherapy, not characterized by cure but by care through empathy, re-story-ing, and transformation, in which both therapist and helped person share and grow. Both authors gave a broader interpretation to healing than a strict medical one. The same is true of Jones (1996). Likewise, Kunst and Tan (1996) pointed to psychotherapy’s most basic goal: repair of the broken personality. The work is done in cooperation with God, and its fruit is the healed and restored human person. It enables human beings to be kingdom people, helping them live out their original, intended calling in mutual harmony, living unencumbered by the weight of self-consciousness, shame, and pride. In the same vein, McMinn and McRay (1997) noticed that the predominant models of health in contemporary professional psychology conceptualize healing as eliminating symptoms.
of psychopathology, but that Christians have historically viewed the goals of healing differently. Health has to do with hope and inner peace, which can never come through personal efforts alone. One has to yield control of one’s life to God. This asks for Christian spirituality, at the heart of which is a healing relationship with God. Correspondingly, Hall and Hall (1997) noted that religious persons view positive mental health not just as the absence of illness, but also as the continual development of a relationship with the supernatural. Coe (1999) expanded the boundaries of health in the same direction, not only pointing to the radical relationality of the self but viewing the nature of persons as one made for union with God. He associated health with being filled with the Spirit in the Christian community. A pneuma-dynamic approach will aid therapist and client in being open to the movements of the Holy Spirit within human dynamics. Without stressing the spiritual dimension, Sorenson (1998), too, doubted whether psychotherapy is best understood as a part of the health profession, defined as a diagnose-treat-and-cure approach to human suffering. Here the aim is remedial, to fight disease, and health is defined as the absence of disease. Coe preferred a more developmental model over a remedial one, in which health is about the wisdom to work to change what we can, and the grace to accept what we cannot alter. This view reflects a holistic, pre-modern conception of health, and denies the more reductionist methods employed by modernist approaches.

Sometimes the concept of health and the goal of healing remained implicit but became clear nonetheless, as with Mangis (2000). In response to an article about spiritual formation, he distinguished two ways of dealing with pain in the field of psychotherapy, first by those who see the goal of treatment as ending pain, and second, those who see it as deriving meaning from pain. The former approach aims at symptom reduction, the latter at character transformation. This transformation approach would make room for Christian psychotherapists to facilitate the process of making spiritual meaning from pain. Here, implicitly healing is related with being able to cope with pain, to find balance and peace by actively accepting and handling the grief. More explicitly, Moon (2002a) stated that both psychotherapy and spiritual direction are about soul healing. With this he stretched the limits observed by traditional psychotherapy. It is only recently, he observed, that the modern integration movement is moving away from traditional psychotherapy whose goal, most typically, was to restore normalcy, and the techniques were taken from the field of applied psychology. However, Moon argued, problems can go deeper than psychiatric diagnosis; they can be due to the lack of experiential
awareness of the loving presence of God. In such a case spiritual techniques may be employed in the service of a psychological goal. Developing an experiential relationship with God may be the best way to achieve certain goals of professional counseling. Sperry (2003) took a similar stance, adhering to a composite developmental and pathology model of health and well-being that views health and growth in a holistic fashion, including the psychological, moral, somatic and spiritual dimensions. Sperry mentioned and respected May's (1992) distinction between curing and healing, however, implying that curing has to do with restoring efficient functioning and increasing well-being, while healing refers to increasing love. Still, he attempted to integrate both purposes into one spiritual psychotherapy.²

Like Coe (1999), Tan (2007) emphasized besides cognitive, behavioral, and emotional change, the Holy Spirit’s ministry in bringing about inner healing. This spiritual health is established through dependence on the Lord for deep and lasting personality change, and consists eventually in holiness or Christ-likeness as the ultimate goal of counseling (cf. Tan, 1987). In another contribution, Tan (2003) stated that psychotherapy often aims at the ultimate goal of facilitating spiritual growth, and not just at alleviation of symptoms and solving problems. Campbell (2007) fostered a more modest goal for psychotherapy, namely, to remove barriers for the promotion of growth, including spiritual growth. The exposition by the Roman Catholics Moncher and Titus (2009) is less spiritual than Tan’s and Campbell’s but still broad in scope. Ultimately they related psychological health to being able to choose goods that are objectively adequate for human flourishing and acting in a consequent manner. At this level, there is convergence between psychology and natural acquired virtue, as it has been called classically. Therefore, psychotherapy might seek not only the reduction of symptoms, but also growth in the positive human capacities on virtues, character strengths, and practices, both goals being subsumed under the heading of health. This has something in common with Barrette (2002) (Roman Catholic) who typified the generic goal of psychotherapy as a healthy relationship with self, with others and with the world. He does not include the relationship with

² He tried to do so by suggesting alternating the treatment goals by focusing three weeks on psychotherapy and one week on spiritual issues, assuming that a client asks for spiritual guidance. Such interruption of the therapeutic process by sessions with other roles and goals seems to be rather confusing, however.
God. Lewis Hall, Langer, and McMartin (2010) did, however. They defined the treatment goal as human flourishing and character formation, which may incorporate suffering. This suffering can be a point of personal connection with Christ. It is linked with the divine calling on our life and sanctification.

**Psychotherapy as Soul Care**

*Soul care* is a literal translation of *psychotherapy*. Several authors orient themselves to this original meaning of psychotherapy for the interpretation of its intent. Prater (1982, p. 34) asked the question whether therapists are to be restricted to the role of providing temporary palliatives for symptoms, leaving the truly important cure of souls to the pastors. The answer was “May that never be!” A more systematic exposition of soul care was offered by Benner (1989). He viewed modern day psychotherapy as rooted in and continuous with the venerable religious tradition of the care of souls. Yet, he underscored that psychotherapy approaches soul care in a manner different from that of spiritual guidance. The psychotherapist treats spirituality psychologically, that is, by exploring the meaning, experience, and dynamics of the matter at issue in the person’s life, assuming that the relationships with God, self, and others are all mediated by the same internal psychological processes. In other publications, too, Benner distinguished two forms of soul care: spiritual direction and psychotherapy. Both belong to the same domain of personhood, namely, the whole person with particular attention to the inner self, for we cannot link the psychological and the spiritual aspects of a person to some parts of his or her being, psycho-spiritual-somatic beings as we are. While the psychotherapist focuses on the inner world, the spiritual director focuses with equal attention on the activity of the Spirit of God in the other, in the interaction, and in oneself at the moment (Benner, 2002). In an interview with Moon (2000b) he explained that psychotherapy has a problem focus, and spiritual direction a more developmental focus. For this reason, he was not comfortable with the phrase *Christian counseling* or *Christian psychotherapy*. Both indications seem to suggest something like spiritual guidance or pastoral counseling, or traditional psychological care sprinkled with Christian terms like icing on a cake.

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3 Remember his Barthian anthropology (section 3.1): only in doing the will of God persons realize their ontological potential (*Möglichkeit*).
In the context of the pursuit of wisdom, psychotherapy as care of souls is more appropriate than psychotherapy as health profession, according to Sorenson (1998). Somewhat less cautious in making distinctions than Benner, Tan (1996a) stated that the ultimate goal of all Christian therapy and counseling is to find and know God more deeply, and not using God only to solve problems, alleviate symptoms, or enhance health. In the same way, from a developmental stance Watson (2000) contended that Christian psychotherapy is ultimately about developing the capacity to love. Such psychotherapy serves the process of spiritual formation for the person moving toward Christ. Moon (2002a), like Benner, qualified psychotherapy as soul healing and therefore as akin to spiritual direction. Only the centers of gravity differ; psychotherapeutic counseling is problem centered, spiritual direction is Spirit centered.

The spiritual direction–psychotherapy continuum as it is presupposed in this approach can be elaborated further. Sperry (2003) distinguished spiritual direction, pastoral counseling, spiritually oriented or pastoral psychotherapy, and generic psychotherapy. Here pastoral counseling, too, is supposed to be problem solving or solution focused. The difference between pastoral counseling and pastoral psychotherapy is identified in their short term and longer term character respectively.

An impressive example of psychotherapy as soul care was offered by Latini (2009). She advocated interdisciplinarity between psychology and theology in a way that precedence is given to theology, because theology alone addresses the ultimate questions of human existence. It is illustrated by the example of grief in the light of the cross of Jesus. It is an exercise in not repressing suffering. The components of this grief work include: experiencing repressed emotions, confronting internalized parents, meeting needs and mourning those of them that can never be fulfilled, unmasking all denial of human suffering. The cross of Jesus also defines the caregiver’s identity, disclosing any tendency to spiritualize or moralize the client’s suffering as indicative of his or her own defense mechanisms; it urges the counselor to suffer with others. The cross defines Christian identity and lifestyle; the cross of the Christian may take the form of persecution, rejection, alienation, temptation, or any other form of creaturely suffering. Both the Christian counselor and client will be able to bear this cross from the conviction that the cross of Jesus judges and destroys all evil inflicted upon humanity. In this light Latini defined as the goal of therapy de-repression of repressed emotion.

In trying to determine how psychotherapy relates to spirituality, some contributors thought in terms of preparation. According to Pfrimmer
(1978), psychotherapy may open the way toward conversion by removing the obstacles for the formation of faith, and facilitating the individual’s access to the love and grace of God. Even without preaching and evangelizing, said Prater (1982), therapists can prepare their clients for the kingdom of God by helping them remove any barriers to being their true selves, such as the neurotic channeling of anxiety. So, therapists can prepare the ground for a cure of souls. As Vitz and Mango (1997b) put it, the therapist’s faithfulness to a client with borderline features may be interpreted by that client as implicit forgiveness, helping him or her to re-inject the split off negative self-representations without overwhelming the good self-representations. Real repentance and forgiveness, however, cannot be supplied by psychotherapy. Strawn and Leffel (2001) spoke about convergent aims and complementary practices in psychotherapy and spiritual formation. Appealing to Harry Guntrip (1994), they argued that the personal integration sought in psychotherapy and the spiritual maturity sought in religious experience are closely related ways of looking at the same thing. With reference to the practical theology of John Wesley, they contended that benevolent human relatedness can help to restore the natural side of Godward experience, as a kind of preparatory grace. From a psychoanalytic viewpoint object relations are understood to direct and determine interpersonal relationships and religious experience.

Other Goal Formulations
Not all formulations of the goal of psychotherapy are linked with health and healing or with soul care. Finney and Malony (1985) recognized selfless love of God alone as one of the possible treatment goals of psychotherapy with Christians. Worthington (1994) distinguished two kinds of therapy: growth therapies and problem solving therapies. Which goal is emphasized is usually determined by the context of counseling and the nature of the client’s request for help. According to Tan (1996a) the ultimate goal of all Christian therapy and counseling is to find and know God more deeply. By stressing this intent he tried to avoid the misconception that in Christian therapy God is only used to solve problems, alleviate symptoms, or enhance health. For Johnson (1997) the goals of psychotherapy are determined by the lordship of Christ and the kingdom of God. And Lattea (1997) conceived his work as psychotherapist as a specialized extension of the daily sanctification work going on in churches and individual lives.
4.3 Christian Sources

Various writers emphasized that Christian oriented psychotherapy could benefit from the rich tradition of pastoral care and counseling in the history of Christian spirituality (e.g., Benner, 1989; Browning, 1992; Roberts, 2000). Some contributions focused on classical insights and their relevance for contemporary counseling in Christian contexts. The exemplars of this evidence are offered below. For the sake of systematic presentation a chronology of the historical material is preferred over a chronology of publication.

The Early Church
From the 3rd century onward, the so-called Desert Fathers, small groups of Christian men in Egypt, retreated from daily society and dedicated their lives in stringent segregation to the thorough obedience to God. Watson and Mangis (2001) described the impact of their spirituality on their own implementation of psychotherapy. The desert tradition can be characterized as a tradition that seeks to be in touch with the deepest inner emotions and pursues complete honesty toward oneself and God. It teaches us that truths that transform cannot be preserved by theories, systems or techniques. Spiritual formation and healing cannot be accomplished by methodical mastery or professional expertise, but only by honest self-examination and receptive confidence in God. “Their corrective is in rejecting correctives, or else in seeking to avoid becoming settled enough to need correctives” (p. 321). Both authors applied these lessons to their own attitude as therapists. Watson had to learn the progressive denouncement of false self-importance, i.e., seeing himself as the responsible, indispensable healer of patients seeking help. In the way of cautious self-disclosure he discarded initial pretenses of having control and being the authority. This process was accompanied by the presence of God’s spirit and healing power. Mangis discovered his own emotional distance and self-protective detachment by unmasking his interpretive focus on the defenses and pathologies of the client as rationalization. Through radical self-honesty derived from the contemplative desert tradition he learned to embrace the intersubjective approach. He came to value and cherish his most difficult clients for calling forth radical and unambiguous self-honesty and awareness of what he needs most in his own spiritual life. Both Watson and Mangis agreed that admitting and accepting to be vulnerable like the patient creates openings for
community and spiritual intersubjectivity for the benefit of the patient and the therapist.

Oden (1992) presented a picture of the pastoral care tradition in the early history of the church. He identified evidence of empathy, congruence, and unconditional love, and perceives an awareness of the importance of specificity and adaptation. He pointed to examples of empathic caring and listening found with Saint Ambrose (c. 339-397), observing the appreciation of being open to one’s own inner emotional experience. Ambrose said that in coming to know ourselves truly, we may be able to take counsel from our own heart. Athanasius of Alexandria (c. 295-373) praised his soul guide Anthony for the stability of character and the purity of the soul. Every man of counsel should be like that, having nothing dark or deceptive or false about him. Oden saw these statements as examples of the value of congruence. As to unconditional love, the church fathers were clear. Love casts a veil over sins innumerable, says Clement of Rome. The importance of good timing and judging every situation on its own is shown by four metaphors used to elucidate the importance of flexibility and variability; the metaphor of the navigator (Clement of Alexandria; c. 150- c. 215), the military logistic coordinator (John Chrysostom; c. 347-407), the physician (John Climacus; c. 525-606), and the wrestler (Gregory of Nazianzus; c. 329-c. 389). Gregory formulated the famous rule that just as the same food and medicine is not appropriate to every bodily ailment, so neither is the same treatment and discipline proper for the guidance of souls.

Zooming in on Saint Augustine (354-430), Johnson (1998a) drew attention to his understanding of happiness and freedom. Augustine shared the common belief in the ancient world that humans are motivated by the search for happiness. He articulated true happiness, however, in a way that opposes the philosophies of many. It can only be found in the enjoyment of God. The lack of true happiness may have two causes. Some are unhappy because they do not have what they want; others are unhappy although they do have what they want, but what they want does not satisfy their ultimate needs. Humans can only find true happiness through love that comes from God and that unites them with God. There is a hierarchy of love: external love (love of external goods), self-love (as a natural given), and love of one’s neighbor. Self-love can escape from being selfish and thus from lacking neighborly love only if we love God preeminently. The true interest of the self is served when God is loved more than the self, for then one chooses to be God’s rather than one’s own. Do humans have the freedom of will to choose for loving God?
Humans’ wills are free in the sense of non-coerced, but still their wills are determined by prior motives, that is, their loves. The human will has been created good and free by God, but has been defiled by the original sin of our first ancestors that was passed on to their descendants. The human will can only be liberated to will the ultimate good by the transformation of its loves through God’s grace. As Johnson concluded, God’s grace should be seen as the basis of all Christian counseling activity.

The Middle Ages

In order to illustrate the importance of empathy, congruence, and unconditional love for a pastor or psychologist, Oden (1992) not only quoted from the church fathers but also appealed to theologians from the Middle Ages. William of St. Thierry (?-1148) distinguished between the outer cell of the monk and his inner cell, that is, the conscience. It is in the conscience that God should dwell with the human’s spirit. God is more interior to the believer than all else that is within him or her. The author also pointed to Bonaventure (1221-1274), who likewise concentrated on the inner experience by asserting that by entering one’s soul deeply one may come to meet God, because there one finds oneself as being made in the image of God. But why should so few be aware of Him when God is so close to our souls? The reason is that the human mind does not enter into itself because it is distracted by cares, clouded by sense images, and tempted by concupiscence.

Cross (1998) pointed to the psychology of Thomas Aquinas (1225-1274), as possible directive for counseling care. The author attributed to Aquinas the merit of successfully negotiating the material–immaterial juncture of human nature by connecting the soul’s powers and passions with the moral virtues that belong to humans as social and moral animals. Aquinas distinguished three powers of the soul: cognition, appetite, and vegetation, and a range of passions or emotions: desire, joy, hate, aversion, sorrow, hope, despair, courage, fear, and anger. All of the soul’s passions presuppose love of some kind, and each of the basic passions has one or more derivatives. Sorrow, for example, includes anxiety, pity, and envy. These types of sorrow are classified by the proper objects of each derivative, such as one’s own loss of well-being, or fear to lose it, one’s being sorry for someone else’s loss of well-being, or one’s being sorry for missing a good that is owned by someone else and contributes to his or her well-being. Moncher (2001) reflected on Aquinas’ theology of moral virtue as a handle for psychotherapy of virtue. Aquinas emphasized the superiority of reason over the emotions, viewing humans as
rational beings. Therefore, through the exercise of reason, humans are able to order their emotions and achieve self-mastery and discipline in the living of a truly good, virtuous and fully human life. Consequentially, by this exercise emotional well-being and psychological health is strengthened. This rational approach, I add, fits well in a more cognitive method of therapy.

Puritanism
From the end of the 16th and during the 17th century the Puritan movement in the churches of the Reformation pursued an ongoing reform of the church and its members by submitting all areas of life to God’s direction. In *A Christian Directory*, Richard Baxter (1615-1691) wrote a work of casuistry as a resource of pastoral guidance for an immense number of problems and situations. He distinguished four major causes of human problems: motivational, physiological, temperamental, and demonic. He often found the root cause to lie in the corruption of a person’s fundamental drives, owing to original sin. His counseling method focused on the curing of our motivational drives by applying the biblical doctrine of sanctification: sinful motivation should be replaced through repentance by a love for holy living through faith (Roth, 1998). Roth observed that Baxter’s counseling is characterized by a Christ-like compassion and optimism based upon God’s grace. This approach shows affinity with the present-day Biblical Counseling approach.

Yarhouse (2001) reflected on the treatise *The Grace and Duty of Being Spiritually Minded* by Baxter’s contemporary John Owen (1616-1683), focusing on sanctification, self-examination, and the experience of weak making indwelling sins. When spiritual affections are wanting, self-examination is appropriate. We should shape our beliefs by habitually contemplating on spiritual matters through the help of the Holy Spirit. Lack of spiritual affections should give rise to considerations of whether we are thinking rightly about the right things. Thinking rightly is only possible in a personal relationship with God. It is both cognitive and affective, so that our contemplation stirs an emotional reaction. Yarhouse conceded that the spiritual guidance by Owen can be applied to the clinical setting only with limitations, because some mental health concerns are not sins in and of themselves and, conversely, some sins are not mental disorders. He maintained, however, that many mental problems entail both psychological and spiritual concerns which can hardly be distinguished. And because, for Owen, self-examination is related to a careful assessment of one’s thoughts and emotions, it fits well in a cognitive
approach to treatment. As a difference from current cognitive therapy, an approach inspired by Owen does introduce appropriate shoulds and oughts for the sake of promoting spirit mindedness.

In these renderings of classical anthropology and soul care from pre-modern times, some normative directions for counseling are indicated, sometimes in connection with contemporary cognitive approaches. They are aimed at some way of integrating age-old Christian insights with modern psychological understandings and psychotherapeutic practice.

### 4.4 How Does Psychotherapy Work? Protocolled Methods

In the sections 4.4 to 4.8 we face the How of psychotherapy as it is envisaged by contributors to the integration debate on psychotherapy and Christianity. We start with those who argued for adopting and adapting protocolled methods in a Christian oriented therapy. The kind of adjustments turn out to be inspired by the assumption of Christian versions of anthropology.

Can behavioral and cognitive behavioral protocols be employed to perform psychotherapy within Christian goals or objectives? Bufford (1977) was rather positive about behaviorism. Its major principles, like the importance of social influences, the power of reinforcement, and the limited role of punishment accompanied by explaining words (classical conditioning) are to be found in the Bible as well. In response to some criticism, he distinguished between metaphysical behaviorism and methodological behaviorism. Metaphysical behaviorism is characterized by determinism and has no room for moral responsibility. Methodological behaviorism, however, may make a significant contribution in helping us put biblical principles into practice (Bufford, 1978). Ratcliff (1978), too, welcomed practical behavioral techniques like role playing, exposure, reinforcement, and desensitization. Bolin and Goldberg (1979) were even more open to the behavioristic approach. They marked off philosophical behaviorism from methodological behaviorism without disclaiming the former totally. The philosophical side concerns man’s freedom, dignity, self-control, and responsibility. The outcome should not be assessed too badly, however, because behaviorist therapists do not violate the clients’ free will. The practical side, on the other hand, is about goals, anticipations and rewards that work as incentives in both biblical eschatology (i.e., future consummation) and behavioral reinforcement.
Pecheur (1978) offered a similar consideration about cognitive theory and therapy. He stated that the process posited by cognitive therapists as underlying change and growth is identical to the scriptural process of sanctification. Put otherwise, Pecheur saw the processes in psychology and theology as the same, but the contents as different. The philosophical presupposition of cognitive therapy, that each person is ultimately responsible for his or her own behavior, is very compatible with the biblical view. There is a difference, however: in cognitive theory the person is the sole agent of change; in Christian sanctification there is an interactive relationship between the person and God.

Others did not agree with the separation between philosophical (or metaphysical) and methodological levels in behavioral and/or cognitive approaches. Petty (1984) argued that the Christian worldview is more than a philosophical foundation. He asserted that the results of scriptural study will have immediate impact on the content of psychology and psychotherapy because these disciplines respond to the same questions about personality and behavior as the Bible. He posed the rhetorical question “Can we really censor Ellis, Rogers, or Skinner for their strong rejection of biblical Christianity and then absorb their basic schemata?” The negative answer is implied in the sequel: “Examination of their working assumption that humans can, without essential deception, know themselves and the world apart from the self-revelation of God, is the root of the matter” (Petty, 1984, p. 13). Wolterstorff (1984) was as little satisfied with the delimitation at issue. Focusing on practical applications while rejecting the philosophical presuppositions is only allowed on condition that a more comprehensive theory (philosophy) explains the remainder of data that are not explained by radical theorizing; in the case of behaviorism, for instance, we need an overall theory that explains not only classical and operant conditioning, but also that which remains outside behaviorism’s purview: free choice, responsibility and the reality of sin. Such a Christian theory should be linked to a research program. Unfortunately, no such proposals exist.

Tan (1987) fostered an adapted application of cognitive-behavioral therapy, using biblical truth in conducting cognitive restructuring and behavioral change instead of relativistic, empirically oriented values. Furthermore, he recommended the involvement of larger contextual factors like family, social context, religion, and culture, and the application of prayer and appropriate community resources. Craigie and Tan (1989) reported the employment of behavioral strategies, social support, imagery, and prayer as vehicles for experiencing and incorporating God’s
truth in a deeper way. They contended that clients can experience in imagery the Lord’s presence coming to bear on their struggles to be liberated from misbeliefs. Here, too, the cognitive behavioral perspective takes the lead. Lipsker and Oordt (1990) presented a Christian cognitive behavior therapy approach in which they include religious activities like prayer, church and youth group attendances, Bible reading and study, and God related attributions reflected in cognitions. Stories narrated in the Bible may help processing the maladaptive nature of the client’s cognitions.

McMinn and Lebold (1989) showed the same reserve by dismissing Ellis’s opinion that religious individuals are not emotionally healthy and that blaming oneself is irrational. They advocated a mutual agreement between therapist and client about the philosophical framework the client relies on, thus supporting a version of cognitive behavioral therapy that is less directive and confronting.

Jones (1989) concluded from a Christian perspective that values endorsed by Rational Emotive Therapy (RET) overemphasize rationality, have problems with understanding rationality and emotion, and view the self atomistically. In Jones’s view, it is one-sided to trace emotions to cognitions, the reverse often being the case. McMinn (1994) introduced a new element by establishing a connection between RET and constructivism. He noticed a difference between the cognitive therapist in earlier days and the contemporary cognitive therapist. The former was seen as an objective observer of clients’ irrational thinking, while the latter collaborated with the clients to transform the narratives of their lives. Here, human values and context are an integral part of the process. McMinn advocated a moderate form of constructivism that emphasizes the constructive character of our view of reality without denying the existence and relevance of objective reality. Therefore, he preferred the term interpretation over construction. Recent developments have opened doors for the integration with other kinds of theories and therapies. Cognitive therapists have become interested in deep cognitive structures named schemas. Schemas are closely linked to the psychodynamic understanding of narrative, and thus to the understanding of a client’s perceptions of the past. At the same time there are reasons to be cautious, however. Constructivism introduces a subtle form of ethical individualism by looking for truth inside oneself. It can lose contact with external reality by appealing to memory without external validation. Moreover, for the constructivist RET therapist the client takes the role of the hero of the story, while the Christian narrative includes God, not self,
as the central figure, and therefore focuses on self-denial and yielding to divine authority more than self-direction and self-fulfillment. Finally, the goal of traditional RET is to assert greater control over one’s life by dismissing ideas of a divine being, but the goal of Christian maturity is giving up control to God and to foster dependence, one of the allegedly irrational, dysfunctional thoughts in RET. McMinn observed that Christian forms of cognitive therapy have been developed, but none has been based on a distinctively Christian hermeneutic or a critical examination of the RET worldview.4

For the sake of adapting cognitive behavioral therapy, this section contains several proposals on different levels, such as methodological, relational, and philosophical levels. But they find their similarity in a distinct Christian anthropology that fuels methodology, the therapeutic relationship and philosophy, by suggesting religious interventions, a collaborative relationship and restrictions on constructivism respectively.

Outcomes of empirical studies about the use of Christian versions of cognitive behavioral or rational emotive therapy to Christians are divided. Some find positive results (Propst, 1980; Hawkins, Tan, & Turk, 1999), others do not observe significant differences (Pecheur & Edwards, 1984; Johnson, DeVries, Ridley, Pettorini, & Peterson, 1994).

4.5 Spiritual Interventions

Spiritual Techniques
Many kinds of spiritual practices have been proposed and adopted within a therapeutic framework as means to attain the therapeutic goal. Narramore (1973b) denounced the wrong dichotomy between spiritual and psychological. He championed a holistic view of counseling. Wilson (1974) favored what he calls spiritual commitment, confession of sin, forgiving other persons, and fellowship change through attending a Bible study group, a church or a conversation group. Edwards (1976) emphasized that the therapist and client should have a common conceptual system. From this common system a variety of actions such as prayer, Bible study, fellowship, confession, forgiveness, encouragement,

4 Thirteen years later he filled this vacuum together with Campbell (McMinn & Campbell, 2007).
confrontation, etc. may be performed. Edwards situated these interventions in a cognitive behavioral setting. He assumed that most of God’s supernatural influence on his children is through cognitions inspired by the Holy Spirit. A salvation experience is the basis for restructuring thought patterns, and these in turn mediate emotional and behavioral change.

Propst (1980) advocated the use of imagery for cognitive restructuring. She described an experiment in which individuals were asked to visualize, for instance, Christ present with them in a depressive situation they were imagining. Another instruction to participants was to combine relaxation and concentration, in which they visualized God and then visualized themselves being filled with the Holy Spirit. Nelson and Wilson (1984) put forward prayer, Bible quotations, conversion, confession, repentance, forgiveness, and discipleship as appropriate means, but emphasized that the basic intervention which begins the process of healing is to so present Jesus Christ in the power of the Holy Spirit that persons will come to put their trust in God, and serve Him in the fellowship of the church. Finney and Malony (1985) introduced contemplative prayer, defining it as a form of Christian prayer in which one gives one’s full attention to relating to God in a passive, non-defensive, non-demanding, open way.

Worthington, Dupont, Berry, and Duncan (1988) investigated the frequency of the use of spiritual guidance techniques. Most frequently used were religious homework, quoting Scripture, interpreting Scripture, discussing the client’s faith, prayer during the session. Some of the least frequently employed activities are laying hands on the client, and anointing the client with oil.

A rather exhaustive rendering of spiritual counseling techniques was given by Moon, Bailey, Kwasny, and Willis (1991). Among other things, they listed concrete meditation about biblical words or creatural objects; abstract meditation such as a passive focus on one of the attributes of God; intercessory prayer by making our requests known to God; contemplative prayer preparing a passive openness to the experience of God through non-analytical focus of attention; listening prayer with the primary focus on receptivity to communication from God; prayer in the Spirit, i.e. a type of prayer involving the presence of not recognizable, verbal utterances, as a prayer of interior surrender; didactic use of Scripture by the counselor; Scriptural study and memorization as a structured homework technique; confessions of transgressions; obedience, in the sense of giving up one’s personal autonomy and entering into a life of
freely accepted service of God; structural discussion of one's spiritual history; healing by laying on of hands or anointing with oil. They do not mention the Christian adaptation of the generic psychotherapeutic technique of imagination. Tan (1996a) mentioned twelve key disciplines, most of which have been mentioned in the preceding lines, in the context of practicing the presence of God as advanced by the Quaker Richard J. Foster, and applicable to psychotherapeutic practice. Later on, Tan (1999) unfolded the methods of a Spirit-filled psychotherapy. It includes dealing with spiritual issues such as guilt, sin, spiritual emptiness, doubt, and the search for meaning; then, using religious and spiritual resources such as prayer, Scripture, and referral to church or para-church groups; and finally, developing the spirituality of both client and therapist by meditation, prayer, fasting, study, etc.

In 2007, Tan explained how specific disciplines might be appropriate for specific problems. Christian clients experiencing spiritual emptiness may be helped by Scriptural and spiritual teaching about solitude and wilderness experiences. Clients struggling with tension, stress, anxiety, perfectionism, burnout, addictions, and/or compulsions may be helped by solitude and silence, prayer, and private retreats. And in cases of mental trauma, healing prayer may facilitate the client's ability to process effectively painful memories through vividly recalling them and asking for the presence of Christ or God to minister while they feel the pain. Tan (2007, pp. 105-106) gave an impression of the way a session like this goes.

*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?

The therapist pronounces a prayer and asks the client, Jane, to do some relaxation techniques. In a relaxed mood, she is asked to focus her attention on a painful moment in the past. After she has described her memory and corresponding feelings, the therapist proposes to pray again:

*Therapist:* 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?
After the prayer:

*Therapist:* 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...

After some time the therapist asks the client to describe her experience. She answers:

*Jane:* I actually sense the presence of Jesus with me; 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 beside 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...

Entwistle (2004a) and Hunter and Yarhouse (2009a) described and criticized a procedure that is named Theophostic Prayer Ministry (TPM). The founder, Ed Smith, coined the term from the Greek words for God (*theos*) and light (*phoos*). TPM is built on the presupposition that painful memories containing lies is at the root of current distress, and in the belief that Christ can bring release by uncovering the lies and replacing them with truth as He discloses his real presence in the person's memory. The counselee is encouraged to review memories and the lies attached to them, and then to wait for an encounter with Jesus. The former name was Theophostic Counseling, but doubts about legal and ethical issues concerning the counseling quality were the reason for the name change.

Another variant is the charisma of “word of knowledge” which is not so much presented as spiritual technique but more as a spiritual tool. It is viewed as a gift of the Holy Spirit by which the therapist recognizes something about the person or their problem that could not have been known by natural means (Parker, 2014).

One distinction should be mentioned that was made by Tan (2001, 2003, 2007). It is the distinction between *implicit* and *explicit* integration between faith and psychotherapy. Implicit use of Christian elements concern, for instance, the personal prayer of the therapist before and after the sessions, a Christian attitude of the therapist, and advancing Christian values without naming them as such. Within implicit integration religious
issues can be dealt with, however, as soon as the client brings them up for discussion. More explicit forms of religiously oriented therapy include joint prayer, reading and discussing Bible verses, and imagining God’s or Jesus’ presence. Christian clients seem to prefer the use of spiritual resources, and the *Ethical Principles of Psychologists and Code of Conduct* of APA identify religion as one of the significant dimensions of human differences which require special skills on the therapist’s part. Terrell (2007), however, relativized the distinction of explicit and implicit integration, arguing that it can only be applied to the level of cognitions, the level of what we say to patients, which is either explicit or implicit. However, at a deeper, psychodynamic level an intentional relational approach motivated by Christian love evades a simple explicit–implicit taxonomy of integrative psychotherapy.

Not only specific Christian spirituality was addressed, some authors broadened their scope to include spirituality as a universal anthropological phenomenon that should be deployed in therapy. According to Benner (1989) spirituality involves natural spirituality, religious spirituality, and Christian spirituality, the latter being a subset of the second. Natural spirituality is seen by him as the ground of all religious spirituality, and defined as our response to a deep and mysterious human yearning for self-transcendence and surrender, a yearning to find our place. Natural spirituality is, Brenner says, a fundamental part of our being creatures made in the image of God. Bergin and Payne (1991) aimed at a systematic spiritual approach to personality and psychotherapy characterized by a conception of human nature, a moral frame of reference, specific techniques of change, empirical confirmation, and an eclectic and ecumenical design. Next, this generic system can be denominationally specified into a distinct spiritual strategy. So, Christian spirituality, or one of the denominational strands of Christianity, is a species of spirituality as a common trait of humanity. An overall theory should aspire at assessing values in universal terms and progress toward a generalized conception of universalistic values in order to bridge the gap between therapeutic values and spiritual values. Slife, Stevenson, and Wendt (2010) advocated a strongly theistic psychotherapy, and contend that God would have to be viewed as at least one of several necessary conditions, including notions like ethical

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5 Cf. Tan (1996b), where the author treats the subject extensively.
values, free will, holism, transcendence, and spiritual activities like meditation, mindfulness and forgiveness. They described a spiritual practice performed at an academic institute, in which God is called “the Source.” This term was used to accommodate several widely varying theistic traditions. The rationale behind this accommodation is the strong theistic assumption that God can be active in the lives of all people.

Jones (2006) opposed the thinking in terms of religion and theism:

As a Christian, I am a particularist; my faith is real not (first) because of a real and universal human capacity to engage the transcendent, but because God really became man 2000 years ago and lived, died, and rose again. (p. 256)

He preferred to view religion as a sometimes useful abstraction rather than a universal phenomenon.

Ethical Constraints
In the expositions of some, the application of spiritual techniques was restricted by certain ethical constraints. Nelson and Wilson (1984) indicated that the use of spiritual interventions is only allowed if therapists are working within the patients’ belief systems, and if they include spiritual interventions in the treatment contract. In an article about counseling Aboriginal North American people, Koverola (1992) dismissed proselytism as a violation of the client’s trust in the counselor. Tan (1994) formulated ethical issues in the form of pitfalls for the therapist, such as imposing religious beliefs or values on the client, providing insufficient information, one-sidedly focusing on religious goals rather than therapeutic goals, lacking competence in religious affairs, arguing doctrinal issues instead of clarifying them, using spiritual resources to avoid painful issues, blurring boundaries between therapist and client, assuming ecclesiastical authority inappropriately, and withdrawing medication with appeal to the sufficiency of religious interventions. Some years later, he emphasized as the key ethical guideline the requirement of obtaining informed consent from clients with full respect for their freedom to choose (Tan, 1996a). McMinn and McRay (1997) advanced their ethical considerations by way of asking questions. They asked whether it is legitimate to charge for work that has historically been viewed as part of pastoral care. And if insurance companies pay part of the client’s bill, what information should be given to them? Time-limited interventions are increasingly the standard of psychotherapeutic care. Is spiritual development a legitimate goal nowadays? They called these questions
troubling matters that demand careful consideration. Furthermore, they underlined the need of empirical evidence of the efficacy of spiritual interventions.

On another occasion, Tan (2003) referred to the ethical guidelines advanced by Richards and Bergin (1997). They include avoiding dual relationships (religious leader and therapist), displacing or usurping religious authority, imposing religious values on clients, violating operational boundaries (between church and state), and practicing outside the boundary of professional competence. Tan joined McMinn and McRay (1997) in attaching importance to the empirical demonstration of the effectiveness. According to Garzon (2005), the incorporation of the Word of God into clinical care should only be performed with “appropriately religious Christians” who themselves desire the integration of spiritual resources. Finally, Hunter and Yarhouse (2009b) considered the use of religiously based interventions in a licensed, clinical setting. They addressed the risk of role identity confusion and billing issues. Some think to find the solution in practicing additional religiously based interventions in a different setting such as an office space at a church. But, as Hunter and Yarhouse pointed out, here again the question of who pays for the service, the insurance company or the client, should be clarified. They recalled Entwistle’s (2004b) guideline that within the framework of a spiritual ministry services should not be billed. They repeated McMinn’s (1996) recommendation to inform the client of the possibility to receive similar service at a lesser cost or even no cost at some churches. Their final emphasis was on informed consent about the nature, implications and financial consequences of religiously based interventions. In one of his contributions, Entwistle (2009) urged that ethical and legal issues be handled with caution, especially when the proposed interventions stand somewhere between recognized secular treatment and specifically religious guidance.

Critique and Caution
Spiritual interventions in psychotherapy are welcomed by many as a way of integrating mental health care and Christian faith. However, criticism against this development was also raised. Vande Kemp (1982b) underpinned her hesitations by stressing a clinical rationale for the distinction between the psychological and the spiritual. She does recognize correspondences, however. The spiritual processes of justification, regeneration and sanctification capacitate the person to pursue psychological wholeness. On the other hand, it is of importance to approach the psyche
on its own terms, because there are many aspects of the psyche that are not addressed by biblical anthropology.

The critique by Sorenson (1995) delved somewhat deeper. He tried to apply the implications of Gerald May’s concept of willingness. In his Will and Spirit, May (1982) opposed willingness to willfulness. Willingness has to do with surrender, willfulness with control and the will for power. Spirituality focuses on willingness, and psychology on willfulness, cf. the endeavors of coping, happiness, and growth. Because of these contrary aims, psychology and religion cannot be integrated. Efforts to do so end up in a psychologized religion “denuded of its legitimately transcendent focus by a psychology run amok with willfulness” (Sorenson, 1995, p. 332). This is not integration, but absorption of religion into psychology. The only integration that does full justice to religion is a more spiritualized psychology of personal relationships, including empathy, gratitude and doxology (laudation) (cf. Sorenson, 1996b). In the same vein, Entwistle (2009) opposed the reduction of religious belief to its pragmatic value. Spirituality may not be explored simply as a utilitarian force for personal improvement, but it may function as a legitimate encounter between persons, religious communities, and God. Meanwhile, dealing with biological, psychological and social forces remains the core business of psychology. Like Sorenson and May, Entwistle acknowledged the dangers of reducing religious belief to a therapeutic activity.

There is also an approach from the opposite direction, however, viewing therapy as a spiritual event. Documentation is given in the next section, related to the names of Buber, Benner, and others.

McMinn and McRay (1997) approached the matter from another angle. They listed the possible benefits of praying aloud with a client. They mentioned strengthening of the psychotherapeutic relationship, reduction of the inherent power distinction, possible enhancement of the client’s spiritual life and modeling of healthy interpersonal communication (in marital therapy). But the risks are possibly larger: distraction from emotions that need to be explored, intimacy at an unhealthy level, epistemological clashes about understanding health and healing.

Some were also cautious but at the same time more positive about spiritual interventions. Finney and Malony (1985) admitted that it is inappropriate to use contemplative prayer simply for desensitization or anxiety reduction. It must be employed in a manner that is consistent with its religious meaning. They saw room for this in psychotherapy, because they thought that selfless love of God alone can be a treatment goal of both the Christian therapist and the Christian client. And Tan
(1987) urged his colleagues to not simplistically use whatever spiritual techniques work. Conversely, biblical approaches will reaffirm biblical perspectives on suffering, and are completely compatible with the ultimate goal of counseling, which is holiness or Christ-likeness rather than temporal happiness. A goal like this includes being more open to receiving God’s love and grace and to overcoming anguish due to unbiblical beliefs.

4.6 The Therapeutic Relationship

In the first chapter we already paid attention to the impact of the therapeutic relationship on the therapeutic practice. Now we focus on the therapeutic relationship again, but from another angle. In chapter 1 we took notice of this therapeutic aspect in order to identify the importation of worldview influences, witting or unwitting, into the process through the relationship between therapist and client. In the present section, however, the relationship aspect is introduced from a specific worldview content, namely, that humans are relational beings, and that the therapeutic relationship should be a means to pursue the therapeutic goal. This section is mainly about this therapeutic operation of the relationship. Closest to the function as worldview conductor is the sub-section “Religious and Ethical Values in Therapy,” which signals intentional and unintentional transference of norms and values in the therapeutic encounter. However, this sub-section joins the common intention of the section to survey the influence of the relationship in the therapeutic process as an aspect of the how of psychotherapy. The focus is not on the prevalence of worldviews in the therapeutic relationship, as in chapter 1, but on the role of the relationship in the client’s process of change. This focus is due to an overall view on human nature itself.

Relationship

Already in 1973, Bellairs drew attention to the relational character of the therapeutic process. Quoting Paul Tournier (1968, p. 106), he called this process “the living experience of dialogue.” As the relationship grows, a sincere exchange of feelings evolves. In such a context of warmth and trust, ample space arises to discuss religious and moral issues. So, there need not be any tension within the therapist as to whether and when his or her values should be imposed on the client. Carter (1980) asserted that a biblically based therapy is a relationship oriented therapy, based
on an ongoing relationship between client and counselor. It finds its way between two unspiritual, carnal approaches in psychotherapy: legalistically structured therapy on the one hand, and impulse oriented or libertarian therapy on the other. The former is to be found in directive, short-term cognitive behavioral therapy with the primary responsibility lying with the therapist; the latter is characterized by unspecific goals, a unilateral responsibility for the client alone, relativity of values, focus on emotions, a reflecting and interpreting style, and a long-term period. Behind this loom the shadows of Albert Ellis and Carl Rogers, the founding fathers of two well-known types of therapy. Vanderploeg (1981b) understood the therapeutic relationship as covenantal and as an affirmation of God’s election. In this relationship clients are universally supported in enhancing their relationships.

White (1984) was the first to employ the conceptualization of internal object relations to understand the dynamic interrelationship between self, God, and significant others. His model emphasizes the primal importance of the client-therapist relationship, and it stimulates psychological research and biblical study aiming at a clearer conception of how one’s need for relationship with God is displayed in various aspects of human relating. In line with this approach, Gaultiere (1990) defined the qualified therapist as a good enough object mediating God’s love for the client. By utilizing the client’s temporary dependence on the therapist, the therapist may enable the client to make the transition from dependence on visible but imperfect parental figures to reliance on the invisible, perfectly loving God. Appealing to recent developments in psychotherapeutic theory, Olthuis (1994a) supported a relational psychotherapeutic model as well. For this he referred to object relations theory, self-psychology, and family systems models. He deemed such relational models congenial to the Christian faith, and distinguished three core features in it: empathy, restory-ing, and transformation, in a setting of mutuality in which both therapist and counselee share and grow (Olthuis, 1994b). Vande Kemp (1996), too, appreciated the recent attention to object relations theory by Christian psychologists as a promise that Christian psychology will be a psychology of persons. She also appealed to the psychoanalytic intersubjective theory of Stolorow et al. (1987) which highlights the interplay between the different subjective worlds of the observer and the observed. It opens the eye to the phenomenon that persons-in-relation constantly influence each other’s reality, whether in the therapeutic situation, or in the world at large.
LaMothe (1998) however, criticized the utilization of object relations theory to undergird the relational and religious profile of some kinds of psychotherapy. He feared a reduction of the reality content of God’s representations when the concept of illusory transitional objects is applied to God representations. In my own words, God is really present in the witness of a minister, in the Lord’s Supper, or in the contributions of a Christian therapist. The concept of transitional objects cannot do justice to this reality. He quoted Rizzuto (1979) who asserted that God, psychologically speaking, is an illusory transitional object. LaMothe contended that intersubjectively held religious symbols or sacred objects are shared and vital objects rather than transitional ones, without however specifying this assertion.

More generally, McMinn and McRay (1997) admitted that the therapeutic relationship is a vital part of treatment outcome, and stressed the importance of the personal qualities of the therapist that shape his or her ability. Wright and Strawn (2010) introduced Peter Shabad as the integrator of relational psychoanalysis, object relations, self-psychology, and philosophical existentialism. However, they attributed to him individualistic and emotivist assumptions, that is, they blamed him for grounding life on something as variable as feelings and experience without doing justice to the serious commitments and obligations living life entails. The relational orientation should be corrected by providing it with direction and placing it within the Christian tradition. Strawn (2007) called for another correction or completion. He acknowledged the importance of relational models of psychotherapy but also pleaded for attention to the harder part of being human, that is, the real needs, motivations and drives around sex and aggression.

Religious and Ethical Values in Therapy
If the therapeutic relationship is an important given in psychotherapy, then this relationship is a means that can be employed to reach the

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6 This does not mean that God does not exist, however. Illusion is not the same as delusion. Psychologically speaking, illusion refers to the fact that a conviction is not derived from sense perception but relates to personal wishes. Later on, Rizzuto (1996) asserted that psychology and psychoanalysis do not have the epistemological competence to affirm or deny God’s existence. In the transitional space the profound conviction of the believer is located that his or her experience is not only an intra-psychic phenomenon but the actual and internally perceptible relationship with a living God.
therapeutic goal. However, it is also possible that all kinds of unintended influences occur that remain out of control. Both may be true of religious and ethical values cherished by the therapist. In what way and to what extent did the contributors to the two journals take these processes into consideration? In the same vein as Bellairs (1973, see above, under “Relationship,” Amundson and Willson (1973) faced the fact that therapists cannot avoid applying their values in the therapeutic situation. Here they opposed Rogers with his assumption of non-directive therapy. The very function of getting involved already implies that therapists must incorporate their values into the situation. In the same sense, Edwards (1976) opposed Rogers’s contention. Therapy cannot be a value free enterprise but should be appreciated as a moral enterprise in which the values of the therapist and those of the culture he represents permeate the therapeutic relationship. Edwards stated that research evidence indicates that clients change in the direction of the therapist’s values. Prater (1982) acknowledged that psychotherapy is a value laden process guided by the moral choices of the client, the clinician and the community at large. McMinn (1984) cited Bergin (1980) who stated that values are an inevitable and pervasive part of psychotherapy, and that therapeutic change processes are affected by value laden factors. Moreover, in 1980 Bergin assumed that two value systems dominated the mental health professions, namely, humanism and clinical pragmatism, both excluding religious values. As McMinn continued in agreement with Bergin, values of mental health professionals are in contrast with values of many of their clients. Clinicians should openly acknowledge the fact that they are implementing their own value systems, and they should be explicit about the values they hold, at the same time respecting the values of others. He argued that it is widely accepted that therapists’ values do affect the values of their clients. This value transfusion is a basic element of therapy. So, a proselytism without consent should be avoided. As an example, McMinn referred to Ellis’s opinion about the irrational character of guilt feelings overruling a theist’s conviction of guilt as a potential change agent.

Tjeltveit (1992) spoke in a similar vein about ethical issues as inherent in psychotherapy. He thought that therapists function as applied ethicists, as psychotherapy is inextricably ethical in nature. Furthermore, he suggested that theology, including Christian ethics, may be able to clarify the role of values in psychotherapy, by distinguishing between value (a) in the sense of meaning, that is, what is valuable in life’s ultimate context, and (b) in the sense of challenging traditional approaches in secular
psychotherapy that rule out the significance of religion (Tjeltveit, 1991). Tan (1994) warned of the anti-religious sentiment of many secular therapists, who presume that religious clients share nonreligious cultural values, and promote therapeutic conduct that contradicts the morals of evangelical clients. Wright and Strawn (2010) denounced the individualistic moral claims inherent in psychoanalysis, such as autonomy, expressiveness, attention seeking, entitlement and self-centeredness, as obvious modes of being. It is essential to psychotherapy that it embodies an alternative moral frame challenging the one to which patients are committed.

If the therapeutic relationship is so important that it entails all kinds of value systems, and that even a part of the process is to modify the client’s or patient’s value system, are there any conditions to be satisfied to obtain workable matches between therapists and patients? Edwards (1976) deemed patient–therapist value similarity important for the establishment of a therapeutic relationship in the early phase of therapy. He referred to some studies from the 1950s that adduce evidence for the thesis that deeply religious clients tend to lose confidence in therapy with a counselor who does not share the client’s religious belief system.

The following references are about patients’ preference for Christian therapists and therapy’s effects. Although the issues of preference and effect are beyond the scope of this study, the results might be indicative for the measure of comfort and confidence the therapist brings to the patient, depending on sharing or not sharing the patients’ values. Research by Dougherty and Worthington (1982) indicated that participating Christians, both conservative and moderate, preferred help from counselors who were perceived as having similar religious beliefs. Three years later a follow-up inquiry among students from psychology classes produced a somewhat more nuanced picture (Worthington and Gascoyne, 1985). In general, participants preferred counselors who had beliefs similar to their own. However, the degree of preference apparently differed among two types of Christians: those defining their Christianity as due to a personal relationship with Jesus, and those defining it as due to loving their fellow humans, the degree being higher for the former group.

A study among 250 undergraduates by Wyatt and Johnson (1990) mitigated the overall picture even more. It appeared that information about therapists’ religious values did not generally affect client perceptions and expectations of counselors when other information was also furnished, except for strongly religious persons. Martinez (1991) investigated the effect on client improvement of therapist–client convergence
and similarity of religious values. The results were partly ambiguous, and partly contrary to the results of earlier studies performed by Worthington. Clients rated greater self-improvement when their therapist had dissimilar religious values (which is inconsistent with Worthington's outcomes) or was more theologically conservative than the client prior to therapy. Therapists rated greater client improvement when their client was less theologically conservative at pre-testing (which is consistent with the client's estimation) or had religious values or orientations converging toward the therapist's religious values and orientations (which is inconsistent with the client's opinion). Inquiry by Pan, Deng, Tsai, and Yuan (2013) suggests that counselors of a secular context can gain the confidence of clients with religious wants in the initial sessions. Many of these counselors would qualify to develop religious knowledge and skills, and apply them successfully.

Finally, Hathaway (2009) referred to Worthington and Sandage (2002) for the assertion of positive benefit gained from matching clients and therapists in terms of religious congruence.

Incarnational Love and Containment
In the therapeutic relationship the therapist's position and attitude is delineated by some as similar to the position and attitude Jesus took as the Son of God by incarnating in a man of flesh and blood, and dealing with people while living on earth. As Benner (1983) put it, the therapist's analogous incarnation is more than empathy, respect, congruence, and acceptance. It is entering into the life and experience of the sufferer, taking the suffering upon oneself, and then overcoming it. Referring to Saretsky (1981), he described the psychotherapist as a container for the sickness of the patient. To be a container, he or she has to accept the projections and transferences of the patient and bear them patiently, including the pain this can produce as a consequence of unreasonable reproaches. By containing it he or she absorbs the pain and the confusion without retaliation or defensiveness, and offers safety and strength. It can help the patient to accept his or her split off parts in the internal self-representations, because he/she experiences the acceptance of these parts by the therapist. In 1989, Benner spoke of an incarnate style wherein therapists accept their patients on the patients' terms and make themselves available to be used and even abused by the patient. This style is most closely akin to the way God relates to us. Souder (1986) derived the containment terminology from Bion (1963), who pictured the infant's overwhelming fear that it is dying, which is communicated to
the mother container. She “detoxicates” it, that is, modifies it so that the infant may take it back into its own personality in a tolerable form. The ideal therapist container reflects the ideal mother container, and is inspired by Jesus as the Infinite Container. Like Souder did, Vitz and Mango (1997b) applied this function of the therapist to borderline personality disorder patients. They joined Gartner (1992), a disciple of Kernberg who pointed out that the splitting defense provides a dramatic challenge for the therapist to show that he or she has not given up on the patient in spite of the patient’s frequent expressions of hostility. This therapist support allows the patient to re-inject the split off negative self-representations without overwhelming or destroying the good self-representations. Such containing of the borderline patient’s aggression without retaliating or withdrawing is an act of love. Olthuis (2006) followed Benner (1983) in calling the incarnation a metaphor for psychotherapy. Olthuis spoke of “with-ing,” implying that even as God is with us, as Immanuel, so we are to be with others. “Suffering-with” is a healing connection of the therapist with the patient, an act of empowerment able to revitalize the human spirit that is paralyzed by pain, abuse, and other circumstances. It involves connecting with one’s self and one’s own woundedness, as a prerequisite for empathizing with other people’s suffering, in the same way as Henri Nouwen (1979) talked of the “wounded healer.” Similarly, Terrell (2007) fostered an intentionally incarnational and relational approach to psychotherapy. The descriptive term *incarnational* underscores the intensity of the dynamic therapeutic relationship, which is able to make room for all imperfections, failures, and even the worst and most humiliating experiences of the patient through the loving acceptance by the therapist.

*Defense Mechanisms and (Counter) Transference*

As already apparent in the container role of the therapist, the relationship between therapist and patient/client is a dynamic one. Defenses, transference and counter transference play their parts, which the therapist should deal with professionally. Westendorp (1982) notes that in many training programs for young psychiatrists religion is ignored. He cites a message by the American Psychiatric Association (1975) that

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7 The notion of the wounded healer is derived from Jung, and inspired by Kierkegaard (Podmore, 2009).
pinpoints the consequences of this shortcoming for the professional functioning of the psychiatrist:

Ignoring the subject of religion (in many training programs the subject is taboo) leaves his own religious world as untouched as that of his patients. In consequence, the opportunity for integration of religious beliefs or attitudes, at the personal level, into the emotional growth pattern provided by psychiatric training is lost to their [sic] future professional competence. This may engender insecurity or defensiveness in dealing with religious issues which may arise in working with patients. (pp. 43-44)

Bergin and Payne (1991) strengthened the objection against this possible deficiency. If the therapist’s moral frame of reference is not anchored to something like a spirituality of religion, then relativeness, opportunism and arbitrariness are lurking. Defense mechanisms and self-justifications may be used by the therapist to determine the next step in the process.

On the other hand, Narramore (1994) dealt with resistances that may be supported by the patient’s religious belief system. Therapists may be tempted to either avoid confronting the resistances for fear of (being accused of) undermining the patient’s faith or to indeed undermine the patient’s faith or at least interpret it as irrelevant to the patient’s health. Implicitly then, Narramore also dealt with therapists’ resistances. Like all patients, Christian patients frame their resistances within the context of their worldviews. Patients may resort to Bible passages about Satan to support their projections of warded off parts of themselves into an external object. They may say: “We only need the Bible,” to keep the therapist at a distance, or: “I just think I ought to take my problems to God.” Reluctant to deal with the past, a patient may argue: “The Bible says we should forget the past” (Philippians 3:13-14). And in the case of sexual abuse by the father, one could claim: “I am supposed to be submissive” (Ephesians 5:22), or: “Christians shouldn’t be angry” (Ephesians 4:26). Narramore gave advice on how to deal with any kind of resistance, including this specific kind of resistance supported by religious considerations.

Following Stolorow, Brandchaft, and Atwood (1987), Baker (1999) understood resistance as an aspect of the intersubjective field between therapist and patient, which is affected by both. This understanding was viewed as a great help in the treatment of difficult patients. Gooden, Leung, and Hindman (2000) connected the dynamics of the therapeutic
relationship with attachment theory. The therapist should be aware of the dynamics of each patient’s attachment style, each style having implications for the transference and countertransference, and asking for a specific way of responding. Avoidant clients are cut off from their feelings and avoid the encounter with the therapist in an attempt to defend against a repeat of past hurts. Anxious/ambivalent patients, on the contrary, are always in touch with feelings, and have difficulty modulating them. The two types of patient demand different approaches by the therapist. In both cases, however, the therapist has to deal with the patient’s transference that centers on the configuration of the therapist with disappointing or abandoning figures from the patient’s past. The therapist may help the patient change his or her working model by interpreting the models as they appear in the transference to the therapist and significant others. The attachment theory also provides a framework for exploring the patient’s relation to God in terms of secure and insecure attachments.

Watson (2007) focused on periods of stagnation in the therapy process caused by the fact that in some way both patient and therapist are resisting. This requires self-reflection on the part of the therapist and willingness to surrender some aspects of his or her own defenses and make himself or herself more vulnerable personally and emotionally. It makes the therapeutic relationship more mutual, reciprocal, and intersubjective, and that is just how it should be. Campbell (2007) asked attention for transference and counter transference issues in supervision, defining them as the tendency to respond with the emotional residue of previous relationships that were characterized by hurts or traumatic experiences. The influence of these dynamics on the therapeutic relationship may reflect the client’s and the therapist’s experience of their relationship with God. In accordance with current relational psychoanalytic work, Parlow and Goodman (2010) viewed counter transference as a primary helping tool for transformation. When damaged bonds of love are being reworked in a new therapeutic relationship through mutually engaged remembering, repeating and resolving, love can be set free and the religious self renewed.

**Relationality and Spirituality**

Christian authors linked the relational character of the psychotherapeutic process with the relational character of human nature and human’s relationship with God. In the first sub-section of this section about the therapeutic relationship, addressing relationality, we already saw that object relations theory plays a prominent role in this connection between
relationality and spirituality. I refer to the abstracts of the contributions by White (1984), Gaultiere (1990), and Wright and Strawn (2010) in that sub-section without repeating them. Jones (1997), referring to the leading object relations theorists, saw a promising perspective in contemporary relational psychoanalytic theory in that it provides new opportunities in the dialogue between psychology and religion by focusing on how religious forms embody various relational themes. Watson (2000), on the other hand, appealed to attachment literature, and claimed that psychotherapy, when establishing a relational space, addressing interpersonal fears and fostering love and a loving atmosphere, serves the process of spiritual formation for the person moving toward Christ. Strawn and Leffel (2001) involved the theory of internal object relations for structuring personality and religious experience. Hall (2004, 2007b) offered a specific contribution by combining the different attachment patterns that shape people’s relationship with God with cognitive science that affiliates implicit relational representations and knowledge with sub-symbolic codes of emotional information processing in the brain. He also connected Fairbairn’s object relations theory and Bowlby’s attachment theory in a model of psychotherapy that links relationality with spirituality (Hall, 2007a)

Without referring to specific psychological theories, Olthuis (1999) appealed to postmodernism with its emphasis on difference and uniqueness in his attempt to develop an integrative psychotherapy that is integrally and thoroughly spiritual, rather than just secular psychology plus prayer. Neither reason nor method but love – the love of God – creates healing connections with ourselves, others, creation, and God. This does not mean that method is unimportant, but that psychotherapy is a here-and-now, moment-to-moment spontaneous interplay which should not be directed and controlled rigidly. Watson (2006), in his appreciation of Martin Buber, went one step further. For Buber and his adept Watson, psychotherapy as it should be is spiritual as such, because it is a sacred encounter between therapist and patient. Buber rejected a radical subjectivism that blocks access to the “transcendent other,” and results in spiritual blindness to the living presence of God. Watson observed that Buber’s relational approach to psychotherapy played a major role in the development of spiritual approaches in psychotherapy. Barsness (2006) too described Buber’s significance for the therapeutic encounter. He explained that in Buber’s view God is present in an encounter between humans. God exceeds our comprehension but is wholly present and experienced in relation to another. Entwistle (2009) understood Buber to
say that the relationship between therapist and client can actually be seen as a legitimate spiritual encounter. In the same vein, Rogers (2007) characterized psychotherapy that focuses on the process and the here-and-now as a sacred space where clients can connect to new understandings of themselves, others, and God. He derived this interpretation from object relations theory that turns away from the mechanistic focus on classic Freudian theory and emphasizes the impact of early relationships and transitional objects representing the primary objects (principal caregivers) on human development and well-being. Our concept and views of God are construed directly out of these early experiences. In therapy, the here-and-now encounter with the therapist may serve as a transitional psychic space for clarifying and discarding older representations, and for approaching the sacred. The process oriented approach in object relations is deemed as spiritual as prayer. Both techniques, the object relations approach and prayer, evoke something transcendent and transformational.

Sandage and Shults (2007) bound relationality, spirituality, and transformation together in the therapeutic alliance (cf. Shults and Sandage, 2006). Spiritual transformation involves pursuing new goals, e.g. spiritual intimacy with God (vs. reluctant obedience), or new pathways toward one’s goals, e.g. surrender (vs. determination), that is, changing the ways of relating to the sacred. Parker, Dewberry, Lloyd, and Smith (2009), referring to Karen Horney, highlighted three neurotic trends in the relationship to God: moving away from, moving against, and moving toward God. Moving toward designates a neurotic need for affection and approval, and the solution of self-effacing compliance. Moving against represents the neurotic need for power, control, perfection, and prestige, and the solution of aggressively exploiting others. Moving away hints at the neurotic need to restrict one’s life within narrow boundaries, and at the solution of resignation, withdrawal, and detachment. These neurotic tendencies may be applied to unsound relationships with God.

4.7 Institutional Environment

The last but not least aspect of the how of psychotherapy is the institutional environment in which the practice can prosper. The institutional setting is fraught with norms and values, as we saw in the first chapter (section 1.2). In the same chapter we observed, however, that in the integration debate as described in Psychology and Christianity: Five Views,
this institutional factor was underexposed. Only Powlison (2010d) mentioned it as one of the relevant segments of counseling, which in his view should be Biblical Counseling. He assigned the church as its institutional environment. In the journals under scrutiny, a few contributions accounted for the importance of this institutional aspect, some only descriptive, others more directive.

In a descriptive way, Worthington and Scott (1983) reported an inquiry among Christian counselors in Christian and non-Christian settings. They found that counselors in Christian settings tended to define problems in spiritual terms and to set spiritual goals for religious clients more often than counselors in secular settings.

Eck (1996) related the institutional factor to the various views of the relationship between psychology and theology. He worked with another classification of the different approaches but the five views introduced in chapter 1 can be recognized in it. He argued for a varied application of the different views, depending on someone's position in the field. In a secular clinical institute the Levels of Explanation approach may be appropriate, in a private Christian counseling practice, on the other hand, there is room for an approach that explicitly employs a Christian worldview in the treatment of a religious client, he asserted.

In a more directive, if not destructive, way, Farnsworth (1980) impeached the culture of professionalism as a major factor in the secularization of Christian counseling. He opposed the lordship of professionalism to the lordship of Jesus Christ, and concluded that Christian counselors and counseling centers should free themselves from the sovereignty of the mental health profession, and should accept accountability to the Christian community.

The connection with the church can be found in other reflections as well. Jones (1996) identified the church as a center of healing. He wondered whether institutional psychotherapy as a context for healing maybe violates the church’s healing identity. Psychologists and pastoral care ministers should cooperate in preventative and reparative healing work, in which both should be accountable to the church. Similarly, Farnsworth and Regier (1997) conceived of a caring relationship that is not contract based but covenant based, in other words, not transactional but transformational. They recommended partnering with local churches in developing caring communities for the promotion of the transformational process.

From another angle, Sorenson (1998) observed that outpatient psychotherapy is increasingly viewed as a dying enterprise, because of the
decreasing reimbursement by managed care organizations. He opted for applied integration of psychology and faith which is personal. This means, among other things, that it is intersubjective, including the communal subjectivity of the church (Sorenson, 1996b).

4.8 Mutual Differences in the How

The different approaches to the relationship between psychology and Christianity are reflected in different views of the how of psychotherapy. In this section we try to map these differences, as they appear in the articles referred to in this chapter. The demarcation lines are not sharp, however, and inevitably the grouping of transitional forms preserves a subjective point. With this restriction a schematic chart will be attempted.

First, some distinguishing characteristics are given of psychotherapy according to the five approaches represented in chapter 1 (section 1.4). At the one end of the spectrum is the Levels of Explanation View. Here, psychotherapy is mainly focused on psychological processes and distortions with the client or patient. Then, in the Integration View both psychological and spiritual issues are addressed. They are dealt with as two distinct levels of interest. Spirituality can be addressed in two different ways. It can be utilized as a tool for sound psychological functioning, implying that mental health in medical and social terms is the goal of therapy. We call this Integration A. But the reverse also occurs, to wit, that sound psychological functioning is viewed as a stepping stone to spiritual functioning, implying that the ultimate goal of therapy is sound spiritual functioning. This is called Integration B. A combination of both approaches is possible as well. The Christian Psychology View subsumes therapy under soul care as it has been practiced in the Christian tradition throughout the ages. Psychological and spiritual functioning are seen as one undifferentiated reality. Here, the restored relationship with God is the leading perspective. Then, the Transformational Psychology View aims at the spiritual transformation process of therapist and client, focusing on higher levels of spiritual functioning. It is more experientially and less cognitively oriented than the Christian Psychology View. Finally, the Biblical Counseling View denies the legitimacy of secular psychology, and reduces problems in psychic functioning to either neuropsychiatric or spiritual causes. In this view biblical counseling is the only legitimate therapy.
The last column is dedicated to the institutional embedding of therapeutic practice, an aspect the importance of which is scarcely accounted for in the five views and mentioned in only a few contributions.

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Table 1  Survey of the different orientations of the contributions about psychotherapy and Christianity mentioned in this chapter.
L. of E. = Levels of Explanation View
Int. A = Integration View, spirituality being a means to psychological well-being
Int. B = Integration View, psychotherapy being a means to spiritual functioning
Chr. Ps. = Christian Psychology View
Transf. = Transformational Psychology View
Bibl.C. = Biblical Counseling View
Inst. = Paying attention to the institutional context

Notable in this table are the next particulars. The Integration View that applies spirituality to psychological well-being has the most supporters, followed by the other species of the Integration View that views spiritual functioning as its goal. Often these two versions go together. The other remarkable thing is the rise in the course of time of Christian Psychology View contributions and, even more so, of those of Transformational Psychology.

There are three details that ask for some explanation. One article (Wilson, 1974) is inconsistent in that it defends a Biblical Counseling-like position in its theory, tracing psychological malfunctioning to actual sin, but, on the other hand, an integration view in the inquiry, adding spiritual techniques to standard psychotherapeutic interventions. Two other papers (Vande Kemp, 1996; Parker, 2014) connect the Levels of Explanation View with integrational and transformational approaches of therapy. Vande Kemp uses phenomenological and existential insights as a stepping stone to an exposition of therapy that can be called transformational before its day; Parker leaves all options open in therapy, starting with a Levels of Explanation View on epistemology. Both authors show that dividing lines can be permeable.

4.9  Why Should Psychotherapy Be What It Is?

The Role of Anthropology
To answer the question as to why in the view of Christian theorists psychotherapy is what it is, and works the way it works, we can point to the influence of anthropology that is manifest in the characterizations of Christian oriented psychotherapy in distinction from prevailing
psychotherapy, as they were reported in the previous sections. There, the common denominator of psychotherapy in a Christian context can be summarized as the importance of spirituality as the experience of the relationship with God for therapist and client, and from that, the mutual relationship between therapist and client. This accent is justified with reference to biblical anthropological notions such as being created in the image of God, being created as body and soul, and being created for loving relationships.

However well anthropology can explain the overall distinction of Christian inspired psychotherapy from mainstream psychotherapy, it cannot explain the different positions taken within the integration debate that we have mapped in the previous section. The simple reason is that regarding anthropology there was not much disagreement. So, different approaches to psychotherapy cannot be explained by differences in the adopted anthropologies. Only one argument can be detected in the debate, to wit, Vande Kemp’s (1982a, 1982b) preference for a trichotomy of body, soul, and spirit. She underlined the importance of this distinction by arguing that psychopathology should not be confused with a spiritual problem (section 3.2). Here it may be asked what came first, the biblically justified trichotomy, or the understanding of psychopathology as a separate category. In other words, it is not a foregone conclusion that her position on psychotherapy as a distinct practice was prompted by a Christian anthropology, and not, conversely, that her anthropology was motivated by her psychological view.

A recent development can be identified in the Integration View on psychotherapy. This is about differentiating the integration of Christian-ity and psychology or psychotherapy into multiple tradition-based integration designs: Roman-Catholic, Pentecostal, Reformed, Wesleyan, and others (Strawn, Wright, & Jones, 2014). The authors argue for an anthropology in which humans are part of communities with their own traditions, values, virtues, purposes and practices, and in which much of our self-understanding is precognitive. It is rooted in a shared narrative that is handed down by tradition, and that shapes us before any conscious reflection on it. This kind of self-understanding should be articulated in a tradition-based integration of Christianity on the one hand, and psychology and psychotherapy on the other.

Cultural Backgrounds
Cultural factors may play a part and we need to take them into consideration. Reflections on cultural backgrounds of psychotherapy are scarce,
and historical inquiries of cultural developments even more so. In 1983, Dueck offered a historical perspective on the use of Western psychology in cross-cultural settings. He drew attention to the implicit bias in Western epistemology within psychotherapy. Mainstream American psychology displays the ethos of American culture in its implicit commitment to science, secularity, technology, capitalism, rationality, pluralism, and individualism. The psychologist who uses Western psychology in cross-cultural situations should be wary of socializing members of a host culture into modernity. Dueck holds that the most relevant historical shift is the move from tradition to modern existence. Here he employs Tönnies’s famous distinction from 1887 between Gemeinschaft (community) and Gesellschaft (society). In the former, knowledge is based on tradition, faith and religion, while in the latter it is based on science and public opinion. The background is that in the modernization process traditional communities and their authoritative structures fall apart and succumb to rationalization and individualization.

Benner (1989) distinguished three different periods in which the opinion about what psychotherapy is changed. In the very first part of the 20th century psychotherapy is understood as treatment of disease by psychic methods, such as analysis of dreams, hypnosis, and suggestion. Here, psychotherapy is taken as psychosomatic medicine, and aims at healing of the body through the psyche. In the second understanding it is conceived as healing of the psyche; mind cure or mental healing being the main approach in psychoanalytic treatment. Later on, the meaning was broadened through the influence of the Emmanuel Movement\(^8\) and the Institute for Rankian Psychoanalysis.\(^9\) Psychotherapy was now taken to refer to healing through the use of mental, moral and spiritual methods. Benner did not confine himself to this short term explanation of the history of psychotherapy, however. He traced the roots of psychotherapy in the age-old religious tradition of the care of souls. He linked modern day psychotherapy with this tradition. With Neaman (1975) he noted a shift in present psychotherapy from the treatment of the mentally ill back to the aid of people with spiritual struggles. This corresponds with Jung’s

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\(^8\) Started in the first decade of the 20th century in North-America as an attempt to combine spirituality with a kind of pre-psychoanalytic psychotherapy.

\(^9\) Established in the middle of the century; inspired by Otto Rank, a one-time disciple and colleague of Freud, and member of the Vienna Psychoanalytic Society, who emancipated from his mentor, and extended his interest to emotion, here-and-now experience, relationship, and religion.
observation that patients force the psychotherapist into the role of the priest.

Ridley (1986) reflected on the meaning of mental health, implying that psychotherapy focuses on mental health. He distinguished two interpretations of mental health, one pretending to be culturally neutral, and the other aiming at cultural sensitivity. The former conception defines mental health with the help of a fixed adjustment–maladjustment continuum of particular behavioral patterns. It implies a universal and immutable standard of normalcy and health which spans cultural-ethnic-racial lines. The latter conception, on the other hand, suggests that the cultural context defines its own norms of mental health. The first category draws heavily upon the medical model, while the second category, the more recent one, views cross-cultural counseling as a more appropriate method in which both the counselor and the counselee go through a unique learning form. Although Ridley did not focus on it, it will be clear that the cultural context defining its own norms of mental health is close to a religious context defining its own norms of mental health. Here Ridley’s second conception comes close to Benner’s third understanding of psychotherapy. Consistent with this emphasis but not going as far as to define mental health by culture, Lownsdale (1997) called attention to the multicultural counseling movement that has been raising the mental health community’s awareness of how multicultural factors such as ethnicity, gender, and religion influence the client, the therapist, and the client–therapist relationship.

Instead of giving a sketch of the impact of culture on therapy, Beck (1990) proceeded the other way round, and outlined psychologizing influences that emanate from the therapeutic practice and affect the American culture at large. This psychotherapeutic flavor permeating society is characterized by the unspoken values to accept people as they are, to be sympathetic as you help them understand and accept themselves, and to assist them in making their own choices. In my words, people demand that the autonomy principle be respected in everyday life. This is just the opposite of the task of the former minister to impress God’s standards upon persons, Beck contended. Accordingly, Olthuis (1994b) offered a characterization of current psychotherapy by appealing to a picture drawn by Jerome Frank in 1975. Frank stated that despite their diversity all psychotherapies share values that accord primacy to individual self-fulfillment with a main concern for autonomous mastery over self and circumstance. The same kind of analysis was offered by Van Leeuwen (1996), not applying it to the American society at large, though,
but focusing on the evangelical community. She signals a major change in attitude toward psychotherapy. Previously, evangelicals distinguished themselves by categorically refusing psychotherapy, but nowadays they rush to the therapist’s office. They represent a historically separatist and collectivist subculture, belatedly adopting the wider societal values of instrumental and expressive individualism, buying heavily into the therapeutic culture of feel-goodism, and being caught up in a cycle of overspending like everyone else, Van Leeuwen said.

A similar voice was raised by Cooper (2006). Appealing to various social critiques, he attacked the excessively individualistic and even narcissistic aspects of psychotherapy, and identified with Browning (1976) a questionable process of privatism and pietism in pastoral care, which he interpreted as a consequence of secular individualism that has become the dominant lifestyle of the day. There should however remain a commonly shared sense for normative values. Cooper’s concern was exemplified by Moncher and Titus (2009) who criticized the positive psychology paradigm for rejecting any normative reference. It tries to establish character strength by the cultivation of matching virtues that are abstracted from moral norms. Cooper (2006) noticed, however, that throughout the last couple of decades this individualistic model of care has come under pressure in all Christian modalities.

Still another aversion to prevailing approaches can be noted. Wright and Strawn (2010) signaled contemporary clinical psychology’s critique against psychotherapeutic theory for being obsessed with pathology. Positive psychology’s counter reaction is based on reappraisal of the importance of resiliency, strength, and the ability to make use of one’s resources. In the same vein, Lewis Hall, Langer, and McMartin (2010) thought that the profession sometimes suffered from a pragmatic hedonism that sees pleasure as good and pain as bad, with clients being saturated with a hedonistic culture. They joined the eudemonistic tradition of the virtuous life, and appealed to positive psychology’s research of the prevalent virtues in all cultures that seems to show similarities with the Pauline virtues of faith, hope, and love.

In 2004, Dueck returned to the cultural changes that are related to modernity. As he contrasted pre-modernity and modernity in 1983, he now set modernity against postmodernity (Dueck & Parsons, 2004). While modernists approach psychotherapy as an empirically verifiable system, postmodernists attach more importance to the process of the conversation than to controlled procedure. Appealing to the hermeneutic principle of fusing horizons of understanding, Dueck and Parsons
described the function of postmodern therapy as helping clients who have lost their way to reconstruct their worlds. So, therapists offer their alternative horizon of understanding in order to furnish material that clients might internalize and that might lead to revising their personal theories.

Five years earlier, Olthuis (1999) advocated a postmodern Christian model for psychotherapy, opposed to modernism’s emphasis on method and control. The salient features are care instead of cure, art instead of science, adventure instead of treatment, and spiritual process instead of secular psychology plus prayer; the therapist is not responsible for others, but responsible with others. For the therapist this implies that listening is more important than talking, inviting more important than directing, encouraging than protecting, sharing than rescuing, being sensitive than interpreting. This is at odds with the opinion of Vande Kemp (1998) that Christian therapies must be evaluated on the basis of ongoing, basic scientific research.

The Role of Epistemology
The differences in appraisal of modernism and postmodernism bring us to the role of epistemology. Modernism is associated with a high valuation of standardized epistemic procedures and quantitative measures as conditional for scientific knowledge. Those who appreciate this way of knowledge gathering as a reliable method, will also be positive about protocolled and evidence based treatments. On the other hand, theorists who are suspicious of uniform and generalized empirical results, and emphasize the uniqueness of every single individual, will favor a kind of therapy in which the unique relationship between therapist and client is central. Roughly speaking, theorists who respect scientific findings and are prepared to adopt scientific results fostered by modernism, are likely to be found among the supporters of the Levels of Explanation View and the Integration View. This does not imply, however, that every therapist who supports one of these approaches views scientific outcomes for that very reason as the only or even main directive for doing therapy. The controversy in secular theory and practice between proponents and opponents of the applicability of generalized empirical research in individual situations is reflected in the different approaches of Christian theorists and therapist representing one of the two mentioned views. They can foster psychodynamic approaches that are looked upon by others as inferior to hard scientific data and explanations in academic circles.
Added to this, in the Christian context the religious dimension can be viewed and handled as a dynamic force.

Adherents of the Christian Psychology View all do suspect the results of secular research, not so much because of a specific suspicion of controlled research but on account of its assumed bias against Christians within the population examined. Its limitation is deemed to be due to the ignorance of specifically Christian beliefs about life (cf. the empirical and theoretical contributions by J.P. Watson). For this reason they are hesitant to employ secular methods in therapy. Instead, they draw from psychological insights that have been developed during the ages of Christian soul care.

The Transformational Psychology View presents a somewhat different picture. This approach explicitly rejects modernism and secular science with their analytical and statistical interest emphasizing the general and ignoring the particular. In psychotherapy this is translated in the option for a relational, experiential, and transformational process.

For completeness, I recall the rejection of psychotherapy as a separate practice, expressed by representatives of the Biblical Counseling View. They dismiss psychotherapy as a way of healing, thinking that there is either a medical cause that needs pharmacological psychiatry, or a spiritual cause like sin or alienation needing a biblical, pastoral treatment.

The reflections above are rather tentative because only a few articles draw an explicit line from their epistemology to their view of psychotherapy. The following publications do. The lines were drawn

- by Ellens (1980), De Graaff (1980), and Entwistle (2009) to what comes closest to the Levels of Explanation View on psychotherapy;
- by Hall (2004, 2007b), and Latini (2009) to what comes close to the Transformational Psychology View of therapy;
- by Powlison (1984), and Welch and Powlison (1997) to the Biblical Counseling View.

Additionally, in one paper agreement with a Levels of Explanation epistemology is connected with a wide variety of psychotherapeutic approaches (Parker, 2014). These accounts confirm the sketch drawn above.
Clients’ Expectations
Apart from the general expectations resulting from the cultural settings of psychotherapy, there are hardly any references concerning expectations with which patients or clients engage in a therapeutic trajectory. One of the few exceptions is the reference to the famous observation by Carl Jung, that patients came to the psychotherapist with their spiritual struggles and forced him into the role of the priest (Benner, 1989). Sperry (2003) recalled recent research and clinical experience suggesting that clients are increasingly expecting that psychotherapists will deal with their spiritual concerns. Weld and Eriksen (2007) affirmed the rise of spirituality concerns among mental health practitioners, but could not detect whether any research in Christian clients’ expectations regarding prayer in counseling is available. Their empirical study surveyed first-visit Christian clients to ascertain their expectations. Analysis indicated that the large majority of the clients had strong expectations that prayer would be included in counseling by Christian therapists. Religious expectations are also reported by Pan, Deng, Tsai, and Yuan (2013).

Expectations were related to the clients’ preferences for a specific kind of therapist. Section 4.6 shows that research outcomes on correlations between religiousness and therapist preference of clients are ambiguous.

Evaluation
The profiling of a distinct Christian way of viewing and doing psychotherapy over against mainstream psychotherapy can be traced back to a biblically inspired anthropology, whether or not reinforced by the pre-modern traditions of soul care. However, this anthropology cannot account for the mutual differences within the Christian integration debate. These are more likely attributable to differences in estimation of the cultural factors contributing to conceptions of the what and how of psychotherapy. Because only a few authors expressed themselves on the cultural background of psychotherapy, we can only tentatively make connections between appraisals of cultural influences and the characteristics of distinct manifestations of psychotherapy.

Several critical turning points can be identified. One is the appreciation of the extent to which psychotherapy gives in to the modern way of life typified by critics as hedonism, individualism, and moral autonomy. Theorists and professionals who are most critical of the modern lifestyle will distance themselves most from mainstream psychotherapy, and opt for a distinct Christian therapy practice.
Another turning point is the degree of accountability of the shift from modernism to postmodernism. Theorists and professionals who are most positive about postmodernism will also easily adopt methods that emphasize personal, cultural, and religious particulars of clients, while those who feel comfortable with modernist notions of uniformity and control will have the least problems with protocolled procedures that are typical of much secular methodology.

Finally, clients' expectations could serve as a turning point with regard to the attitude of theorists and professionals toward mainstream and Christian articulated psychotherapy. Those whose anthropology leads them to meet these expectations seem to be more inclined to create a distinct Christian setting for psychotherapy than those who interpret these expectations critically from a psychodynamic point of view, and consequently are unwilling to satisfy these expectations, being more sympathetic to mainstream psychotherapy on this point.

4.10 Conclusion

In the present chapter we explored the appreciation and application of psychotherapy in Christian settings. We met with a variety of reflections and proposals on the What, How, and Why of psychotherapy at different levels of argument. In this variety, however, some main lines of thoughts can be distinguished that all proved to have some connection with anthropological topics. These mainline approaches gave rise to counter arguments, so that the debate goes on. The mutual dissimilarity of these counter arguments requires some systematizing of the debate to avoid confusion.

One of the main trends is that the concept of healing as the overall goal of therapy was broadened, including not only recovery from illness and the learning of relational sensitivity and abilities, but also developmental and spiritual growth, and increasing wisdom. Psychotherapy was viewed as similar to soul care and spiritual direction in such a measure that the pre-modern concept of soul care, as authoritative aid to come to terms with God, could function as a model for present-day psychotherapy. This evoked the counter argument stressing the distinction between spiritual and mental issues and the distinct importance of psychology and psychotherapy.

As to the How, spiritual techniques in protocolled treatments were recommended by several authors, as a clear example of how psychology
and theology (or faith) can be integrated in psychotherapy. In spite of the ethical constraints by which this recommendation of spiritual techniques was surrounded, a serious doubt was raised by others about the appropriateness of spirituality as a technical device because of the unique purpose and perspective of spirituality in the light of its focus on God. Apart from methodical protocols, the addressing of spiritual issues on the relational level was argued for. Some supported a therapeutic application of universal spirituality, like the awareness of transcendence, but others questioned the appropriateness of classifying Christianity under universal spirituality. Attention was drawn to several kinds of implications of the therapeutic relationship, such as the influence of the ethical values of the therapist, the importance of containment, and the occurrence of transference dynamics. Some qualified the therapeutic encounter itself as a spiritual event that may bring about internal transformation for both therapist and patient. Some others consistently advocated an institutional setting of psychotherapy that was not attached to medical health care organizations, but associated with churches. Opposite to this approach, again the differences between psychological and spiritual issues were stressed.

As to the Why, we looked at the cultural backgrounds of secular therapeutic practice and the inherent expectations by patients. We were informed about the predominant presupposition of individualism that should be avoided by Christian therapists. However, we also met the critical counter question of whether evangelical patients were actually different from their secular contemporaries. So, will Christianity be able to provide a particular cultural background as a matrix for psychotherapy, or is it tainted with the secular individualistic culture? The recommendation of secular models of behavioral and cognitive therapy with Christian adaptations brought critics to the question whether the methodology and philosophy of the mentioned therapies can be separated, and whether the method can be used without surreptitious intrusion of unchristian anthropological and moral presuppositions.

How shall we continue? First, with the help of the results of the chapters 2, 3, and 4 we try to answer the first sub-question of our inquiry:

*What do the analyses by participants in the Christian integration debate yield on the interrelationship between worldview and psychotherapy?*

We think to find the answer by testing the first hypothesis:
The Christian integration debate demonstrates the dependence of psychotherapy on worldviews, and draws implications for psychotherapeutic professionalism.

This will be the subject matter in the 5th chapter. Next, we will deal with our second sub-question:

*Why are the positions assumed in this debate, or some of them, not capable of carrying the discussions any further?*

The answer should come from a test of the second hypothesis:

*The Christian integration debate arrived at unsolved disagreements that can be traced back to (1) epistemic confusion about the practice of psychological research and theorizing in relation to faith knowledge derived from the Bible, and (2) conceptual confusion about the distinctions between the psychological, psychotherapeutic, and pastoral practices.*

The discussion about this issue will be the subject-matter of chapter 6, although the “unsolved disagreements” become already apparent in chapter 5.
Chapter 5

Internal Evaluation of Psychology and Psychotherapy in relation to Worldview

Introduction
In the previous three chapters an overview was given of how Christian psychologists, philosophers and theologians appreciate secular approaches of knowledge, human nature and their effects on psychotherapy on the one hand, and suggest additions or develop alternatives on the other. This was done on the assumption that approaches of knowledge (epistemology) and human nature (anthropology) reveal particular worldviews. These worldviews affect conceptions of psychotherapy. The present chapter offers an internal evaluation of the debate, that is, an evaluation on the basis of the own standards applied by the participants, all of whom hold the Bible to be an important standard. In this chapter I confine myself to intrinsic arguments, to disagreements, inconsistencies, misunderstandings and the like. An external evaluation, from a specific point of view, will be undertaken in chapter 6.

Three steps will be taken. First, I try to focus the picture by demonstrating that, according to the participants in the debate, epistemology and anthropology are expressions of worldviews, and how they are related to psychotherapy. Second, I summarize the internal differences and controversies within the Christian integration debate about the appropriate criteria for both the assessment of and the proposed alternatives to what is viewed as objectionable secularism. These internal controversies apply to the epistemic and anthropological issues, and to their relationships to psychotherapy. And third, I present some additional critical remarks about the internal consistency of the arguments put forward in the Christian integration debate. Internal inconsistencies in the criteria might be due to unacknowledged indebtedness to secular approaches. In this third endeavor, then, we are moving toward an external evaluation.
This means that, although the evaluation remains based on the presuppositions of the participants, I now enter the debate as one whose background is continental European rather than American.

These steps are taken in order to answer the first sub-question of our inquiry, formulated in the introductory chapter:

*What do the analyses by participants in the Christian integration debate yield on the interrelationship between worldview and psychotherapy?*

In looking for the answer we are testing the first hypothesis and the first part of the second hypothesis:

1. *The Christian integration debate demonstrates the dependence of psychotherapy on worldviews, and draws implications for psychotherapeutic professionalism.*


Prior to this qualitative procedure, I will review some quantitative particulars in order to get some grip on what has been going on in the debate.

### 5.1 Numbers

*Contributors*

When we try to oversee the more formal and quantitative side of the integration debate, several details draw our attention. First of all, of the 487 selected articles (JPT 286; JPC 201) merely a small minority was written by theologians only, including philosophers of religion (42, JPT 35, JPC 7), which amounts to 9% of the total. Contrast this with the number of articles written by psychologists only, including psychiatrists and philosophers of psychology (327, JPT 189, JPC 138), or 67%. Articles written by both psychologists and theologians, either in cooperation, or united in one person, or in combination of the two, reach the number of 98 (JPT 54, JPC 44), or 20%. The small remaining portion is written by general philosophers.

Can we detect any trends within the time frame we analyzed? I compared periods of one decade each, which resulted in a single significant tendency, to wit, the increasing number of articles written by psychologists and theologians both, either in cooperation, or united in one person, or in combination of the two. In the decade 1973-1982 their share in both journals was 12%, in the period 1983-1992 it was 10%, from 1993 until 2002 23%, and in the last decade up to 2012 it was 34%. This was
at the expense of the percentage of articles written by psychologists only, which declined from 74% in the initial decades to 55% in the last one.

However, in 2013 and 2014 this trend is not confirmed. Only one article contributing to the Integration Debate was authored by a theologian and psychologist. All other authors are to be classified as psychologists.

**Number of Research Articles**
Another striking phenomenon is the relatively small number of empirical studies, namely 59 of 488, which makes 12% (JPT 39 of 286 = 13%, JPC 20 of 202 = 10%). This circumstance can be explained in two ways. The first explaining factor is that particularly in the beginning research articles were scarce anyway (Goldsmith, 1983; Struthers, 2005). However, in the course of time this situation improved. Yet, during the succeeding decades there is no clear trend of an increasing number of research articles in the selections made for the present inquiry. Ripley (2012) observes that only a small pool of people is regularly engaged in empirical research on integrative issues. In our case it may play a role that our research questions are quite foundational philosophical ones. At the same time, appropriate empirical research designs are characterized by limited focuses. Consequently, many empirical contributions are too specific to have direct relevance for the answering of our fundamental research questions, and thus fall outside the present selection. On the whole, it is remarkable that in the *Journal of Psychology and Theology* of the last decade empirical studies dominate; for the most part however they do not concern integration issues.

**Representation of the Different Views in the Debate**
The next question that concerns us relates to the five views identified in the debate (Johnson, 2010), and summarized in chapter 1 (section 1.4). Does the debate as it has been conducted reflect these main positions or can we distinguish other trends? Three observations can be made.

The first observation is that the articles are dominated by one of the five views, the so-called Integration View. A close second is the Christian Psychology View. It is represented by articles from pioneer E.L. Johnson, prolific research psychologist J.P. Watson, philosopher of psychology R.C. Roberts, and philosopher C.S. Evans. A complete issue of the *Journal of Psychology and Christianity* (30/4, 2011) was devoted to this view. We should keep in mind that during the early period of the integration debate the various positions about integration were not yet differentiated
to the extent that a Christian Psychology View could be distinguished from an Integration View.


Secondly, it is striking that what is called the Integration View comprises at least two different approaches that do crystallize in the journals but are not distinguished by Jones (2010) in the *Five Views* book. The first approach argues for a model in which theology and psychology are perceived as two sources of knowledge about human nature, more or less equivalent, with on principle no possibility of real contradiction because all truth is God’s truth. This two sources approach is advocated by Collins (1980), Rambo (1980), Mathisen (1980), Farnsworth (1982a), DeVries (1982), Guy (1982), Vande Kemp (1982b; 1998), Anderson (1989), Bouma-Prediger (1990), Eck (1996), Carter (1996), Shults (1997), Narramore & Carter (2000), Tan (2001), and Porter (2010a; 2010b). Some of them, like Mathisen, Guy, and Porter, enter into a discussion about the primacy of theology or psychology in the integrative effort. Other authors explicitly reject the two sources approach, like Worthington (1994), and Sorenson (1996a).

The other line within the Integration View explicitly draws on the worldview concept, and expects the task of integration not to be fulfilled at the level of the sources but at the presuppositional level. Larzelere (1980) contends that differences in formulating research questions, collecting data, interpreting them, and developing theories all relate to presuppositions inherent in a worldview. Other advocates of this approach are Pascoe (1980), and Jones (2010b). This approach has benefited from Wolterstorff’s (1984a) concept of control beliefs (see section 2.2).

Our final observation relates to a sixth view that has been presented but did not succeed in developing a clear profile in the journals. This could be called the Reformational Philosophy View developed by Herman

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\(^1\) For a more complete overview, see table 1 of section 4.8.
Dooyeweerd, Dutch philosopher at the Free University of Amsterdam (VU). This approach is reflected by De Graaff (1980, 1981), Pascoe (1980), Olthuis (1985), and Cole (1998, 2000). Its result comes closest to the Levels of Explanation View but its account is quite original. Its contents are described not in this context but in the next chapter, because it offers the framework for my own external evaluation of the integration debate.

5.2 The Impact of Worldviews

Epistemology

In epistemology, the main criticism was directed at the reductionist tendency in secular scientific practice (chapter 2). The emphasis there is on quantified, measurable and repeatable research, neglecting the unique, and the purposes and meanings attributed to unique phenomena. It accepts only natural causes and denies supernatural influences. Some participants in the debate observe the assumption of a cognitive dualism between nature and rationality, on the one hand, and grace, freedom, faith and the non-rational on the other, in which the former is adopted, and the latter rejected as source or means of knowledge. This dualistic methodological approach only accepts obvious and self-evident truths as knowledge, including both intuitions (rationalism) and measured observations (empiricism), and the inferences drawn from these obvious and self-evident truths by logical reasoning. In this conception knowledge is deemed to be built upon an alleged foundation of indubitable truths by self-evidence and logical inference. This kind of scientific knowledge presupposes the ability of a detached, punctual observer to draw abstractions and make objectifications from the intuitions and measured observations by logical reasoning. This reductionist procedure is also labeled foundationalism, because of its contention that knowledge is founded in truths that are self-evident or evident to our senses.

As we have seen in chapter 2, the claim of this rationalistic, objectivistic, and quantitative approach to knowledge as the only method of acquiring true knowledge is contested in different ways. It is contested on principle by appealing to the Bible as the main source of revealed knowledge acquired by faith, and it is contested methodically by appealing to the actual developments in philosophy of science which show the influence of tacit presuppositions and paradigms, and the impact of all kinds of interests of researchers and stakeholders on scientific
measurements and conclusions. All these considerations argue against the logical positivist reduction of knowledge to the self-evident, the measurable and repeatable, and the derivable.

Although Christian integrationists commonly criticize the reductionist confinement of knowledge to the self-evident, the observable and the derivable, some appraisals are more moderate, others more radical. On the one hand there is the rejection of naturalism, which is an ontological position, denying the existence of anything that is beyond natural causation, but has epistemic consequences, limiting the range of explanations to the physical. However, this rejection of naturalism can coexist with adopting a methodological limitation of science to natural causality. On the other hand, more radical theorists even reject the strict scientific methodology of only accepting natural causation as scientific explanation. To them this methodological choice reeks too much of a naturalistic view of reality. This radical wing argues that God is involved in all empirical reality so that every investigation of this reality that puts God in brackets, as it were, fails to do justice to both empirical reality and God. Obviously, they refuse to adopt the modernist disposition to retreat from participation in the cosmic whole, and to take a subjective stance toward experienced reality, and select separate aspects of it for further examination apart from their connections with totality. The moderate wing, however, has no qualms about taking advantage of scientific epistemology, arguing that science has only a limited scope. In other words, science reveals but one aspect of reality, without denying the existence of other aspects. Only, it remains silent about those other aspects. What we meet with here, then, is critical adoption of modernism by the moderates over against its total rejection by the radicals.

Thus far we saw that Christian authors, in order to dispute the scientific pretenses about true knowledge, appealed to the Bible or took either a critically modern or a pre-modern stance within philosophy of science. Besides this they referred to postmodernism over against modernism. In their view, prevailing science is a result of modernism with its overestimation of empiricism and reason. It focuses on generalized objective truths of what is valid everywhere and always under constant circumstances. Postmodernism, on the contrary, does not focus on the regular and generic, but on the unique, and on subjective meaning rather than causal explanation. Thus, it has some similarity with the hermeneutic approach. One of the philosophical accounts of subjective knowledge is constructivism, which holds that every person constructs his or her own narrative about his or her experiences and observations. As far as I could
observe, all authors who draw attention to constructivism and narrativism are moderately or even predominantly positive about those approaches to knowledge, for they appeal to our understanding of reality as meaningful, and match with the appeal God's Word in the Bible makes to interpret our lives in the light of God's involvement with our existence. Some cautions have been uttered, however. Constructivism and the narrative approach put the person in the center of the story and therefore foster subjectivity and the ideal of human autonomy. This could be to the detriment of the acknowledgement of external reality, and at the expense of the recognition of external direction and authority.

As we observe in this sub-section, the epistemic debate largely comes down to evaluation of the status of pre-modernity, modernism, and postmodernism, and the role of the Bible in each of them. These orientations can be understood as the main worldview positions people may adopt consciously or unconsciously.

**Anthropology**

Obviously, anthropology, i.e., the systematic account of one's view of humanity, is a substantial part of one's worldview. As in the case of epistemology, a part of the Christian criticism of secular anthropology can be subsumed under the heading “reductionism” (chapter 3). Some secular personality views, such as psychoanalytic and behavioristic views, are assumed to be characterized by mechanism. Even object relations theory is denounced in view of the mechanistic flavor showing up in the use of the term object as an internal representation. Other reductionist views of humanity refer to the humanistic pre-moral values of independence, autonomy, and self-reliance. The reduction of human nature is considered evident in the neglect of relationality as an essential human trait. One-sided moral values are identified: the ideal of health and happiness in individualism, undifferentiated tolerance, relativism, survivalism, and ethical egoism, or hedonism. In the latter two moral stances, self-interest or the pleasure principle respectively dominates the scene. The fundamental shortcoming of secular morality is supposed to be its lack of an independent standard and, in consequence, a lapse into one-sidedness and instability.

Another example of reductionism criticized by Christian authors is the alleged denial of the duality of human nature in body and soul. When mental and spiritual activities are reduced to neurobiological mechanisms, reductionism takes the shape of neuromonism, or physicalism, implying determinism. Christian psychologists and theologians advocate
a duality that warrants the possibility of a spiritual life that is more than a human illusion and mediates a real contact with God, Who is Spirit. In spite of this emphasis on a non-reductive spiritual life, however, Christian philosophers and scientists have not yet been able to demonstrate rather than simply assume the existence of an independent mind or soul.

In three ways, Christian theorists have tried to not only criticize the reductionist tendencies of secular psychology but also to expand their theoretical efforts by reinterpreting widely recognized notions of psychological functioning, and relating them to biblical notions. In the first place some have paralleled a psychodynamic view of the pervasive reach of psychopathology with the Christian assumption of universal sin and pride. Both views run parallel regarding the devastating effects on relationships, and regarding alienation from the deeper levels of calling and being oneself. Some proposed to designate sin, that is, moral debt, as a cause of pathology. However, in that case there is no parallel anymore.

Secondly, a rapprochement was attempted between the humanistic notion of self-actualization and a Christian re-interpretation of this notion. Self-actualization was related to the Christian value of self-denial by way of aiming at self-actualizing through an outward looking attitude in which self-fulfillment is pursued outside the immediate self-interest.

Third, although Christian authors can hardly appeal to the acknowledgement of a separate mental and spiritual organ by secular theorists, they try to make this immaterial functioning plausible by connecting it with widely recognized notion of the self. Here they can refer to the 19th century Christian philosopher Søren Kierkegaard who explored the self as the center of subjectivity and self-reflection. At the same time, Kierkegaard viewed the self as the instance which is aware of its own limitedness and its responsibility before the transcendent One. Because Kierkegaard is an influential authority in the history of the humanities, Christian psychologists can gratefully appeal to him in equating the soul with the self as a kind of mental center of identity and behavior. However, one voice suggested a difference between the concepts of the self and the soul from a Christian point of view. Self is a construct, while soul is a substance, that is, a whole that is ontologically prior to its parts in that those parts (like consciousness, intentionality, sameness through change, and freedom) borrow their reality from the substance as a whole. In this contribution, it was contended apologetically that the concept of self only makes sense if it is conceived as a substantial entity, like the soul.
Effects on Psychotherapeutic Practice

As we have seen in the previous chapter (section 4.9), there is a connection between epistemology and psychotherapy. Those who favor a modernist scientific methodology of quantitative analyses and statistical evidence will also be positive toward protocolled methods for doing therapy. Those who have their reservations about researching averages and standard deviations because these fail to appreciate the unique are likewise dismissive of standard procedures in therapy. This difference does not only occur in Christian theory and practice, but in the secular sector as well. Christians sometimes deploy arguments derived from a religiously motivated rejection of modern science; other Christians, however, adopt modernist methodology in theory and practice with adaptations. Among religious theorists and therapists, then, different approaches can be distinguished going back to different epistemic positions.

Partly the same is true for anthropology (section 4.9). The Christian emphasis on spirituality as the relationship with God, and relationality in general between individuals, has been transformed by some into a kind of therapy in which spirituality and relationality are deemed crucial for Christian clients or patients (sections 4.3 and 4.6). Furthermore, human values embraced and pursued differ in certain respects. Instead of the moral autonomy and hedonistic and egoistic orientations found to be directive in various therapeutic schools, Christian therapists argue for serving love. However, because Christian views of human nature appeared to be largely similar, anthropology has occasioned little therapeutic variety. The only exception may be found in the Biblical Counseling approach that makes a major point of conversion from sin, but this difference in emphasis remained less obvious in the debate as conducted in the journals under scrutiny.

Various authors contend that non-directive counseling as promoted by humanistic psychotherapist Carl Rogers does not exist. Psychotherapy is a value laden, moral enterprise (section 4.6). In fact, one of the important means employed by therapy is changing the hierarchy of values of the client. Clinicians implement their own value systems, and they should be explicit about the values they hold, at the same time respecting and, as far as possible, understanding and working with the values of clients.

Furthermore, a too narrow conception of mental health was identified (section 4.2). Much of this criticism is shared by secular theorists, though. These voices raise arguments to broaden the concept, and to not restrict
it to eliminating the symptoms of psychopathology. The emphasis is shifting from medical health to holistic growth, as it is advocated by Positive Psychology’s resorting to resiliency, strength, and resources. The focus is no longer exclusively on fighting pain, but also on accepting and integrating pain. In this climate there is room for spirituality as an essential part of growth. Illustrations of this broader perspective are the development in cognitive therapy from a mainly rationally and analytically focused practice to a more integrated enterprise including psychodynamically influenced basic assumptions, and the formation of narrative constructions conveying meaning of life. A critical adoption of constructivist Rational Emotive Therapy (RET) has been pursued by Christian professionals, in which some caveats were placed on ethical individualism, lack of external validation, anthropocentrism instead of God-centrism, and on rejecting surrender to God as dysfunctional thinking.

Integrative Christian psychotherapists do support the commonly growing attention and importance of the factor of relatedness in the therapeutic process. They appeal to several theoretical accounts of therapeutic approaches, such as object relations theory, attachment theory, intersubjective theory, and the neurobiological substratum of the more implicit and affective types of knowledge. In the margin, from a Christian point of view, some objections are raised about the reality content of the divine object in object relations theory as applied to religious issues in secular settings, and the limited awareness of the overall importance of relatedness apparent from the use of the term “object” as an internal representation.

What do worldview issues like epistemology and anthropology imply for the account of professionalism within the integration movement? Deficiencies have been identified about religious education in training programs and the way many secular therapists approach the patients’ religious convictions. As a consequence of ignorance of religious issues, non-religious therapists run the risk of either being insecure and defensive in dealing with those issues, resorting to self-justifications, or assuming that religious patients do share non-religious cultural values, and promoting a kind of behavior that they consider obvious but that contradicts the patients’ morals.

Another link with professionalism, established by some, is the application of ethical constraints (section 4.5). These entail that the Christian professional works within the patients’ belief systems, is not engaged in proselytism, is competent in religious affairs, does recognize moral consequences of religious orientations, does not blur the boundaries
between the therapist and the patient, does not displace or usurp religious authority, does not adopt spiritual techniques without informed consent by the patient, and has a clear view of the admissibility of payment. Some theorists stress that the therapist be able and willing to rely on evidence based methods; others, however, refrain from approaches characterized by control and measurable effects, and as postmodernists attach more importance to the process of conversation than to a controlled procedure. These ethical guidelines are derived from the general standards of psychotherapy, without any explicit reference, however, to their world-view background. This circumstance will concern us later. Others argue for a spiritual practice far from the medical context of much psychotherapy, in the vicinity of the church.

On still another point professionalism in integrative Christian psychotherapy should be further considered, viz., about the issue whether the cobbler sticks to his last. Do therapists who adopt spiritual interventions to achieve spiritual goals really provide professional therapy? This issue exceeds the boundaries of internal criticism, and requires an independent vantage point and will therefore be taken up in chapter 6.

5.3 Disagreements on Epistemology

Disagreements within the Debate
Apart from the critique against reductionism in secular scientific epistemology, an internal debate is going on in which different positions about epistemology and science are being taken. The first disagreement we already met in the previous section. It is about scientific methodology that accepts only natural causes, focusing on the repeatable, controllable, quantifiable, and generalizable. Some accept it as a legitimate methodology for Christian scientists, others do not. The opponents argue that it does not allow for God’s continuous activity; the supporters, however, argue that its use only says something about the limited scope of the scientific inquiry, being constrained to treat religious and spiritual matters as biological, psychological and social processes. In line with this discussion, four answers are given on the question of whether scientific methodology produces true knowledge: the knowledge it yields is reliable though limited as a consequence of the limited scope of science (1); it is of some value but should be complemented by revelatory knowledge in order to become more complete and less biased (2); it is not reliable as such but could be helpful sometimes to provide additional information
CHAPTER 5. INTERNAL EVALUATION

(3); it is false and of no value (4). The first position is taken by those who view science as a specific but limited way of gaining knowledge, functioning on a different level from religious belief. It has been labeled the Levels of Explanation View. The second position can be identified as the Integration View. It does show a decent respect for the status of science but assesses it as deficient because it ignores biblical revelation. As observed in section 5.1, this view is elaborated in two distinct ways: the more rational one, taking biblical texts as additional sources of factual information that are considered useful within a scientific context, and the more hermeneutic one, localizing the importance of the Bible on the worldview level, and concentrating its influence on our pre-understanding by which we interpret our observations and judge the conclusions of others. The third position is the Christian Psychology View, which holds that secular research is biased toward Christian participants by not allowing for their specific beliefs. The fourth position is the one occupied by the Biblical Counseling View, which denounces psychology as a vain enterprise that tries to answer questions to which the Bible gives the right answers.

As expected, these positions give rise to further discussion. A pivotal issue is the suitability of Scriptural data or facts in a scientific discourse. The classical integrative answer is that God reveals His truth in nature and in the Bible. So, to know the truth about humanity's behavior, drives and motives, we should combine psychological observations with biblical data. One should not deny the cognitive content of the Bible. In later developments, some emphasize the priority of biblical teachings over results of scientific inquiry, and still others the priority of religious experience inspired by the Bible. There are also voices, however, that explicitly question a naïve conception of the authority of the Bible in scientific affairs. They point to the contextual character of Scripture. Scripture has to be understood as a culturally located divine discourse that must now be re-contextualized in the contemporary context. Furthermore, because of the fallible transmission of the biblical texts through the ages and the often equivocal meaning of the texts, they cannot serve as a source of scientific data.

A prominent controversy is about the role of foundationalism. Secular foundationalism is suspect among Christian integrationists (in the broad sense of participants of the integration debate), because it is judged reductionist. It assumes that every proposition is either in the foundations of our knowledge or is believed on the evidential basis of other propositions that are in the end based in the foundations. Further, a proposition
is in the foundations of our knowledge if and only if it is basic for us, and it is basic for us if and only if we don't accept it on the basis of other propositions. And we accept it as basic if it is self-evident, incorrigible, or evident to our senses (see section 2.3 on Plantinga). Clearly, in this conception knowledge is limited to the logical and empirical; religious beliefs are excluded. Still, some integrationists are accused of clinging to an alternative kind of foundationalism in their rigid conception of the Bible as an objective database, evident for faith. One objection is that in dealing with biblical data as brute facts apart from values, hermeneutics as the art of giving meaning to old texts is ignored (see section 2.3). Another objection is that biblical texts lack incorruptibility (see sections 2.3 and 2.5) while they should be indisputable if they are to qualify as foundational for scientific knowledge. An alternative attempt to do justice to the biblical input is to relate it to the worldview level of basic beliefs instead of to the data level. Through the worldview of Christian researchers and theorists, the Bible exerts influence on the selection of research items, interpretation of the results, and theorizing.

Still another debate about the employment of biblical data as undoubted fundamental truths in a scientific context focused on the role of theology. Some argue that in a scientific setting the Bible can only speak through theological interpretation. But theology, like psychology, is the result of human theorizing and therefore the two disciplines are not related hierarchically. To them, both theology and psychology stand equally under the authority of the Scripture. Others, however, contend that if the Bible deserves our highest recognition, then theology deserves priority over psychology the moment that our best interpretation of psychological data conflicts with our best interpretation of relevant biblical assertions. Not all accept this consequence of theological mediation of biblical data. Some argue that theologically interpreted biblical data do not meet the standards of scientific data, and opt for the position that Scripture should have a primary, determinative role, not in scientific theorizing but in worldview formation that is the background of all theorizing.

In opposition to the monopoly of objectifying, quantitative, and generalizing research, roughly speaking, three approaches by Christian theorists compete for priority. The first way is the older one, and concerns the underscoring of biblical authority. More recently Jones (2006, p. 257) firmly reiterated this opinion: “A tradition that has denied that special revelation has any cognitive content that merits primacy among our intellectual commitments (which is the core of integration) seems to me to
have departed [sic] essential elements of orthodoxy." Here, the cognitive content of the Bible is seen as true knowledge that can compete with results of psychological research, whether or not mediated by theology – a position undergirded philosophically by Alvin Plantinga.

The second approach stresses the defective character of objectifying, quantitative observations and this-worldly, causal explanations, because they suggest that the researcher is able to take a neutral observational position, and forget that any observer is part of the dynamic process he or she perceives. This implies that the context in which investigators live affects the observations they make. So, observations are never neutral but always the results of interplay between the observer and his or her environment and therefore consist of interpretation and understanding. This insight has led to the justification and adoption of a hermeneutical mode of acquiring knowledge. This need not mean that the procedure of observing produces fanciful results (Hathaway, 2002; 2005) but it does mean that every observation is tendentious, colored by the observer’s interpretation that is influenced by his or her frame of reference. This hermeneutical approach accounts for the complex implicit processes that result in a situation in which the observed opens itself to the observer. It has some kinship with the trend to view basic biblical beliefs as worldview items that affect our way of looking at data and theories (control beliefs).

While hermeneutical theories, like the one by Gadamer (2004), try to balance the input of the observed (the Sache; or subject matter at issue) and the input of the observer in a merging of horizons of understanding, a third approach, i.e. the experiential one, seems to leave the balance tipped on the side of the observer’s experience to the process of understanding. Here, the affective involvement of the observer seems to be the guiding principle for the resulting interpretation.

Additional comments
In order to make my main point, I start with a brief recapitulation of the various directions taken by the integration movement regarding epistemology. The traditional approach that intends to unite the cognitive content of the Bible with methodological empiricism, may be called the foundationalist integrative method. It views biblical information as obvious data that are foundational for psychological knowledge, and may be seen as characteristic for a part of the Integration View and for the Christian Psychology View. The second approach can be named the hermeneutical integrative method. It addresses our pre-understanding as
part of the process, and can be linked with the conception of basic bibli-
cal beliefs as presuppositional control beliefs for the interpretation of
psychological data and the acceptance of theories, and as incentives for
further research. It can be identified as a later current of the Integration
View. The third approach relies on experiential-spiritual knowledge, both
from dealing with the Bible and with human behavior, and therefore can
be viewed as the *experiential* integrative method, applied by Transforma-
tional Psychology.

The problem is that these ways of dismissing the one-sided emphasis
on logical empiricist scientific knowledge are not mutually compatible.
This means that each of them can only exist at the expense of the other
two. First, let us compare the foundational and the hermeneutical solu-
tions. If an appeal is made to the hermeneutic process this appeal must
also be applied, in at least two ways, to the truth claims derived from the
Bible.

Primarily, we need to allow for the influence of our own pre-
understanding on interpreting biblical texts; a pre-understanding that is
attached to the cultural-historical context in which we participate and
our personal life stories. So, the input of biblical material does not consist
of objective data; it does not exceed the status of fallibly interpreted data.
This circumstance delimits the influence of the objectifying truth claims.
However, even this is not the most salient consequence, as the majority
of theorists do think from Rambo (1980) and Farnsworth (1980; 1982a)
ownward.

There is a second consequence that only few theorists happen to face.
That is that the hermeneutic approach has implications for God's rev-
elation and the inspiration of the Bible themselves. The contention that
the Bible is an ageless document because it comes from the eternal God
(Berry, 1980) is far behind us. Yet, there is hardly any reflection on the
impact of this circumstance. For instance, Hathaway (2002) convincingly
advocates a hermeneutic approach that does no harm to the realistic
character of what is interpreted and understood from the Bible, but he
stops considering the truth value of the Bible at the point of interpreting
the given texts. However, if it is true that our understanding is affected by
our connections in the world we live in, then the same is true of the first
receivers of God's revelation and the Bible writers. Most orthodox believ-
ers do not hold a mechanistic view of the constitution of the Bible, to be
sure, but adhere to a more organic view of the inspiration of the Bible.
That is to say that the words of God were received by the writers accord-
ing to their own interests, pre-understandings and capacities. If our understand-
ing in the process of appropriation of all kinds of information has been pushed to the acknowledgement of the hermeneutical circle, as it is called, in which presuppositions affect the outcome of the process, then this has to be integrated in the view of organic inspiration. I found only one article accounting for this hermeneutic character of the Scripture itself (Sandage & Brown, 2010), referring to the contextuality of Scripture, and appealing to theologians like Vanhoozer (2002; 2005) and Brown (2007, one of the two authors of the article). Therefore, within a hermeneutic framework the Bible cannot be dealt with as a collection of data being on the same level as scientific data. The respective data are disparate, being of a hermeneutical over against analytical genus.

Conversely, if we take our starting point in the Bible as a source of truths that are applicable in a scientific context, we have to discard the hermeneutical perspective of interpretation and understanding because then we implicitly deny its significance in the communicative context of divine revelation to human beings. In that case, biblical truths are viewed as analytic, cognitive, objective, quantitative, detached states of affairs (which in spiritual life should be appropriated afterward in affective functioning), which gives way to the epistemological principle of foundationalism: knowledge being founded in evident truths, universally accessible and independent of any presuppositions. For biblical truths the evidence is rooted in the consistent notion of revelation, and the universal accessibility is implied in the availability of the Bible with its content being addressed to everyone. This would be a return to the rationalism of modernity.

Another problem arises with the position of experiential knowledge. If experientially obtained knowledge is recommended as the best way to achieve truth, both scientifically and practically, then theological

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2 This notion of organic inspiration has been developed and promoted among orthodox Reformation theology by the neo-orthodox Dutch theologians Herman Bavinck and Abraham Kuyper.

3 For the sake of simplicity I leave it at this distinction. However, it should be noted that the analytic approach too has its presuppositions and cannot shirk interpretations. The justification of the simple distinction is that, different from understanding, scientific analysis does aim at objectifiable and quantifiable, generally accessible knowledge. Cf. Ricoeur (1970/1981) for the distinction and the complementary character of interpretation and explanation.
problems may arise about the orthodox doctrine of revelation. 20th (and 21st) century orthodox theology has resisted the liberal emphasis on experience as the ultimate source of knowing God. When experience is rated above revelation, the approach from below will predominate the approach from above, from God, and human authority will prevail over divine authority. An obvious counter argument is that God’s revelation is received and appropriated only by way of experience. For that reason, however, we should not put it all under the heading of experience but adopt the dialectic of revelation and experience. By doing so, we end up in the hermeneutical approach. Experience needs some normative counterweight, like Gadamer’s Sache, to avoid subjectivism. This subject matter of the text makes a truth claim about the world. Without this counterweight, as a selection criterion for truth in religious affairs, experience, including spiritual experience, becomes a rival of revelation as authoritative arbiter of what should be recognized as religious truth.

From these considerations it can be concluded that an objective data approach to the Bible does not allow for the contextual communicative character of revelation that is implied by the orthodox doctrine of the organic inspiration of the Bible. Furthermore, a one-sided emphasis on spiritual experience does no justice to the authority of God’s words coming from beyond. In order to do justice to this external authority, a dialectic account of the relationship between revelation and experience is necessary. The hermeneutic approach meets these wants. It does allow for legitimate truth claims about reality, though not in the manner of objective data ready for scientific use. So, of all three approaches under consideration, this appears to be the appropriate one.

5.4 Disagreements on Anthropology

Disagreements within the Debate
As a matter of fact there are no real controversies within the integration movement about human nature. The main emphasis is on relationality, sociability, the ability to communicate with other people and with God,

4 Cf. Wright (2006): “If ‘experience’ is itself a source of authority, we can no longer be addressed by a word which comes from beyond ourselves. At this point, theology and Christian living cease to be rooted in God himself, and are rooted instead in our own selves; in other words, they become a form of idolatry in which we exchange the truth about God for a human-made lie” (p. 103).
spirituality, freedom, responsibility, moral agency, and redeemability from sin and psychopathology. There are some differences about the soul, being reflected in the debate about the simple, dichotomous or trichotomous nature of humanity, consisting of body, body and soul, or body, soul and spirit, respectively. In general, the temptation has been resisted to force the issue or to speculate about it. The main interest of the discussion is to safeguard a warrant for the character of humans as spiritual beings able to maintain contact with God.

Differences do exist in the views of human freedom. Some advocate a libertarian freedom as a prerequisite for moral responsibility, in which the will is able to will contrary to whatever causes. Others, however, under the pressure of neurobiology, confine themselves to freedom as voluntariness of acting in accord with the determining causes, named compatibilist freedom for being compatible with determinism. Still others appeal to nonreductive physicalism in which mental processes are supposed to emerge from physical processes, in order to vindicate the existence of top down relationships of the mind to the brain, suggesting freedom of the mind.

Additional Comments
Is what was promoted as Christian anthropology in the integration debate really as Christian and anti-secular as has been pretended? Some doubts might be raised about this picture. For instance, in the equation of soul and self, soul does not have the Old Testament meaning of vital power, nor the classical meaning of the eternal source of reality (as in Neoplatonism), or the eternal essence of human nature (as in much Christian theology), but the modern subjective meaning of inward coordination center toward experiential reality. The main difference between soul and self is that in the latter an inherent relationship with God is lacking. Of course, one could decide to use the word self by including its relationship with God, but then it is still under discussion whether this can be done without bringing secular notions into the concept, such as the idea of subjective experience as the measure of all things.

Another topic is the concept of relationality. The main characteristic of a professed Christian anthropology has been sought in its relationality toward God and toward fellow people. This is seen by many as the most concise definition of the being created in the image of God. But what kind of relationality is meant here? There are various ways in which entities can interrelate. There may be relationality by participation, causation, correlation, chronology, comparison, similarity, localization (before,
behind, near, etc.), hierarchy, reciprocity, etc. Most of these kinds of relationships are no candidates for the relationality meant as a characterization of human nature created in the image of God.

Systematic theologian Collin Gunton, to whom various authors appealed, stresses relationality as the main characteristic of the triune God, and of humans being created similar to Him, and advocates “otherness-in-relation” or “communion in otherness” in which particularity is preserved (Gunton, 1993, p. 7, 51, 216). This comes closest to relationality by reciprocity, but what does he mean by the particular otherness of the constituents of the relation? Elsewhere, he speaks of “persons in relation,” being “in mutually constitutive relations to other persons” (Gunton, 1998, pp. 206, 208). This explanation brings a shift in the focus of the question. What is meant by persons?

Studies in the history of the doctrine of Trinity have revealed that the terms person and relation in the descriptions of how Father, Son, and Holy Spirit interrelate, have an original meaning quite different from the prevailing use of the terms today. According to Saint Augustine, Richard of St. Victor, and John Calvin, the relations should be understood as relations of origin, the Father producing the Son (generatio) and the Spirit (spiratio), the Son being produced by the Father, and producing the Spirit, and the Spirit being produced by the Father and the Son (Den Bok, 1996; Baars, 2004). In this context person is defined by the relations of origin: the term denotes the distinction between Father, Son, and Holy Spirit. This is an interpretation of the terms person and relation entirely different from our present-day use. In the latter context, person means a free subject with its own initiative, and relationality refers to the ability to voluntarily make mutual connections with other self-oriented subjects. This difference makes it difficult to derive our psychological notions of personhood and relationality from the classical doctrine of Trinity.

Furthermore, when Grenz (2001) points to a “relational vein” (p. 168) in Calvin’s interpretation of the imago Dei, this referral lacks sufficient accuracy. Calvin designated the core of the creation of humans in God’s image as “being blessed not by any goods of themselves but by participation in God.” In fact, the relationship Calvin aimed at is not determined by personal reciprocity, as Grenz suggests, but by belonging or participation. Moreover, it should be kept in mind that relationality in the

Calvin (1958; Institutio II ii 1): “non propriis bonis, sed Dei participacione fuisse beatum.”
sense of personal reciprocity is a popular concept not only in Christian contexts but as much in secular developmental psychology. So, where does the present-day notion of relationality come from?

Tentatively, I raise the possibility that some parts of anthropology defended by Christian psychologists and theologians, in claiming to give a biblical alternative for modernity’s intuition of the priority of individual self-determination, in fact do complement it by the concept of relationality, at the same time adopting a modern concept. In doing so these theorists run the risk of unsuspectingly adopting traits of this self-oriented attitude. We should be aware of this possibility, in order to make an accurate analysis of the worldview content of Christian anthropology and prevent unidentified implications. In the present chapter’s framework we cannot yet go deeper into the cultural-historical determinants of the present-day experience of personality and individuality. This has to wait until the next chapter (section 6.6).

5.5 Disagreements on Psychotherapy

Disagreements on Worldview Influences on Psychotherapy

Trying to provide an overview of internal disagreements on epistemic and anthropological worldview influences, I identify the following points. The first disagreement is about the use of secular psychotherapeutic methods, like the behavioristic, cognitive, humanistic, and psychoanalytic ones. A discussion arose about the relationship between therapeutic methods and the underlying philosophies (sections 4.4 and 4.6). Many contended that the methods can be used without accepting the underlying philosophy. Others replied that through this approach hidden presuppositions about human nature and moral values sneak into the therapy. They argued that an appropriate theological backing is conditional for the adoption of secular methods. In fact, this is what various authors intended when they defended the usefulness of secular methods by adducing biblical notions that support them. However, a shift from modernism to postmodernism in which Christian theorists followed the mainline cultural developments lessened the need for theoretical hair splitting. A postmodern Christian model for psychotherapy is characterized by putting less emphasis on method and control, and more on the experiential flow of the encounter.

Not a real controversy among Christian theorists but rather a criticism of current practice by Christian caregivers is the individualistic and
hedonistic thrust in much psychotherapy they do (section 4.9). At the same time it was observed that there is a development across the board away from these self-orienting tendencies.

Furthermore, a kind of tension can be perceived among Christian therapists between the accent on well organized, evidence based interventions on the one hand, and on the other hand the let go approach that refrains from emphasis on method and control (section 4.9). This difference was reduced to the difference between the modernist and postmodernist approaches.

There is some difference in goal-settings of therapeutic care as well (section 4.2). Some distinguished between growth therapies, including spiritual growth, and problem solving therapies or, in other terms, between healing (that is, increasing love) and curing, without separating them. Others, however, stressed the clinical rationale for the distinction between the psychological and the spiritual, and argued that they should be seen as different categories. Others again brought the whole therapeutic enterprise under the umbrella of spiritual goals such as to find and know God more deeply, to acknowledge the lordship of Christ and the kingdom of God, and to promote the process of sanctification of life.

Comparable to the differences in goal-setting is the different appreciation of the use of spiritual techniques in psychotherapy (section 4.5). Many propagated the application of spiritual interventions as manifestations of real integration of faith and psychology. Some, however, opposed this attempt at integration for different reasons. It could hurt the therapeutic relationship by blurring the professional role of the therapist, for instance when he prays aloud together with the patient; it could be in tension with the ethical code of conduct in which the application of evidence based interventions is provided; and it can be understood as a violation of what spirituality is about. Spirituality is a matter of ultimacy, so it must not be explored as a utilitarian device. This would end up in reducing religious belief to a therapeutic technique, and thus in psychologizing religion.

Finally, there is disagreement about the kinds of spirituality that are proposed to be applied in psychotherapy (section 4.5). Some advocated the use of spiritual orientations in a framework in which spirituality is defined as broad as a theistic scope can be. This breadth is preferred in order to develop therapeutic models that are maximally applicable both in Christian and religious non-Christian contexts. Others chose to confine themselves to specifically Christian forms of spirituality because they refused to subsume Christianity to the generic denominator of religion,
appealing to the fact that the faith Jesus and his apostles taught is opposed to all other religious practices.

Consistent Psychotherapy: Additional Comments
In section 4.2 we observed a lack of clarity in the use of the term counseling for psychotherapy. What does the use of the term imply for the character of psychotherapy? To Americans this may seem an odd question, because psychotherapy and counseling are commonly used interchangeably in the United States. However, this may indicate a shared idea of the concept that as a consequence of its widespread acceptance might escape perception. The reason why I point at this terminological issue is that possibly by its use strange elements might be imported which at the same time are criticized explicitly. Without driving the matter to the extreme, we might do well to face up to this possibility in order to promote conceptual and practical clarity.

The term counseling has been promoted in the context of clinical psychology by humanistic psychologist Carl Rogers. He did this because he opposed the claims of an exclusively medical view of psychotherapy. As a matter of fact, he was not a psychiatrist himself. More important was the consideration that the medical frame of reference attributed unequal roles to the helper and the helped, who were seen as the expert over against the incompetent patient. For this reason he also dismissed qualifications like normal, neurotic, psychotic and patient as misleading labels. Beneath the surface of external behavior there is a central longing for authenticity, to come into contact with the real self (Rogers, 1995). Instead of the imbalance of the expert–inexpert relation, he favored equality and the client’s individual autonomy being respected and strengthened. Where did Rogers derive the counseling terminology from? In 1908 Frank Parsons published the book Choosing a Vocation in which this early counselor introduced counseling as a professional support activity for vocational development. With this he set the trend of school counseling in order to help individuals make occupational and career choices, and to promote personal and social skills and competencies for the sake of career and college readiness. The tradition of school counseling received a special application in the 1940s, when the United States appointed psychologists and counselors to select, recruit and train military personnel. In the educational and professional context counseling is still a widely recognized concept. The American Counseling Association (2012) merges the health and education contexts, and views counseling as a professional relationship empowering clients to achieve
mental health, well-being, education, and career goals. The educational background of the health oriented counseling movement features an emphasis on personal interests that have to be identified and implemented.

Does this say anything to the detriment of the use of the term counseling in a Christian setting? One would say no, for what could be against it when the founder and inspirer of the Christian faith is called “wonderful counselor” in one of the famous prophecies about Him (Isaiah 9:6)? This circumstance does tell us that the term is not unusable in this context, but this does not detract from the urgency to examine its secular background. This background creates a mental template by which counseling might be molded, implying an individualistic bias toward the interpretation of human values. Here, the standard lies with the clients with their needs, wishes, and interests as they understand them. A priori there is nothing wrong with this, but the starting point in human priorities stands in tension to that part of Christian inspired psychotherapy which gives priority to God centered values in helping relationships, like knowing God, submission to the lordship of Christ, and promoting sanctification of life in helping relationships. Against this background it is remarkable that precisely the Biblical Counseling View adopted the term. Presumably it did so in opposition to the humanistic counseling approach, emphasizing the contrast by using the same term.

Apart from this consideration about the mental framework suggested by the use of the term counseling, another point of critical appraisal presents itself. It was already hinted at in the debate, namely the methodical use of spirituality in therapy. The use of spirituality was recommended as a Christian application of therapeutic techniques in a highly integrated version of psychotherapy. However, this application of spirituality in a therapeutic setting tends to reduce the spiritual to the psychological, ignoring its assumed external reality content. Particularly in the pleas for the application of spirituality in general (belief in a higher power or an ultimate presence) the spiritual is subjectified, and disconnected from the world order as known by Christians. The same is true in sessions evoking imaginations of Jesus’ presence, if the objective reality content of His appearance is of secondary importance to the therapist. In all these cases, the integral unity of reality and experience has been reduced to the subjective view of the psychological. This is at odds with the religious function of spirituality as conceived by evangelical and Reformed Christians, who are the main supporters of the integration debate: to honor the transcendent God in His real existence.
In the third place, it can be asked how some professional ethical guidelines relate to the presuppositions of spiritual interventions recommended as constituent of integrated psychotherapy. Spirituality is about dedication and obedience to God, acknowledging Him as our supreme authority. Some of the ethical rules, however, are about the client’s autonomy, informed consent, and the priority of his/her belief system. In orthodox Christian spirituality, the supremacy is with God but in the mentioned ethical principles the ultimate judgment is with the client. This may appear to be contradictory. It is not immediately clear how in this context of legal autonomy spiritual heteronomy can function.

5.6 Discussion

How, according to participants of the Christian integration debate, do worldview and psychotherapy interrelate? To get an answer to this question we have to distinguish two levels; the level of how participants of the debate view this relationship, and the level of how we view the participants’ view. So, the answer combines their answers, and our review of these answers. In other words, it contains a descriptive and an evaluative aspect.

Worldview, Psychology, and Psychotherapy as Viewed by Christian Theorists

In our survey of Christian views of the interrelationships between worldview, psychology, and psychotherapy as brought forward in the scrutinized journals, we condense the results as they have been described in the chapters 2, 3, and 4, and summarized in section 5.2. Christian theorists agree that all psychology and psychotherapy contain tacit presuppositions. These presuppositions should be made explicit in order to control their influence. The debate directs criticism against a reductionist tendency in empirical-logical science. However, not only in epistemology but in anthropology as well, reductionism was identified, namely, in mechanistic views of human nature; the neglect of relationality, including the relationship toward God; individualistic moral values; and the materialist approach, equating mind and brain. Apart from reductionism, Christian theorists puncture the suggestion that counseling could be non-directive. They unmask much of the psychotherapeutic focus as individualistic and narcissistic. The moral directions given by
psychotherapists lack any explicit external normative reference and are therefore biased and arbitrary.

The proposed completions and alternatives vary and are sometimes mutually exclusive. Many view biblical data as full source of scientific knowledge; others underscore hermeneutic processes as means to understanding, or point to experience as the first option for gaining knowledge. Some dismiss objectifying, quantitative knowledge completely; others recognize its value to a greater or lesser extent. In anthropology, relationality and spirituality are stressed as vital functions of human nature. In accordance with this, psychotherapy focuses on interpersonal relationality in love, and with Christian patients on submission to God, similitude with Christ, and guidance by the holy Spirit in obedience to the Word of God.

**Uncritically Adopted Presuppositions**

In spite of the alertness by Christian theorists to identify non-Christian presuppositions in secular psychology and psychotherapy, in many respects they do adopt modern ways of viewing knowledge, human nature, and psychological theory and practice. Among them there is much variety, though, so that all characteristics do not apply to all of them.

Many participants in the debate do accept scientific methodology. This means that they adopt the disengaged, objectifying stance that is required by scientific research, revealing in this approach an attitude that is favored by modernism, which is admitted by some (Dueck & Parsons, 2004). Further, the desire of many to anchor their knowledge in the propositional content of the Bible is dismissed by others as a disguised form of modern foundationalism, that is, the need to base knowledge on evident beliefs. For evident beliefs the former point to the Bible as the treasure grove. The critical counterargument is that there does not exist any biblical knowledge without interpretation, and interpretations are not so evident that they are beyond debate. In the course of time this has been admitted by many, so that the discussion shifted somewhat. The debate switched to the relationship between the theological interpretation of biblical statements and the psychological interpretation of research results; in this specific case they are in tension with each other. Here, apart from the outcome of the debate, the reproach of foundationalism is not appropriate.

On other points traces of the modernist sense of life are identifiable. Some promote limited constructivism, conceding that we contribute meaning to observed and remembered matter. Constructivism, however,
presupposes an autonomous subject that constructs. Another example of modern influence in epistemology is the exceptional rating of experiential knowledge by some (who do not so much allude with this to empirical but to emotional experience). If this way of finding truth is promoted as the main source of knowledge, it is subject-oriented, ignoring external authority, just like modernism advocates.

If one would reply that these constructivist and experiential approaches are typically post-modern, I would agree. But I would add that this postmodernism may be viewed as an offshoot of modernism, not opposing its progenitor in adopting the subjective point of gravity which modernism assumes as well, but only in rejecting the common standard of rationality, which is not at stake in the previous paragraph. Immediately I would add that the issues of modernism and postmodernism need further reflection, which will be provided in the next chapter. This note relates to the following paragraphs as well.

In the view of human nature several unintended bows to modern worldviews might seep in, such as in the equation of soul and self, self lacking an implicit connection with God. Issues like self-acceptance and self-actualization are in line with modern understanding. By relationality as an essential trait of human nature, Christian theorists mean relationality of different subjects, and thus seem to adopt the modernist priority of subjects. As to psychotherapy, three issues are related to insufficiently recognized affiliations with modern worldviews. First, the use of the term ‘counseling’ might surreptitiously inject secular connotations related to individual self-actualization, as a consequence of its original context in school and career advisory activities, and its adoption by the humanistic psychologist Carl Rogers to avoid inequality with the client, thus respecting his or her autonomy – a modern notion indeed. Then, the operationalization of spirituality in therapeutic care detaches the religious exercise from its immediate intertwining with the God who is served, and is viewed as an inner resource of recovery and strengthening. This, too, meets the modern preference to start from the subjective side of reality. Besides, on this point postmodernism is a true heir of modernism. And third, the clients’ autonomy about involving religious affairs in therapy is hardly compatible with the particular character of religion as relating to the heteronomy of ultimate reality that is decisive for the whole of life.

Does this possible indebtedness to modernity compromise the Christian efforts to develop a Christian oriented psychology and psychotherapy? An answer to this question requires an external stance, which will
be developed in the next chapter. But at least it seems to blur the positions taken.

Conclusions
When we look at the first hypothesis, the conclusion seems justified that this hypothesis is confirmed by the present examination. The Christian integration debate indeed does demonstrate the interdependency between worldviews and psychotherapy. However, this conclusion is a little hasty. Do these analyses really add something to our understanding, or have there already been other analyses from other viewpoints that precede or run synchronously with the present debate? One could think of the sharp analyses by Browning (1987; Browning and Cooper, 2004) that exceed much of what orthodox Christian psychologists have to offer. On the other hand, the Christian integration movement has an older authentic tradition. Another objection could be the reference to the Reformational Philosophy tradition represented by Herman Dooyeweerd (1953, 1955, 1957), who revealed the religious ground motives in all scientific and professional endeavor. This argument is downplayed by the consideration that application of these insights to psychology and psychiatry was only fragmentary. So, we can retain the proposition that the Christian integration debate played its own part in opening people's eyes to the presuppositions that affect psychotherapy of all kind.

There remains a restriction, however. Apparently, the debate did not fully fathom the extent of modern thought that is involved in the Western Christian reflections – philosophical, theological, and psychological. So, for a number of aspects of psychotherapy's worldview background the debate does not clearly demonstrate all existing and possible dependencies.

Does the debate meet the final part of the hypothesis? It states that the Christian integration debate has drawn implications of the interdependencies for psychotherapeutic professionalism. Several implications have been identified, indeed, such as the need of competence in religious matters, and the failures caused by the lack of it with many secular therapists; an understanding of the moral consequences of faith; the ability to deal with the religiously wrapped resistance by the patient (chapter 4); a clear view of the therapeutic goal of employing the patient's faith; awareness and observance of the ethical constraints regarding the patient's

6 See chapter 6 for a more detailed account.
belief system; and the use of spirituality for therapeutic purposes. From this we may conclude that participants of the Christian integration debate really drew consequences from the interdependency of worldview and psychotherapy for psychotherapeutic professionalism. Here, too, however, there remains some lack of clarity in the analyses and recommendations concerning the therapeutic professionalism in dealing with religious affairs and setting religious goals.

When we measure the first part of the second hypothesis by our observations, we may conclude that there are unsolved disagreements, indeed, especially in the epistemic parts, and to a lesser degree in the applications of epistemology and anthropology to psychotherapy. There is some contradiction in the answers to the question whether biblical or theological data may function on the same cognitive level as empirically collected data. Some say yes, others say no. It remains an issue whether biblical or theological cognitions fit in a common framework with empirically controlled facts. Can we distinguish facts and interpretations of the Bible in the same way as we distinguish them in science? Approached from the other direction, scientific hypotheses and theories are always subject to critical testing with the help of systematic observations. Is the same true of biblical or theological contentions? So, can the latter be submitted to scientific scrutiny and possible correction? In other words, do they meet the standards of the scientific method with its critically distancing approach? Or does this combination spell a blurring of categories? Or should we, with others, dispute the objectifying analytic stance that is conventional in scientific practice, and argue for a more engaged, emotional experiential style? If so, that would mark the end of the standard scientific enterprise.

In the reflections on psychotherapy the anomalies are less sharp but still obvious. Against the common background of emphasizing relationality, the main unsolved discrepancy consists of a different appreciation of the use of religion and spirituality in psychotherapy. Can religion be recruited as a means to other, therapeutic, ends or does the high valuation of religion and spirituality as dealing with ultimate reality prevent us from this opportunistic use? Would the same be true here, as with Bible and science, namely, that the combination or integration of spirituality and psychotherapy imply a confusion of different categories?

The problematic relationships between Bible and science and between spirituality and psychotherapy give support to the former part of the second hypothesis: that the Christian integration debate arrived at unsolved inconsistencies. I did already hint at the cause of these
inconsistencies, to wit, a confusion of categories. That is the latter part of the second hypothesis and will be tested in the next chapter.

In order to form an opinion about this issue we need an independent vantage point which exceeds the boundaries of chapter 5. We need a point of view from which external criticism can be performed, that is, criticism depending on the particular position one takes. Until now, we have been involved in an internal appraisal of the arguments employed by Christian theorists of psychology and psychotherapy. The appraisal focused on consistency, not on the value of particular viewpoints. In the next chapter, we make a move toward debate external assessment of the adopted positions. For this I make grateful use of the analyses and reflections of Reformational Philosophy.
External Evaluation of Psychology and Psychotherapy in Relation to Worldview

Introduction
In the previous chapter we summarized the main conclusions by Christian theorists about worldview elements that are associated with epistemology, anthropology, and their influence on psychotherapy, and applied a tentative internal criticism. It was internal in that it started with the presuppositions held by the mentioned thinkers themselves and expressed in the worldview(s) they advocated. Our main outcome appeared to be that, to be sure, Christian theorists did detect modernist presuppositions and demonstrated their incompatibility with basic aspects of their Christian worldview, but, on the other hand, we suspected that modernism might have intruded more deeply into Christian assumptions and positions than its critics were inclined to acknowledge.

The present chapter will continue the critical evaluation from an external viewpoint, that is, an independent tool as a normative measure for the sustainability of the analyses in whatever form by Christian theorists. Questions like the following remained still unresolved in the previous chapter, and ask for further reflection. How should the relationship between empirical knowledge in science and faith knowledge derived from the Bible be viewed? And, how should we deal with the modernist emphasis on the self as fostered in psychotherapy, i.e., the self as the inward center of control with its concomitant values like personal autonomy and self-actualization, in the light of biblical teachings that go beyond psychological personality theory? How should we estimate spiritual interventions in a psychotherapeutic context, anyway? In these questions the second part of the second hypothesis becomes relevant, viz., that the unsolved disagreements of the Christian integration debate can be traced back to confusion about the relations between faith knowledge, science,
psychotherapy, and pastoral care. The questions concern the difference between faith knowledge and psychological science, the relationship between psychology, faith knowledge and psychotherapy, and the distinctions and connections between faith knowledge, psychotherapy, and pastoral care. Faith knowledge is here understood as knowledge that arises from the recognition of the Bible as the main source of divine revelation.

In order to test this part of the hypothesis, analyses by Reformational Philosophy are being applied, and that for various reasons. The Reformational approach combines several benefits in developing a balanced philosophy of worldview and psychotherapy. In the first place, it recognizes the impact of worldviews in all human activity. Secondly, it cannot be under suspicion of being unfavorable to Christian motives and values because it is built upon fundamental Christian assumptions itself. It emphasizes that all human reflection and action is guided by a religious ground motive, be it Christian or non-Christian. The Reformational approach has proven to be fruitful in areas like technology, political philosophy and cultural analysis and has been worked out for medicine and psychiatry. It is attractive because it develops its arguments from within, by elucidating the proper nature and structure of certain activities and practices. It has a rich set of heuristic ideas about the structure of reality as we know it. This approach is congenial enough to Christian motives in psychological reasoning to do justice to their intentions. Further, it has a proper balance in its account of both reality’s unity and diversity. So, it avoids both reduction of reality to only one primary aspect, and fragmentation into scattered realms of experience and action. In other words, it meets both the modernist drive to demonstrate unity and coherence, and the postmodern concern for the different and the unique, without falling into the biases of either of them, to wit, reductionism and subjectivism, respectively. To appraise the impact of modernism we appeal, next to Reformational Philosophy, to some philosophical reviews about the cultural history of human identity in Europe presented by Taylor, Foucault, and Levinas. These reviews help us prepare our position on the tensions between modernist and traditional Christian approaches of the human subject.
6.1 Reformational Philosophy as an External Standard

First, we turn to Reformational Philosophy as an external tool. To begin with, I draw some main lines to introduce the core of the Reformational philosophical representation that has been developed by Herman Dooyeweerd (1953, 1955, 1957, 1960) and has been pictured by scholars like Kalsbeek (1970/1975), Clouser (1991), and Van Woudenberg (1992).

**Principle 1: The Unity of Reality**
Reformational Philosophy considers the reality in which we live and which we perceive as a unity. By our naïve, or everyday experience the reality we face is understood as a totality. There is no reason to suspect this unreflective perception in advance. Sure, it may be biased, but cannot be ignored. Rather, it may be taken as a guiding intuition of how things are. There is more reason to suspect all kinds of prejudiced, and philosophical critique of our naïve experience. Such critique invariably tends to reduce integral reality as it is experienced to some aspects of it, such as perception (sensitive aspect) and interpretation (analytic aspect) by Kant; matter (physical/biotic aspect) and economy (economic aspect) by Marx; or just matter by many contemporary neurobiologists. Naïve experience is embedded in the fullness of reality with all its possible aspects (or functional modi).

This unity of unreflective experience furnishes an a priori account of the ontological state of affairs. Christian naïve experience understands reality as a product of God’s creation. God has created all things to His own glory. All things are meaningful in that they refer to the Creator and His greatness. All reality belongs to Him. However, unreflective experiences may take many kinds of forms, each with its own implicit meaning. This meaning of life finds expression in the religious ground motive that drives every person. Every responsible human creature does have someone or something as his or her deepest drive and highest purpose, be it the recognition and glorification of the Creator or something else. If it is not a personal God who is assumed to reveal Himself in people’s lives there might be other individuals, or things, that serve as ultimate concerns. Although the contents of religious ground motives are very different, the existence of religious ground motives is universal. In spite of their diversity they are all religious in the sense of referring to the ultimate values of life. This religious ground motive is part of one’s worldview and may function as an integrative force preserving the unity of life.
perception, or at least the peaceful co-existence of multiple life orientations in an apparently fragmented world.

The fact remains, however, that there are different ground motives, and many different systems of life perception. This is held to be the consequence of our fall into sin and our apostasy from the living God. Instead of Him we take created aspects of reality to be the highest principle of our existence, like reason, matter, or economy, as has already alluded to in the first paragraph of this section. Fortunately, we can retrieve the unique recognition God our Creator deserves, thanks to our redemption by Jesus Christ, God incarnate. So, there are two qualitatively different ground motives: the one moving toward God, and the other moving away from Him. In this fundamental duality Reformational Philosophy is indebted to the champion of neo-Calvinism, Abraham Kuyper (1898) who emphasized that all areas of life belong to God, and who assumed a religious antithesis also in science. This antithesis was tempered, however, by the assumption of the influence of common grace thanks to which there is truth in science done by non-Christians.

**Principle 2: The Diversity of Reality**

Reality is diverse. We can distinguish various aspects, also called functions, modal aspects, (modal) spheres, or modalities. These aspects are not intentionally discerned by naïve experience, but by rational analysis. Dooyeweerd distinguished the following modal aspects: the quantitative (or numeric), the spatial, the kinematic, the physical, the biotic (or organic), the sensitive (or psychic), the analytical (or logical), the cultural-historical (or formative), the lingual, the social, the economic, the esthetic, the juridical, the moral, and the faith-related.¹ There is a progressive sequence in these modal aspects in the sense that the higher aspects are built upon and thus presuppose the lower ones. These aspects have their relative sovereignty, that is, they cannot be derived from or reduced to one another. At the same time though, they are interdependent. From the post-sensitive aspect onward the modal aspects have a normative character. That is to say that they can be violated by humans who are subject to them.² With the pre-analytical aspects this is impossible. Aspects are not about concrete entities, the What, but about the

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¹ The term forged for this aspect is *pistic* aspect (from Greek *pistis* = faith).
² Note that *normative* is not an exclusively moral category. There is also analytic, economic, aesthetic, etc. normativity.
How. In that sense, all of them tell something of reality. Aiming to do justice to the fundamental intuition of diversity, Dooyeweerd assumed that these aspects refer to the law-side of created reality, as the way God has structured reality, as the lines along which creation has been ordered to function.

In another respect, creation consists of all individualities or entities, comprising concrete things, people, happenings, institutions, practices, etc. These diverse individual entities are all subject to more than one modal aspect. For instance, a tree is subject to the quantitative, spatial, kinematic, physical, and biotic aspects, an association is subject to all these aspects plus the sensitive, analytical, historical, lingual, and social aspects. Every kind of entities has a qualifying aspect that distinguishes it from other kinds of entities. For animals this is the sensitive aspect which distinguishes them from, for instance, the flora that is qualified by the biotic aspect; for pieces of art the qualifying function is their aesthetic one, other than utensils like chairs and spoons that are supposed to be qualified by their social functions.

This distinguishing, analyzing approach of reality cannot do justice to the integral unity of reality, because the unity is more than the sum of its components and aspects. Therefore, within Reformational Philosophy there is an awareness that the unraveling of all different aspects is somehow artificial. In fact, it is an approach to reality from the vantage point of only one aspect, that is, the analytical one. This is the qualifying function of all sciences, which are characterized by their rational analysis of reality. Empirical sciences focus, in principle, on one aspect of reality, for instance, the physical aspect, or the economic, and by doing so abstract from all other aspects of reality. Things go wrong in science when scientists forget their abstraction and treat the aspect under study as if it is reality in itself and stands on its own. Succumbing to this temptation leads to reductionism. It is one of philosophy’s tasks to unmask these biases and to do justice to all aspects in their coherence. Reformational Philosophy seeks to interrelate the various aspects of concrete reality, and to show how they are connected in the so-called individuality structures of all entities.

**Principle 3: Unity in Diversity**

As Reformational Philosophy teaches, all entities have one qualifying aspect, and a number of modal aspects they are subject to. Every entity, in fact, functions in all aspects in one way or another. Each aspect is sovereign in its own sphere, but it is also universal in the sense that the
principles and laws which hold for that aspect, also hold for everything else that exists. This is what Dooyeweerd called the *universality* of the modal aspects. They function in all individual entities, albeit differently. Apart from the qualifying aspect the entity is subject to, there is usually also a founding or foundational aspect. And there are other aspects, with their own laws and normative principles, to which the entity is subject but without particular qualification.

Vegetation, for instance, cannot exist without quantity, space, movement, matter, and life. A plant, therefore, functions in the quantitative, spatial, kinematic, physical, and biotic spheres. These spheres are called subject-functions: the plant functions as subject (i.e., actively, by itself) in these five spheres. One of these spheres is the qualifying or leading function, in this case the biotic sphere. The other subject functions or aspects are in service of this function; they anticipate on biotic functioning. The leading function, in its turn, refers back to the preceding, lower functions. The technical term minted for this is *retrocipation*. In all other aspects the plant functions as objects. So, the plant also functions in the analytic sphere, in the historical, the lingual sphere, and so on; not as subject, but as object, i.e., as object in relation with other entities and, most importantly, with humans. These other, higher aspects are called object functions. A plant can be cultivated as a houseplant and put in the living room. Here, it has a social object function or an aesthetic object function in which it is not founded. These object functions may even acquire a qualifying status. The houseplant exists, as object, in order to function as social or aesthetic object. The technical term for this functioning in higher spheres is *anticipation*. The material thing anticipates functioning in these higher spheres.

The same story can be told of instruments which are used in medical care, such as a surgical knife. The knife is a physical object, but is not qualified by its physical sphere, but by its use in surgical practice, which ultimately has a moral destination. In fact there is a two-step type of analysis needed here: the knife as such is the product of manufacturing, it is not just a physical thing, but a product of a process of designing and engineering, which makes the knife suited for its technical function in certain surgical procedures. However, these procedures, in their turn, do not stand on their own and are part of a practice with an ultimately moral destination. The knife acquires, secondarily so to say, a healing function. Other functions (or aspects) anticipate on this healing function. And in the production process of the knife this future role of the knife as technical object in an ultimately moral practice is imaginatively taken
account of: the engineer literally anticipates, in a process of trial and error, which spatial and physical features of the knife would make it most suited for its future task.

Both retrocipation and anticipation can be referred to by the technical term disclosure. Lower spheres can be disclosed by higher ones by retrocipation, and higher spheres can be disclosed by lower ones by anticipation.

Elaboration: Normative Practices
Sofar we have faced the law-side and the subject-side of reality, and its unity in diversity. The modalities and the individualities (entities) represent the diversity and find their unity in the purpose of the Creator with His creation. In the present subsection we address a certain kind of entities, namely, social practices. The entities we paid attention to can be roughly distinguished in natural entities (like stones, trees, and rivers), and cultural entities (like spoons, streets, and canals) which, in one way or another, are products of human activity. One kind of culturally formed entities are practices, and more specifically, social practices. Examples of social practices are sports, arts, education, managing a company, training guide dogs, sciences, medical care, nursing, psychotherapy, etc. These practices as such have not been created by God but have been developed in the course of the cultural-historical process. We are quite interested in the analysis of these social practices, because our focus is upon some of them: psychological science, psychotherapy, and pastoral care.

The notion of social practices has been introduced by Alasdair MacIntyre (1984), and elaborated by Reformational philosophers like Jochemsen and Glas (1997; Jochemsen, 2006a, 2006b; Glas, 2009a). MacIntyre defines a social practice as

> any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended. (p. 187)

As an example of an inherent good (“internal to that form of activity”) he describes the practice of portrait painting as it developed in Western Europe from the late Middle Ages to the eighteenth century. The internal goods to be achieved are related to the historically developed standard
that the human body is the best picture of the human soul. We can extend this example with the inherent good of, for instance, acquiring knowledge within the practice of natural science that meets the condition of controllable observations and conclusions.

By Reformational philosophers this concept of a social practice has been interpreted and extended by analyzing it in terms of Dooyeweerd’s theory of individuality structures. Practices are normative because there are normative principles which hold for these practices.

The normative structure of social (and other) practices implies that there is, again, a qualifying aspect or function. The qualifying aspect determines the raison d’être of the practice, it signifies the goal of the practice, the ideal it pursues. For medical care this is a moral function (helping patients to regain or retain a maximum of health), and for education a cultural-historical function (the formation of pupils or students). Apart from the qualifying aspect there are founding aspects that make the pursuit of that practice possible, like professional skills that are determined by science (know what) and technology (know how). It is important not to mix up the qualitative and foundational aspects of a practice. Not the professional’s expertise is the qualifying moment of the practice but the intrinsic intent of the professional practice. Furthermore, there is a conditioning side to a practice, consisting of the conditions under which the practice can be performed, such as social, juridical, and economic rules. These three kinds of aspects together, qualifying, foundational, and conditioning, form the constitutive or structural side of practices. There is also a regulative or directional side, referring to the way the rules or aspects are interpreted and applied in a wider interpretative context that is ultimately determined by the religious ground motive of those who perform the practice.

Figure 1 shows the various aspects of the practice of psychotherapy in a schematic overview. It distinguishes the structural or constitutive side from the directional or regulative side. A great deal of the structural part goes back on the modal aspects that express the law-side of creation. These represent the ever equal creational dimension of normative practices. However, the role these aspects play are not immutable. They develop into a specific direction. How rules are understood and applied is a matter of human choices in specific religious, moral, legal, and economic circumstances, scientific progress, and technical possibilities. These choices are finally inspired by ground motives. The direction into which practices develop, and its underlying dynamic, forms the regulative side of normative practices. It represents the changing cultural dimension of
these practices. This state of things implies that the normativity inherent to normative practices cannot be absolute. From a Christian or other ideological perspective they might be put under criticism for the direction they take. Culture is not value free, indeed.

Finally, it should be stressed that the debates about the details of the Reformational Philosophy analyses of reality have not yet been settled; the results thereof present continuous occasions for further argument.

**Figure 1** Structure and Direction of Psychotherapy According to the Normative Practices Model; after Glas (2009b).

**Relevance of the Distinctions**
The relevance of the distinctions between qualifying, conditioning, foundational, and regulative aspects can be exemplified by referring to the actual practice of psychotherapy. Currently there is an urgent call for effective treatment within a limited period of time at costs as low as possible. Insurance companies ask for the employment of evidence-based treatment methods by competent therapists as a prerequisite for
reimbursement. Professional organizations bolster the evidence-based approach as a warrant of treatment expediency. The overall sociopolitical context in which this controllability and efficiency argument is put forward is one of budget cuts and evidence-based results.

Here several conditional and foundational aspects of the psychotherapeutic practice are emphasized. Effectiveness, time limits, and low costs point to the economic conditions; evidence-based treatment and professional expertise to foundational side. The exclusive focus on efficiency and expertise might tend to result in an appraisal of psychotherapy that regards professional expertise and efficiency as its qualifying function. But then the core value of the practice is likely to be ignored, to wit, its moral function of helping patients. This moral quality of the practice makes the therapy a fellow-human enterprise in which the patient's individual life story may be opened up and deserves due attention. In this life story worldview issues may play a role. Justice can be done to the moral character of psychotherapy only if the economic aspect does not play too dominant a role in the process and retains its conditional character relative to its capacity of disinterested help.

Is this person-oriented approach not inherent in the evidence-based approach favored by the occupational sector and the insurance companies? In the APA's (2005) view, evidence-based practice does not only include the best available research and clinical expertise, but also patient characteristics, culture, and preferences. However, when maximizing patient choice among effective alternative interventions is mentioned as a central goal of evidence-based practice in psychotherapy, this presupposes the existence of "effective alternative interventions." But such alternatives may well have been assessed effective only by means of quantitative, statistical comparisons. If so, they would necessarily have a standardized character, and disregard personal issues like one's worldview or one's experience of meaning in life. By contrast, the emphasis put by the Normative Practices Model on the helping character of therapy directs the focus on the patients and the way they relate to their distress. It has an individualizing focus. Here, meaning of life comes into play, and because of its idiosyncratic nature this is hard to approach quantitatively.

These reflections on how psychotherapy is being dealt with underscore the indispensable importance of the Normative Practices Model. They uncover the illegitimate substitution of conditional (such as economic) or founding (such as measurable expertise) aspects for the real qualifying aspect of helping people.
Chapters 6. External Evaluation

Issues to Be Reviewed
Our next step will be an attempt to apply the main lines of Reformational Philosophy to the bottlenecks of the Christian integration debate. Which are these issues to be reviewed? I try to rephrase and extend the provisionally formulated questions at the beginning of the present chapter.

(a) The first issue is the question whether biblical teachings and theological reflections should prevail over results of empirical research, and should be recognized as primary scientific knowledge. The discussion, here, is on the status of faith knowledge or theological knowledge, in light of the fundamental distinction in the Reformational philosophical tradition between scientific knowledge and other forms of knowledge.

(b) A related question concerns the issue of whether biblical information and systematically collected empirical data are equivalent and should be put on equal footing. The discussion about this issue will focus on levels or types of knowledge.

(c) The next issue is about the relationship between psychological science and psychotherapeutic practice. Is psychotherapy an applied science, or is the relationship somewhat more complicated? Here, the theory of normative practices should offer some clarification.

(d) Fourth, there is the issue of the relationship between psychotherapy and spirituality, the former being a normative practice characterized by its own norms, the latter originally being addressed by another practice, namely pastoral care, with its own characteristic norms. What does Reformational philosophical analysis imply for the role of spirituality in psychotherapeutic practice?

(e) Finally, and closely connected with the previous topic, the issue arises how the psychotherapeutic interest in the self and personal autonomy should be evaluated in light of Christian spirituality’s focus on altruism, unselfishness, and self-sacrifice.

These five issues cover most of the questions which remained after our analyses of the Christian integration debate. In chapter 5, the impact of biblical content and theological interpretation on psychological theorizing appeared to be an important issue in the integration debate (a). Part of the discussion concerned the question of whether biblical arguments are appropriate in a scientific psychological discourse and how they should be brought in (b). Chapter 5 also identified as important

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3 Knowledge in Plantinga’s (2000) terminology and interpretation taken as warranted beliefs; see chapter 2.
issues in the integration debate: the legitimacy of spiritual interventions (d), and the orientation on the self in current psychotherapy (e).

It should be noted that one issue was not yet identified explicitly in the previous chapter, although it implicitly played a role in all positions in the integration debate. This issue concerns the relationship between psychological science and psychotherapy (c). It has not been thematized in the debate because there was no controversy about it, and it was not addressed in my analyses because it is not a matter of internal inconsistency. Reformational Philosophy, however, sees a problem here. I will explain this below. First we will review what Reformational Philosophy has to say about the first two issues (a, b). After this follows an analysis of issue c. The chapter will close with a discussion of Reformational philosophical insights into topics d and e.

6.2 Psychological Science Dependent on Biblical Truths (Ad a)

Christian Psychology
Can or should biblical information be part of and even have the lead in psychology as a science? We have seen in chapter 2 that in answering this question both psychologists and philosophers of Christian persuasion are internally divided. In order to perform a Reformational Philosophy analysis, I first present a systematic account of the Christian Psychology answer, rendered by Eric Johnson (2007b) in a programmatic article. It can be seen as a concise formulation of the position he develops in his book (2007a), and a continuation of his article from 1997. My choice is prompted by the outstanding clarity of his contribution.

Johnson advocates a holistic approach of understanding human nature, defining human knowledge as a fallible imprint of God’s perfect knowledge of all things. Human nature is so complex “that it can only be properly grasped within a holistic, hierarchical, and interdependent set of orders of discourse: biological, psychosocial, ethical, and spiritual” (p. 15). This sequence and its characterization as hierarchical and interdependent remind us of the various modal categories in Reformational Philosophy that Johnson is familiar with. In his explanation of the

4 This information I derive from personal conversation, in which Johnson expressed his admiration for the principal design, especially the role of the religious ground motive in it, but at the same time his disappointment about the practical
hierarchical organization we recognize the disclosure of the higher in the lower, the founding function of the lower with respect to the higher, and the religious ground motive in all human life:

the lower ground the higher and the higher fulfill the lower, and the lower can only properly be understood and interpreted within the context of the higher. Ultimately, all of human life is spiritual, that is, it is all related to God. (p. 15)

This principal starting point has consequences for both the contents of psychology and the sources of psychological knowledge. About the contents he writes:

God knows that human beings are made in his image, that they are sinners whose minds are blinded to aspects of God’s glory, and that God has justified and adopted those who believe and who then have the Holy Spirit dwelling in them. ... for my part, it is hard to see how, from a Christian standpoint, it would make sense to exclude such knowledge from psychology, the science of individual human beings. (p. 9)

These details about human nature do not result from empirical research but from reading and believing the Bible, according to Johnson. Since the Bible supplies reliable knowledge there is no reason to disqualify biblical teachings as a possible source of knowledge for a Christian psychology. On the contrary, the Bible occupies primary significance. Johnson admits that there are other cultural and religious contexts in which other types of psychology can be developed legitimately, for instance secular psychology which denies all authoritative religious sources of knowledge, or even all results of non-quantitative research. He appears to be inclined to let all these different context and worldviews have their own forms of psychology, and let them all serve their own communities, provided that they remain transparent about their sources, and underlying worldviews.

The legitimacy of these other psychological concepts needs some qualification, though. They form a legitimate variety from a pragmatic point of view but not from a principle Christian point of view. Johnson appeals to Augustine and Abraham Kuyper (1898) to underscore the fundamental dichotomy of humanity and of human scientific activity in elaboration of the different disciplines of the Reformational Philosophy analysis of reality.
two distinct communities and two different types of scientists; the city of God over against the terrestrial city, and the Abnormalists (assuming by grace that the present reality because of sin deviates from the reality as God created it) over against the Normalists (assuming that the present reality is normal). All people, including scientists, fall into one of the two categories. From a Christian viewpoint, all psychology that belongs to the Normalist category cannot do justice to our human condition, although this does not rule out the possibility that we can learn from it.

For the sake of his holism, Johnson accepts many sources of knowledge. He compares his program with Aquinas’ extension of an Augustinian epistemology with an Aristotelian paradigm of rational analysis. He is ready to employ the Bible, the Christian tradition, natural science methods, human science methods, experiential methods (introspection, phenomenology, narrative analysis, among others), critical science methods (such as depth psychology), poetry, novels, essays, movies. An Augustinian-Thomist approach aims at wisdom, rather than simply knowledge.

In a defense of this plea for the use of all possible information, including that from the Bible, Plantinga (2007) offers an appealing comparison.

My neighbor's lawn is full of dandelions; I want to learn why. There are many avenues of investigation: I can take soil analyses, try to find out how many dandelions there were last year, look to see if there are large numbers of dandelions in the yards on either side – suppose my neighbor has also told me that he purposely planted them (he really likes the color yellow); it would be folly for me to refuse to consider that bit of what I know in my investigation. In conducting any inquiry or investigation, obviously, I should employ everything I know, all the relevant information I have. (p. 32)

Reformational Philosophy’s View
What would be the response of representatives of Reformational Philosophy? As Van Woudenberg (1992) observes, the theory of modal aspects is not only a means to distinguish the different aspects of life and to relate them to one another in an overarching philosophy of life, it also works as the foundation of an encyclopedia of the sciences. Each science is related to (ideally) one of the modalities of reality; psychology to the sensitive aspect, economy to the economic aspect, and theology to the aspect of faith. Since the modal aspects of reality are irreducible to one another, the sciences will also be irreducible to one another. In other
words, every aspect is sovereign in its own sphere, and, therefore, every science too.\footnote{Nowadays, we would prefer the word \textit{autonomy}, but Dooyeweerd would presumably object to its use because of its association with \textit{making one's own law} which is in contradiction with the law structure of reality as it is determined by the Creator.} If that would not be the case, this would pave the way for scientistic reductionism in which one science, investigating a particular aspect of reality, is supposed to define the deepest essence of life, at the expense of other sciences. Examples of such absolute claims for the exclusiveness of one science over others are (evolutionistic) biologism, and (materialistic) physicalism. Reformational philosophers consider all sciences equal and as having their own laws, methods, and theories.

There are, however, relations between the different modal aspects. Anything that exists, exists in all modal aspects. Sciences study a particular aspect of things (or: types of things). But each aspect refers analogically to all other aspects. The technical way of phrasing this is, that each aspect has a meaning kernel which is surrounded by analogical meanings which refer to other modal spheres. For the sciences this means that there are analogies between the basic concepts of all sciences, such, that the basic concepts in a particular science analogically refer to meanings which are rooted in other modal spheres.

To give a simple example, the particular modal sphere studied by psychology is the psychic or sensitive, with feeling as its meaning kernel. Within this field of inquiry there are many kinds of feeling, such as emotion, sense of logic, linguistic feeling, sense of economy, sense of justice, feeling for art, moral sense, and religious joy. They are all about feeling but in this modality of the sensitive a specifying meaning is added that is analogous to the meaning kernel of another modal sphere. These spheres are: the kinematic (e-motion), the logical, the linguistic, the economic, the juridical, the esthetic, the moral, and the sphere of faith. Yet, they are further specifications only by analogy, because the meaning is always qualified by the sensitive aspect.

Modal spheres as well as sciences are therefore interrelated via these analogical references. These analogous references reflect the coherence between the modal spheres and therefore the coherence between the sciences. This coherence is grounded in the coherence of the modal aspects as the law-side of the one created reality. As the coherence of the
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modalities is intuitively grasped by everyday experience, so the coherence of the sciences is reflected purposefully by philosophy.

What does this imply for the analysis by Reformational Philosophy of the Christian Psychology account as presented by Johnson? Different entrances to the issue are possible. We can put the finger on the holism that Johnson advocates. The Reformational approach to science is not holistic. On the contrary, every science investigates one single aspect of reality. By doing so it is selective, it accomplishes a reduction of reality without becoming reductionist, that is, without proclaiming this aspect to be the all-determining principle of reality. Simply, one aspect is abstracted from the totality of experience, and analyzed, inter alia, in its relationships to other aspects. Therefore, the religious, social, psychic, and biotic functions of human beings are to be distinguished, and selected for investigation separately because these aspects cannot be reduced to each other. Again, this is not to say that there are no cross references. There may be a psychology of religion, and neurobiology as an auxiliary science for psychology. But in each of these connections one modality has the lead; in psychology of religion that is the sensitive function, investigated by psychology, in neurobiology it is the biotic one, subject of biological inquiry. So, the holistic ideal of Christian Psychology can be criticized from a Reformational Philosophy viewpoint as doing insufficient justice to the modal focus of any science, and the use of abstraction.

Another entrance to the issue is to pay attention to the angle of reductionism. With the spectrum of modalities and modality focused sciences, Reformational Philosophy attempts to do justice to the irreducible variety of aspects of reality that respond to a variety of sovereign and equivalent laws and normative principles. What is Christian Psychology in fact doing by its holistic program? There are several possibilities.

One possibility is that biblical statements are taken as divine revelations of truth and therefore can be applied as reliable knowledge. In that case, the answer of Reformational Philosophy would be: Biblical statements are divine truths not in a scientific way, that is, modality specific, and processed rationally, but in the naïve way of everyday experience. Biblical teachings help to shape and fuel the religious ground motive and, indirectly, its philosophical conceptualization which in turn is directional for psychological research.

This brings us to the next option, the other possibility: Theology is taking the lead in scientific research. This seems to be the more plausible interpretation of Christian Psychology approach, because the appeal to the Christian tradition and insights from poetry and movie can hardly be
ranked under divine revelation but can be studied by theology as the human enterprise of interpreting God’s revelation. However, this dominating role results in the subjugation, or reduction of all other sciences to theology. To this Reformational Philosophy would strongly object, because such absolutization would imply a kind of rationalism in theology and underestimation of the modal diversity of reality. It also obstructs the emancipation of secular reality from the realm of the sacred launched in early modernity, partly as a result of the renewed appreciation of the ordinary life in the earthly world of marriage, family life, and labor in the 16th century Reformation (Taylor, 1989). In this mindset each of the sciences claims its own legitimate place among the other sciences without being inferior to and dependent on allegedly sacred theology.

**Answers to Remaining Questions**

This analysis of the Christian Psychology approach may raise some questions, the following ones of which will be faced now. The main question is about the principle formulated by Plantinga that we should employ all available information. Why not taking advantage of the biblical insight that human beings are created to live in relationship with God, that they are sinners who turn away from God, that their main sins are pride and greed, that they should and can be redeemed and reconciled with God by Jesus Christ and will be renewed by the Holy Spirit by way of faith? How could we gain a complete picture of human nature without these characteristics that will never be detected by secular psychology? Moreover, isn’t the appealing example by Plantinga about the dandelions so convincing that it can hardly be downplayed?

The answer to the main question is that a science primarily focuses on phenomena at a modal level (modal in the sense of Reformational Philosophy). Johnson’s definition of psychology (“the science of individual human beings”) is too unspecific and even inaccurate. It is inaccurate because psychology is not only about individual human beings, it is also about human perception, sensation, cognition, behavior, and development in general. Only certain segments of psychology are about individual human beings, such as individual differences in intelligence or temperament, and mental disorders. But even if we take this deficiency for granted, the indistinctness remains. In reaction to the definition one would reply: If psychology is the science of (individual) human beings, in what sense, on what level, do you want to investigate human beings? On the biological level, the moral level, or the religious level? No, you want
to do psychology. So, you choose the sensory, sensitive, cognitive, and behavioral levels of human functioning, or some part within this range.

As a counterargument one could say that human nature will be fragmented by this modal approach. How can one investigate human behavior without taking into account the morals, norms and values, and the religious orientation by which humans are led? The answer is that moral and religious orientations are not neglected. They are of importance, indeed, as far as they play a part in humans’ psychological functioning. Religious impact is investigated in psychology of religion, as values and virtues are incorporated in positive psychology.

But how about the religious ground motive of the psychologists? Isn’t their research colored by their own worldview, consciously or unconsciously? To be sure, provided that we perceive this ground motive and annex worldview as shared values of research communities. However, these presuppositions should be made as explicit as possible, and marked as directive forces that are not normative of themselves and can be criticized by others in the psychological discourse.

This all might be true for academic psychology, one could object, but how about clinical psychology, and psychotherapy in particular? Aren’t the therapist’s views of man co-decisive for the direction into which the treatment goes? Shouldn’t a Christian psychotherapist rely on a biblically informed anthropology? Here all psychologists of Christian confession and Reformational philosophers agree. But Reformational Philosophy will add that what is valid for psychotherapy isn’t valid for psychology in the same way. It distinguishes between psychology and psychotherapy as belonging to different normative practices, as section 6.5 will explain in more detail.

Finally, we pay attention to the import of Plantinga’s example, starting with “’My neighbor’s lawn is full of dandelions; I want to learn why.” This practical example should vindicate the maxim or truism “in investigating a given subject or topic, one should use all that one knows.” However, the example is misleading because the formulated question is not a scientific one. The phrase “I want to learn why” is ambiguous. Does he want to know the reason why? Then he is asking about the personal motive of his neighbor. This is not a scientific issue. Science is about regularities. If he should want to know why many people in his town keep dandelions, he could conduct a sociological survey to the regularity of this motive related to its absence in a town nearby. Then he would search for supra-personal factors that might cause or contribute to this prevalent motive (although he might not be the most suitable person to conduct the survey
because he is part of the population studied). Or does he want to know what causes the prosperous growth of dandelions in that area? Then the knowledge about the neighbor's preference of the yellow color is irrelevant to the inquiry. Or is his interest indiscriminately directed to all possible answers on the question why? Then the question is definitely too unspecific to deserve the qualification scientific. The conclusion is that Plantinga's example does not contribute to the clarification of the issue.

6.3 Theology and Psychology: Two Sources (Ad b)

One Sample of the Integration Approach
In the previous section we faced the construction of psychology dominated and determined by the Bible, the Christian tradition, and theology. In the present section we face a model in which theology and psychology are perceived as two sources of knowledge about human nature, more or less equivalent, with in principle no possibility of real contradiction because all truth is God's truth. Here other questions arise, not about reductionism but about the combining of different methodologies. The variant is one of the options defended within the Integration View of the relationship between Christianity and psychology.

Advocates of this integration approach are Collins (1980) and Farnsworth (1982a) (cf. section 5.1). Collins distinguishes two fields, theology and psychology, each filled with complex assumptions, changing data, and hotly debated issues. None of these is unified or static. This makes the task of integrating the two fields anything but easy. Farnsworth thinks it can be done. He distinguishes two databases, the Bible and the human person, respectively, or, God's special revelation in His Word (propositional revelation), and the general revelation in His creation (i.e., nature and human existence). The interpretation of the databases leads to two categories of facts, theological and psychological; facts taken as interpreted data. When the facts of both kinds contradict, the integration process must be delayed because evidently something has gone wrong in data collection and interpretation. In that case we cannot suffice with a reinterpretation of the conclusions but should re-analyze the data or even adapt our methods and replicate a study from the Christian perspective. Farnsworth's approach is familiar with the Christian Psychology project in that it utilizes the Bible on the level of data to be interpreted and processed in theorizing. The difference is that he favors a correlation model between psychological and theological facts, and charges
approaches like the one favored by Christian Psychology of being a manipulation model subsuming psychological facts under theological facts. What can be said about this model from a Reformational Philosophy point of view?

Reformational Philosophy’s View
For a systematic appreciation we refer to the analysis of the scientific practice by Stafleu (1980, 1987) as it is applied by Glas (2009c) to the issue that engages us. In this analysis scientific research can disclose reality into four possible directions, to wit, retrocipating, anticipating, universalizing, and specifying. Our special interest is in the last-mentioned direction. Retrocipating disclosure is focused on objectifying the phenomenon and making it manageable for calculation, comparison, and prediction. In psychology this is performed by way of statistical processing in order to find influencing factors. It is called retrocipating because in it psychological phenomena are put in terms belonging to a modality preceding the analytic, here the arithmetic. On the other side, there is an anticipating disclosure, which consists of a focus on practical applications. The practical functioning is about technical designs and several practices that use applied science. It anticipates higher aspects than the analytical one by addressing the social, economic, and/or ethical aspects. Think of the new social media, advanced radiation techniques, automation of the labor process, or psychotherapy. The universalizing disclosure relates to the analysis of general theoretical interconnections in pure science that are valid for specific modalities like number theory and theoretical physics.

Our special attention is raised by the so-called specifying disclosure, relating to all kinds of interdisciplinary research of specific topics. Glas mentions the example of emotions as a subject of inquiry. Emotions belong to a certain type of psychic phenomena that can also be studied in various ways: physically, biologically, psychologically, and socially. By employing all these approaches, an attempt can be made to understand such a type of phenomena integrally.

In the context of our reflections, the question can be raised whether theology could be an additional science to be applied to the phenomenon of emotions. For if we can investigate the physical, biological and psychological aspects of emotions, being foundational to the phenomenon, and the social side of it, being an object function of emotions that occur within social relationships, why not the aspect of faith? There is an openness between emotions and religious faith, from emotions to faith, and vice
versa from faith to emotions. With all kinds of emotions, like loneliness, longing, distress, or joy, we can go to God for comfort, shelter, and company. And the other way round, concepts and awareness of God stir emotions of awe, fear, love, or revolt. Further, from a theological viewpoint the appropriateness of some emotions under particular circumstances is assessed. And besides this affective part of the psyche, there are also the cognitive and behavioral sides of psychic functioning on which faith exerts influence.

Let us try to imagine how the interdisciplinarity between theology and psychology regarding a specific topic such as emotions could take place. Theology is about the interpretation and application of traditional sacred texts, and central dogmatic notions that exert their authoritative influence in a religious community. Psychology, on the other hand, is about empirical observations, hypotheses, testing, and theorizing. However, here interpretation is of importance, too, especially the interpretation of observations and test results. Moreover, psychology as well accepts an authoritative tradition of common theory, based on the dominant paradigm (Kuhn, 1970). Can these similarities help to bring theology and psychology together? This depends on one issue in which the disciplines should converge in order to be able to work together: in their methodologies, and here the differences come to the fore.

Theology is about understanding. Its main method is hermeneutic, or, it is the art of interpreting sacred texts and uncovering their meaning for us. What is the criterion to which the proposed results are measured? There can be no objective standard of truth, but there is an intersubjective one, that is, one on which the evangelical community can agree, to wit, the standard of orthodoxy, which in turn should be interpreted and applied as well. In spite of the hermeneutical circle which emerges here – orthodoxy as the standard of its own interpretation and application, only functioning however through interpretation –, a substantive criterion governs the process.

Psychology, on the other hand, is a complex matter from a methodological point of view. It is primarily about describing and explaining causes and effects. Its main method is empirical observation and codification of psychological phenomena in their supposed causal relationships. The criteria to which the outcomes and conclusions are measured consist of methodological uniformity, replicability of research designs, and a tight link to the actual state of research and the literature that attests thereto. In this context conclusions become new hypotheses that are subjected to new testing. It is true, psychology does not only include
quantitative but also qualitative research, which demands a more hermeneutic method for the sake of interpretive understanding. However, this hermeneutical method is subject to the requirement of empirical validation, as well, be it less rigid than the quantitative method requires.

If the two disciplines of theology and psychology should work together on the specific topic of emotions, two options arise. The one option is that empirical psychological research is put into service of the hermeneutic enterprise performed by theology to confirm and extend the results of theological considerations. In that case theology is the dominant discipline, the importance of psychology being reduced to its significance for theological understanding. This involves a kind of reductionism that is expressed in Christian Psychology, and denounced by Reformational Philosophy (see section 6.2).

From a Reformational Philosophy perspective this priority of theology to psychology gives rise to another difficulty. If theology has the lead in a specific topic, what role does it play in other topics that are object of psychological inquiry? Not all issues have a primary faith component, cf. the examination of individual differences, personal development, or psychodynamics. Should theology take all these issues in its charge, on principle? But then theology would exceed the focus on the faith aspect that Reformational Philosophy has assigned to it.

The second option is that the hermeneutic approach of theology is subservient to empirical research, in the sphere of generating hypotheses to be tested, and with the risk of hypotheses not being confirmed and, even worse, opposing hypotheses derived from non-Christian understandings being confirmed. Here empirical research has the supremacy, and religious orthodoxy is subject to its testing. This is not what integration psychologists have in mind, though. Moreover, it is a kind of reductionism, too, reducing theology to psychological criteria.

Our conclusion has to be that an integrated interdisciplinary approach of theology and psychology with the two disciplines being equivalent runs afoul of the qualitative difference of methods of inquiry, even in the case of a limited cooperation focusing on a specific subject of inquiry.

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6 Someone might object that in professional psychology the hermeneutic method of interpretation can be rather dominant. Without contesting this, I refer to section 6.5 about the relationship between psychology and psychotherapy, and with this in mind I leave the topic undiscussed for now.
An Alternative Arrangement

Besides the above disputed two sources approach, there is another line within the Integration View on the relationship of Christianity and psychology. This line draws explicitly on the worldview concept. Differences in formulating research questions, collecting data, interpreting them and developing theories are all traced back to presuppositions on the worldview level (Larzelere, 1980). This does not mean, however, that unwelcome psychological positions can be disqualified by a simple appeal to the Bible as the provider of Christian worldview notions. Instead, an argument for modifying or rejecting some general psychological proposition should focus on all levels of scientific inquiry: research questions, data collection, etc. Christians should not be afraid of any conflict between their faith content and the results of psychology, for all truth is God’s truth; according to this worldview approach reliable empirical data should fit into a Christian worldview that is filled and molded by biblical teachings. The causes of trouble lie in the biases caused by secular researchers’ own preconceptions, and in Christian psychologists’ being insufficiently versed in the Bible. In short, on the level of principle there can be no contradictions between faith and Christian worldview on the one hand, and psychology on the other; on the practical level, however, contradictory propositions may occur.

If we continue this line of thought, all kinds of psychology may arise as a consequence of applying different worldview systems, like humanistic, agnostic, Christian psychologies, etc. However, if these presuppositional worldviews would dominate the theoretical results, the related psychologies would lose general credibility. How should we limit the worldview impact in order to safeguard the validity of the results?

As noted before, in section 2.5, Wolterstorff (1984a) introduced the notion of control beliefs. First, one should examine the biblical and confessional content of the worldview held, and once this critical test is passed one should uphold basic control beliefs that regulate the weighing of existing psychological theories and the development of new ones. These control beliefs belong to the Christian’s worldview. Jones (2010b) appeared to favor this approach. Defending his preference for focusing on the relationship of psychology with Christianity rather than the Bible or theology (as a separate source of knowledge), he argued:

it is the personal faith convictions and commitments of individual psychologists that can and will shape their scientific and professional work, not the
teachings of the Bible that are supposedly disconnected from the person nor
the abstract discipline or body of Christian theology. (p.106)\textsuperscript{7}

The advantage of introducing Christian notions on the worldview level is
that this approach does not assume a separate theological source and
method of gaining knowledge that happens to compete with the psycho-
logical sources and methods. There is only one set of empirical methods
that are normative for research without combining incommensurate
approaches. At the same time the influence of Christian faith is guaran-
teed by the recognition of basic assumptions that are co-directive and
corrective for psychological hypothesizing and theorizing.

As we have seen in sections 2.3 and 2.5, Pascoe (1980) connected this
impact of worldview presuppositions with Dooyeweerd’s assumption of
the religious ground motive as directive for Christian views of human
nature over against divergent worldviews that covertly direct others’
psychological research and interpretations. There should be made one
restriction, however, about the reference to Dooyeweerd’s ground mo-
tive. Dooyeweerd distinguished it from worldview in that the latter
entails a more explicit and conscious image that is suggested by the met-
aphor view (Wolters, 1989). Presumably, he wanted to avoid too rational
a system of worldview, which would impede free investigation and might
even work, I add, as defense mechanism of rationalization against dis-
pleasing outcomes. This is in line with Wolterstorff’s (1984a) appeal that
control beliefs are not so dominating that they fully control the process of
theorizing. So, according to the Dooyeweerdian approach worldview as
regulative principle is fine, lest we concentrate on its religious impulse
and avoid to employ it as a rational system.

With this reservation psychology and worldview can be combined
without derogating from the proper practice of regular psychology. At
the same time, this approach can do justice to the fact that there is always
a directional component in psychology as it presents itself, as reflected in
bias, resistance to paradigm change, absolutizing of aspects, and explicit
worldview preferences.

\textsuperscript{7} There seems to be some shift in his position compared to Jones (2006), cf. the
sections 2.4 and 5.3, from the integration of two sources toward an integration in
personal appropriation.
6.4 Psychology and Psychotherapy (Ad c)

Merging of Psychology and Psychotherapy in the Integration Debate

In the Christian integration debate the distinction between psychology and psychotherapy is not thematized by any of the contributors. However, in the Normative Practices Model developed within Reformational Philosophy the distinction between different practices such as between psychological science and psychotherapeutic care is crucial. Let us first try to gain some insight into the way psychology and psychotherapy have been pieced together by theorists that attended the debate.

As an exemplar of this kind of fusing the two practices I recount the argument for Transformational Psychology as it is conceptualized by Coe and Hall (2010d) and summarized in chapter 1 as one of the five views on the relationship between psychology and Christianity (section 1.4). The present rendition is not about the justification of their approach but on how they conceived the relationship of psychology and psychotherapy. Coe and Hall were focused on a “scientific” grounding for Christian psychotherapy (2010a, p. 91) by a new inclusive kind of psychological science in which the spiritual-emotional transformation of the psychologist is vital, which develops a methodology that can provide a unified vision of the person as a whole, and in which the employment of results of current psychology is only one aspect. Doing psychology as God intended is a means to the goal of love through union with the Holy Spirit (2010d, p. 212). They saw a logical move in the spiritual formation model of psychology from theory to praxis, from understanding to treatment, and from reflection to loving others (2010d, p. 224). Psychology's product includes research, reflection, and praxis. So, psychotherapy was seen as a part of psychology, and psychology as the legitimation of psychotherapy. As observed earlier, none of the interlocutors pointed to this characteristic way of presenting matters.

This way of connecting psychology and psychotherapy is reflected in articles about the integration issue as published by the two journals about psychology and Christianity. Berry (1980) wrote an article about “the integration of the social sciences and biblical theology,” according to the title, which is, however, confined to doing therapy as a Christian. Foster and Bolsinger (1990) tried to make up the balance of more than fifteen years of evangelical integration literature and treat themes that include modeling, counseling, mental disorders, scientific method, and God’s one and all-encompassing truth without any discrimination. Bouma-Prediger (1990) distinguished intra-disciplinary integration from
inter-disciplinary integration, and by intra-disciplinary integration he meant the integration of psychology and psychotherapy, defined as the attempt within a given discipline or profession to unite theoretical perspective and professional practice, or, the task of rendering theory and practice consistent. He noticed that with the turn to a more postmodern epistemology characterized by the emphasis on hermeneutical consciousness and personal interests, this task of intra-disciplinary integration has been made easier, because it has made psychologists aware of the subjective side of knowledge which is crucial for any psychotherapeutic process. Here, too, all attention goes to the continuity between psychology and psychotherapy without any interest in the possible distinction between the two. Hathaway (2004) spoke about “psychological scientists who are skilled investigators of both the subjective and objective aspects of personhood” (p. 218). Obviously, the subjective aspects refer to the idiosyncratic personality traits as revealed in therapeutic conversation. In this case, too, the distinction between scientific investigation and therapeutic practice is blurred. Narramore and Carter (2000) acknowledged that in the non-clinical and non-applied areas of psychology the relevance of Scripture is limited, but emphasized that inside the clinical psychologist’s office patients struggle with practical issues about daily life of which the Bible has much to tell us, like guilt, anger, lust, depression, anxiety, and family disintegration. Here again, psychotherapy, labeled as “clinical and applied psychology,” was looked upon as a part of psychology. Even Cole (2000) who, in line with Dooyeweerd, argued on the basis of the autonomous character of the psychological and other dimensions of God’s creation, did not challenge the merger of psychology and psychotherapy.

Reformational Philosophy’s View
Because psychological science and psychotherapy are different social practices, they obey different rules. It is not sufficient to characterize psychotherapy as applied psychology. Psychotherapy is other than application of scientific laws and regularities to specific cases, and the employment of statistical evidence based treatment protocols. Glas (2007; 2009a) who emphasizes the differences between the types of conceptualization and of languages used in the different practices. The psychotherapeutic profession is located somewhere between naïve knowledge related to everyday experience and scientific knowledge. Naïve, unreflective knowledge includes moral, value-laden, and religious interpretations of everyday life; scientific knowledge cannot be without presupposed
moral and religious values either, but there is a difference. In everyday experience the presupposed and acquired values (for instance by reading and believing the Bible) are an integral part of life, scientific endeavor however tries to proceed to conclusions that surpass worldview peculiarities. To be sure, science cannot dispose of bare facts – all observations are value-laden – but scientific discourse pursues consensus as broad as possible, in the best case scenario controlling for worldview differences. From the Reformational Philosophy vantage point it would be expedient that theorists be more explicit about their anthropological and moral presuppositions just to be able to control them. For psychology rational analysis is the qualifying aspect. The professional practice of the psychotherapist, on the other hand, combines the two levels of knowledge, naïve and scientific, in a distinct clinical knowledge that knows how to assess the individual condition of the patient and deal with it. It is about applying psychological insights in the context of an individual, acknowledging the existential layer of the patient’s problems with its relational intertwining. In the psychotherapeutic setting the values of the person(s) requesting help and those of the caregiver should not be suspended, but integrated in the conversation and the treatment.

What does this mean for the requirements for the psychology in service of our psychotherapy? It implies that there is no need for a specifically Christian psychology promoting a specifically Christian anthropology in order to legitimize a Christian psychotherapy. In general, scientific psychology intends to be modest with respect to worldview issues, and in the specific psychotherapeutic setting there is enough room for the integration of Christian truths and values if the situation and the choice of the patient demand it, because his or her total life experience can be topic of conversation, provided that on other levels, of institutional rules, e.g., no barriers are raised.

Answer to a Remaining Question
So far, the difference between psychology and psychotherapy has been demarcated as a difference in social practices, the former being qualified by the norm of rational analysis of human thought, feeling, and behavior, the latter by the moral norm of helping people. This difference is connected with a difference in levels of language and concepts. Science is on the level of theoretical knowledge; the helping professions are on a level halfway between everyday experience and theoretical knowledge. In this in-between area occupied by psychotherapy there is ample room for and
even a need of integrating religious articles of faith and moral values that belong to the everyday knowledge of the patient.

Here a question arises, however. Is it true that truth revealed in the Bible belongs to the knowledge of everyday experience only? Isn’t revelatory truth a separate category besides the other modes of knowledge, like naïve, scientific, professional, and philosophical knowledge, distinguished by Glas (2007; 2009a)? The discussion was raised by Narramore and Carter (2000) in their response to Cole (1998) who by following Dooyeweerd claimed a sphere sovereignty for the psychic aspect and psychological science. Both critics replied by asking:

But if we are only to use Scripture to give us a place from which to view creation and to understand our purpose in creation, what are we to do with all of the biblical content that speaks specifically to the psychological and relational aspects of human existence? It provides massive amounts of information on healthy, mature and sinful (or pathological) personality functioning. It provides very specific data on how the body of Christ is to function so that its members will grow into increased Christ likeness (doctrines of the church and sanctification). And it speaks of dealing with emotions like fear, guilt, anger, love, and anguish. It is precisely here that our approach to integration radically departs from that of Cole’s. (p. 73)

Narramore and Carter suggested that biblical information outweighs all kinds of truth tracked down by other means than obediently believing what the perfectly reliable God reveals in his Word. Are we not downplaying biblical truth by assigning it to human naïve experience, contingent as such experience may be?

Reformational Philosophy’s answer to this question emphasizes the fundamental importance of everyday human experience. Everyday experience grasps reality as a totality with all its interrelated aspects and entities. Reformational Philosophy further insists on the limited significance of theoretical, scientific knowledge, limited by its rational analytical method of observing, hypothesizing, testing, and theorizing, and its methodological selection of only one of the modal aspects of the object to focus on. That divine revelation addresses us on the level of the lived everyday life is not to its detriment, but underscores its vital and all-encompassing importance. In refusing to assign biblical truths about human feelings, motives, behaviors, and destination to everyday experience instead of psychological theory, Narramore and Carter seem to rate everyday experience lower than theoretical knowledge, as if everyday experience is inferior to theoretical knowledge. In doing so, they turn out
to pay tribute to the modernist, Enlightenment idea of the priority of theoretical knowledge over naïve experience, overestimating the pursuit of objective knowledge. The totality experience expressed in the biblical encounter of God and humans cannot be fitted into a reductionist analytical exposition rendered by standardized scientific language. It belongs in the practical experience of believers in their dealings with God, and therefore, in case of psychic problems, in the consulting room of the psychotherapist. Objective knowledge is an artifact that can go deeper into details of perceived reality than integral experience, and therefore has its value, but it cannot do justice to the rich variety of life, including our life with God and the existential doubts and anxieties associated with it.\footnote{This primacy of everyday experience has also been appealed to in the issue of human freedom over against the determinism claimed by many neurobiologists. The intuition of freedom as a feature of everyday experience is valued higher than conclusions from selective scientific observations; cf. Geertsema (2011).}

6.5 Psychotherapy and Pastoral Care (Add)

Overlap
In order to consider the relationship between psychotherapy and pastoral care or counseling it might be clarifying to sketch what both activities are about, and to assess the interfaces and overlaps between them. In chapter 1 different approaches to psychotherapy were reviewed. What they all have in common is that someone with emotional and/or behavioral problems is helped by a professional in order to regain mastery over the difficulties and to address the exigencies of life. For a provisional characterization of pastoral care or counseling we can refer to the broad definition of Clebsch and Jaeckle (1975) to which Jones (1991) appealed (see section 4.2); they described pastoral care as helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns. Judging from these characterizations a lot of common content can be identified. Both psychotherapy and pastoral care are directed to persons in trouble; both are caring and helping activities, aiming at managing problems, or healing; in both mental support is given, spread over a number of conversations; in both qualified persons lead the conversations; and the context of ultimate
meanings and concerns is at issue not only in pastoral contacts, but often in psychotherapy as well.

In view of these overlaps, one might suggest to put Christian psychotherapy and pastoral care on a continuum from severe to less severe complaints, possibly interacting with a second continuum from not necessarily explicitly religious or spiritual to explicitly religious or spiritual. Whether the notion of a continuum is the most accurate one to describe the relationship between psychotherapy and pastoral care and counseling, depends on the final definition of pastoral care, of course. Intuition might be inclined to separate them and to define the distinctive character of pastoral care as dealing with spirituality, and of psychotherapy as dealing with mental health. Let us first have a closer look at the nature of pastoral care.

Some Approaches in Pastoral Care and a Common Denominator

Which approach to pastoral care would be preferable? Several alternatives suggest themselves, four of which I refer to now (cf. Van der Meulen, 2010). The first to be mentioned is the classical one, eloquently stated by Karl Barth’s colleague and friend Thurneysen (1968) as kerygmatic pastoral care. The emphasis on the Gospel message, the kerygma, determines the nature of the conversation. The task of the pastor is to help the other to see his or her life in the light of the Word of God. The second concept of pastoral care can be characterized as therapeutic pastoral care or counseling. It has been advanced by Seward Hiltner (1949), and was inspired by theologian Paul Tillich and humanistic psychotherapist Carl Rogers. Keywords are growth, healing, self-fulfillment, to be pursued by means of understanding, clarification on ethical issues, and basic respect. The third way of understanding pastoral care is by conceiving it as hermeneutic pastoral care, which turns on making sense of the life story of people in relation to God (Gerkin, 1997; Heitink, 1998; Ganzevoort & Visser, 2007). A fourth direction of pastoral care is called charismatic pastoral care, which is focused on spiritual healing. It includes prayer for physical healing, healing from sin and sinful patterns, healing of memories and emotions, and the ministry of deliverance from demonic oppression.

Despite their difference, three of the four approaches explicitly refer to God’s reality as a divine presence in the pastoral encounter: the kerygmatic, hermeneutic, and charismatic alternatives. The fourth alternative, therapeutic pastoral counseling, lacks this explicit reference. Even so, the context of pastoral counseling is the Christian community (Hiltner
and Colston, 1961), suggesting that there is room for a divine instance as a standard for the parishioner's responsibility, and a source of strength. So, all in all, there is good reason to speak of God as the third in the pastoral conversation (Klein Kranenburg, 1988) Who in one way or another participates in the encounter. Noticing this characteristic is the same as admitting that pastoral care has to do with the spiritual as the experience of the – maybe problematic – relationship with God.

It is possible, of course, to expand the meaning of God to other interpretations than those bound to God's self-disclosure in the biblical narrative, by appealing to God images and instances of ultimacy related to other religions and philosophies. One could think, for instance, of the spiritual care provided by a counselor of humanistic orientation. Here too, the spiritual, referring to the awareness of and encounter with the ultimate reality, is at the core of the practice, be it that its meaning differs from the Christian connotation of the relationship with the triune God. On this account, in Reformational philosophical terms, the qualifying aspect of pastoral care may be designated in spirituality as faith in God, or relatedness to the ultimate. The caring capacity, belonging to the moral aspect, appears to be one of the foundational sides of the practice, as a substantial prerogative for the pastoral relationship.

*The Alleged Spiritual Character of Psychotherapy*

Is the spiritual an exclusive structural issue for pastoral care, or is it equally important for psychotherapy? The latter has been advocated forcefully by James Olthuis (2001) who developed “a new psychology of loving and being loved.” He opposed the expert model of psychotherapy, as we saw already in the articles that drew our attention in the preceding chapters (Olthuis, 1994a, 1994b, 1999, 2006). He characterized psychotherapy as “an emotional-spiritual process in which we journey together in the hope that God will bring healing” (Olthuis, 2001, p. 12), pursuing a spiritual psychology, in the sense that people get in touch again with their inner selves, and become open to authentic and deep connection with others, creation, and God. Psychotherapy, rightly understood, is a journey of healing with others. Olthuis put this over against the modernist purpose of psychotherapy to gain control, mastery, and adjustment by rigidly employing uniform methods.
What does this view of spiritual psychotherapy mean for the relationship between psychotherapy and pastoral counseling? Olthuis\(^9\) criticizes Gerald May (1982, 1992) for drawing a line between the two, reserving spirituality for the pastoral practice. May juxtaposes willfulness and willingness, the former denoting deliberate intention and autonomy, and belonging to therapy, the latter including voluntary surrender to the reality and will of God. For May, these are contrasting and yet complementary activities. This gives rise to Olthuis’s critical question of how these two diametrically opposed systems can be complementary. To him they are mutually alien and incompatible, and therefore one should choose between these two divergent “routes to fulfillment” (Olthuis, 2001, p. 55). In his own view, psychotherapy and pastoral counseling (or spiritual direction\(^10\)) are twin ministries of care and compassion. There is only one reality, that is, creation, held together by the love of God, and not two separate domains, a secular and a spiritual one. There is a difference of focus though, either on a person’s sense of identity and emotional health, or on his or her life of faith. However, these two focuses do not exist separately; for identity includes being in relation to God and the ultimate of life, and personal faith includes emotions. From an integral spiritual perspective, spiritual needs are central to both psychotherapy and pastoral counseling. To Olthuis, then, the difference between psychotherapy and pastoral counseling is a matter of accent, and thus remains relative.

Reformational Philosophical Analyses of Psychotherapy and Pastoral Care

Olthuis’s kinship with the Dooyeweerdian legacy is clear from his advocacy for the unity of our reality as God’s creation, and his opposition against dichotomizing tendencies. So the present reflection can be understood as an internal argument within Reformational Philosophy. The question we deal with is: How do Christian inspired psychotherapy and pastoral care turn out to interrelate if they are analyzed from the Normative Practices Model?

In Olthuis’s (2001, p. 57) view, psychotherapy is about a person’s sense of personal identity and about emotional health. Let us examine

\(^9\) Like Rambo (1980); see chapter 3.3 on Becker.

\(^10\) Mostly, pastoral counseling and spiritual direction are distinguished from one another as problem focused and relatively short-term, over against growth focused and long-term.
these concepts somewhat further. Sense of personal identity and emotions are qualified by the sensitive aspect. This means that psychotherapy focuses on the experiential (sensitive) aspect of personhood. As Olt-huis argues, a person’s sense of identity includes the person’s feeling life in relation to God and the ultimate values of life. In the context of the caring practice of psychotherapy then, spirituality or the relationship to God\textsuperscript{11} may also be a topic in the conversation setting. I would comment, however, that in psychotherapy spirituality is not dealt with directly but indirectly. In therapy the focus on spirituality is derived from the focus on the sense of identity, which is the specific focus of therapy. So, spirituality enters the field of attention in terms of the perceived and potential significance it has for the patient’s sense of personal identity. This means that spirituality is not a distinctive aspect of psychotherapy, although it may play a clarifying part. The sensitive (psychic) may be disclosed toward the religious, but this is not automatically the case.

On the other hand, the aspect of faith is the qualifying aspect of pastoral care, in the sense that the aspect of faith extends its influence to religion as the central dynamic of human life, disclosing faith to the moral, social, and sensitive aspects of humanness. Pastoral care tries to connect the interlocutor with ultimate reality in the awareness of God’s presence. Room is created for giving account of God’s significance in one’s life. As Olthuis states, in this pastoral conversation too questions about feelings and identity are dealt with, but now we can add that they are not qualifying the pastoral practice. They can occur as retrocipations of the faith aspect toward the sensitive and social aspects.

The characterizing moment of faith in the pastoral encounter asks for some further consideration. There is something peculiar about faith and the spiritual that has been alluded to already in chapter 4. This has to do with its connection with the ultimate reality one recognizes, in the Christian context the ultimate reality of the triune God. It is ultimate in that it is directive for the meaning awarded to all other activities and experiences. In this capacity the ultimate exerts some kind of authority. Given its character of ultimacy it is contradictory to instrumentalize it as a means for other goals, specifically, to use spirituality as an instrument for

\textsuperscript{11} Some confusion may arise when the meaning of \textit{spirituality} is stretched too far. Olthuis (2001, p. 77), for example, uses it in the sense of having contact with our true or authentic selves. I propose to limit it to the relationship with ultimate reality as it is conceived.
feeling better. Is there a tension here between the ultimate as end and the ultimate as means? Not necessarily. There is a kind of reciprocity between serving God for his own sake, and being blessed by Him out of free goodness. It is up to the prudence and competence of the pastor to lead this two-directional intercourse in a balanced way.

**Conclusion and Question**

This review of the relationship between psychotherapy and pastoral care does confirm the common areas of interest as well as the difference of focus between psychotherapy and pastoral care, as Olthuis has put forward. But we also traced a qualitative difference between both. The question remains how far this difference goes. Is Olthuis's objection to May's opposition of psychotherapy and pastoral care well taken? Is May's assertion that they do not only contrast but also complement each other really self-contradictory? Are willfulness (initiative) as the goal of psychotherapy, and willingness (surrender) as the goal of pastoral care, mutually exclusive? Put in Reformational Philosophy terms: do they represent different and incongruous directions, or are they somehow compatible? Should psychotherapy and pastoral care have the same goal, or is it legitimate that they have disparate goals? By way of a cultural critique we try to shed some additional light on the topic.

6.6 **Historical Reflections on the Self**

*The Self in the Integration Debate*

The theme of continuity or dissimilarity between psychotherapy and pastoral care was represented by Gerald May (1982, 1992) as an issue about the relationship to the self. In the integration debate the self has been embraced as a modern expression of the kindred soul. In the present acceptance of the orientation on the self, humanistic concepts of self-acceptance and self-actualization have been adopted in a Christian sense as self-acceptance by God's grace, and actualization of the new self by the Holy Spirit. Sometimes Gerald May's distinction between willfulness (initiative and control) and willingness (surrender) has been employed; willfulness as the goal of psychotherapy has been characterized as coping, happiness, and growth.

In Kierkegaard (1849/1983), the attention for the self was balanced by the importance of the relationality of the self toward God (cf. Evans, 2006). Christian theorists highlight this line of thought against
humanistic interpretations. The central position of the self in most psycho-therapeutic approaches should not degenerate into individualism and pretended autonomy but should emphasize the interrelatedness of our human nature, including the relationship with God. Some even challenge the legitimacy of focusing on the self in the therapeutic practice, because they doubt whether the humanistic interest in the self and consolidation of the self can be detached from the self-centered focus of humanistic ideology. They raise the question whether the methodology and philosophy of secular therapies can be separated, and whether the method can be used without being infiltrated by unchristian anthropological and moral presuppositions. These considerations have been highlighted in chapter 3.

However, this discussion needs more clarity about the presuppositions implied by the attention paid to the self as the central inner coordination center of human behavior. In order to assess the roots and the value of individuality, self-reflectivity, and relatedness, in the present section I try to gain a historical perspective on Western appreciation of the human self by appealing to culturally oriented philosophers who published about the manifestations of the self in Western history: Charles Taylor, Michel Foucault, and Emmanuel Levinas. Related to this context we try to weigh some theological reflections on the importance of individuality and relatedness. The purpose of this sub-section is to back up the subsequent reflections by Reformational Philosophy about human individuality and their implications for individualist notions in Christian psychological theorizing.

The Individual Self

In a cultural-philosophical analysis of the history of the concept of self, Charles Taylor depicts a development in basic understanding of human individuality and personhood (Taylor, 1989, part II). As he observes, the crucial turning point in the rise of modernity is articulated by René Descartes. Descartes looks for clarity and distinctness, and attempts to reach this by taking a disengaged perspective, disqualifying his own sensory impressions as unreliable sources of knowledge. The infallible starting point for certain knowledge is the thinking I: “I think, therefore I am.” The cosmos is no longer seen as the embodiment of meaningful order but grasped as mechanism, demystified by reason, and falling under instrumental control. Rationality is now an internal property of subjective thinking, rather than a pre-given property of external reality. Here, a turn to the subject is taking place. In his view, humankind is no longer part of
a coherent totality but retires to internal appreciation, claiming to exert ultimate control over the external world.

Taylor not only wants to make clear that there were shifts in the philosophical or conceptual level of the outlook on life. No, he includes the experiential, intuitional level in his conclusions. The philosophical interpretation by Descartes gives expression to what had already been developing in human awareness and experience during the period before. So, Taylor’s conclusion entails that something had been changing in people’s everyday experience over the ages.

The increasing emphasis on the inner world relative to the world around may have been prepared by the separation between the natural and the supernatural propagated by late Medieval and early Renaissance nominalist commentators on Augustine and Aquinas, such as Nicolas of Cusa. They imagined a state of pure nature within which man is created without a supernatural desire and destiny (De Lubac, 1945/1998; 1965/2000). This deviates from the natural inclination toward God that is expressed in the famous saying of Augustine which states in the opening paragraph of his Confessions: “our heart is restless, until it repose in Thee” (Augustinus, 1981). Here the human heart is dependent on God. Throughout the 15th century a shift takes place. We see a disintegrating force at work, through which the totality experience falls to pieces. It is a cultural process in which humanity is viewed more and more as emancipating from their ontological dependence on God. Humans are increasingly supposed to be capable of functioning as autonomous beings in their natural existence.

Not fully synchronous but yet akin to Taylor’s expositions are the reflections by Foucault (1966/1971) in The Order of Things, where he sees a difference between early and late modernity, covering about the 16th-18th centuries and the 19th-20th centuries respectively. Analyses of written texts from these times result in the conclusion that in the former period humanity is still viewed as a part of nature in an unbroken sequence; apparently, thinking and being were linked together in an unproblematic way. In the latter period, however, the human subject and its inner life become a separate category that gives rise to a separate science of man, or anthropology, in which human existence could be called into question. In his characteristically aphoristic and provocative style Foucault states: “man is an invention of recent date” (p. 386).

Illuminating is the way Levinas (1961/1969) accounts for the relationship between individuality and relations by giving a favorable review of Descartes. He observes that Descartes with his concentration on the
thinking I does not deny or ignore the existence of the Infinite (God); on the contrary, by thinking properly one can know God. Descartes does deny a presupposed participation of the knowing human being with the known infinite being. Referring to Descartes, Levinas dismisses participation or totality, and teaches a radical separation of the self from the other. In this separation the I is unique and solitary par excellence. This denial of participation implies a kind of atheism, by which Levinas does not mean the denial of God’s existence but the refusal by the self to define itself by any connection with the Infinite. The self, though not being its own origin, is at home with itself; it drives into the dimension of interiority. Only as an atheist being in the given sense can the I relate itself to the other. It can only open itself to exteriority if it can be closed in its own interiority.

What do these historical analyses of individuality yield? Taylor and Foucault describe a new kind of individualism in which the human self consciously puts its mental activity in the center of its experiential world. This is not about the origin of individuality in the sense of the awareness that Me is different from You. This awareness could be qualified as intrinsically human. Nor is the change about self-reflectivity, of which Augustine was already a champion in the transition from the fourth to the fifth century, as appears from his *Confessions* (Augustinus, 1981). As a matter of fact, already in the New Testament individuals are called to examine themselves and repent. Maybe the difference with earlier times can be stated this way: human self-reflection is of all times but reflection on the self is typically modern. Self-reflection and reflection on the self are two different things. In self-reflection the focus is on the own ideas, motives, decisions, feelings, and behavior. In reflection on the self, however, the self itself as the center of thinking, willing, feeling, deciding, and acting is the explicit object of consideration. This is more of a meta-reflection, underlining the growing importance that is attached to the human subject or self as being the vital operating system in human functioning.12 This is what Descartes does. Thinking is a universal human activity, but his “cogito ergo sum” is a conclusion of his thinking about his thinking activity, drawing the thinking subject to the center of interest.

Still another element is at issue, having to do with participation or belonging. In the opening part of his study Taylor (1989) observed that in modern times people’s commitment and identification with larger social

12 Cf. also the analyses of modernity by Anthony Giddens (1991).
units is no longer self-evident. He explains the importance of notions such as being catholic, anarchist, Armenian, or Quebecois, as follows:

My identity is defined by the commitments and identifications which provide the frame or horizon within which I can try to determine from case to case what is good, or valuable, or what ought to be done, or what I endorse or oppose. In other words, it is the horizon within which I am capable of taking a stand. (p. 27)

The difference between modernity and the pre-modern area is not that in modern times commitments and identifications have disappeared but that they do no longer arise automatically. Individuals have to decide which commitments and identifications they will adopt. Lack of such commitments and identifications leads to identity crises, forms of disorientation, and loss of meaning, implying that people do not know who they are or where they stand. Apparently, for Taylor the disappearance of participation is a negative phenomenon. Against the background of Taylor’s observations, Levinas’s interpretations are more radical. He conceives the absence of participation as the ideal starting position for dealing with our lives.

From ancient times people as individuals participated in larger communities with their traditions and values. The delineation between individuals was evident but the dividing line between the individual and his/her community was blurred. Identity was derived from belonging. The individual was more or less absorbed in a meaningful cosmic order (Taylor, 2007). The rise of modernism entailed an increasing independence and self-sufficiency of the individual self, implying both a kind of autonomy in determining what kind of person one wants to be, and an openness to incalculable encounters with equally self-sufficient and unique others. An essential change in the character of relationships has taken place. In earlier times, relationality was first and foremost characterized by familiarity and participation, from early modern times onward it was and is more and more determined by independent encounter (Levinas: from face to face). In Totality and Infinity Levinas shows us that this kind of relation to the other is not a refutation of modern individualism, rather it is its confirmation, presupposing it.

Remarkably, postmodernist thinkers do agree that the self is conditioned and instantiated by the surrounding social world. However, they do not evaluate this decisive influence as a constituting force resulting in a powerful self-identity, but as a confusing factor that blurs
self-knowledge as partial and fallible. Usually, this observation is named the decentering of the subject. The subject is supposed to be formed by many hidden cultural and social powers. On the other hand, however, this decentering of the subject does not imply that the self is ignored. For the sake of moral action the individual self is held to be as necessary as it is fictitious (cf. Butler, 2005).

**The Present Obtrusiveness of the Priority Attributed to the Inner World**

How did Christian consciousness deal with the consequences of this experienced priority of the inner world? To be clear from the outset, this is not about individuality. Individuality is an intrinsically human value and plays a vital role in the Christian tradition, as indicated in the previous sub-section. Individuality refers to personal identity and responsibility. What is at stake here is individual subjectivity as the ultimate reference point for how to interpret reality and deal with it. How did Christianity undergo this shift toward the subject?

Some of the consequences of this shift seem to be barely avoidable, as the following examples may illustrate. Taylor (1989) focuses the attention on the explanation of mental disorders. In the pre-modern world melancholia was interpreted as an imbalance among the four corporeal humors of which the human body is composed, with an excess of black bile. Melancholia was not seen as a mental disorder with a possibly physical cause; melancholia was black bile. There was no clear boundary line between the physical and the psychical.

His second example is about the pre-modern merger of inner and outer world in the influence of magic and good and evil spirits over against the modern disenchantment of the world and the focus on the mind as the central operating system that can work properly or be in disorder. This corresponds with the way Christians see psychic complaints and social malfunctioning: while the Gospels frequently diagnose these as demonic possession, Christians today are more reluctant to do so, and are inclined to attribute problematic social behavior to mental causes.

A third expression of the sensed primacy of the inner world versus the outer world, the soul versus God, is the perception of the glory of God. In early times, human activity of glorifying God was seen in one line with the actual glory of God as a divine property. The act of glorification was felt to be the appropriate answer to, and part of the reality of God’s glory being reflected in the cosmos. An ontological connection was assumed. In the contemporary view, however, our valuation of God is not in God, like under the ancient ontic logic, but in our minds, subjectively. The truth of
God’s glorious existence is no longer self-evident, but depends on a contingent conviction. For “minds are now the exclusive locus” of thought and valuation. So, these are “psychic” in a new sense (Taylor, 1989, p. 187). This division reinforces the perception of spirituality as a particularly subjective phenomenon, which, to be clear, does not rule out the subjective claim of an independent reality outside and beyond our awareness.

Another illustration is a contemporary one with older roots as well, not mentioned by Taylor, but highlighted by Lesslie Newbigin (1986). It is the ecclesiastical phenomenon in Western societies of denominationalism, referring to the tendency to choose our favorite denomination that best suits our individual needs and preferences, contrary to the essence of the Christian community as assembled and nourished by Jesus Christ. This attitude evidently matches both developments described by Taylor, to wit, the attitude of initial mental disengagement from one’s primary social unit as the larger social order that has been created by Christ, and of which one had become a part, and, second, mental engagement toward what really suits one’s particular nature.

A fifth example of the inevitability of giving in to the turn to the subject is the very rise of the concept of worldview. Because of its origin in German Idealism and Romanticism (Wolters, 1989; cf. section 1.2), it is captured in subjective thinking, being subject to perspectives of particularity. Surely, this does not preclude claims to universal validity, but it does in a modernist way preclude the obviousness of the outside world’s appearance.¹³ This fact does not prevent Christians from employing the concept however, herewith demonstrating their indebtedness to modern or postmodern thinking.

Christians are more modern than they perhaps want to admit, but it is senseless to deny it. As Western civilians they are children of their age; as such they participate in the cultural-historical development of the self as the center of identity. From this sense of the self they try to understand themselves in the light of the biblical message. Their opposition to secular approaches of individual dignity and autonomy should therefore be nuanced. In a certain sense people in Western society are all in this together, whether they are religious or not.

Our conclusion is that the modernist cultural-historical shift to the centrality of self-reflexive subjectivity can hardly be escaped by anyone

¹³ Cf. Griffioen (2012, p. 43): “Worldview as such is a modern phenomenon.”
in the Western world. Every effort to correct negative offshoots of this subjective orientation, such as self-engaged individualism, should account for this state of affairs in understanding humanity. This raises the question how to appreciate this evolution. We consult Reformational Philosophy to see whether it can help us evaluate the Western primacy of individual subjectivity.

6.7 Control and/or Surrender of the Self (Ad e)

The Self in Reformational Philosophy
For Dooyeweerd the self, which he also called our I, ego, or heart, is the integrating and organizing center of our created being, the root of our individual personality. It is even more than this; it is the base of our ability to transcend time and to communicate with the eternal. So it is the seat of religion, understood as the innate impulse to direct our existence toward God or toward some substitute. To vindicate this central function Dooyeweerd refers for instance to Proverbs 4:23 which proclaims that from the heart flow the springs of life. Furthermore, the self is viewed as the central sphere of occurrence, which means that whatever occurs through human action originates out of our selves (Dooyeweerd, 1953; cf. McIntire, 1985).

In early times, the whole of cultural activity was determined by the undifferentiated community in which all normative modal spheres, from the social to the religious [pistic], were still enclosed by the family, clan, or tribe. The paterfamilias was not only the father and grandfather, but also the leader, the teacher, the judge, and the priest. Individual personality was still absorbed in this undifferentiated community (Dooyeweerd, 1979b). Cultural differentiation, however, opens the way for personal and individual potential to make itself felt in history, because it receives an opportunity for the free unfolding of its talent and genius. Here we see how Dooyeweerd depicts individualization as a disclosure of creational potentials in the course of cultural history, and appreciates this disclosure positively.

On the other hand, he notices that much of the drive behind this cultural disclosure of personal identity and societal relationships has been apostate from divine revelation; it was a development in a wrong direction, away from God, in the historical process that culminated in the influential humanistic movement of Enlightenment. Dooyeweerd (1953)
did recognize the historical turning point documented by Descartes and he assessed it negatively, as appears from the next quotation:

After much preparation in various sorts of directions (especially in the system of Nicolaus Cusanus) the principles of Humanistic philosophical thought received their first clear formulation in the system of Descartes. The cogito in which this thinker supposed he had found his Archimedean point, is in no sense identical with the "logos" or "nous" of classic Greek philosophy. In the latter, human reason was conceived of as bound to an objective metaphysical order of being, in which the thinking subject only has a part. This metaphysical order was considered as the standard of truth in respect to theoretical thought. Quite different from this Greek conception of reason is that of the founder of Humanistic philosophy. (p. 195)

Dooyeweerd criticized the withdrawal of the individual self to the inner life as an abstraction from "the entire experienceable reality" in time and space (p. 6). This is not to say that he favored the approach by Greek philosophy; he preferred a Christian alternative, advocating the development of individuality as a part of created reality, and related to the Creator via the heart (inner self) as transcendental organ. So he rejects the solitary self and opts for being in participation and steady relationship.

In appreciating Dooyeweerd’s position we should distinguish two levels, the conceptual one and the experiential one. Conceptually, we might agree with him, but this does not preclude that experientially things feel different. Modern and postmodern experience do not start with a sense of totality (created reality) but with individuality. In fact, our differentiated and complicated society asks for a strong sense of individuality in order to be capable of finding one’s own way without intolerable amounts of stress and/or anxiety, or other kinds of mental barriers.

How could these insights be applied to our approach of psychotherapy? The focus on psychic functioning in mental care is intensified by the modern emphasis on the inner subject as a rather disconnected control center of daily life. If this center does not work properly, it should be supported and strengthened by psychotherapy. At the same time psychotherapy has the task to help develop new connections, thus superseding frustrations caused by individual isolation. So, there is a dual aim: the increase of ego-strength, and the establishment of connections, or, formulated somewhat paradoxically: autonomy or separation, and participation or belonging. And if Dooyeweerd is correct, it is by connectedness and participation that ego-strength and individuality will be enhanced.
Self-Control and Self-Surrender

In view of these observations it is time to draw up the balance between control and surrender in the relationship between psychotherapy and pastoral care. We observe in the history of Western culture the increasing emphasis on the inner self as the rather disconnected coordination center of human activity. On the one hand, this inner self should be enhanced. In a differentiated and complex community like the Western society it is of utmost importance to have enough ego-strength to be able to form and express one's own opinions, make one's own decisions, and stick to them. This requires a well-organized and sufficiently stable self to maintain one's position within this ravel of circumstances and pressures without neglecting one's duties. On the other hand, however, the isolated position of the inner self may in turn cause mental problems and should be overcome by new connections. All for the sake of self-assurance.

People looking for psychotherapeutic help usually lack the ego-strength to chart their own way within the bounds of their relational obligations. They are impeded by fear of being out of control, or being abandoned, and so on. So, what would be against the task of psychotherapy to contribute to the reinforcement of self-control and own initiative?

It is surprising that Olthuis (2001), who disputes the role of psychotherapy to promote control, has such a keen view of the functioning of the self, the weaknesses of the self, and the ways it should be restored in its proper operation. He observes that we can lose our true selves and identify with our adapted selves because we become emotionally fully dependent on and enmeshed with others and what we think they want of us (p. 77). We can wall off the inner self and seal off damaged parts, so that we do not feel the wounds (p. 83). When the connections between our authentic self and adaptive self are very tenuous, we are vulnerable to developing addictions that function as substitutes for the authentic experience of inner connectedness (pp. 90-91). In all these cases, the self is so weak that it cannot cope with the challenges of modern life. It seems reasonable that psychotherapy has the goal to strengthen damaged selves to empower people to manage their lives, distinctive from the goal of pastoral care.

Our conclusion is that there is good reason to adopt the distinction made by May (1982) between willfulness and willingness as some indication of the different goals of psychotherapy and pastoral care (May, 1992). There seems to be no objection against calling these two attitudes complementary, however paradoxical this seems to be. As Western civil-
ians we need both the willfulness to maintain our positions and make progress in our learning processes, and the willingness to let go, to be freed from the rigid needs to be in full control and to exercise trust in others. This willingness is an important ability of the self, too, and as such it is a part of the aim of psychotherapy. With respect to our ultimate trust in the ultimate reality of the divine, however, this willingness belongs to the objective of pastoral care.\textsuperscript{14}

6.8 Conclusion

In this chapter we tested the second part of our second hypothesis by assessing the results of the Christian integration debate with the help of external criteria that have been suggested by Reformational Philosophy. This part of the hypothesis in question reads that unsolved disagreements of the Christian integration debate can be traced back to confusion about the relationships between faith knowledge derived from the Bible, science, psychotherapy, and pastoral care. The inapplicability of faith knowledge in a scientific psychological context has to do with the different levels of faith knowledge, belonging to everyday experience, and scientific knowledge, which is knowledge with a limited scope based on analytical reflection of only one aspect of reality. This is not to deny that secular, Christian, or other presuppositions influence scientific research questions, observations, selective attention, and conclusions. However, these presuppositions should be made as explicit as possible in order to avoid their uncontrolled impact. In psychotherapy, on the other hand, faith knowledge has its rightful place, for psychotherapy is more than applied science; it connects scientific knowledge with the everyday knowledge of the patient and the therapist. This means that psychotherapy dealing with the Christian faith of the patient does not need to legitimize its religious activity by a Christian version of psychological theory. This legitimate space for the religious aspect in the psychotherapeutic conversation does not alter the fact, however, that there is a difference between psychotherapy and pastoral care. Spirituality or faith is not a

\textsuperscript{14} In the course of time there has been much research on religious coping (cf. Pargament, 1997). On the basis of the different goals of psychotherapy and pastoral care, identified with the help of Reformational Philosophy, one would attribute the training of this skill to psychotherapy, with all the caveats for the use of God, being the Ultimate, as a means for coping interests.
qualifying norm for psychotherapy; it is for pastoral care. Psychotherapy focuses on reinforcing personal integrity and open relationships, and spirituality should come up for discussion if it turns out to be a part of the patient or client’s experience.

With the help of Reformational Philosophy, and against the background of Levinas’s rejection of participation in favor of personal encounter of the other in his or her complete otherness, we traced the importance of participation, counter to Levinas’s intention, in order to avoid individualism. When we read back the Christian integration debate as it is summarized in chapters 3 and 4, we find that, unfortunately, for the most part the notion of participation or belonging is not an explicit theme.

Reformational Philosophy criticizes the humanistic focus on human autonomy but welcomes the emphasis on the self as the inner center of human life in distinction from the outer world. For this emphasis it can appeal to the biblical notions of personal motivation and responsibility. It should be distinguished from the modern orientation on the subject as the measure of all things we have to deal with. Reformational Philosophy rightly stresses that this is only a starting point for going into the direction of making connections. Clarity would be served if we distinguish an indispensable autonomy consisting of ego-strength that people need in an individualistic society such as ours, from an absolute autonomy that emancipates us from God and denies any obliging participation and relationship with our neighbors.¹⁵ This distinction and the appreciation of the former part would avoid the sometimes hypercritical attitude of Christian psychologists in the debate toward an emphatic dealing with self-acceptance and self-actualization.

In the next chapter we summarize and expand the results from chapters 5 and 6, and test the third hypothesis on the basis of these results. Chapter 8 generalizes our conclusions about the relationship between psychotherapy and Christian worldviews, as we have reviewed up till now, to the relationship with any conceivable worldview. There the fourth and final hypothesis should demonstrate its value.

¹⁵ These are not necessarily two different types of autonomy; rather they might be different grades. If autonomy is a kind of self-confidence by which people stand up for themselves, the difference is that in the first mentioned form (ego-strength) autonomy is counterbalanced by belonging, but in the second form (absolute autonomy) it is not.
Psychotherapy and Christianity

Introduction
The previous chapter led to the conclusion that psychotherapy should be distinguished from soul care or pastoral care and that spirituality has a legitimate place in therapy, not as a specific field of attention or a therapeutic technique, but as a part of the life lived by the patient who should be in touch with all the levels of his/her existence, internally and externally, including the faith-related level. In the present chapter we take on the questions whether and how this connection between psychotherapy and Christian spirituality can be made. How can we find a way to integrate psychotherapy and Christian faith, and at the same time preserve both psychotherapeutic professionalism and the specific nature of Christianity? By demonstrating the How we answer the question whether such a combination is possible. The positive answer to the latter question is expressed in the third hypothesis:

*It is possible to integrate psychotherapy and Christian faith, and at the same time preserve both psychotherapeutic professionalism and the specific nature of Christian faith.*

We are going to test this hypothesis by looking for a way to substantiate the hypothesized possibility. First, I describe the tensions between secular therapeutic practice and Christianity as they are felt most severely by opponents of any sort of integration. Then, I try to mitigate the assumed incommensurability by introducing the distinction of different levels of knowledge as it is made in Reformational Philosophy (Glas, 2007), namely, everyday knowledge including worldview, scientific knowledge, and professional knowledge, the latter of which is characteristic for psychotherapy. By making this distinction we are able to
acknowledge the proper right of psychotherapy without denying the interaction of these levels in psychotherapy (7.1).

Subsequently, I try to find a way of transforming the tensions into a fertile polarity. After putting forward some hesitations about the narrative approach, I seek to pave the way for a combination of subjectivity and communality, autonomy and heteronomy, by sketching an anthropology that may do justice to the basic structures of human existence, derived from Reformational philosophical analysis. Herewith I hope to substantiate that psychotherapy may open itself toward connections with communities – an important issue in Christian faith. Actually, psychotherapy opposes the individual’s isolation by creating a temporary communicative setting, but it might be encouraged and equipped to focus on the patient’s participation in communities not only for the duration of the treatment but also for the long term (7.2).

Finally, I try to develop a model of interaction between basic psychological self-functions on the side of subjectivity, and self-evident anthropological conditions appealing to both subjectivity and communality, in order to provide a schematic structure for worldview related existential themes that can be dealt with in psychotherapy. In this way I try to make room for respecting and processing Christian values in psychotherapy (7.3).

7.1 Tensions

A Radical View
Mainstream psychotherapy concentrates on the disordered subject, explores internal psychological processes, and focuses on reinforcing ego-strength and autonomy in the sense of ability to make, defend and behave according to one’s own decisions. In doing so, it shares the self-orientation of modernity, approaching the subject as the ultimate standard. Even where current psychotherapy pursues the renewal of relationships or deals with family-systems, the proper mental functioning of the systems’ individual members and their interests are conditional for these renewed relationships. According to some Christian critics, this entails an approach different from a traditional Christian one. They admit that in the tradition of Christian soul care due attention has been paid to the internal spiritual functioning of the believers, but argue that from the start this attention is intertwined with the relational attitude before God, and is focused not primarily on personal well-being but on honoring God,
participating in His glory, and being dependent on His mercy. Put briefly, it is God focused and not human focused. How can psychotherapy be a tool for Christian transformation that pursues relationships that are not self-oriented?

For this reason, the Biblical Counseling View categorically rejects psychotherapy (see section 1.4). It argues that psychotherapy is absent in the Bible, is human-focused and disregards God, ignores or even denies sin as a structural cause of mental and behavioral problems, and can be characterized as a means of self-redemption. These objections are related. The neglect of God leads to the neglect of sin, which is committed against Him; and when God is absent, people are left to themselves without His help. The Biblical Counseling View concludes that the secular presuppositions inevitably affect the practice. It can be evaluated as an attempt to resist the power of modernity with its focus on the human subject, and to lead people back to a God filled reality in which everyone participates knowingly or unknowingly. On the other hand, if we are going to transform psychotherapy into a kind of soul care in the presence and under the invocation of God, we are not loyal to the professional practice of psychotherapy as it has been established in the course of time. The Biblical Counseling View is consistent in fully accepting this consequence and in waiving any resort to psychotherapeutic methods.

A More Differentiated Approach
How do these different orientations carry over in therapeutic practice? Are Christians able to preserve and utilize professional psychotherapy without renouncing their deepest convictions? Should we apply professional psychotherapy as a means of coping with psychosocial problems that relate to the modern mindset? But if so, how can Christianity be involved in it? Would it be possible to accept psychotherapy’s modernist focus on the individual subject as an obvious starting point, and at the same time integrate the subject in the multifaceted – including spiritual – reality outside? Or should we denounce current psychotherapy to shield our Christian worldview against further influence of modernist thinking?

The approach I propose is a differentiated one. For this I refer to an analysis of the levels of knowledge presented in Reformational Philosophy. Within professional care it distinguishes different levels of knowledge. Worldview issues operate on the level of everyday experience, for they affect our perceptions and intuitive interpretations. Science is on another level, approaching reality by selecting a specific aspect of reality, and subjecting some part of it to a systematic theoretical
investigation. Professional practice operates on the level of practical knowledge, the level on which the expert is able to apply both worldview and scientific knowledge to the well-being of the client or patient.

Both worldviews and science act upon the practice of psychotherapy, but this practice is not merged with worldviews and science. It has its own rules. Roughly speaking, scientific knowledge generalizes, and practical knowledge individualizes. The professional's expertise helps to assess the way individual clients or patients relate to their trouble, and other professional skills contribute to appropriate treatment. Here the practice shows to be qualified by the moral rule of helping people (cf. section 6.1). The therapist needs science to arrive at a diagnosis and to interpret the process, and he needs a worldview to tune in to the patient's purpose of life which the two of them will be committed to during the process. We reflected already on the relationship between worldview and psychotherapy in section 1.2, on the relationship between worldview and science in section 6.3, and on the relationship between science and psychotherapy in section 6.4.

In the next sub-sections we have a closer look at these levels in order to assess the legitimate right of each.

Worldview Level

The worldviews at stake concentrate on different views of humanness. As we have seen in section 3.2, theorists participating in the Christian integration debate distinguish secular and Christian anthropologies, and ascribe to them different, even opposing orientations. I recapitulate these anthropologies in rough lines in order to recall the main features as they have been identified from Christian perspectives.

As the Christian participants of the debate view it, on both sides relationality is emphasized but on the secular side self-directedness seems to be valued more highly than other-directedness, while Christians tend to prioritize other-directedness. In other words, relationality tends to be put in service of either self-interest or voluntary servitude, respectively.

Moreover, relationality in the Christian conception goes further than interpersonal relationships, it extends to the relationship with God. Here, the concept of the soul demonstrates its meaning. That humans have or are souls indicates that they are receptive to a relationship with God. Love as a property of human nature fueled by God, and leading to self-surrender and sacrifice, is put over against the emphasis and focus on the self, self-acceptance, self-esteem, and self-confidence in secular approaches.
Connected to the overall orientations that differ, there are a lot of more detailed moral particularities on which Christian and secular preferences are supposed to be at odds. Community, anthropology, and morality are closely linked in the social cultural understanding of humanity promoted by MacIntyre and Taylor – an understanding that has partially been adopted in much Christian psychological theorizing. Altruism in Christianity as a characteristic of our meaning of life and being part of larger social units are opposed by Christian theorists to hedonistic or eudemonistic ethical egoism in the different trends of secular psychotherapeutic theorizing. Renewal, and renunciation or self-denial are opposed by some to self-actualization and self-fulfillment. The connected self has been put over against the autonomous self. And a God-oriented attitude to life is supposed to compete with a self-oriented attitude.

A last, profound contrast was recognized on the deepest level of existential motives in the approaches to sin and guilt. In the Christian area, apart from neurotic guilt feelings, guilt is viewed as real guilt before God or other humans. Some secular approaches view sin as something irrational and unreal, and guilt as the mere result of the developmental cultivation of the super-ego, or collective conventions to keep the members of the community under control, and to limit their autonomy. Associated with this, in Christian circles, guilt, anxiety and despair are related to a transcendent Other; in the secular camp anxiety and despair are either declared irrational, or assigned to only the existential fears of death or infinite freedom.

To summarize the tensions in two key terms, we might put characterizations such as self-directedness, self-orientation, ethical egoism (in both hedonism and eudemonism), and autonomy, all identified by Christian theorists as secular values, under the heading of subjectivity. On the other hand, Christian values like other-directedness, trust in God, altruism, and heteronomy might be typified by the term communality, being part of a larger whole with its own hierarchical structures. These are meant as loose references, used to indicate the respective core interests rather than drawing a boundary line between them. The main reason for this is that there is no boundary line.

1 It might be surprising that subjectivity is put over against communality. The most familiar opposition is subjectivity versus objectivity. However, historically the turn to the subject is a turn from communality and being part of larger wholes toward individualizing subjectivity; cf. section 6.6.
As we have seen in section 6.6, the increasing focus on the self is a characteristic of modernity, and goes back to the era of the Renaissance. On worldview level Western Christianity has been influenced by modernity, too, in focusing on the self and its claims of autonomy. In the cultural-historical process of the differentiation of Western society this seems to be an inevitable development. There is no reason whatsoever to blame Christians for this assimilation. The point is, however, that the strong criticism some Christian theorists express against modernist views in secular therapy is out of proportion as compared to their own modern tendencies. As long as Christians propose to adapt or replace psychotherapy to oppose modernity with its focal point and standard in the subject, they should be aware of their own assimilation of modernity, if they give priority to inner experience themselves. The modernist mindset has become an integral part of the mental constitution even of Christians when they intend to combat its detrimental by-effects.

What can we learn from this internal Christian discussion about the genuinely Christian worldview content? It makes clear that on worldview level there is a continuous dynamic of appropriation and adjustment of traditional values in the face of the requirements of the time. On the worldview level, we should take the history of Christian worldviews into account, and process the outcome it yields, before we indiscriminately draw any conclusions from worldview characteristics to the legitimacy of a professional practice.

**Scientific Level**

The cultural-historical evolution of modernity not only affected anthropology but had its impact on epistemology as well. Not coincidentally the start of modernism was accompanied by the rise of modern science. Among other things, modern science is characterized by critical investigation independent from any authority exercised by leaders of traditional communities such as the church. Emancipated science has obtained a legitimate place in knowledge acquisition in our Western society. Scientific results have confirmed the success of this strategy of the growth of knowledge.

Some Christian theorists argue that biblical information should be added to the empirical sources of scientific knowledge, and contest conclusions of empirical research that run counter to biblical insights (chapter 2; sections 6.2 and 6.3). This can be interpreted as an implicit protest against the loss of control on the part of religious authority over the body of knowledge. In this epistemological context, too, the polarity
of individuality and communality is at issue. The traditional ecclesiastical community that accords the highest authority to the Bible refuses to accept any autonomous science that withdraws from traditionally acknowledged truths and values.

There is an interesting development, however, consisting in the formation of new scientific communities in the course of time with their own authoritative bodies of knowledge, paradigms, rules, values, traditions, and policies: the scientific practice.

What was said above about the scientific level shows that there are clear connections between worldviews and the rise and recognition of scientific knowledge. It would however be too hasty a conclusion to say that science is a product of worldview. It contains too much specific expertise and too many particular procedures to be reduced to the worldview level. Moreover, there is also an opposite move from science to worldviews, compare the view of planet earth as a tiny object in the immense universe, or the psychologizing of daily life (interpretation of problems and needs) and segments of professional life (such as education, advertising, jurisdiction, and human resources).

Level of Psychotherapy
In the Christian integration debate several elaborations of what psychotherapy is about are given. An overall analysis of psychotherapy as a well-defined practice is lacking, however. On this score the Normative Practices Model provides a welcome addition. In section 6.1 its most salient features turned out to be, first, the distinction between the constitutive, structural side and the regulative, directional side, and second, the distinction of the qualifying rules and founding as well as conditioning rules. A further characteristic is the tradition by which it has been shaped.

Let us have a closer look at the rule that qualifies the therapeutic practice, that is, the moral function. This qualifying norm means that psychotherapy is about caring for people. Consequently, therapy, like the medical profession, is focused on human health and optimal well-being, be it mainly on the psychological rather than the biological level. For this purpose it individualizes generalized scientific knowledge. This caring nature of the practice in turn means that we should not immediately interpret the focus on the subject and its well-being as a modernist trait of giving priority to the human subject. The focus on the human self is inherent to therapy’s character as a caring profession. Given this, the
question may be asked whether the focus on helping the human subject reflects Christian values.

In considering the level proper to psychotherapeutic functioning we note specific forces to which psychotherapy is exposed. Under pressure of academic psychology and insurance companies, a large segment of usual psychotherapy consists of directive, protocolled, instant, short term, problem solving and symptoms reductive, evidence based and pathology based treatments according to the expert model. Here, the economic rule of efficiency threatens to dominate the scene. A conditional aspect, namely, economic rules, is being made so important that it is going to function as a substitute qualifying norm, expelling the moral rule from that position. In this scenario psychotherapy is going to forget about its identity as a caring profession.

Without arguing for the primacy of economic rules, a number of Christian psychotherapy theorists have been supporting the advocacy of protocolled and evidence based treatments. Some of them proposed Christian versions of protocolled treatments, especially in cognitive behavioral therapy (cf. Propst, 1980; Tan, 1987, 2007). Christian beliefs and rituals are incorporated in the techniques for cognitive and behavioral change.

On the other hand, there is a great deal of discontent among psychotherapists about efficiency approaches because such approaches disregard underlying dynamic patterns in patients' functioning that need sustained attention, and disregard dynamic processes within the therapeutic relationship. This discontent is accompanied by some distancing from the medical model of therapy, and an increasing focus on health as healing of hurt feelings, maturation, and emotional growth and well-being (cf. Cloninger, 2004; Slade, 2009; Seligman, 2011). Process-oriented psychotherapy can easily combine with a growing focus on spirituality as both a resource that helps to cope with problems and a contribution to emotional stability (Verhagen, Van Praag, López-Ibor, Cox, and Moussaoui, 2010). Here, healing includes growth toward spiritual well-being and maturity. The therapist performs the role of empathizing with the patient and containing his or her distress. The healing process is fostered by a relationship of love and understanding. A part of this process oriented approach focuses on analyzing and working through object relations, including God images.

These are examples of participation by Christian professionals in the vicissitudes of mainstream psychotherapy, both in the pursuit of effective treatment protocols, and in the preference of process oriented,
psychodynamically inspired approaches. These joint efforts confirm that worldview differences need not result automatically in antagonisms about the character and legitimacy of psychotherapy. This can be understood as soon as we realize that worldview and psychotherapy are disparate entities, and act on different levels of knowledge and functioning.

Worldviews and Psychotherapy
The previous subsections indicate two things about worldviews and psychotherapy. We started with the observation that worldviews do affect the content of psychotherapy. Anthropologies do influence the values that predominate the therapeutic conversations, and scientific theory that is utilized by the therapist is influenced by worldview, too. On the other hand, however – and this was our second observation –, we noted with the help of Reformational philosophical insights, that knowledge on worldview level and knowledge on professional level are not on equal footing.

What do these conclusions mean, if secular ideas about individual freedom which is the focus of mainstream psychotherapy, run counter to Christian ideas about connectedness and servitude? The radical solution of abandoning all psychotherapy appeared to be too hasty, because of the own nature of professional knowledge and practice. On the other hand, doing psychotherapy without reflecting on worldview presuppositions is just as wrong. Worldviews do affect what we practice in therapy. How should we adapt opposite ideas to the kind of care and counseling that meets Christian requirements, and leaves the professional psychotherapeutic practice intact?

Various alternatives seem to present themselves. First, we could consider to replace all secular values by Christian ones, and adjust psychotherapy accordingly. In that case the question is whether we can maintain the character of psychotherapy as a well-established practice of human oriented care. It seems that the nature of psychotherapy will be transformed into a kind of spiritual counseling (cf. section 6.5).

Second, we could propose to reinterpret the secular values by Christian notions, as has often been done by integrationists. For instance, the concept of self is interpreted by the concept of soul, and self-actualization by self-denial. Here again, uncertainty is created about the legitimate position of psychotherapy, although the confrontation between Christian and non-Christian views and values is less explicit. One of the problems is whether in this way we can still account for the influence of modernity
on both the focus of therapy and the present shape of Christian worldviews (cf. section 6.6).

Finally, we could face the opposite tendencies or directions but at the same time try to interpret the tensions as polarities, as will be attempted in the present study. Without denying fundamental differences in basic beliefs, we might conclude that in practical applications a larger degree of similarity and cooperation is possible. Secular insights might be made fruitful for a practice that pursues Christian values, and Christian values might enrich secular practice.

7.2 From Tensions to Polarities

We identified some tensions between secular and Christian views of being human that may affect the focus of psychotherapy. Although worldview and practice are disparate phenomena, relating to different conceptual levels, we saw in the sections 1.2 and 7.1 how worldviews still may affect a practice. Can these tensions be mitigated for the purpose of clinical and/or counseling practice? In our search for relaxing the tensions and transforming the opposites into fruitful polarities, we look for perspectives on worldview level that face the tensions and might be able to guide us toward some kind of connection between subjectivity and communality, in order to give to therapeutic practice a direction that is compatible with Christian values. From our analyses we arrive at the narrative approach that might utilize the biblical narrative and Reformational Philosophy as possible tools.

Narrative
One of the guides in uniting our cultural-historical background characterized by modernity and basic Christian notions of being human might be found in the narrative approach that is employed in some types of psychotherapy. Advantageously, it both focuses on the individual in his or her personal experience as distinct from the actual state of affairs in the world around, and honors all kinds of relationships by which the individual feels connected with the world around. It accomplishes this twofold task by making the patient construct and reconstruct the own memories of his or her experienced personal history by interconnecting them. By doing so, the patient gives meaning to his or her life events.

However, as argued by McMinn (1994; section 4.4), from a Christian viewpoint there should be some caution about applying the narrative
approach. It includes a kind of constructivism which favors the client’s or patient’s individual perspective. There may be corrections from the input by important others, of course (cf. Ricoeur, 1990/1992). Yet, the interests of the patients are indicative here, and for the purpose of these interests the narratives of their lives are reconstructed. Is it right to modify their perceptions of the past if by doing so the past is adapted, and, for example, the roles of important others are wronged? Of course, this kind of result is not intended, for people can only find their identity by giving meaning to their lives through sincere reflections on their remembered experiences. But if the patients’ well-being and good feeling is the ultimate standard, there is no real control of self-serving biases. Here the subjectivity of (post)modernism seems to be directive, or at least, the narrative approach seems to be vulnerable to subjective individualism.

To oppose these imbalances we need some additional instance that stimulates patients to be honest even when accounting for situations in which they play an unfavorable role. The first additional instance is the person of the therapist. He or she is keen on making sure that the patient’s perception of reality will not be manipulated by easy self-justifications that conceal a lack of self-acceptance. Unconditional acceptance of the patient by the therapist may be an important prerequisite for this. In many cases, however, a self-justifying bias will affect the processing of troublesome memories.

For Christian patients a second corrective instance may help to restore the balance: the introduction of God, Who accepts, forgives, and demands. Introducing Him in the conversation would meet two requirements. First, it would create a safe space in which the confrontation with inconvenient memories is less threatening. And second, it would be able to correct one-sided or distorted views of how God was related to remembered incidents. The private narrative of the patient can with all prudence be associated with and even integrated in the encompassing narrative of God’s gracious, powerful and faithful deeds. In this way both the inevitable modern shift to the subject is respected, and the connection with the outside world seems to be secured. This is not a simple procedure, though, and requires a matured spiritual practice and sensitivity on the part of the therapist.

The question may be posed, however, whether the introduction of a divine warrant is sufficient to counterbalance the predominance of subjectivity in dealing with outer reality. It sounds promising, yet there may be a problem. In the context of a subjective reconstruction of the personal narrative, the reflection on God’s involvement, too, is susceptible to
subjective reconstruction. In that case, the picture of God runs the risk of being molded after the patient’s needs and interests. Though well intended, the narrative approach is vulnerable to an over-emphasis on subjectivity at the expense of communality by making the patient’s experiences, memories, and interpretations the normative starting-point of psychotherapeutic treatment. We need a counterweight to this potential imbalance.

Reconsidering the Issue
Up to now we have been looking for a philosophical model of reality that has the potential of combining a modernist-like interest in subjective experiencing and control with the adoption of communality which overcomes subjective gaze narrowing. In the case of a subjective approach, the individual subject is the absolute interpretative ruler of all phenomena that are sensed by him/her. This runs counter to the Christian intuition or belief of a pre-given reality in which the meaning of our existence has been established by the divine authority of our Creator. As the previous subsection showed, some effort has been made by the narrative approach to do justice to this intuition. However, as we have noticed, in this approach the subject and protagonist of the narrative that describes his/her identity is at the same time the producer of the product, even when relationships with important others in the outer world, including God, are part of the story. So, here too, the subject remains the alleged master of his or her universe.

Our problem can be stated as follows. How can be avoided that the direction of psychotherapy is characterized by establishing the subject as the center of his/her world by only strengthening his/her autonomy? And how can be promoted that the subject’s experience is opened up toward social, moral, and religious communality? The interest in this question can be explained from the concern expressed by many Christian theorists, that justice be done to the basic structures of human existence. Inspired by Christian values, and encouraged by analyses such as those by MacIntyre (1984) and Taylor (1989) they emphasize the community aspect of human existence besides the individual aspect. Our involvement in this issue arises from the psychotherapeutic focus on healthy mental functioning. A view of healthy functioning requires a view on the basic ontological structures of human existence.
Reformational Philosophical Anthropology

A model of reality meant to avoid this subject centered gaze narrowing is offered by Reformational Philosophy. Here, both parts of the balance are recognized: the call of the subject to be heard and respected, and the validity of a pre-given and encompassing reality in which the reality content, meaning and value of human existence is delineated. In this subsection I try to picture the main features of philosophical anthropology and their connection with psychotherapy. For Dooyeweerd’s anthropology I draw from the exposition by Glas (2010). In this conception subjectivity is recognized as a basic human property but warded off from individualistic subjectivism. How is this done? The presentation focuses on the human body, comprehensively conceived as the temporal existential form of human life and containing a structural side and a dynamic side which are inextricably linked. This approach avoids both monism and dualism in the relationship between body and soul or self.

Structurally, temporal human existence is viewed as a complex whole. It is a whole; this means that it has its own internal qualification of being human. At the same time it is complex; it consists of parts that contribute to the whole but also retain their own structural principle. How does this apply to the complex whole of human existence? This whole consists of four substructures, namely, the physical-chemical substructure, the biotic substructure, the psychical substructure, and the act structure. On the basis of the physical and chemical laws, the biotic substructure refers to all life processes that are not influenced by psychical or other higher functions. The psychical refers to sensory awareness, temperament, emotion and affective expression. The latter three substructures can only contribute to the whole of human existence, however, in their connection with the fourth and highest structure, i.e., the act structure. The acts in the act structure are inner, intentional operations that are specific for human beings. They relate to all levels or modal aspects of reality on which humans can act intentionally: the social, linguistic, developmental, logical, economic, aesthetic, juridical, moral, and faith related levels. Accordingly, the act structure connects human existence with all aspects of reality.

This is only half the story, however. Inextricably linked with the structure of human existence is the existential dynamics that pushes the

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2 Dooyeweerd speaks of an *enkaptic* structural whole, from *enkapsis*, intertwining, interlacement.
person in a certain direction, and appeals to the act structure of human existence. The spiritual center of the human activity is the heart, or the soul, the self, which points beyond the self toward the origin of meaning, in Christian terms: to God our Creator and Redeemer. Herewith the heart is characterized as seat of religious drives. It has to do with ultimate motivation. Here self-relatedness turns out to be linked with knowledge of our deepest values. At the same time, I add, it is connected with other-relatedness, among other reasons because values relate to the role of other people in our lives, and are communicated by important others. Self-relatedness presupposes the embedment in a vast number of relations to objects, events, and persons in the world (Glas, 2006).

In this exposition we see how, rather than looked upon as an isolated entity, the subject is connected with all levels of human existence. These connections are very evident when we consider how individuals function through participation in communities either by chance or by choice. With the help of Reformational philosophical distinctions, communities may be viewed as complex structural wholes that are qualified by the social aspect of reality, and in which the substructures of cultural development (e.g., tradition) and linguistics (think of communication), and the human act structure determine composition and functioning. From the human act structure all higher aspects, such as the moral aspect, and the aspect of faith, are involved. Community life explains how ultimate reality that determines the intentions of the human heart is articulated, namely, by tradition and communication within the community.

**Result**

What does this presentation yield for the focus area of psychotherapy? As a matter of course, its primary focus is on psychical and social functioning. But mental and social malfunctioning is intertwined with deeper existential problems that in turn relate to conscious or subconscious worldviews. Worldviews are about what is important to human beings. The existential underlay of the client’s or patient’s distress should be explicated and become an issue of reflection and clarification with the help of the therapist (Glas, 2001). Additionally, it might be helpful to place worldview issues in a wider context of belonging to social units whose main features attest to the worldviews at stake. The theme of belonging to, being rejected as a member of, or being alienated from one or more communities sheds light on experiences of isolation and disconnectedness and on the function of underlying worldviews. Paying
attention to all these facets may help to keep the focus of the therapist on the relationship between subjectivity and communality.

A balance between subjectivity and communality may create the conditions for doing justice to human nature as being-in-connection, and avoiding the risk of self-centered subjectivism. I realize that this sentence is worldview dependent itself. Additional anthropological arguments for it will be adduced in the next section. What can be said at this point is that this position allows room for Christian interpretations recognizing that humans are given to each another in relationships and communities in which God and fellow humans appear.

Conclusion
As we have seen, in (post)modernist worldviews subjectivity tends to be overvalued at the expense of communality, that is, the sense of being part of and belonging to larger communities. This may lead to the idea of the subject’s intellectual and moral dominance over (parts of) the outside world. This runs counter Christian notions of our interlacement in the order of created reality.

The focus on the subject is inevitable, even for Christian theorists and therapists, but this should not lead to neglect of the innumerable ties with objects, events, and persons in the world, nor should the relationship with this outside world be shaped by intellectual and moral dominance. We look for a polarity that does justice to both subjectivity and communality, and that overcomes any dichotomy by recognizing the overall unity and embedment of our existence characterized by belonging or participation. Pursuing this, the narrative approach does relate to the environment, indeed, but fails to be as receptive to the pre-given and reacting world around as the embedment in it would require. The narrative approach grants the subject a great deal of autonomy when reconstructing and rewriting the own story.

Reformational Philosophy succeeds in creating a balance of both honoring subjectivity and recognizing the subject’s embedment in the fundamental order of creation. Using Reformational philosophical distinctions I elaborated this embedment in the field of the social units to which individuals belong, and which play such an important part in their mental development and functioning, as well as in the origin and conservation of their worldviews.

These theoretical considerations must be translated now into the psychotherapeutic practice, which covers the processing of everyday experience. Psychotherapy, too, adopts the subject-oriented approach of
reality by (post-)modernist lifestyle, affirming the intellectual and moral priority of the patient. At the same time, it has gained importance because of its deployment against the deleterious effects of (post-) modernist worldviews and lifestyles that favor individualism. Consequently, several schools of psychotherapy are aiming at connectivity in the lives of patients, as a counterbalance to subjectivity. At the same time, in many cases subjectivity seems to prevail in mainstream therapy on account of its restrictive focus on improving mental strength and social skills.

Can Christian faith function in a context like this, or are Christian and secular worldviews incompatible because of their different appraisals of the relation between subjectivity and communality? Different appraisals of this relationship imply different valuations of autonomy and heteronomy because participating in communities entails accepting the main rules that control and guide these communities. By finding answers to these questions we try to vindicate that the third hypothesis is acceptable, which reads that it is possible to make psychotherapy and Christian faith interact, and at the same time preserve both psychotherapeutic professionalism and the specific nature of Christian faith. This issue will be dealt with in the next section.

7.3 The Compatibility of Christian Faith and Psychotherapy Examined

In the present section we are looking for some viewpoints that can help to do justice to both the focus on the subject as the practical norm of psychotherapy, and worldview issues that bear witness to wider embedding, like Christian values of faith in God, love toward God and the neighbor, and belonging to God’s family. In other words, can the subject-oriented direction of psychotherapy be shifted such that there is room for a Christian interpretation of what humanness is about? I intend to provide a heuristic framework for worldview issues that is capable of doing two things: making clear that psychotherapy should direct its orientation toward the larger communities we participate in (among which religious communities) as the indispensable context of our functioning, and at the same time taking into account most of the presently recognized therapeutic methods, admitting the importance of individual empowerment. The starting point of this quest is the individual self that can prosper within the force field of interplay between subjectivity and communality.
Anthropological Requirements for Connection

Wondering where the subjective self touches the world around, we should realize that the starting point in the self demands an obvious anthropological substrate in which the self is grounded. It should be obvious for anyone, indeed, because for the sake of the subject’s autonomy we do not want to impose any kind of self-understanding upon the subject that he or she is not ready to accept. The obviousness of this anthropological basis should appear from the experiential identity of what we sense and what we think, so that we stay close to ourselves in our reasoning. An obvious and common anthropological starting point of both non-Christians and Christians meets this want. This is what we are looking for: a common intuition or everyday experience of the human condition that (1) urges modern individuals to face their intertwining with the world around, (2) is adequate to be appealed to by professional psychotherapy, and (3) is open to a Christian articulation. Such a common intuition appears to be basic in the sense that its content is recognized as structural for human existence. Could we succeed in finding such a common ground?

As a matter of fact, most of the ingredients for this common ground seem to be before us. The first constituent part that presents itself is the recognition of our subjectivity. This has been discussed at length in section 6.6 and the preceding sections of the present chapter. The second ingredient to be proposed is communality. Communities can be analyzed as complex structural wholes in which humans participate and which they need to obtain meaning and moral direction in their lives. Here again I can refer to the sections mentioned. A third possible ingredient might be relationality. Relationality plays an important role in personal development and proper functioning. However, it might be doubted whether relationality should be viewed as a distinct constituent besides subjectivity and communality. On the one hand, on the level of subjectivity it may be viewed as the way different subjects relate to one another. On the other hand, on the level of communality it may be viewed as a prerequisite of interpersonal connections necessary to form a community. The importance of relationality has been duly discussed in the sections 4.6, 5.2, 5.4, and 5.5.

Obviously, the just mentioned ingredients, subjectivity, communality, and relationality, whether they are or are not three distinct elements, do contribute to the clarification of the structural anthropological requirement of connectedness. Maybe we can reduce the three to two even more basic principles, namely otherness and nearness. Otherness is a
prerequisite for the experience of subjectivity. From birth, siblings turn out to have inherent skills for intersubjective communication that evolves toward the awareness of the otherness of their primary caregivers from themselves (cf. Trevarthen & Aitken, 2001). Otherness is also a prerequisite for relationality. The dialectic of otherness and relationality has been argued convincingly by Buber (1923/2004) and Ricoeur (1990/1992). It is not all Me, Buber says. There is also Beyond Me. I face Thou. Ricoeur explains that our identity is embedded in relations with others that operate into both directions, from the self to the other and vice versa.

The term nearness sounds as a complement of otherness. First, it has a spatial connotation. As every introductory textbook of psychology reveals, social psychological inquiry has demonstrated that proximity is an important variable for mutual solidarity. However, nearness does not only function on the spatial level, it also discloses the genetic (biotic), cultural, social, and moral aspects. In this full range of aspects nearness indicates mutual connectedness and belonging to a community. Within a community distinct subjects interact, relating to one another, and have their own position within the group, obeying common rules, and sharing common values.

One indispensable requirement for connection we did not notice yet, namely, synchronism, i.e., covering a common period of time, and sharing time. This time factor has a numerical aspect (clock time and calendar time), and a psychic aspect (time experience). In a large range of circumstances related to connection temporality plays a role; think of loss, mourning, memories, time pressure, chances and changes in life, future prospects. In existentially oriented philosophy of the 20th century, temporality was a profound theme in Heidegger (1927/1996), who states that being human is characterized by its effectively being determined by the past, by being temporal (“being toward death”), and by being open to transcend the submissiveness to ordinary life. Levinas (1948/1990) recognizes temporality and death as determinative for our existence, but seeks victory over it in recognizing the significance of the other.

Reducing the anthropological requirements for connection to their most elementary form, I suggest to limit their number to three, and to speak of otherness, nearness, and temporality. These three basic principles respectively refer to the How, the Where, and the When that any person has to deal with.

The How covers the question: How am I related to the other? The individual, being aware of the own distinct existence, meets the other
Another person can be accepted as a neighbor, rejected as a rival, or made to submit to one's wishes. In my distinction from and relationship to the other, the reach of the other can be extended to all kinds of things (objects, phenomena) beyond me that impress me personally in their otherness.

The Where represents the questions: Where do I belong? Where do I stand? Nearness as the keyword of the answer covers proximity, familiarity, same nature and nurture, membership, the position one holds within the community, implying that anyone is specifically determined by the properties, life patterns, and social history of the group, and yet different from other group members.

The When stands for the questions: When, in what era, for how long do I exist, synchronic with which people and conditions, and synchronic for how long? The answers extend over life span, one's remembered particular history, one's finite existence, the specific cultural period, and the opportunities one receives. Human beings are aware of their own origin and temporal finitude, and those of other people and things. One can try to shut one's eyes to transience, but one can also be inescapably confronted with this reality. Temporality creates a condition for being able to relate to contemporary people, and situations.

Psychological Importance of the Basic Anthropological Principles

As the previous subsection already hinted, the basic anthropological intuitions of otherness, nearness, and temporality suggest a meaningful perspective on much of psychological functioning. In this subsection I want to explore these psychological consequences a little further.

The thing that strikes most is that often people are not ready to accept the elementary features of humanness in all respects. There are resistances to overcome. In various ways people try to handle the finitude of their lifetime (temporality) mentally and behaviorally. Many of their coping strategies for this are functional in so far as they are effective without causing personal suffering or behavioral impediments. A remarkable line of inquiry developed in experimental existential psychology shows how people react when thoughts about their own mortality are induced. The following hypotheses were tested and confirmed.

---

3 From now on every time the words finite and finitude are used, I refer to temporal finitude.
(a) When people think of their death, they try to enhance their self-esteem; and (b) they do so by defending the norms and values held by their own sociocultural group, in order to secure the approval of their peers (*Terror Management Theory*; Solomon, Greenberg & Pyszczynski, 2004). In this way the sense of being temporally finite is counterbalanced and driven back by enhancing the self through affirmation of the own group. A variant on this theory hypothesized and confirmed by experiments is that people who are aware of their own mortality want to identify with a group, not so much to enhance their self-esteem, but to participate in the relative immortality of the group (Wisman & Koole, 2003; Castano, Yzerbyt & Paladino, 2004). The awareness of being finite is dissolved by enlarging one's conceptual boundaries, i.e., through identification with a group (Nearness).

“Striving for power” is another way to handle the basics of being human. Especially Alfred Adler identified this as a fundamental motive for human life. From an inferiority position in childhood, the person aims at a superiority position by way of gaining power (Ansbacher & Ansbacher, 1956). Striving for power can be associated with two of the three principles. By gaining power people increase their own prestige in the group (Nearness). And by power individuals get hold of a position that enables them to relate to others, in either an exploiting or a helping way (Otherness).

We might imagine some variations on the theme of reducing the awareness of the negative sides of humanness, and strengthening the positive sides. One can think of seeking to be widely known, which might create the illusion of immortal fame (Temporality). Another strategy is to pursue pleasure and delight. By enjoying themselves humans forget about their finitude (“Let us eat and drink, for tomorrow we die”), emphasizing the here and now. Moreover, creating affordable health care (among which mental health care), and dispensing vaccinations and medicines may be used as means to combat the threat of death (Temporality), and isolation from the group (Nearness).

One remaining way of fighting the fear of one’s finiteness is religious faith. Faith in God and everlasting life can function as an attempt to dispel the fear of death (Temporality) and to sustain the prospect of a turn for the better. Religious coping (Pargament, 1997) makes one’s limits less absolute and therefore the sense of being finite less threatening. The membership of a group of believers enhances one’s belonging, and feeling to be seen and appreciated (Nearness).
These functional strategies can be characterized as attempts at self-enforcement, by increasing power, prestige, and/or pleasure. As a consequence, the experience of being human is less determined by finitude (Temporality), and more by feeling special (Otherness), feeling respected by the group, or feeling strong as a part of the group (Nearness).

*Psychopathological Importance of the Anthropological Principles*

The basic anthropological scheme also provides a meaningful perspective on much of psychological malfunctioning. People are not always successful in coping with their otherness, nearness, and temporality. Many kinds of psychosocial dysfunction can be interpreted as coping mechanisms that fail to handle any of them. Personality disorders can be considered as unprofitable strategies to accept and integrate being distinct from the other (Otherness), viewing the other as hostile, intrusive, menacing, weak, unreliable, admiring, inferior, critical, idealized, or incompetent (Beck, 2015). These views of the other correspond with one's own attitude toward the other, such as being suspicious, withdrawn, eccentric, reckless, changeable, imposing, superior, avoidant, dependent, or fastidious. These personality disorders appear to be the results of lopsided developments in the realm of proximity (Nearness), promoted by dynamics such as inconsistent availability, overprotection, distrust, abuse, emotional neglect, social isolation, or high demands. A common complaint of feeling empty and having dissociative experiences could be traced back to a lack of proximity as well (Nearness) in the form of lack of care, support and mirroring from important others. The needs for confirmation and guidance remain unsatisfied, and negative repercussions are sure to arise (Verhaeghe, 2009).

Furthermore, all kinds of neurotic behavior can be interpreted as the inability to deal with all three basic conditions. In much neurotic behavior the individual cannot accept his or her own specific place in the group, feeling neglected by peers or burdened by excessive demands (Nearness). Psychosomatic complaints are seized upon as an alibi for personal helplessness and dependence. This creates doubt about one’s being a distinct person toward others (Otherness). The awareness of finite existence can be accompanied by a feeling of meaninglessness or anxiety, or by a certain hurried and driven way of life. The neurotic fear of death has been thematized by Rank (1929/1936), and his follower Becker (1973) (Temporality).

Still other, and more detailed examples can be mentioned. We will do so once the framework has been developed more fully. They all show that
the problem in various kinds of psychopathology can be clarified by the perspective of how to deal with our basic anthropological constitution.

*Individual Development of the Self*
Besides the anthropological dimension as the link between inner and outer world, I look for an elaboration of the inner world, or subjectivity, which has become so important in modern lifestyle. Therefore I turn to the dimension of the self. While anthropological notions might be able to counteract the modern tendency to separating the subject from the world outside, the notion of the self responds to the modern need for the subject’s functioning as the operating center of life.

To get a sharp focus on the operations of the self, I join the humanistic classification into self-acceptance, self-actualization, and, sometimes, self-transcendence. For the sake of broadening the scope of this classification, I associate it with the way by which object-relations psychology from the 1960s onward analyses the development of the individual self from early childhood.

In object relations psychology the development of a new-born during the first years of life is deemed decisive for a person’s psychic functioning throughout life. Separation and individuation are central in that development. From the initial phase, the mother as first caregiver provides safety and protection against anxiety, and the child begins to distinguish itself from the primary caregiver in a symbiotic dyad. The process of separation has begun. Gradually the child learns to tolerate that the mother is not always present; it does so by making internal representations of the self and the mother, the object relations. Object relations are the cognitive and affective schemes by which the child conceptualizes the relationship with the mother. A healthy development results in a balance between independence and attachment, and between self-awareness and relationship with the other (Mahler, Pine & Bergman, 1975).

Heinz Kohut’s self-psychology is an offshoot of object relations psychology. He characterizes the psychic state of a new-born as primary narcissism that consists of experiencing the comfortable and safe oneness with the mother. Gradually a separation between the child and the mother takes place, resulting in two developments that are both narcissistic. First, the child tries to maintain the blissful connection with the mother by idealizing her. The idea *I belong to you* makes the child share in the omnipotent state of the parent. In later age, this idealization can be expanded to other persons. Second, mainly unconsciously, the child creates a grandiose narcissistic self with the help of the admiration and
affirmation by the parent (mirroring). The combination of these two activities, idealizing and self-enlarging, results in the experience of what it means to be myself. A mature development of the self, on the other hand, results in a robust personality characterized by creativity, empathy, cherishing of ideals, the acknowledgement of the limits and of the finitude of the self, acceptance of the own transience, humor, wisdom, and a sense of supra-individual participation in the world (Kohut, 1966; Gorday, 2000). If the optimal development is impaired the individual becomes prone to feelings of shame and narcissistic rage (e.g., Kohut, 1977).

Consistent with humanistic and existential psychology, and reproduced in their vocabulary, Kohut’s view of the well-integrated self comes down to self-accepting, self-actualizing, and a kind of self-transcending. Self-acceptance develops in a parallel process of narcissistic idealizing and mirroring, along with accepting the own limits. Self-actualization is the realization of the internal potencies and ambitions, fueled by a robust self-awareness. Self-transcendence parallels Kohut’s identification of the ability to self-relativizing and the awareness of being connected with mankind (“cosmic narcissism,” attained by only a few).

Two Dimensions
At this point, with the help of our previous reflections and explorations, we may assume two dimensions that each exert their influence on human existence; the dimensions of (1) psychological self-functioning, and (2) anthropological principles. Self-functioning refers to the subjective Me, in self-acceptance, self-actualization, and self-transcendence; anthropological main features refer to the connection with the world around me, on the levels of otherness (relationships), nearness (participation), and temporality, or life span. The way both dimensions interact gives an impression of the conditions under which individuals function properly. In turn, this proper functioning is the goal of all psychotherapy. So, let’s reflect on the relationship of these dimensions, in order to complete our thinking about the balance between subjectivity and connectedness for the sake of sound psychotherapy. It seems plausible to see the three ways of self-functioning act upon each of the three basic principles of anthropology.

First, we form a picture of the function of self-acceptance acting upon the three primary features of humanness. Connected with otherness, self-acceptance implies accepting the self’s being different from others and the surrounding world, that is, accepting the own individuality. With
respect to proximity, self-acceptance means the acceptance of being part of one's family and other social units, and of being formed in these specific contexts by nature and nurture. Participation sets a limit to separation, and invites subjects to derive a kind of common identity from it. At the same time, participation leaves room for some articulated individuality within the group, dependent on one's place in the group. Finally, related to temporality it indicates the acceptance of one's own finitude. Conceptually, this is rather simple but in practice it turns out to be quite difficult to achieve this kind of self-acceptance. According to Terror Management Theory, the latter two applications of self-acceptance behave like communicating vessels; increasing terror of death, that is, non-acceptance of death, correlates with increasing clinging to participation in a group.

Second, what does self-actualization mean for dealing with the three basic conditions of humanness? With regard to personal and factual otherness, it is about developing into an autonomous individual that in its actualization is not hampered by the way others react, that is, by making themselves less dependent on others' approval and sympathy. When it comes to being determined by predisposition and environment, self-actualizing involves the application of norms and values held by the social environment one participates in, realizing one's possibilities and interests in the context of the purpose and meaning one attributes to life, herewith reflecting one's belonging to the group. Finally, regarding temporality, self-actualization means the appreciation and utilization of the limited lifetime as opportunities to make life worthwhile.

In the third place, self-transcendence, too, acts upon the three anthropological principles. Relative to otherness, transcending the self leads to the insight that other persons and phenomena outside me have to be respected in their being different. I cannot do justice to others if I try to subordinate them to my own needs. On the basis of this respect I am able to be related to others. With respect to nearness, self-transcendence entails that people go beyond the natural circles they participate in, and widen their range of experience toward a kind of inspiring connection with a transcending source that elicits the full use of their genetically and socially determined possibilities, and reinforce their goal orientation. Connected with the temporality factor self-transcendence means that one meets with realities that are larger, and more comprehensive in time than one's own lifetime, eternal existence hereafter, or, more this-worldly, realities with lasting value, like justice, peace, art, and humanness, on the horizon of history.
In sum, the interaction of the psychological and anthropological dimensions may result in nine basic functions of human existence, of which Figure 1 gives an overview. Primarily they are existential abilities in which basic anthropological conditions work together with psychological skills to acquire a kind of equilibrium between the polarities of subjectivity and communality, and to live a stable and resilient life. It may be useful to comment that this overview is presented as a schematic representation of human functioning in general that is meant to appeal to secular therapists.

<table>
<thead>
<tr>
<th>Psychology:</th>
<th>Self-acceptance</th>
<th>Self-actualization</th>
<th>Self-transcendence</th>
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</thead>
<tbody>
<tr>
<td>Anthropology:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Otherness</td>
<td>individuality</td>
<td>autonomy</td>
<td>relationality in respect</td>
</tr>
<tr>
<td>Nearness</td>
<td>participation</td>
<td>purposiveness</td>
<td>dedication</td>
</tr>
<tr>
<td>Temporality</td>
<td>sense of finitude</td>
<td>perceived opportunity</td>
<td>eternity awareness</td>
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</tbody>
</table>

*Figure 1  Integration of Psychology and Anthropology*

*Additional Comments on Self-Transcendence*

In order to ensure maximum clarity we face the different interpretations of transcendence and self-transcendence, and account for the different levels on which they occur. Maslow (1970) pictures his well-known hierarchy of needs in which self-actualization is at the top. In it he includes notions like peak experiences and community feeling that hint at self-transcendence. This is similar to the Cloninger variant of self-transcendence, who understands it as a state of unified consciousness in which everything is part of one totality, and the individual self experientially dissolves in the cosmos and its source (Cloninger, Svrakic, and Przybeck, 1993). Here, the boundaries blur, and the individual subjective awareness is absorbed in the feeling of infinity. This variant comes in the vicinity of eternity awareness on the third anthropological principle, i.e., the level of temporality. The two are not entirely identical, however, because the Cloninger variant implies the absorption of the sense of individuality, which is not implied in the diagram version.

Additionally, a more existential approach of transcendence can be identified: transcendence as the counterpart of otherness; and self-transcendence as the act of going beyond all that exceeds the distinct,
limited space of the self. Then, self-transcendence is an activity of connecting with the other, outer reality beyond the self, starting with the recognition of the own boundaries. Roughly speaking, we can label this the Levinas variant of self-transcendence. This variant is allocated on the anthropological level of otherness.

These concepts of self-transcendence are not specifically Christian. The Cloninger version is generally observed in Christian mysticism but also in transpersonal psychology (see section 8.4). The Levinas version, on the other hand, can be found in a humanist fashion of self-transcending by relating respectfully to others. Furthermore, in the existentialist fashion the existential moment is cherished as one’s responsibility to step outside the safe boundaries of normal life, and to perform an authentic act, while abandoning former certainties. It is focused more on the subject than on the other, and can therefore only loosely be viewed as a variant of the Levinas version. Finally, Christian faith, too, does include self-transcendence in the Levinas variant, more or less. In their contact with God and fellow humans believers respond to the call of the other. In the Jewish and Christian traditions the motif that humans know their boundaries (Genesis 2 and 3), and respect the other beyond themselves in their otherness by loving God with heart and soul and their neighbors as themselves (Matthew 22:37-40), is crucial.

The previous paragraph stated that Christianity “more or less” includes self-transcendence in the Levinas version. There is a difference. Levinas (1961/1969) distinguishes between religious transcendence and philosophical transcendence. The former he identifies as a kind of union with the Transcendent by participation, the latter as a relation with the transcendent free from all captivation by the Transcendent. Is should be clear that the participation variant is close to the Christian version of self-transcendence, while Levinas’s favorite option, the philosophical variant, reminds us of modernism with its subjectivist, individualist propensity. The boundary line between Me and You which is appropriate for Christianity in general, is transformed into the modernist boundary line between the inner self and the world outside.

Other Important Psychological Notions
One might wonder whether the matrix rendered in Figure 1 includes all significant existential themes. What about notions that are not listed, such as identity, gender, freedom, responsibility and conscience, guilt feelings, discipline, lust, memory, and locus of control (internal or external attribution of success and failure)? The answer is that these are not
completely different functions, but that they are composed of qualities or functions mentioned in the matrix. Let me give some tentative indications.

Identity can be viewed as a summary description of individuality, participation, and sense of finitude. In identity the acceptance of my being different from others, my participating in groups that contribute to my identity, and my own life story are determinative. Gender is a matter of belonging and identity. Freedom is an indication of living in autonomy. Responsibility and conscience take place within the relationships between autonomy, participation, purposiveness, and relationality. Closely related to responsibility and conscience is the notion of guilt feelings. Discipline is one of the conditions of purposiveness; it has to do with the ability of tolerating delayed gratification which is important to achieve a goal. Lust is an element in nature and nurture, and is thus located on the second anthropological level of nearness. It also suggests and creates proximity, and contributes to purposiveness. Further, anyone who is dominated by feelings of lust, is not ready for autonomy. Yalom (1980) views sexual lust as a possible defense mechanism against fear of isolation. This fear of isolation is substantively related to lacking participation or belonging, impaired relationship with others, and fear of death (sense of finitude). As to memory, this is a prerequisite for purposiveness and perception of opportunities; memories put experiences in time (temporality) in a chronological, purposeful perspective. So, its content contributes to identity. Finally, locus of control has everything to do with autonomy. Who systematically credits success and failure to external causes, makes him or herself dependent on external developments and abandons autonomy.

Applicability to Mental Disorders
Is this matrix instructive for identifying psychical disorders? Earlier, we interpreted personality disorders as related to maladaptive dealing with the first and second basics of human existence. Now we look wider to all kinds of disorders, and look at the applicability of the complete format to them. Let us consider this issue tentatively, starting with the depressive disorder. This seems to be a disorder in particular on the triangle finitude – participation – purposiveness. Symptoms of depression are preoccupation with death (finitude field), lack of pleasure and interest, and meaninglessness (purposiveness field), and the isolating feeling of not being understood (participation field). Moreover, the emphatic presence of thoughts of death is related to a felt worthlessness of the own existence,
that is, a lack of self-esteem and negative self-image (individuality field). Because of an absent focus on the future the present is captured by the past (Mooij, 1995). Absence of future is a characteristic of both death and meaningless.

As to anxiety disorders, there are several accents, dependent on which kind of anxiety is at stake. Agoraphobia and other specific phobias consciously circle around the end of sane functioning by the fear of death or madness. The object or situation feared is experienced as causing helplessness, and threatening life or sane functioning (finitude). With social phobia the emphasis is on flawed self-esteem, entailing fear of being below standard in the perception of others. Thus persons suffering from a social phobia demand of themselves qualities which they consider not to have. This relates to a weak individuality that has an effect on deficient autonomy, and is associated with impaired participation and relationality. An obsessive-compulsive disorder, lastly, seems to be about a futile pursuit of autonomy by excessive control in particular. Real control presupposes the self-confidence to make adequate decisions in the vicissitudes of life. That is lacking in people with obsessive-compulsive symptoms. They get stuck in an endless repetition for fear of deterioration and failure (Glas, 2001). Much concrete fear can be interpreted as displacement of existential fear of humiliation (participation and relationality fields) and death (Yalom, 1980; Glas, 2001).

To mention another example of psychological malfunctioning, in the schema therapy developed by Jeffrey Young, one of the cognitive schemas is the self-sacrifice schema (“I must always be ready for another”) (Young, Klosko, & Weishaar, 2003). Here, particularly the obviousness of participation, and the limitation by the other is at stake; individuality, autonomy, and respectful relationality are out of balance. The person in question does not feel safe and accepted in the group, which makes him or herself dependent on others’ happiness and approval. Consequently, the person does not act autonomously nor experiences unconditional belonging or equivalent relationality. Moreover, the individual demands too much of him/herself, and does not accept the boundaries of the own possibilities (nature and nurture, determined by participation).

Finally we try to locate the borderline Personality Disorder in the diagram. Borderline P.D. is characterized by instability in the self-image, in cognitions and affections, relationships and behavior, and by violent discharges of tensions and emotions. This instability takes place especially on the first level of the limitation by the other in the surrounding world; individuality, autonomy, and relationality are labile. Participation is
questioned; purposiveness submerges into chaotic thinking, and often there is a preoccupation with death. The familiar problem of identity-loss and dissociation can be derived from a disruption of participation.

Would there be any psychiatric pathologies that do not fit in the format? There would, indeed, but then we should have to think of disorders that are difficult to fit in any model; take for example sleepwalking. In many other cases in which the disorders cannot be classified themselves, yet the underlying problems for which they play a functional role, possibly can. If not all cases are covered, so be it. The model does not pretend to be exhaustive. It intends to offer a heuristic device that is illuminative for the interpretation of existential themes by reconstructing the interplay of basic anthropological conditions and psychological self-activities. This interplay reveals the polarity between subjectivity and communality as a therapy goal worthwhile pursuing.

**Usefulness for Christian Oriented Psychotherapy**

Assuming that the connection of psychological functions with anthropological principles gives rise to worldview-like interpretations, we may ask the question whether this basic model of psychosocial (mal)functioning provides clues for any Christian-articulated interpretations of experiencing life. To a certain degree, it does, as Figure 2 visualizes. It goes without saying that it is an ideal representation.

<table>
<thead>
<tr>
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<td></td>
<td><em>image of God</em></td>
<td><em>own choice for faith</em></td>
<td><em>toward God and humans</em></td>
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<tr>
<td>Nearness</td>
<td>participation</td>
<td>purposiveness</td>
<td>dedication</td>
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<td></td>
<td><em>family, church</em></td>
<td><em>in servitude</em></td>
<td><em>being Spirit filled</em></td>
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<tr>
<td>Temporality</td>
<td>sense of finitude</td>
<td>perceived opportunity</td>
<td>eternity-awareness</td>
</tr>
<tr>
<td></td>
<td><em>as a creature and sinner</em></td>
<td><em>time of grace</em></td>
<td><em>expectancy</em></td>
</tr>
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Figure 2  Integration of Psychology and Anthropology – Christian Interpretation

A Christian interpretation of the model may start with facing our connectedness with the other, that is, the world outside, including people and things. In Christianity, this receptivity of our distinct existence
surrounded by otherness includes transcending our personal existence in respectful relationships. For we are addressed, primarily by God.

In the format these relationships are implied in self-transcendence. In this way individuality and autonomy are stripped of any self-centered orientation and put at the service of being with and for others. The acceptance of our individuality says that we understand ourselves as being created and regenerated in the image of God, deriving our dignity from God. Autonomy is confirmed by the appeal to subject oneself autonomously, that is, by own choice, to God’s authority. Interpreted from a Christian point of view this entails a subservient relationship of love with God and humans. The outline may have some value as frame of reference for the appeal to Christian notions and values, and thus provide a hold to both the Christian therapist and the patient to connect therapy and faith. Psychic complaints can be reformulated in the language field of faith and vice versa.

From the relationship in love with God and fellow humans the other eight functions can be interpreted in a Christian sense. First going to the second anthropological level within self-transcendence, referring to dedication, this can be understood as being driven by the Holy Spirit. On the deepest level, of temporality or life-span, the eternity awareness can be interpreted from the relationship with God as expecting the new heaven and the new earth where justice will dwell.

On the level of temporality, self-acceptance implies that we accept our finitude as a sign of our being creatures and sinners. From the starting point in the relationship with God and fellow humans it can also be emphasized that sin consists of breaking these relationships. This is far more essential than stress on doing what you ought not do – a concept of sin that easily causes anxious people to accuse themselves and lets them take a spasmodic posture. Then, from the faith perspective perceived opportunity may have the character of living in time of grace that God awards us in order to self-actualize.

On the second level of proximity, acceptance of our constitution and function in a Christian sense includes that we are members of a Christian

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4 Section 5.4 hinted at the problematic character of a relational interpretation of being created in the image of God. I would prefer an understanding pointing to humans’ individuality, including both their responsibility in reigning over the created world, and their capabilities to live up to it. This is a combination of functional and structural interpretations of the creation after God’s image, as they have been developed in the history of theology.
family and community with our own gifts and talents. Purposiveness includes that we pursue to utilize our position in the community and our talents in serving God, building the church, and helping fellow humans.

Let it be clear that the Christian labels should not be interpreted as efforts meant to legitimize the anthropological-psychological construct. The model can stand up for itself on the basis of the commonly shared experiential recognition of our threefold basic anthropological condition and the psychologically inspired self-dimension. The Christian understanding of the psychological items should rather be understood as a translation into present day Christian concepts which themselves are conceived from a point of view that connects the subject with its environment. That is to say, our modern cultural formation provides us with the eyeglasses that influence what we see when we read the Bible. The translation into Christian terms may help the therapist to familiarize the Christian patient with the basic ideas, to encourage the patient's cooperation in the treatment process, and to present some holds for integrating psychological functioning and religious faith.

**Evaluation**

What does the matrix of the interplay between the dimensions of anthropology and psychological self-functioning add to the prevailing theories of psychotherapy? It relates psychological functioning to the ontological conditions of alterity, proximity, and temporality. In different forms of mainstream psychotherapy different anthropological notions are presupposed but an overall outline is still lacking. The majority of individual psychotherapy focuses on the anthropological notion of otherness, particularly on individuality and autonomy. Relationality is primarily addressed in terms of the perspective of independence from others (self-acceptance) or social skills (self-actualization), and less in terms of the perspective of respecting the otherness of the other (self-transcendence). Relationship and participation are used as temporary tools for therapy. The condition of nearness is discounted by systems therapy and gestalt therapy. And narrative therapy moves in the lower left corner of the matrix: it includes participation, purposiveness, finitude, and perceived opportunities. None of the accredited therapies, except for existential psychotherapy, is characterized by explicating the significance of transcendence for the perception of the self in the light of the other.

After all, the model is compatible with prevailing psychotherapy. It fits well with both psychodynamic developmental currents, and existential and humanistic psychotherapy. The psychodynamic approach
emerges in focusing on the self in connection with the other and the own social units. The existential content is in the confrontation with otherness, the emphasis on purpose and the attention to self-transcendence. Characteristic for the humanistic vantage point is the central place that is occupied by self-accepting and self-actualizing, and by the correction of distorted views of one’s self and one’s possibilities. Moreover, it includes clues for cognitive psychotherapy. The cognitive component consists primarily of the emphasis on accepting life in all the particularities everybody has to face (self-acceptance). If so many mainstreams can be brought together into one overall vision, one may speak of an integral design. It might help psychotherapists to appeal to other orientations in a reasoned way and avoid just randomly utilizing what suits them.

The presentation of the complete matrix does not imply the need for any psychotherapy to cover the entire terrain, however. Every kind of psychotherapy may keep its own specialty. Rather, by pursuing an overview of the entire area, the matrix invites therapists to face the other fields of interest, and to consider cooperation with colleagues with a different expertise if needed. And if it is true that self-transcendence is not a dominating issue in mainstream psychotherapy, this notion may still open up the opportunity for discussing the other world as a part of one's worldview, which entails the interpretation of the world beyond the boundaries of one’s own existence.

Moreover, by offering a coherent perspective on the relationship between the anthropological and the psychological, the matrix helps therapists to prevent patients’ subjective experience and functioning to alienate from the outer world they are intertwined with. Thus, it could remedy the excesses of modernity. The three basic anthropological conditions of otherness, nearness, and temporality help us to connect with the reality that conditions us and to deal with it.

In addition, the diagram reminds Christian caregivers of the subject oriented character of psychotherapy. In psychotherapy they cannot on the basis of an assumed theocentric heteronomy require any kind of submissiveness without respecting the autonomous position of the patient. A Christian attitude may be an option only if the patient freely chooses for it, understanding what it is he or she is choosing for.

Further, the format may work as a mirror for patients to show them how they understand life, motivating them to work on themselves. For Christian psychotherapists this means that the diagram may function as a hold to assist Christian patients to relate psyche and faith, helping the therapists to assess whether and when faith can be addressed
meaningfully. Worldview issues are particularly implied in other-relatedness, participation, purposiveness, sense of finitude, and eternity awareness.

A final remark concerns the interest of quantitative inquiry about the relationships between the various self-functions acting upon the various basic anthropological conditions. How do self-acceptance, self-actualization, and self-transcendence correlate? Is a self-function operating with respect to one condition working equally with respect to another condition? Experiments by terror management theorists suggest it is not, indicating that poor functioning at one point can be compensated at another point. Maybe the ideal situation is a kind of homeostasis. Caution should be taken, however, with respect to the complexity of indicators like participation, which concerns feelings of belonging, the own place and role within the group, and the combination of genetics and environment (nature and nurture) in the individual’s constitution. Increasing clarity about correlations of the different themes may enhance the utility of the matrix for the therapist’s focusing on the patient’s problems, and planning the intervention.

7.4 Conclusions

The outcomes of the previous chapters put us before the question whether psycho-therapy can be preserved as the professional practice to which it has been evolved, without renouncing central Christian values, and the other way round, whether Christian values can be incorporated in psychotherapy without distorting professionalism. The main results that had to be recognized were the following. The practice of psychotherapy has been fostered by the rise of Western modernity from the sixteenth century onward. Its modernist character is expressed by the turn to the subject that has to deal and cope with outer reality, and the interest in personal autonomy as a necessary condition for being able to deal with the world outside. At the same time, many types of psychotherapy look for creating connections with the surrounding world. However, in spite of its emphasizing personal choice and responsibility, Christianity does not focus on the autonomous subject but on participation and relationships in love and surrender to God. Can these different orientations of psychotherapy and Christianity be conjoined so that they can be viewed as compatible?
Chapter 6 already led to the conclusion that contemporary Western Christians cannot escape modern influences on their mental framework. They, like other Western citizens, take their selves as the centers of gravity in approaching the outer world, and, wittingly or unwittingly, behave like the directors of their own lives. Correspondingly, they need a strong ego to maintain themselves among a multitude of opinions and complex situations, however much their existence is focused on loving relationships. The question remained whether these two purposes can come together. Can psychotherapy be focused on strengthening the ego without doing injustice to the humble and altruistic vein in traditional Christianity?

In chapter 7 we developed an answer that built on Reformational philosophical analyses that aim at reconnecting the subject with larger communities by some kind of participation, and therewith compensating for the priority of the subjective stance in modern experience and psychotherapy. My own contribution to this attempt is the identification of connective possibilities by proposing a threefold anthropological condition of human existence, and linking it with selfhood, hereby relating the subject to the surrounding reality in which it participates. The basic connections of our existence evoked by otherness, nearness, and temporal-ity, moderate our subjective dominion (or failed dominion), and make us more sensitive to mental activities that connect with reality beyond the subjective self.

In an attempt to join the three basic anthropological conditions with our psychic functioning, I distinguished three subject functions, self-acceptance, self-actualization, and self-transcendence, each of which act upon the basic conditions mentioned. The ontological basics of humanness and the subject’s activities form two dimensions of which the latter acts upon the former. This results in a matrix of nine squares providing a model of primary existential themes as these are linked to primary psychological self-functions and basic anthropological conditions. This matrix is meant to appeal to all therapists in the Western cultural area.

The model provides at least four obvious clues for connecting psychological functioning with worldview issues, at the same time preventing a reduction of the world around to mere subjective constructs. This preventive power is due to the model’s connection of psychological functioning with anthropological, ontological basics. The first clue comes from the anthropological phenomenon of otherness. Otherness implies the unknown, the enigmatic that asks for understanding. Worldviews are meant to help understand the world around. The second clue is the
emphasis the model puts on nearness, participation, and purposiveness. Social units share values and purposes that are deemed vital for the continuation and sound functioning of the group. Values and purposes belong to worldviews. The third clue is the sense of finitude. Finitude directs our thinking to the boundaries of our existence, which can confuse and terrify us. One function of worldviews is to protect us from confusion and insecurity (Jaspers, 1919; above, section 1.2). The final clue for worldview issues is the self-dimension that can be so prominent because of self-relatedness. This means that human beings do not coincide with their functioning but that they relate to it by evaluating it, with due consequences for self-understanding. In this evaluation worldview notions play their part.

Because of these clues, the model provides an appropriate opportunity for connecting worldview issues with psychological functioning. As a result, the design is able to incorporate worldview items, like Christian interpretations of our human condition, in the diagram. This Christian articulation of worldview issues may be a hold for handling Christian worldview translations of experienced problems in therapy.

With these exercises I suppose to have confirmed the third hypothesis about the compatibility of psychotherapy and Christianity. This confirmation turns on two hinges, that is, the recognition that Western Christianity, too, has inevitably been affected by modernism, and the understanding that modernism should be corrected (as has been pursued by phenomenological and Reformational philosophies) or compensated (as has been pursued by interpersonal philosophy, and several psychotherapeutic approaches) by reconnecting the subject with the environment.

Still one task is waiting for us, about generalizing. How can the result be generalized toward worldviews other than the Christian one? The fourth and final hypothesis asserts that this generalization is possible for worldviews having a similar relation to modernity as Christianity. The next chapter should vindicate this by showing up some examples of the possibilities and their limitations.
Chapter 8

Generalizing the Results

8.1 Criteria for the Procedure of Generalizing

The present chapter is meant to generalize the conclusions of our previous reflections. Before doing so, I recapitulate the outcomes in order to be able to proceed in strict conformity with them.

Our first conclusion was that psychotherapy shares the subject-oriented approach of reality applied by (post-)modernism, affirming the intellectual and moral priority of the patient. This hegemony of the subject entails psychotherapy's focus on the patients' autonomy or ego-strength to have and express their own opinions and make their own decisions. Patients decide whether religious issues are dealt with in therapy or not. In any generalization this characteristic of psychotherapeutic practice should be respected.

Our second finding was that this psychotherapeutic approach is at odds with some core values of Christianity. This religion fosters relatedness to others in love, self-renunciation, living under God's authority, and to His glory. It lacks the psychotherapeutic self-focus, and is conversely directed toward God and the neighbor. This difference of orientation may cause confusion among Christian patients who want to be supported in finding their ways within a Christian context. So, generalizations need to concern worldviews that encounter similar inconveniences with current psychotherapeutic practice.

Finally, this tension should be transformed into a fertile polarity of due attention for both the subject and the communities he or she participates in. In fact, this transformation is not only desirable, it is indispensable, because Christians in the Western world are influenced by the
(post)modern culture to the extent that they, just like their secular contemporaries, experience reality from the perspective of the subject, and ideally claim a space for autonomous decision making. Their subjectivity should be compensated by connections that provide a counterweight against individualism. In this way a balance between inward and outward oriented mentality and behavior can grow. There should develop a connectedness of the subject with its social environment. The previous chapter developed a model in which connectedness is related to our anthropological state in three basic respects: otherness, nearness, and temporality. These realities can be processed by self-acceptance, self-actualization, and self-transcendence. The generalizations we pursue take this model as a heuristic scheme that has to prove its usefulness during the process.

From this recapitulation we can collect three criteria by which to measure whether other worldviews in relation to psychotherapy can be dealt with as candidates for generalizing the relationship between psychotherapy and Christianity. These are (1) the endorsement of current professional psychotherapeutic practice, (2) a certain tension between these other worldviews and professional psychotherapy, especially with respect to modern worldview’s focus on the subject that is inherent in regular therapy, and (3) an inner tension within the given worldview between its own values and modern influences of subjectivity. If worldviews meet these criteria, generalization of our fourth finding can be considered, namely, (4) the transformation of the tension into a polarity by connecting the allegedly autonomous subject with the specific values fostered in Christianity. The possibility of generalizing should be evidenced by a satisfactory application of our developed model of human functioning to the combination of the referred worldview with psychotherapy.

The worldviews we explore in relation to psychotherapy are Jewish orthodoxy, Islam, East Asian cultural views, African cultural views, and transpersonal psychology. What we actually do is twofold; we examine whether these worldviews meet the criteria mentioned in the preceding paragraph, and if so, we try to assess whether our results about the compatibility of psychotherapy with Christianity can be generalized to the affiliation of the other worldviews with psychotherapy. With this we attempt to confirm our fourth hypothesis:
A new perspective on the integration of psychotherapy and Christian faith can be generalized to all those worldviews that are subject to tensions similar to those between psychotherapy and Christian faith.

8.2 Jewish Orthodoxy

Religious Judaism in Gradations of Orthodoxy, and Psychotherapy

Current Judaism in general is characterized by a shared history and identity qualified by the Hebrew Bible, the collective memory of anti-Semitism in mainly Christian contexts culminating in the Holocaust, and a common orientation on the state of Israel. Religious Judaism, in addition, is focused on the religious laws that are documented in the Bible, and extensively explained and commented by scribes and rabbis in a chain of mutual disputes and additional perspectives from the beginning of our common era until the fifth century. Of the religious Jews the orthodox make up the more traditional collection of groups, and therefore are to be expected to be the more critical of modern Western lifestyle, including psychotherapeutic support meant to enable people to maintain and develop their own identity. However, among the orthodox there is much variation, too. We face the ultra-orthodox and the modern-orthodox, of which the latter form a spectrum themselves (Schnall, 2006). As one would expect, the modern-orthodox group is the more sympathetic of the two toward psychotherapeutic practice.

Ultra-orthodox refers to a cluster of separate groups who nevertheless share a number of characteristics that sets them apart from all others. They profess unwavering belief in God who has ordained everything on earth for the good, culminating in reward and punishment, the power of prayer, observing the commandments, clear lines of worldview, the extreme value of continuing and extensive Torah-study as the primary source of knowledge. Girls are supposed to prefer founding a family and raising children over building a career; children are strictly educated in accordance with the Jewish traditions; the sexes are rigidly separated outside family-life; the family is ruled by paternal authority. The community is closed and isolated from the outside; mass-media except for the ultra-orthodox press are forbidden; the internet is only permitted for business purposes. The rabbi settles internal questions and conflicts, and free thinking is precluded (Hess and Pitariu, 2011).
The tensions and conflicts of ultra-orthodox Judaism with psychotherapy are not hard to guess. They are delineated by Hess and Pitariu (2011) who describe the developments during many years of treatment with young adult patients from that sector in Israel. The shielded character of the community is reflected by the closed character of thinking, which contrasts with the more open and permissive thinking style of psychotherapy. Open thinking is closed off by the decision of the rabbi. On a question like: “What will you vote for in the forthcoming elections?” the spontaneous answer would be: “Whatever the rabbi tells us to vote for.” In psychotherapy, however, you are invited to think for yourself. This may be a revolutionary and quite startling discovery for an ultra-orthodox. The prohibition to think and speak for yourself is reinforced by the awareness of forbidden topics, such as sexual phantasies, anger, aggression, the drive to emphasize the own femininity, negative thoughts about the parents, let alone expressing these allegedly bad thoughts. This ugly side of the inner world should be resisted and overcome instead of being paid attention to and thus being cultivated in a certain sense. This attitude runs directly counter to the modern predominance of the inner life of the subject. A kindred tension is the intolerableness of ambiguity. In ultra-orthodox circles no question is raised without an answer. Psychotherapy, on the other hand, works with different perspectives and with ambiguities; phenomena and feelings are not simply right or wrong, they have a function in coping and processing activities. These tensions can create nearly unbearable inner struggles between the need to belong by observance of the religious laws, and the need to listen to one’s own inner feelings.

As to more modern-orthodox versions of religious Judaism, some of the same values are in force, such as the importance of the family, respect for the parents, the directive and authoritative function of the religious laws. However, this area of Jewish religion is more open to modern influences like personal ambition and integration in modern society. Secular learning and culture are an important part of the participants’ lives. In their adaptations to modern society, religiously conservative Jews (as they are called) go beyond the orthodox, e.g. concerning the strictness of the Sabbath observance, or the separation of men and women in public (Schlosser, 2006). It may be expected that in this part of religious Judaism psychotherapy is more accepted, and can be better integrated in the overall worldview and lifestyle. Yet, there may be some stigma and shame on mental illness because of concerns about the dubious
impression it may make on other members of the same tight community. Obviously, this fear of stigmatization is contagious toward practices that are meant to identify and treat such mental disorders. This unfavorable impact will be strengthened when the practice of shidduchin, or arranged marriages, is still used in a more or less strict form, by which the person in question or his/her family members become less attractive marriage candidates (Meyerstein, 2004; Schnall, 2006).

Mental Health Problems

Although the general prevalence of mental disorders is roughly similar to that of other groups (Loewenthal, 2006), some salient features of symptoms seem typical for Jews, and for (ultra-)orthodox Jews in particular. In general, there are the traumas of Holocaust experiences carried over into new generations, augmented with the present expressions of anti-Semitism and, mainly in Israel the memories, consequences and threats of terrorist attacks and suicide bombing. This may lead to posttraumatic stress, anxiety, feelings of inferiority, and depressive mental states. A specific syndrome of internalized anti-Semitism has been identified (Schlosser, 2006), which entails ambivalent or negative thoughts, feelings, and behaviors about one’s identity as a Jew.

Hardly specifically Jewish but maybe fostered by Jewish interest in childbearing and rearing, and possibly catalyzed by feelings of insecurity because of being Jewish, a tendency of overprotection of the children by their parents has been noticed, leading to child behavior problems. Meyerstein (2004) relates excess of sensitivity and catering to a parental desire for the child to be happy and fully express him or herself. This motive can be characterized as typically modern.

Hess and Pitariu (2011) describe the symptoms of four patients from the ultra-orthodox milieu, who have been in psychoanalysis for a number of years. The patients’ complaints can partly be traced back to the values and lifestyle of their communities without being related to conscious rebelling against their socio-spiritual background. The complaints of the first female patient comprise depression and low self-image, and tendencies to isolation and self-restraint following on a series of miscarriages, after she married at the age of seventeen. The second case is about perfectionism in a 28-year-old single woman who tries to satisfy her demanding parents with whom she lives, exhibiting symptoms like withdrawal, avoidance, and a heightened depressive mood. Third, protective and permissive parenting evidenced by insufficient setting of limits, leads
an 18-year-old boy to difficulties with accepting authority, exercising discipline, and controlling bad temper when encountering refusal or opposition. Finally, there is an unmarried girl, twenty years of age, living with her parents, who is introverted, rather demanding, and never satisfied.

Can these symptoms be related to the influence of modernity in the patients’ lives? One would think so. It seems opportune to interpret their problems as in part due to the lack of space their individuality receives within the secluded and prescriptive world in which they live. Their symptoms function as indirect protests against the expectations by their religious and familial environment. If this is true, this points to the influence of a more modern lifestyle seeping into their shielded lives.

Appropriateness of Psychotherapy
At first sight psychotherapy seems to be an eminently suitable instrument for helping Jewish people with mental problems. Many pioneer theorists and practitioners of psychotherapy, and related philosophers were Jews, like Freud, Adler, Rank, Maslow, Frankl, Buber and Levinas, and are still mentioned with respect. However, from the orthodox point of view they are to be regarded as apostates from the authorized Jewish religion. Still, it may be more than a coincidence that many Jewish mental caregivers took the lead in developing this practice. Meyerstein (2004) refers to the *Avinu Malkenu*, a communal prayer recited by Jews for centuries during the high festivals that invites and prepares to self-examination, repentance and forgiveness. This commonly shared perspective points to a mentality and capacity of personal change, and brings us in the vicinity of psychotherapy, which is focused on self-reflection and the pursuit of personal change.

Meyerstein (2004) adds five more characteristics of orthodox Jewry that partly show up their affinity with current psychotherapy, and partly accommodate it to Jewish values. These are (1) the free human will to choose, implying the humans’ responsibility for the consequences of their choices; (2) *tikkun olam*, or repair of the world, focusing on the restoration of world’s integrity, to begin with saving a life, which is equivalent to saving the world (cf. Schlosser, 2006); (3) *shalom bayit*, or peace in the household, indicative for family therapy, as well as (4) “honor your father and your mother,” emphasizing respectful communication across generations; and finally (5) the Passover idea of justice seeking spirituality, based in the awareness that “because you were slaves in Egypt, you know the heart of the stranger,” followed by the exodus from Egypt, the
wanderings in the desert, and the journey to the promised land, all together creating a mentality of faith, hope, and courage or resilience – a legitimate goal of psychotherapy.

However, despite these assumed interfaces between Jewish spirituality and psychotherapy, especially in the ultra-orthodox setting the conflicts seem insurmountable. On the one hand, in the mentioned cases psychotherapy seems appropriate because people suffer from mental disorders that impede them in their daily functioning, but on the other hand the treatment of these disorders presupposes some interest in inner feelings and preferences that is not only totally absent in the ultra-orthodox lifestyle but also viewed as threatening for its proper functioning. This absence need not surprise us when we realize that the focus on and valuation of inner experience is a typical property of modernity. The clash between psychotherapy and ultra-orthodoxy illustrates Western psychotherapy's debt to modernism.

Are affiliations and oppositions that absolute, indeed? Hess (being both a psychoanalyst and a member of an ultra-orthodox community) and Pitariu (2011) observe that the success of years of treatment was inversely proportional to observance of the religious laws. They ask themselves whether psychotherapy actually causes this. They doubt it, and suggest that psychotherapy functions as a catalyst of a process that was going on anyway. Put otherwise, if you want to provide room to suppressed inner needs and desires, you have to stretch the boundaries set by meticulous rules. Whether cause or catalyst, it is evident from the ultra-orthodox point of view that this kind of psychotherapy can do no good. The fact that our matrix includes participation in community life cannot make things better, either. For it presupposes a modern self that has to be connected with the social environment. However, ultra-orthodox Jewry as a pre-modern phenomenon, is not engaged in modernity, lacks the high valuation of the independent individual self, and therefore sees no need to accept the ambivalence of an emancipating individual seeking participation in the community.

Two alternatives to this kind of personal psychotherapy have been proposed, namely, the narrative perspective (Witztum and Goodman, 1999), and structural family therapy as it is recommended by Wieselberg (1992). Narratives are viewed as root metaphors for constituting and expressing social life and individuals' experiences. The strategy is to not organize personal distress as a cluster of symptoms but as constituents of a coherent life story. The idea is to find a way of changing the narratives
that accompany and constitute painful experiences in conformity with the ultra-orthodox culture. This can be linked with a so-called biblical psychotherapy in which people can be helped by identification with biblical characters (Solomon, 2000). It should be kept in mind, however, that the narrative concept is a (post-) modern concept that appeals to personal reconstruction of life experiences. Application to pre-modern ultra-orthodox contexts imports some ambiguity between deriving identity from pre-given communal structures, and from subjective interpretations. Then, when the biblical input becomes too dominant, it may be questioned whether this can be subsumed under professional psychotherapy, or should rather be seen as spiritual guidance. Family therapy (Wieselberg, 1992) is characterized by features that suit the ultra-orthodox worldview. It presents a family systems approach that links concepts of response to authority in different settings, like the family and the religious community. Family therapy focuses on current behavior with only selective reference to history, emphasizing doing over understanding. It employs detailed homework tasks, which fit wonderfully in the ultra-orthodox conception that rituals deserve careful attention because of their symbolic communicative functions. Reward and punishment are central in the process, and the engagement of an expert who is external to the structure runs parallel with the position of the rabbi. This does not imply that the expert’s authority is accepted automatically however, it can be the result of extensive research into the antecedents of the therapist involved, and of prior negotiations before the rabbi gives his consent. The acceptability of this kind of therapy, then, hinges on its complete adaptation to the requirements of the ultra-orthodox standards, and cannot be valued as a full admission of current psychotherapeutic practice.

The more modern the orthodox orientation is, the more room it has for standard psychotherapy, due to the fact that it is more open to personal opinions and interpretations of individuals. Here, the practice of psychotherapy can be connected with the basic values in Judaism as they are listed by Meyerstein (2004). The adherence to religious Jewish traditions can be linked with the personal choice to submit to them. Here, modern autonomy as the capacity and freedom to determine one’s own direction – as presupposed in professional psychotherapy – can be linked with the voluntary submission to the heteronomy of divine law.
Possibilities for Generalization

In order to assess whether our conclusions in the previous chapter about the compatibility of Christianity with psychotherapy can be generalized to Jewish orthodoxy, we first apply the three criteria from the beginning of the present chapter. If we want to deal with psychotherapy, we should preserve its widely recognized character as a professional practice, focusing on the subject and its needs and wishes. In the case of ultra-orthodox Judaism this appears to be precluded: it would inevitably violate the ultra-orthodox standards. So, generalizing our combination of psychotherapy and Christianity to a cooperation between psychotherapy and ultra-orthodoxy turns out to be impossible. With modern orthodox Jewry it is another story.

Modern orthodoxy seems to be able to respect the psychotherapeutic practice, and therewith meets the first criterion. The second requirement for a possible generalization is that the worldview under consideration is oriented differently from the self-focus that is typical for psychotherapy. In orthodox Judaism this is the case because it focuses on obedience and dedication to Adonai and His instructions.

This simultaneous recognition of psychotherapeutic orientation and religious orientation, although pointing in opposite directions, is possible due to the inner tension in modern orthodoxy itself between the focus on God and the focus on the self. This tension may function as a compatible polarity as soon as the subjective inner self is voluntarily put in the service of God. This might be the case in modern-orthodox Judaism as it is in many expressions of protestant and Roman catholic piety. This is the third criterion met by modern orthodoxy.

Finally, we look for a fertile cooperation between the different orientations of psychotherapy and orthodox Jewry, fitting in the model as developed in the previous chapter. This cooperation rests on the connectedness of the self with the world outside, preventing the self to function ideologically as an isolated ruling instance, which would create a focus on the self that is contradictory to the religious orientation of the patient or client. The self should be embedded in its supporting and surrounding reality by accepting its threefold anthropological condition. Modern orthodoxy is prepared, by virtue of its essence, to face the threefold human condition as indicated in our matrix. It can reckon with the condition of otherness, reflected in valuation of the world as God’s creation, of other humans as fellows (chaverim), and of the reality of God’s existence and interference. It can also do justice to the condition of
nearness, appreciating the God-given participation in the family and the religious community. And it may meet the condition of temporality, accepting death as the limit of earthly life set by God. Moreover, unlike ultra-orthodoxy, modern Jewish orthodoxy is able to honor self-acceptance, self-actualization, and self-transcendence on the basis of its valuation of subjectivity, and this self-oriented attitude can interact with the three basic anthropological conditions.

Our conclusion is that our findings cannot be generalized to include ultra-orthodox Judaism, but can be generalized to its modern-orthodox counterpart.

8.3 Islam

Muslim Experience of Life
Although Muslim individuals differ in many respects (Rahiem and Hamied, 2012), a pervasive element in traditional Muslim experience of life is its collectivistic, non-individualistic nature (Springer, Abbott, and Reisbig, 2009; Dwairy, 2006; Ansary and Salloum, 2012; Daneshpour, 2012). Significant is the striking observation by Dwairy (2006), a Christian Palestinian psychotherapist coming from Nazareth, that terms such as self, self-actualization, ego, and personal feelings were alien to Arab Muslims. Other issues appeared to be much more important, such as duty, expectations of others, the approval of others, and family life. Along with their collective nature, Muslim cultures are authoritarian. Thus, the concept of autonomy as encouraged by Western culture would be in direct opposition to the traditional Islamic lifestyle. Authoritarian socialization in homes and schools is very common. As a result, in traditional Arab Muslim societies puberty is not expected to be a period of strong imbalances culminating in the building of independent ego identities. Therefore, authoritarianism is not considered to be harmful to the mental health of the Muslim Arab youth. On the contrary, it integrates them into the community they participate in. In this context, family honor is appreciated as an important value. Marriages are usually arranged by the

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1 In this light the translation by Dharamsi and Maynard (2012) of the Arabic nafs in the Quran by self seems to be an anachronism. Quran translations usually render it with soul, like the traditional translation of the Hebrew nefesh, without the connotation of self-reflexive subjectivity as is implied in self.
parents. Unmarried girls are not allowed to meet in private or go on
dates without proper supervision. If they ignore this rule, they may bring
disgrace to the family (Dwairy, 2006; Springer et al., 2009).

Generally, families have a responsibility for the welfare of their mem-
bers. The leaders of the family intervene not only in marriages, but also
in raising and educating the children, and in looking for jobs and housing
for young adults, as well as giving protection and help in economically
difficult times (Dwairy, 2006).

Another characteristic element of Muslim life experience is the im-
portance contributed to imagination, dreams, and metaphors. Visions
and dreams are considered as reliable indications for decision making in
real life. Moreover, in general, Muslim families prefer indirect and im-
plicit communication (Springer, et al., 2009). The metaphorical sensi-
tivity has to do with the language of the Quran, which is often imaginative
and figurative, related to the awareness that language fails to express the
essence of God. Hence God is described in indirect ways with the help of
imagery. Another example of the use of metaphors is the way the solution
of problems is pursued. Muslims transfer a present problem to the con-
text of a similar problem that has been addressed by the Quran, and de-
rive the solution of it metaphorically from the former situation
(Ahammed, 2010).

As Dwairy (2006) and others rightly observe, not all Muslims are
traditional to the same degree. Muslims living in the Western world are
prone to individualizing and thus modernizing influences, particularly
when they become affluent and financially self-supporting, and con-
sequently less dependent on family care. On the other hand, growing
Islamaphobia, due to the terror attacks epitomized by 9/11, has thrown
more Muslims back to their religious and cultural roots (Maynard, 2008).

**Demand for Mental Care**

For several reasons the demands for mental care by Muslims are con-
 fined. First, there is the confusion experienced by Dwairy (2006) that
Palestine Muslims did not even know what he meant by self and personal
feelings. Maynard (2008) frames the same observation in more psycho-
logical terms by noting that mental services do not relate to their cogni-
tive schema, and that in their communities a language for mental distress
is lacking.

A second reason for not engaging in mental health care is the Muslim
belief that Islam should provide all the answers to personal and family
problems. As God is the ultimate source of truth and knowledge, their problems should disappear by pleading with Him for guidance and support. Looking for help beyond the Islamic context could be explained as lack of faith. This reasoning is strengthened by the belief that all things that happen to a person, both good and evil, are the will of God (Khaja and Frederick, 2008; Springer et al., 2009). On the other hand, this inshāl-lah mindset is counterbalanced by the Quran text “God does not change people until they change themselves” (Springer, et al., 2009). This presupposes the belief in free will. Divine predestination and human free will are accepted as two components of one truth (Haque and Kamil, 2012).

Additional reasons are personal shame, fear of community gossip and stigma, increased by the fear that the mental disorder is caused by the affliction of evil spirits or jinn possession (Khaja and Frederick, 2008; Utz, 2012).

This is not to deny, however, that mental problems do exist in Muslim communities. Common mental health related concerns are anxiety, including obsessive-compulsive disorder and posttraumatic stress disorder, depression, ADHD and apparent conduct disorders, substance abuse, alcoholism, gambling, issues regarding identity, relationships and psychosexual problems, domestic violence, and religious delusional behavior (Maynard, 2008). It may be assumed that identity problems arise where Muslims live in two cultures: their traditional culture and the Western one, and that the identity issue, being a Western notion, seeps into the traditional worldview.

Efforts to Accommodate Psychotherapy to Muslim Needs
Proposals to accommodate psychotherapy to Muslim needs go in various directions. First, there is the warning to be very cautious with Western therapeutic methods digging into the unconscious, working to achieve assertiveness, and aiming at enhanced autonomy and fulfillment of the authentic self. Such interventions may cause or reinforce irresolvable intra-familial conflicts, and alienate individuals from their support group. This unwanted outcome is dependent, of course, on the patient’s level of individuation, ego-strength, and family strictness. To prevent this effect, a more indirect kind of intervention, avoiding interpretations and remarkable changes in interpersonal behavior, would be preferable (Dwairy, 2006; Springer, et al., 2009). Families should be helped in a
holistic manner (Carter and Rashidi, 2004; Khaja and Frederick, 2008; Daneshpour, 2012).

One of the recommended methods is the metaphor therapy. This treatment tries to reformulate problems with the help of metaphors, and when they are presented by way of a metaphor, this metaphor should be leading in finding new perspectives on a problem. These metaphors can be imaginative expressions, stories, or significant objects with adhering memories relevant to the problem (Dwairy, 2006). Ahammed (2010) points to the role of the brain’s right hemisphere in processing metaphorical communication. It is relatively rapid and effective because it is not discursive but more intuitive. He identifies five functions in the change processes encouraged by metaphorical counseling. It builds relationship, it symbolizes and gives access to emotions, it uncovers and challenges tacit assumptions, it works with client resistance and it introduces new frames of reference. The author advocates the application of metaphoric Quran verses in therapy, that highlight the journey, path, light, burden or foundation of life. These sentences can be applied in a religious sense but often in a more extensive sense, too. For example, the metaphor “believers as a structure built on a sound foundation and non-believers as a structure built on a weak foundation that may crumble to pieces” can be quite useful in the context of career or relationship counseling to address clients who do not ground themselves by thorough and systematic thinking, planning or self-investment before committing themselves to a career or a relationship.

Another suggested approach is the employment of Islamic cognitions. Hamdan (2008) lists a number of them, such as: understanding the temporal reality of this world; focusing on the hereafter; recalling the purpose and effects of distress and afflictions; trusting and relying on God; understanding that after hardships there will be ease; focusing on God's blessings; remembering God and reading the Quran; and supplication. Carter and Rashidi (2004) recommend focusing on inner tranquility and peace, practiced externally by a strict diet, fasting, prayer, and meditation, resulting in the spiritual balance of mind and body. According to Khaja and Frederick (2008) key methods of dealing with mental health issues for Muslims are remembering God, seeking forgiveness, patience, gratitude, and praying, accepting problems as the will of God with a sense of surrender. Some appeal to the purification of the soul (Khaja and Frederick, 2008; Farid, 1996), others to Sufi mysticism (Hasanah, 2004; Dharamsi and Maynard, 2012).
The use of spiritual Islamic notions in psychotherapy has been justified by connecting it with the current therapeutic technique of cognitive restructuring, thereby integrating it in the cognitive-behavioral paradigm (Hamdan, 2008; Mehraby, 2003; Dharamsi and Maynard, 2012). Others, however, limit their use to a strict religious frame of reference. Khaja and Frederick (2008) distinguish people with a healthy heart who do not give in to temptations, and dedicate life to God; people with a sick heart who are focused on materialistic things and will suffer deeply; and people with a dead heart who are captivated by lust and desire and worship things other than God, being conceited, impulsive, manipulative and building on illusions. Hasanah (2004), even more outspokenly concludes that man should learn that his success, prosperity, and salvation depend on keeping his soul pure, and his failure, decline, and perdition depend on soiling his soul by choosing evil.

**Possibilities of Generalization**

In order to ascertain whether our findings in the chapters 6 and 7 are generalizable to Islamic versions of professional psychotherapy, I make the following observations. First, the recommendation when working with traditional Muslims not to focus on self-reflection and self-understanding but on the individual’s functioning within the community systems, removes a central part of what current psychotherapy is about. It is questionable whether this strategy is applicable in cases more severe than psychosocial distress. Maybe, thanks to the collective lifestyle, intense identity crises hardly occur. But, apparently, in the case that more serious impairments do occur, professional psychotherapy that is perforce limited to practical cognitive-behavioral treatment without searching for the dynamics causing the symptoms, seems to be inadequate. This may limit the potentials of the therapeutic processing of one’s life course considerably. The treatment comes down to a kind of symptom management, ignoring the deeper backgrounds. We need not have a final judgment about the appropriateness of psychodynamic therapy, however, in order to conclude that the attention to the self that we adopted in our outline from the current psychotherapeutic practice, cannot be generalized to therapy with traditional Muslims. Only in Westernized conditions of Muslim life it may play its role. In that event, the clues given in the previous chapter for respecting both the religious background and the professional practice of psychotherapy should be observed.
Secondly, the plea for metaphoric therapy deserves a similar assessment. It may be appropriate in the lighter cases of psychosocial distress, but with more severe anxiety, mood, and personality problems it might appear to be inadequate. Methods focusing on discovering the self are precluded in traditional collective Muslim communities, and so is the generalization of our earlier conclusions.

A third point of consideration is the application of spiritual techniques in psychotherapeutic settings. Here a similar question can be raised as in chapter 6 about the distinctions between psychotherapy and pastoral care. Isn’t this an unacceptable blending of mental health service and religious guidance? As long as the procedure can be justified by linking the spiritual matter with cognitive behavioral therapy, the question remains whether it is admissible to subject the ultimate reality of the divine, which is the highest purpose of the devout, to the human interest of personal well-being. But this question should be answered by imams.

Finally, in their justifications of avoiding person centered methods and employing spiritual techniques, the examined authors usually appeal to a psychotherapeutic framework that is characteristically Western and modern. Confer the advice by Dwairy (2006) to therapists not to be misled by formal factors such as gender, age, education, religiousness, or social role, but to evaluate the level of individuation, ego-strength, and strictness of the family, or his observation that revealing unconscious drives or feelings may impose unjustified pressures on the family structure. Springer, et al. (2009) speak unconcernedly of the individual in a collectivistic society, and advocate sensitivity to the uniqueness of each individual client. Here therapists employ a modern mindset which they do not share with their patients. This implies that in the cultural diversity of two interlocutors a covert claim of superiority on the side of the therapist imbalances the therapeutic relationship, which is ethically questionable, the more so as the alleged Western superiority over the Muslim world is a hypersensitive issue.

Our overall conclusion must be that our ratio determination of psychotherapy and Christianity cannot be generalized toward traditional Islam because of its reticence to Western influences. It does not meet criterion 3 (section 8.1): there should be an inner tension within the referred worldview between the specific values fostered by holders of the worldview, and modern influences of subjectivity. This lack of tension can be explained by the fact that, generally speaking, compared to
Christianity Islam has accommodated itself to a much lesser extent to modern Western culture.

8.4 East Asian Cultures

East Asian Cultures Viewed Through Western Eyes
In spite of the numerous subgroups (Tan, 1989), all renditions of East Asian cultures identify collectivism as their main characteristic, over against the predominant individualism in Western cultures. Associated with this collectivist worldview are conformity, group harmony, authoritarian structures, sensitivity for what the social situation requires, and implicit communication styles, implying that meaning has to be inferred more from the context than from the spoken words (e.g., Markus & Kitayama, 1991; Triandis, 1996; Leong & Lee, 2006; Zhou, Siu, & Xin, 2009). These differences have been vindicated by a comparison of stories sampled from American and Japanese school textbooks, the American textbooks scoring significantly higher on themes like self-direction, hedonism, achievement, and competition, and the Japanese textbooks highlighting typically collectivist values like obedience, self-sacrifice, helpfulness, cooperation, sense of belonging, and sharing (Imada, 2012).

Many authors define the characteristic differences between East Asian and American worldviews as a difference in construal of the self. Markus and Kitayama (1991) admit that the self is a delicate social category because it is subject to infinite variation. Still, they employ the concept to describe self-awareness in collectivist cultures, defending its use by appealing to the universal notion that people everywhere understand themselves as physically distinct and separable from others, and to people's memories bearing witness to the continuity of their existence. Moreover, all people have an awareness of their inner world of dreams, feelings and thoughts. This focus on the self-concept is also adopted by Triandis (1996), Hall (2003), Leong and Lee (2006), and Hung (2006).

However, the use of the term self in this cultural context seems to be problematic. By way of illustration I refer to Markus and Kitayama's (1991) own account of the meaning of the Japanese word for self – the translation is under debate, of course –, jibum. This word refers to one's share of the shared life space. It is not a substance, nor an attribute having a constant oneness. Identification with others pre-exists and pre-dominates, and so the self is dependent on the kinds of social
relationship through which it is created. Because of its dependence on social relationships, selfness denotes a fluid concept which changes through time and situations. The Japanese’s main concern is about belonging, reliance, dependency, empathy, occupying one’s proper place, and reciprocity. The authors add that this interdependent view of self does not result in a merging of self and other and does not preclude that people have a sense of themselves as agents who are the origins of their own actions. On the contrary, they are constantly focused on exercising control over their inner attributes like desires, personal goals, and private emotions.

The spiritual background of this attitude has been depicted by King (1982) in a foreword to Nishitani’s *Religion and Nothingness*. He relates it to traditional Japanese Shintoism and Zen Buddhism, which have a mutual affinity.

The Japanese cultural sensibility, to which Shinto ritual gives formal expression and which is so congruous in spirit to Zen Buddhism, can be characterized by two terms: organic-totalistic, and existential-aesthetic. (p. ix)

Individual entities, including man, will not be seen as so substantially separable from other entities as in Western thought, but rather as a single flowing event in which the interdependent relationships are as real as, or even more real than the related entities themselves. (p. xii)

What does this account imply for the sense of self? In our Western discourse the self is mainly about individual identity in the dual meaning of having a sense of remaining the same human being, distinct from others, and being the conscious agent, observing, interpreting, and acting from the subjective I-perspective. This dual definition is derived from Ricoeur’s (1990/1992) distinction between idem-identity and ipse-identity, the latter being an appeal to self-relatedness, that is, the awareness of who I am, of being my-self, or my selfhood. The latter part is precisely the lacking element in the definition of the Eastern self-concept by Markus and Kitayama, which focuses on the former meaning of self and other.

Another implication involves the mentioned constant focus on exercising control over inner desires, personal goals, and private emotions. Does not the description of *jibum* suggest that inner life is depending on social life? If that is the case, then desires, personal goals, and private emotions seem not to collide with social requirements but to originate in them, so that in general there is no need to exercise permanent control
over them. This latter conclusion is in line with another report about the Japanese mind, saying that because of social preoccupations the Japanese person is less in touch with inner life, and that little value is attributed to the individual's private realm as distinct from the group (Hedstrom, 1994). Apparently however this does not take away the rise of personal desires, goals, and emotions. This results in an instinctive repression of personal and private interests in favor of communal and common values.

However, cultures are in motion. The fact that a Japanese philosopher such as Nishitani displayed a remarkable expertness in Western thought reveals that community thinking should not be perceived as an absolute characteristic of the Far-Eastern mindset. This thinking may be opened up toward a more self-oriented mentality. Furthermore, improvement of education and living standard, increased availability of luxury goods (cf. Wilkinson, 1996), competitive admission to universities, and a tight job market, may explain the enormous school performance orientation we face in East Asia, a phenomenon that seems to match with an individualistic mentality rather than a collectivistic one. Even so however, communalism remains the center of gravity.

Asian Americans
The many East Asians who live in Northern America will have to cope with the different worldview of Western culture compared with their own traditional one. They experience a clash between their conventional collectivistic society and the new individualistic society. On the personal level this difference can be characterized as allocentric versus idiocentric, the former including the seeking to belong, and fulfilling societal roles and obligations without shaming their in-group, the latter referring to the will to self-actualize and be better off than the rest (Hung, 2006).

These two worldview types and lifestyles both appeal to Asian Americans, creating considerable tensions within Asian-American families who are themselves quite close. Outside the family-group members have to accommodate to the societal rules that focus on maintaining themselves there. These rules demand own initiative instead of humble obedience. However, such behavior is not appreciated inside the family. This may cause generation conflicts, which may be intensified by mixed marriages. As a way out of these contradictory values, Asian Americans identify with both Eastern and Western cultures simultaneously, and choose one of the value systems depending upon the social context in which they are at the moment. However, this being in-between the two cultures may elicit
behavioral confusion and difficulties of identity formation, not feeling like full members in either cultural world (Hung, 2006).

*The Need for Psychotherapy*

Does East Asian understanding of life allow room for psychotherapy? Formulated more tightly: Can psychotherapy exist without at least some orientation on the self? A Japanese psychiatrist reported that most of his patients lack any expectation of expressing their personal feelings, or exploring specific experiences. Instead they expect some medical prescription (Hedstrom, 1994). And Asian clients in America are reported to prefer brief, crisis and solution oriented approaches rather than insight and growth focused treatments because they do not like to share personal feelings and failures, nor admit weakness. Mental illness is viewed as shameful (Leong & Lee, 2006).

There are some examples of indigenous treatments that resemble Western psychotherapy practices anyhow. One of which was developed by Japanese psychiatrist Shoma Morita (1874-1938). Morita therapy is still practiced, though no longer in the original fashion. The therapy was designed in the early twentieth century to treat a neurotic syndrome characterized by obsessive shyness manifest in the fear of blushing, oversensitivity, and feelings of inferiority, symptoms that are typical for a collectivistic society that demands great social skills. The first stage in traditional Morita therapy, hardly practiced in this intramural form by now, involves absolute bed rest with a drastic reduction of external incentives, such as being visited, reading, listening to the radio, writing, and smoking. The underlying idea is that an attitude of acceptance will break the vicious circle of attending to symptoms of increasing sensitivity. In the second stage, patients are allowed to do light work, which after the period of forced idleness is generally welcomed with enthusiasm. By this change, attention is directed away from obstructive feelings toward the simple task. This redirection of awareness is a basic strategy. From this stage onward weekly lectures emphasize the useful character of work for being freed from preoccupation with the own social skills. The third stage involves heavier work together with others, and is usually welcomed as a relief from isolation. The final stage prepares for a return to everyday life, teaching the patient to accept his or her own possibilities and limitations, direct his/her attention outward, and neglect any recurring symptoms (Hedstrom, 1994; cf. Shinfuku & Kitanishi, 2010).
It is interesting to note two characteristics of this therapy. First, people that need treatment have gone astray by having developed a self-oriented attitude that problematizes their own contributions to social life. This over-anxiety about the own performance is a well-known trouble in Western society, too, but in the Eastern context it seems to relate to the isolating effect of the internal focus as such, while in the Western context – except for extreme self-consciousness – an internal focus on our individual existence is the norm. At least, the rationale of the treatment seems to explain the problem in terms of internal focus, which is the second particular to note. All treatment efforts are focused on accepting, neglecting and forgetting inner feelings, and concentrating on the outer reality. From a Western perspective one would ask whether this does not generate the risk of repressing uneasy feelings to the detriment of one's inner peace and social functioning, but that appears to be a typical Western reaction presupposing a totally different idea of proper mental functioning. These opposing approaches give occasion to doubts about the applicability of our model of human functioning to people with a strong collectivistic worldview. Here again, criterion 3 from section 8.1 is at stake, concerning modern influence of subjectivity. Our next sub-section is dedicated to the conditions under which the format might be applicable in some sense.

**Possibilities of Generalization**

The previous sub-section might have made clear that the application of current Western professional psychotherapy seems inappropriate in the social context of the overarching East Asian worldview. In the mixed context of Asian Americans, however, there may be some meaningful possibilities of practicing it, especially if it is joined with our design of connecting psychology with anthropology as its ontological presupposition. This design both endorses and complements the subject-focused approach of Western practice. Besides (1) respecting the current therapeutic practice, the other conditions for generalizing also seem to be met in the Asian-American context. These are about (2) tension between the Eastern worldview and professional Western therapy, and (3) a tension within the worldview of Asian Americans because of the Eastern roots transplanted in Western soil. Conformity with the criteria favors the prospect of a possible transformation of the tension into a fertile polarity by connecting the individualizing Western approach with a collectivizing Eastern approach. This latter possibility should still be demonstrated.
Hung (2006) seems to point in the right direction. After having depicted the different society values of East Asian and American cultures, he advocates the concept of *differentiated oneness* as the cornerstone of a possible theory for counseling Asian Americans, describing the ideal balance between connectedness and separateness of all family members. He derives the concept from couples therapy, and applies it more broadly to family relationships. Differentiated oneness refers to the situation in which several distinct individuals come together to form a common identity (us) without losing their individual identity (me and you). Hung recognizes that this concept depends on Western notions like individuation, differentiation, and boundaries. But if cultural peculiarities are understood, respected and addressed, in a mixed cultural situation it might be helpful because it also appeals to the Eastern notion of oneness and connection. For Hung, differentiated oneness derives its normativity from biblical values, but apart from that, the combination of individuality and communality might recommend this approach for people living between two cultures, respectively characterized by individuality and communality.

This plea for the pursuit of differentiated oneness is pretty consistent with our matrix of self-orientation and the basic human condition. Of the three conditions of otherness, nearness, and temporality, particularly the first two are relevant in this context. As far as otherness is concerned, the concept of differentiated oneness combines the three existential themes of individuality, autonomy, and relationality-in-respect, while regarding nearness it confirms the existential theme of community participation (see section 7.3).

If the approach proposed by Hung (2006) is appropriate, we may conclude that our theoretical outline of human functioning can properly be generalized to cultural situations in which Eastern and Western values collide, and Asian people have to find their way in a Western society. When the model is used in therapeutics, it will depend on each specific situation where the emphases should be placed.

### 8.5 African Cultures

*The African Mind*

In an attempt to portray the African mind we should realize that African view of life is diverse, and almost no longer exists in pure culture. In the
process of the colonization of the African continent, and even more thoroughly after the transfer of many to America as merchandise in the slave trade, Africans have experienced Western culture and have been affected by it (Njenga, Nguithi, & Gatere, 2010). Moreover, within societies different Africans perform a different level of cultural adaptation (Van Dyk & Nefale, 2005). Still, there are enough characteristic traits that help to distinguish a separate African view and style of life. Several particulars can be discerned.

The first attribute of African culture is communalism or community orientation, characterized by dependence on other people, group pressure, the valuing of co-operation, the awareness of duties toward the community, the appreciation of values like friendliness, helpfulness, hospitality, solidarity, patience, compassion, and respect, and the influence of the strong extended black family (Jones, 1985; Van Dyk & Nefale, 2005; Hanks, 2008). This interdependence and collective perception of life is reflected by the fundamental value of *Ubuntu*, a term from one of the South-African languages for personhood or humanness, expressing the experience of human existence as part of a larger whole. Desmond Tutu (2005) appealed to *Ubuntu* as the essence of being human, speaking of the fact that “my humanity is caught up and is inextricably bound up in yours” (cited by Hanks, 2008).

Although the community is primary, and the individual secondary, this does not imply that individuality is negated or diminished (Hanks, 2008). Various particulars point to an awareness of individuality. First, there is a well-known saying in the Zulu and Northern-Sotho languages that goes: “I am because we are” (Van Dyk & Nefale, 2005). This attests to a strong emphasis on kinship, but at the same time reveals a sense of individual consciousness, stronger than in the testimonies about the East Asian (particularly Japanese) sense of life. There are some more indications that point to a relative space for individuality. It is the concept of *Ubuntu* itself that notwithstanding its community orientation is about the way the person relates to the larger whole. Another hint is the expressive nature of many Africans who are adept at using affect toward others (Jones, 1985).²

² From a personal observation I conclude that exception should be made for traditional African women who behave in a very submissive and reserved way when their husbands receive guests.
A next property of the African understanding of reality is the importance of God (gods), ancestors, and other spirits. As a matter of fact, the community that the African sees him or herself as part of is not restricted to the people living today but is extended to the deceased and the not yet born. Reverence toward God (or the gods) and the ancestors, who are viewed as living spirits, is expressed by the scrupulous observance of ritual, such as sacrifices. Gods, ancestors, and other spirits can be pleased or displeased. They may react correspondingly. In African society there is hardly any room for the notion of chance. Everything particular that happens is related to God (gods) or (ancestral) spirits who arranged the event, be it something positive or negative. The occurrence of something negative points to an imbalance in the relationship with God, one of the gods, or one or more spirits. This imbalance should be repaired by some appeasing ritual recompense, following the instructions of a traditional practitioner (Eagle, 2005; Van Dyk & Nefale, 2005; Njenga, Nguithi, & Gatere, 2010).

The belief in the regulative influence of invisible powers culminates in a superstitious posture toward the efficacy of curses and witchcraft. Besides the displeasure of the ancestors, a curse or bewitchment may be supposed to be the cause of harm and misfortune. The bewitched is considered to be under the influence of some malevolent force, inflicted by an ill-wisher, and motivated by jealousy, envy, rivalry, or revenge (Eagle, 2005). Conversely, someone can be suspected and even accused of being a witch causing evil to others, and consequently be killed. Because people are quite vulnerable to curses, bewitchment, and accusations to be the evil genius, there is much anxiety in this respect, and for that reason traditional sorcerers are powerful figures in African society.

The Occurrence of Psychotherapy
As many Africans incorporate both traditional African and Western beliefs and values, though in various ratios, they may consult both traditional healers and modern therapists. In a number of cases an apparently sensible psychotherapeutic approach is frustrated by the preference for traditional practices. Eagle (2005) reports about the father of a sexually abused child who interpreted her behavior as bewitchment directed at himself and his family. Consequently, he withdrew her from play therapy, although this was against the advice of the professionals and the wish of his wife, the mother of the child. He preferred to consult a traditional healer in order to fight the bewitchment. This example may be multiplied
by many. In other cases, combinations of traditional and professional care are tried.

Pleas are made in favor of a kind of integrated therapy that combines the individual focus of Western psychotherapy and the communalist experience of African culture, employing the African concept of *Ubuntu*. Van Dyk and Nefale (2005) consciously locate this application of *Ubuntu* in the context of the encounter of two cultures, by which African people may be confused, and to which they may respond by splitting their lives into two realms. The significance of *Ubuntu* is viewed as multiple. First, it teaches respect for human dignity in the context of interdependence. So, it may be able to do justice to both individuality and collectivity. In the attention paid to individuality, it looks after intrapsychic tensions, conflicts, and frustration as important barriers for attaining the state of *Ubuntu*. In the attention paid to collectivity, it includes reverence to God as the creator of all life, and the ancestors. On the other hand, there are therapeutic techniques that cohere with or can be derived from *Ubuntu*, such as story-telling, burning platform, and dancing, intended to stimulate the process of empowering the client’s ego functioning. Unsurprisingly, *Ubuntu* favors the systemic way of conducting psychotherapy, preferring the whole family to participate in the sessions.

Hanks (2008) promotes *Ubuntu* as a new principle of psychotherapy in a more general way. She speaks of a new humanistic psychological paradigm for psychotherapy that avoids the isolation of individuals and integrates them into the larger circles of communities and society to which they belong. *Ubuntu*, in her view, contributes to the basic commitment of humanistic psychology, namely, to the self-in-relation to others. This last contention may be too much of an annexation of the African concept, however. At the same time, the concept of the self in relation may be a good entrance to a balanced approach in the African context in particular, and in the therapeutic context in general.

Possibilities of Generalization
For the sake of convenience, I resume the preconditions that apply to the possibility of generalizing our model of human functioning. The basic principles of professional psychotherapy should be respected (1); a tension should occur between the traditional worldview of the category of people that is the envisaged object of generalization on the one hand, and the modern worldview underlying professional therapy on the other (2); this tension should be reflected in the internal influences of modern
individualizing values on traditional values within the respective category of recipients (3). If these preconditions are met, the tensions have the potential of being transformed into a meaningful polarity by connecting the self-related abilities of modernity with the values fostered by African communities (4).

These preconditions certainly apply to the situation of Africans and African cultures. We have seen that there have already been attempts to integrate Western psychotherapy with traditional African values from the perception that there is a tension between the collectivistic lifestyle of traditional Africans and the individualistic approach of Western thinking and therapeutic care. Moreover, the tension is in the Africans themselves, because they are being influenced by both their traditional culture and the Western culture. A way of transforming the tension into a fertile polarity has been designated in the African value of *Ubuntu*. This creates a positive perspective on the feasibility of a therapeutic approach that unites the subjective and the communal aspects of life.

Two issues still require our attention. First, especially Van Dyk and Nefale (2005) have argued for an integrated approach of psychotherapy in the context of people that are influenced by two different cultural inputs. However, they did not develop a basic anthropological pattern that could account for both of the cultural approaches, however different they are. Without such a fundamental pattern the combination of the two concepts retains an ad hoc character and is more eclectic than systematic. The second issue is the grim reality of the often occurring suspicion of witchcraft, which makes the argument advanced by Hanks (2008) sound somewhat romantic. We should dwell on both issues for a while.

Our psychological sketch of human functioning seems to provide an appropriate structure for the integration of individualized human existence and the community oriented *Ubuntu* philosophy of life. It unites a self-oriented life experience with the awareness of being related to the world outside, including fellow humans and the divine realm, and participating in social life with one’s own purpose. This relatedness and participation express our embedding in a larger reality that both founds and transcends our existence. There is both self-actualizing and self-transcending not as separate activities but in close mutuality. However, the self-actualizing tendency presupposes a measure of autonomy with respect to the world outside. Can this autonomy as the inner power to make and perform one’s own decisions be integrated in the *Ubuntu* lifestyle? It can, provided first that the degree of individualization is high.
enough to allow for its active presence. In that case, one joins the community up to the level one prefers by way of an autonomous decision. But there is second reservation to be made.

Magical thinking may act as a great disturber of a balanced and peaceful individual–communal equilibrium in personal and social life. The ancestors are not the real problem because they are supposed to act in a reasonable way; if they are angry with living descendants, they are deemed to be so for good reason, and the balance can be restored by bringing a sacrifice. Ancestors are incorporated in the *Ubuntu*-community, and in our outline they belong to the community we participate in; moreover, in the network of self-functioning in the three anthropological conditions, self-transcending relationships can be established. Here the cooperation with a traditional healer is customary. The real problem, however, is the evil powers of witchcraft and resentful curses employed by malevolent living people. They are harmful for both *Ubuntu* and integrated psychotherapy. In such cases the generalization of our psychological format and its application to psychotherapy is limited by the extent to which magical thinking is in force and victims are not prepared to challenge the magical realm.

The conclusion must be that generalization of our outline of human functioning to the African worldview is very well possible, up to the borderlands of magical thinking.

### 8.6 Transpersonal Psychology

*Comparative Introduction*

Compared with the examples elaborated in the former sections, transpersonal psychology shows some dissimilarities. First, the particulars we need to examine are characteristic for the therapists rather than the patients. Therapists practicing transpersonal psychology have adopted a worldview that is not satisfied with an individualized, detached, rational approach of reality but is meant to transcend this Western perspective. This is why we do not find a clash between a Western, modernist mindset and a pre-modern collectivistic lifestyle, as in ultra-orthodox Judaism, traditional Islam, and other non-Western cultures. Rather, we find sophisticated systems of dealing with a multilayered reality.

However, there is also a remarkable similarity between Christianity and other traditional worldviews on the one hand, and transpersonal
worldview on the other. The transpersonal approach just like the other worldviews problematizes an absolute focus on the individual.

Differences and similarity between Christianity and the transpersonal view make the question whether our design of proper human functioning can be generalized to transpersonal psychology all the more interesting. Therefore, the main reason why I pay attention to this line of thought is to test the applicability of our diagram in contexts other than those we examined up to now. A secondary reason for our interest in transpersonal psychology is the relative popularity of transpersonal approaches in the Western world.

Overview
Transpersonal psychology has been traced back to the observation by humanistic psychologist Abraham Maslow (1970, 1976) and others, to the effect that people from whatever cultures or belief-systems may in particular circumstances be overwhelmed by peak experiences, which he defined as mystical encounters that are accompanied by feelings of awe, bliss, and ecstasy. However universal these experiences are, they are understood within the framework of people's own cultural or religious system. Maslow tried to get rid of the religious connotations attached to them, and to present them as the ultimate stage of human emotional development. In this perspective, transpersonal psychology can be viewed as an offshoot from humanistic psychology. Furthermore, as mentioned below, psychiatrist Carl Jung contributed to the theory with his ideas about the collective unconscious based on a supra-personal (or transpersonal) level of experience.

Accordingly, advocates of this kind of psychology establish a link with what they call “perennial philosophy” as a term for the mystical wisdom that is stored in all great world religions, including Buddhism, Christianity, Hinduism, Islam, and Judaism. Characteristic of transpersonal psychologists is not that they propose an alternative to the existing psychological theories but that they add something to them. Beyond the pre-personal and personal levels of experience that are addressed by the current psychologies, there is a transpersonal level of experience or consciousness, which is the spiritual one. The introduction by Vaughan, Witzine, and Walsch (1996) will help us to understand some characteristic features assigned to this transpersonal, spiritual level of consciousness.

Vaughan et al. describe the transpersonal identity by distinguishing it from the pre-personal and personal stages of identity development. The
pre-personal (or, pre-egoic, pre-rational) stage starts in the womb and lasts until the first three years of the sibling's life. It is the symbiotic state of being, initially fully dominated by the fusion with the mother, and motivated by survival, safety, attachment, and exploratory needs. The prevailing cognitive mode belonging to this stage is magical thinking and fantasy. From the fourth year of age onward the personal identity is shaped on the basis of the patterns of interaction with the primary caregivers, resulting in self-image, object representations, memories, beliefs, meanings, and affects with which we identify ourselves. These are the unconscious organizing principles by which we construct our world and our functioning in that world. Transpersonal psychotherapy like many other Western methods of psychotherapy views as its primary task to promote a stable, cohesive personal identity, that is, an authentic, autonomous, self-actualizing self. The authors refer to existential psychiatrist Irvin Yalom (1980) to state that a human being is an embodied, finite person, free to make choices and take action, and separate from, yet related to, others. Just like other therapists, transpersonal therapists too address issues like aging, the reality of death, existential versus neurotic anxiety and guilt feelings, responsibility, and the relationship of oneself as an individual to others and the collective. All these experiences and interpretations take place on the level of personal identity.

On the transpersonal level, however, the personal limitations are transcended. In order to experience self-transcendence, persons first begin to realize that their personal selves feel incomplete, and then get the intuition that a deeper, transpersonal level of interconnected identity exists. Several stages of transpersonal awareness have been identified, two of which Vaughan et al. focus on, namely, the subtle realm and the causal realm. In the subtle realm the person is no longer exclusively identified with the individual personality, but comes to share in the light and power of a universal Self as a kind of cosmic totality and collectivity in which all people consciously or unconsciously participate. Here the authors resort to the Platonic ideas, the Jungian archetypal images, subtle sounds and illuminations, transcendental insights, and the awareness of having spiritual qualities like love, compassion, wisdom and strength. Next, the causal realm is supposed to be the transcendental ground of all other structures of personality, and is identified with Atman, Tao, Buddha-mind, and the mystical marriage with the Beloved, the absolute ground of being. Apparently, causality is not taken here in a mechanical sense but organically. The unification or merger is deemed the most
profound level of transpersonal identity, or Self, as one pure continuing presence, boundless and unconditioned by mental constructs, overflowing with love. The expanding inner awareness of this transcendent identity of the universe brings about freedom and healing, for example from addictions (Grof, 1994), and thus fosters functioning on the personal level.

Internal Debate
Proponents of transpersonal psychology have debated about the relationship between the pre-personal and the transpersonal position of human consciousness (cf. Daniels, 2004). Ken Wilber (1993) introduced the alleged “pre/trans fallacy” that is assumed to mistake the transpersonal awareness for a regression into the pre-personal state of being fused with the mother and the further environment. Apparently, by identifying this presentation as a fallacy, Wilber intends to protect his transpersonal extrapolations from psychoanalytic criticism. Others, however, have advocated the connection between a pre-personal and transpersonal state, in line with Jung’s assumption of the archetypes as the content of our collective unconsciousness that can and should be explicated and experienced consciously.

There is some relevance in this debate for the question of whether our design can be generalized by applying it to transpersonal psychology. For if the trans-personal position is appreciated as a further maturing of personality from the pre-personal stage along the personal stage, the personal stage with its typically Western subject-centered rational stance can be imagined to be appreciated more positively than if the transpersonal position is viewed as a return to the ideal original pre-personal situation. In the latter case, the personal stage is easily interpreted as an obstacle for the ideal mystical union with the source or ground of reality to which the pre-personal stage already belongs. In this sense, Washburn (1995) and Steve Taylor (2009) view the egoic or personal stage, apart from its many benefits for organizing our lives, as a phase characterized both by repression of, and separation and alienation from the mystical spiritual roots. This moderately critical position toward the autonomous self or ego is comparable to the critical stance adopted by orthodox Christians toward a modernist, one-sided focus on subjective experience.
The Possibility of Generalization

Exploring the possibility of generalizing our sketch of psychological experience that accounts for spiritual and/or cultural worldviews, we first ask whether transpersonal psychology meets the conditional criteria, which are, the endorsement of current professional practice (1), a tension between the concerning worldview and professional therapy (2), linked with a tension within the worldview at stake between its own characteristic values and influences of modernity (3). It appears to be evident that transpersonal psychology and psychotherapy fully respect current professional practice, so that the first criterion is met. As to the tensions mentioned in the second and third criteria, these can be said to exist to a certain extent, indeed. We have identified a critical approach in which the personal, egoic, or rational level is but transitional, or even a hindrance on the way to the transpersonal stage. The individual, self-oriented, socially skilled subject is no longer the ideal of human existence, as it is in mainstream psychotherapy. On the other hand, these tensions have already been transformed into a tolerable polarity. The subject, which in transpersonal psychology is fully respected, and fully addressed on the personal level, is bounded by pre-personal and transpersonal realities, and therapy is focused on gaining awareness of these boundaries.

What does this mean for the pursued generalization of our model? In our fourth observation the possibility of generalization is bound to a transformation in which the different views are reconciled in a polarity of subjectivity and communality. The transpersonal approach, however, has solved its tension in its own way, and its solution comes down to a polarity not of subjectivity and communality, but of subjective versus transpersonal existence. Not the inclusion in all kinds of groups but the merging with the universe is viewed as the mitigating counterpart of individualism. Still, although the focus is on the connection of subjectivity with universality instead of communality, transpersonal psychology seems to fit in our model. The reason is that eternity awareness offers room for the transpersonal experience. However, there is a fly in the ointment.

We face a problem of consistency, when we compare the concepts of the personal and transpersonal stage. The personal state concerns processes like separation and constituting an identity, and existential themes like individuality, rationality, subjective focus, self-sufficiency, autonomy, and sociability. The transpersonal, on the other hand, is about losing
one’s particularity, being absorbed in an all-inclusive totality, letting go personal rational judgment, being dominated by sensitivity such as sensitive insight, and so on. The problem is not their mutual diversity. Obviously, if there is a change from personal to transpersonal, characteristics alter as well, as with the development from pre-personal to personal. However, the real problem is that in transpersonal psychology the personal and the transpersonal exist simultaneously. They are not different stages in the strict sense but different states, two states of consciousness between which the trained practitioner can switch. Moreover, in the Vaughan, Wittine, and Walsch (1996) rendering, these states are not only states of consciousness but also states of real existence (“the absolute ground of being”), and distinct identities. However, this implies that in the transpersonal state someone loses his or her personal characteristics, even not being a he or she anymore. What does this mean for the person in question? Who is the one who is seized by another state of consciousness? Is the human being in the personal state identical with the outwardly same human being in the transpersonal state? If so, which are the identical characteristics? But if not, what does remain intact of someone’s personal identity in the transpersonal state? Or is the focal point despite everything still the person, in other words, is the personal level of our existence the proper basis of our experience? But then the transpersonal state is only some temporary awareness that may contribute to our well-being, but will hardly help us to answer the question of who we really are. In that case, transpersonal consciousness does not set a standard for our self-understanding.

Against this critical analysis cannot be objected that it is a typically rational, discursive, Western approach that gets stuck in the personal stage of consciousness, and ignores the transpersonal context in which we should leave this kind of reasoning behind. For obviously, transpersonal psychology offers an account of its understanding of human experience on the personal, rational level. In this account the personal level is not relativized as a provisional, transitory stage, but respected and taken seriously as valid in its own realm. So, the rules of logic like consistency and unambiguity do apply in this context, also when we discuss the trans-logical realm.

This review leads us to notice a dissimilarity between our newly developed psychological scheme and the transpersonal design. In our scheme the specific identity of the self is retained in all three modes of functioning: self-acceptance, self-actualization, and self-transcendence. In
transpersonal psychology, however, self-transcendence means that the personal self is entirely and ontologically lost in universal reality. This brings us to the conclusion that our model cannot be fully generalized to transpersonal psychology. The reason why is not some limitation of the proposed model, however, but a felt inconsistency in transpersonal theorizing.

We might wonder whether this conclusion precludes the incorporation of Eastern oriented thinking in Western oriented therapeutic treatment, as envisaged in Mindfulness Based Cognitive Therapy and by the use of Zen principles in Dialectical Behavior Therapy. The critical point will be whether these Eastern approaches are used only as techniques for relaxation or emotion regulation. If so, the verdict of the previous paragraph does not apply. But if these approaches are meant to go beyond that, to address a worldview and lifestyle aiming at merging in the universe, the verdict stands (cf. Harrington & Pickles, 2009; Baer & Sauer, 2009).

8.7 Conclusion

Our exploration of orthodox Judaism, traditional Islam, East Asian and African cultures, and transpersonal psychology yielded real opportunities for generalizing our outline of human functioning. This outline is characterized by orientation on the self, the self’s connection with the basic anthropological conditions of otherness, nearness, and temporality. However, there are some restraints to these opportunities for generalizing the scheme. The main prerequisite for it is a considerable degree of modernity, reflected in an awareness of individuality, or a focus on subjective experience and decision-making. Here, ultra-orthodox Judaism, traditional Islam, traditional East Asian or African cultures in pure form drop out, because in these appearances the collectivist character of societies is so strong, that a self-oriented lifestyle is almost ruled out. Only when fixed traditional relations are put under pressure by individualizing tendencies because of the influence of Western culture, the proposed model can be of service to keep both forces in balance, fostering individuality without isolation, and communalism without loss of the self, and opposing the false solution of a split personality.

Besides this major restraint, we still found some other impediments for applying our scheme, such as the self-losing experience of being
absorbed in total and ultimate reality that is pursued by transpersonal psychotherapy. Here the self is dissolved in a state of transcendent awareness, and ceases to be myself, which runs counter to the self-oriented character of the outline in question. A final obstacle for it is the magical thinking we found in African worldviews, which frustrates the development of reliable relationships.

In this process of exploring the applicability of our matrix to other than secular and Christian worldviews, we faced the worldview specific elements implied by the matrix itself. It rejects a presupposed or envisaged dissolution of identity in the collectivity or in transcendent experiences, respectively, and it refuses magical thinking.

If we attempt to apply our format of psychological functioning within the boundaries that have been delineated above, a copy of the figure representing it may give us a hold. For that reason it is printed again. Let us run along the matrix from the first column downward and so on, applying the quadrants to the various cultural contexts we reviewed. By doing so, we list the generalizations of our schematic overview to cultural and religious contexts beyond the secular and Western Christian contexts that were dealt with in chapter 7.

<table>
<thead>
<tr>
<th>Psychology:</th>
<th>Self-acceptance</th>
<th>Self-actualization</th>
<th>Self-transcendence</th>
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<tr>
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<tr>
<td>Otherness</td>
<td>individuality</td>
<td>autonomy</td>
<td>relationality in respect</td>
</tr>
<tr>
<td>Nearness</td>
<td>participation</td>
<td>purposiveness</td>
<td>dedication</td>
</tr>
<tr>
<td>Temporality</td>
<td>sense of finitude</td>
<td>perceived opportunity</td>
<td>eternity awareness</td>
</tr>
</tbody>
</table>

*Figure 1  Integration of Psychology and Anthropology*

Self-acceptance is a topical issue in cases where people are confused about their roles and goals in life as a result of living in different cultures with opposing cultural values, to wit, a communalistic and an individualistic setting. The awareness of the own individuality is of importance for the sake of the ability to maintain oneself in the individualistic society of which one is a part. On the other hand, participation or belonging is a value that does justice to the communalist side of existence, as counterpart of the more individualist side of it. In communalist societies death and the fear of death do not seem to be a hot item, because the
absorption in the community precludes a feeling of being thrown back upon oneself in the awareness of transience, and, therefore, makes all kinds of defenses unnecessary. Instead, one is fully incorporated in the lasting community.

Self-actualization is a topic as well. Coming from a communalist society, one has to learn to appropriate one’s own autonomy, the courage to have and express one’s own opinions, and to make and carry out one’s own decisions. If all important decisions are no longer made by the community or its hierarchical figures, the individual has to develop his or her own purposes within the boundaries of the own possibilities that are communally determined by the social units one participates in, and the circumstances that arise. In a Western society it is also important to develop a perception of time duration in order to spend time well. This has to do with competition and achievement, which are characteristic for an individualistic mentality.

Furthermore, self-transcendence proves its relevance. In an individualistic society, the We is no longer an extended I, or, better, the I is no longer a derivative of the We. All the others in the same community are more sharply distinguished as Not-I, not more of the same but really different. One has to transcend the boundaries of the self in order to get into contact with the other. Still, the community to which one belongs retains its special significance. There is still a sense of belonging and an undisputed loyalty to the traditional community. This mentality colors the character of self-actualization. In one’s autonomous and purposeful choices, one pursues to foster and serve the own community. The relational orientation is given by the communal preconditions, on the one hand, and decided by autonomous considerations, on the other. These decisions may be inspired by the values the community upholds. Individualization implies that these values are no longer a matter of course, but have to be adopted and appropriated as an answer to their attractive force. Finally, eternity awareness is experienced in the sensitivity for ultimate realities that transcend the issues of the day. These may be communal convictions of afterlife, or secular experiences of the power of art, nature, or universal ethical themes such as justice and humanity.

This modest overview may demonstrate the relevance of the outline of psycho-logical functioning especially for people who simultaneously participate in two cultures, a communalistic and an individualistic one. A great deal of its relevance can be illustrated by the importance of identity formation for all participant of two diverse cultures, who are prone to
behavioral confusion (section 8.4) and ego-splitting (section 8.5). In the format, identity can be viewed as composed of individuality, autonomy, respectful relatedness, belonging, purposiveness, and mortality (living in that specific period of time), herewith uniting the three self-dimensions self-acceptance, self-actualization, and self-transcendence, with the threefold basic human condition.

In the previous chapter, a new perspective on the interaction of subjectivity and communality was developed as a recommendable focus in professional therapy, leading to a matrix that integrates self-functions with basic anthropological conditions. This matrix has been expanded to the adoption of Christian values in a therapeutic setting. The explorations in the present chapter demonstrate that this perspective can be generalized toward other areas of comparable tensions between traditional and modern worldviews. This means that the fourth hypothesis has at least partially been confirmed.
Tryout
Application to the Initial Cases

9.1 Fit, Goal, and Method

Fit
In this chapter we return to the three cases that were presented in the first chapter to highlight the importance of worldviews or presupposed values in the psychotherapeutic process, both on the side of the therapist and the patient or client. The present chapter intends to apply our model of psychological functioning to these cases in order to find some clues for appropriate counseling and care. These cases should meet the criteria that are required for the applicability of the diagrammatic overview. The criteria are listed again (cf. section 8.1). The professional therapeutic practice should be respected (1). A kind of tension occurs between the standard direction into which secular therapy points, that of personal autonomy and self-confident decisions, on the one hand, and the value system of the patient on the other, prompted by a group to which he or she belongs (2). This tension is reflected explicitly or implicitly in a tension within the patient between an inner urge for freedom and the operation of the group norm (3). If these criteria are met, we can see whether in the therapeutic process the tensions can be transformed into a fertile polarity by which the client or patient is helped to find his or her way by neither ignoring the urge for autonomous freedom nor violating the community rules by overcompensating resistance.

Goal and Method
As the adage has it, the proof of the pudding is in the eating. Testing the fruitfulness of our model comes down to examining the viability of the envisaged transformation in practical situations. We start by making
different kinds of diagnoses. These are a classificatory diagnosis, applying the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, 2013); then two explanatory diagnoses, using cognitive behavioral and psychodynamic understandings respectively, followed by another explanatory diagnosis, integrating the latter two in the schema theory. All of them employ the current diagnostic methodology of professional psychotherapy. By employing them, I intend to show unambiguous respect for professional psychotherapy. Finally, I add an explanatory diagnosis that uses the newly developed model of the integration of psychology and anthropology. By this procedure, I try to show that my newly proposed explanatory diagnosis is compatible with the established methods, and able to indicate additional ways for integrating worldviews in treatment. Therefore, the final step is to propose supplementary perspectives for therapeutic interventions, by connecting psychological functioning with basic anthropological conditions, and including explicit references to the patient’s worldview.

9.2 Case 1

*Case Description*

Sarah, a 30-year-old member of a Christian Reformed Church in Canada, feels that she has come to a turning point in her life. She has had a higher education and has a rather well-paid job in the administration of a trade company in the town where her mother lives. She is the only child of a couple that received her late in their marriage. After the death of her father she feels responsible for her mother who has always been infirm and who has recently been diagnosed with Parkinson’s disease. At the same time rural life does not satisfy her. She longs for a new start in the city where she can seek a satisfying job and meet other people of her own age. If she intends to move, the time is now. On the other hand, she gets depressed, anxious, and feels guilty with the thought of leaving her mother alone. Mother is increasingly dependent on her. After months of sleeping poorly and absenteeism from her workplace her practitioner refers her to a psychotherapist. It seems appropriate to see strengthening of her sense of autonomy as one of the major treatment goals. But how should we value the psychological autonomy when it is compared with the moral appeal for family solidarity that an adult daughter should feel toward her mother? To make the situation even tenser, members in the congregation continue to praise her for fulfilling this duty.
Classificatory Diagnosis
Sarah’s symptoms seem to point to a major depressive disorder, single episode, specified: with anxious distress. The number of symptoms and the intensity of functioning impairment point to a moderate severity, for the number of symptoms exceeds the required five with only one, but on the other hand her occupational functioning is quite hampered. She suffers from a depressed mood most of the day, nearly every day, as indicated by her own report (number 1 in the symptoms list); markedly diminished pleasure in almost all activities most of the day (number 2); insomnia nearly every day (number 4), loss of energy nearly every day (number 6); feelings of excessive guilt nearly every day (number 7); diminished ability to concentrate and indecisiveness (number 8). The symptoms do not meet the criteria for a mixed episode, they cause significant distress and impairment in professional functioning, they cannot be attributed to the physiological effects of a substance or another medical condition, and there has never been a manic or a hypomanic episode. DSM criteria for a moderately severe depressive disorder are met, code 296.22 in DSM-5 (2013).

One further specification is in place, that is, with respect to anxious distress. The anxiety she has does not meet the criteria for any anxiety disorder but is apparently part of the depressive disorder. Anxious distress is defined as the presence of at least two of five symptoms during the majority of days of a major depressive episode. In Sarah’s case the following symptoms apply: feeling tense, feeling restless, and difficulty concentrating because of worry. Her condition corresponds with a mild (two symptoms) or moderate (three symptoms) level of anxious distress.

Explanatory Diagnosis: A Cognitive Behavioral Approach
The cognitive behavioral interpretation of Sarah’s symptoms assumes that her feelings are determined by automatic thoughts. One of her automatic thoughts is: I must be ready to help and please my mother. Another thought that spontaneously arises and that she cannot get rid of is: “I must gain contact with peers, the sooner the better.” Let us conjecture that at the background of her wish to socialize with peers plays the longing for a partner and a private family. She fears to remain alone. With respect to her mother she thinks: “I must stay and gain her approval and appreciation,” but with respect to her future she thinks: “I must leave, and start a new life elsewhere.” These contradictory thoughts explain her anxiety. For if she is not prepared to help her mother, she fears to be disapproved and abandoned by her mother, and that is the most terrible
thing she can imagine. But on the other hand, she thinks it is awful to remain alone. These two prospects trouble her. She becomes entangled in her contradictory thoughts that paralyze her decisiveness. This correlates with her feeling depressive and helpless toward the future.

Automatic thoughts are based on deeper assumptions, such as instrumental assumptions or strategic ideas, like “To keep your mother’s love, be always ready to help her,” and “Create new social networks in order to be accepted by others.” In their turn, strategies are rooted in conditional assumptions, like “If I choose for myself, my mother will reject me,” and the additional one: “If I do not present myself to others, I will miss the boat,” or, in a more general sense: “If I do not meet that condition, others will see me as inferior.” The deepest are the basic assumptions about oneself and the world that usually remain implicit, like “I am inferior.” In this way interpretive thoughts generate feelings, and feelings generate behaviors.

There is a second route by which we select our behaviors, namely, by subconsciously weighing gain and loss of our possible actions. There may be some secondary gain in Sarah’s decision to call in sick at work. Considering herself sick yields reduction of her guilt feelings toward her mother about her reluctance to be always ready to help her. It may provide an excuse for her plans to move to another place, thereby distancing herself from her mother. On the other hand, her absenteeism does not increase her chances of a new job elsewhere. In the balance of profit and loss, apparently the scales tip toward the profit of her guilt reduction.

From this cognitive behavioral perspective the treatment might link up with the rigidity and tyranny of her must precepts (RET version): “I must be ready to help and please my mother,” and “I must leave and start a new life elsewhere,” combined with the familiar opinions “It is awful to lose my mom’s sympathy,” and “It is awful to remain solitary.” These assumptions will be challenged on their reality content. Little by little the conversations dig deeper to the assumptions beneath the automatic thoughts until the foundational assumption “I am inferior.” The goal of this procedure is to lessen the tension of the authoritarian thoughts, thereby diminishing the urge to feel sick, and gaining space for free, autonomous decisions.

Explanatory Diagnosis: A Psychodynamic Approach
A psychodynamic explanation of mental problems traces the symptoms back to some malfunctioning of the relationship between patients in their infant stage and their primary caregiver, mostly the mother. I select two
complementary explanations that are appropriate to clarify Sarah’s situation from a psychodynamic point of view.

The first of them is the attachment theory. Infants are genetically programmed to long and look for attachment, i.e., an affective bond from the very beginning of their lives. For this primary need the main caregiver should be both available to the baby and sensitive to its needs. If these conditions are met, the infant can develop a secure attachment style. The infant feels safe and protected, and can grow spontaneously into a self-confident, autonomous, and responsive individual. However, if the primary caregiver fails to provide affection consistently, being neglecting, capricious, or overprotective, the child cannot develop a balanced character but will form an unsafe kind of attachment, that is, anxious avoidant, anxious ambivalent, or disorganized. In that case, the child runs the risk of engendering mental problems in the adult stage of life, not only in the relationship with the own parents but also with other people because of the working models that have become fixed in the mind. In these working models, anxiety and avoidance are assumed to be the two parameters of the diverse attachment styles. When both are low, the attachment style is secure; when both are high, it is fearful avoidant. When anxiety is low but avoidance high, the style is dismissing avoidant; conversely, it is preoccupied, or anxious ambivalent (Schaeffer-Van Leeuwen, 2011, for an overview).

The attachment style Sarah developed during her infancy may be qualified as anxious ambivalent. Because of her mother’s own troubles and self-centered orientation, her mother did not give enough affection to her daughter, but on the other hand tried to compensate for this by overprotection. Sarah reacted to this with a longing for the affection she did not get, anxiety for feeling insecure, anger for feeling neglected, and rapprochements to gain her mother’s sympathy by attempting to please her. In her adult life Sarah has retained this anxious ambivalent style. She is fed up with her mother’s claims for care, on the one hand, but she cannot but give in to her mother’s appeals, on the other, being afraid of losing her mother’s love, which seems to be unbearable to her.

As a second psychodynamic explanation I select the object relations approach in the fashion promoted by English pediatrician and psychoanalyst Donald Winnicott. One of the risks of early upbringing is that too soon in life the child is alerted to and traumatized by the premature awareness of how small and helpless he or she really is. Infants should be protected with an illusion of being all-powerful, which can be achieved by early need satisfaction. The “good-enough” parent’s quick response of
feeding her little child gives the baby a powerful sense of being fed just by being hungry. However, if the baby's caregiver was distracted by her own troubles, the infant would anxiously sense a lack of response, then focus on getting a positive response from the mentally absent caregiver by being a good baby. The awareness of the own vulnerability should only arise later in life, after the basic experience of being powerful has created a sense of confidence. Without this foundation an anxious mentality will grow that develops into a false self. In general, people use their false selves to comply with the standards of interaction in society. This is a normal social ability. But when the individual continuously seeks to anticipate others' demands and comply with them, this is a defense mechanism that tries to protect the true self from hurt afflicted by powers in the world outside.

There is also the possibility of “too-good” mothering, in which the mother's care is too well adapted to infant needs, usually already before the baby's screaming, and beyond the baby's earliest months. The effect is likely to be that the child will either reject the mother or remain merged with her. In either case the child will be hampered in his or her development, and deprived of an autonomous sense of agency, in cases like negotiation, concern, and reparation (Winnicott, 1990; Hopkins, 1996). This caring style would hinder a development toward an independent, autonomous personality.

In the framework of object relations theory, Sarah might have been exposed to the care of a too-good mother who has been engaged in over-caring toward her daughter without leaving her the opportunity to stand up for herself. This might have led to a lack of separation of Sarah from her mother.

From the psychodynamic point of view, Sarah should be encouraged to gain more ego-strength, and to become more independent from her mother. In this process, the therapist–patient relationship will play a vital role, the therapist performing as a substitute caregiver. In reflecting on her own solution of moving to another place – distancing herself from her mother physically and exploring new social connections – there should be a moment of critical confrontation to consider the issue of

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1 The central role of drive satisfaction as assumed by Winnicott has been experimentally countered by Bowlby, father of the attachment theory. In practical application it can easily be replaced by attachment notions such as attention and affection.
whether the working model she developed toward her mother of pleasing and repressing her anger would not affect new relationships as well, so that on another level the same problems would occur.

**Explanatory Diagnosis: A Schema Approach**

The schema approach integrates cognitive behavioral and psychodynamic interpretations of human behavior. Especially in early childhood, but also later on in adolescence, interactions of the individual with important others constitute cognitive schemas that are determinative in the interpretation of new relational situations. These schemas are the result of whether core emotional needs have been met. As core needs are identified the need of secure attachment, autonomy, freedom of expressing valid needs and emotions, spontaneity, and realistic limits and self-control. In many cases the cause of psychic distress is to be sought in early maladaptive schemas that arise in the combination of parental style and the child’s temperament. Young, Klosko and Weishaar (2003) distinguish five schema domains that together include eighteen schemas of unmet emotional needs. When a schema is activated, three coping styles are available, namely, compliant surrender, avoidance, and over-compensation.

We take a closer look at two of the schemas because they may underlie Sarah’s ideas, feelings and behavior. The most conspicuous schema belongs to the schema domain of Impaired Autonomy and Performance. The typical family origin is enmeshed, overprotective, undermining the child’s self-confidence, or not preparing the child for performing competently outside the house. Within this atmosphere one of the schemas that can arise is Underdeveloped Self, over-involvement with the parents or important others, at the cost of full individuation. Often this implies the conviction that at least one of the persons in the enmeshment cannot survive without the persistent support of the other. It can also imply feelings of being stifled, or lacking sufficient individual identity. Within this schema Sarah applies two coping reactions, the surrender strategy, in which she does everything to make her mother happy, and the overcompensating strategy, by which she plans to turn her back upon her mother.

The other relevant schema belongs to the domain of Other Directedness, pertaining to a family origin that is typically based on conditional acceptance; the child must repress important personal needs in order to gain love, attention, and approval. The relating schema is Self-Sacrifice, feeling compelled to give a lot to someone else in everyday situations, asking for nothing in return. Sarah complies with this urge, but at the
same time she overcompensates by deciding to quit denying herself in the interest of her mother.

After an assessment and education phase, in the change phase schema therapy utilizes all kinds of techniques to challenge and disarm the self-defeating schema, like arguments, flash cards, guided imagery, and role playing, and tries to lead the patient from the Vulnerable Child mode (and, in the case of Sarah, the Demanding Parent mode) to the mode of Healthy Adult. For Sarah this means that the schemas Underdeveloped Self and Self-Sacrifice will be challenged, and she will work on achieving the Healthy Adult mode, resulting in an attitude of neither feeling absorbed by her mother by way of surrender, nor overcompensating by resistance. Both coping styles – surrender and overcompensating – would equally demonstrate her subjection to the related schemas.

Explanatory Diagnosis: Integration of Psychology and Anthropology
What can our survey of psychic functioning add to the explanatory diagnoses that have been pointed out so far? I do not imagine that it can add anything substantial to the psychological assessments in the preceding subsections. But it may have the potential to highlight items that can be of importance when worldview issues are raised by the therapist or the patient. Successively, we face the (disturbed) self-related activities in the different anthropological conditions as shown in the model. First, we review the self-functions related to otherness, the other side beyond me, that is, Not-Me, including both persons and current circumstances. This part of the diagram is pictured separately in Figure 1.

<table>
<thead>
<tr>
<th>Psychology:</th>
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<th>Self-Transcendence</th>
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<td>Otherness</td>
<td>individuality</td>
<td>autonomy</td>
<td>relationality in respect</td>
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Figure 1  Integration of Selfhood and Otherness

When we try to apply this part of the format to the life situation of Sarah, we should start at the right side of the figure, because her core problem is relational. We observe that the most important relationship she has, the one with her mother, is not a reciprocal relationship in respect. She feels absorbed and exploited by her mother but does not have the power to clarify and rectify the relations with her. Beyond her mother she lacks vital relationships and longs for them. In fact she is very lonely.
She feels the need to self-actualize by distancing physically from her mother and starting a new life somewhere else. But this is an overcompensating response to the merger with her mother, and not an autonomous decision; it is an effort to solve her psychic problems by a physical measure. So, physically distancing herself would in itself not lead to self-actualizing. In her planning she betrays that she does not face and recognize her loneliness. So, there is a lack of self-acceptance, a lack of accepting her loneliness, not to embrace it, but to face and recognize it as her initial position.

With regard to nearness, the problems repeat themselves but are traced to a different aspect of her existence. See Figure 2.

<table>
<thead>
<tr>
<th>Psychology:</th>
<th>Self-Acceptance</th>
<th>Self-Actualization</th>
<th>Self-Transcendence</th>
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<tbody>
<tr>
<td>Anthropology:</td>
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<tr>
<td>Nearness</td>
<td>participation</td>
<td>purposiveness</td>
<td>dedication</td>
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</table>

**Figure 2**  *Integration of Selfhood and Nearness*

Her participation in the family system is disturbed. Because of her dependence on her mother, due to the combination of her upbringing and her own temperament, Sarah did not develop a mature position in the system. Her efforts to self-actualize seem to pursue some unattainable escapist purpose, that of being a happy partner, having developed an interesting social network in a new environment. She lacks the capacity of transcending her family determinacy by nature and nurture, finding some spiritual stance (in a broad sense) that helps her to be dedicated to acting freely.

There is also a difficulty with regard to temporality. In Figure 3 the last part of the diagram is displayed.

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<tr>
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<tr>
<td>Nearness</td>
<td>sense of finitude</td>
<td>perceived opportunity</td>
<td>eternity awareness</td>
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**Figure 3**  *Integration of Selfhood and Temporality*

In her desire to find a partner and raise a family, Sarah is caught in the limited time she has; after all she is already 30 and still single. She has to hurry to have any chance of becoming pregnant. There is no liberating
perspective of transcending this oppressive prospect. Unfortunately, time perception is not opening new possibilities but only stressing and chasing her. In this respect again, she fails to face and recognize her anthropological condition, viz., her finitude, not being able to accept it as a reality that is intrinsic to her existence. Instead, she is fighting it in her mind, and allows it to frighten her and haunt her with ideas of being meaningless and superfluous.

The Model's Treatment Perspectives
What does the model add to the treatment options already available? With the help of schema therapy, which combines cognitive and psychodynamic perspectives, we seem to come a long way; it pursues both safe attachment and proper autonomy. In the diagram this covers the four fields in the upper left corner of the diagram, that is, individuality, autonomy, participation (attachment) and purposiveness. This correspondence strengthens the case for the diagram!

The latter has several additional benefits, however. By including self-transcendence in psychological functioning besides self-acceptance and self-actualization, we systematically create the possibility of integrating spiritual issues in the therapeutic intercourse. Self-transcendence offers clues for spiritual worldview versions focusing on nature, art, social justice or, as in Sarah's case, religion. In addition, the adoption of the three elementary anthropological conditions otherness, nearness, and temporality provides the opportunity for addressing worldview issues in general. This is because the anthropological conditions mentioned demand interpretation by worldview perspectives about the meaning of the other, the group, and finite life, respectively. All together the diagram allows a more holistic diagnostic approach of Sarah's existential problems than any of the other approaches.

One of the first life tasks of Sarah is to accept – that is, face and recognize – her own existence, including her present loneliness and finitude. Her lack of sound belonging or participation and relationships, her powerlessness and finitude have remained subconscious, and seem to be related to her anxiety and depressiveness. The existential self-confrontation opens up the prospect of spiritual sensitivity and answers that go beyond the improvement of ego-strength. Sarah is a Christian woman, so she has a well-defined spiritual frame of reference. At the same time, however, this Christian framework may create complications, for actually it does not offer comfort and clarity, and can even create confusion. How should she deal with the commandment “Honor your father
and your mother”? Are not her fellow parishioners right in encouraging her to continue the care for her mother and stay where she lives? Individuality and autonomy seem to be at odds with participation with and belonging to her mother and the Christian community. Before entering into questions of this kind, the complete matrix of selfhood in the Christian version is shown again. See Figure 4.

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<td>relationality in respect</td>
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<td></td>
<td>image of God</td>
<td>own choice for faith</td>
<td>toward God and humans</td>
</tr>
<tr>
<td><strong>Nearness</strong></td>
<td>participation</td>
<td>purposiveness</td>
<td>dedication</td>
</tr>
<tr>
<td></td>
<td>family, church</td>
<td>in servitude</td>
<td>being Spirit filled</td>
</tr>
<tr>
<td><strong>Temporality</strong></td>
<td>sense of finitude</td>
<td>perceived opportunity</td>
<td>eternity-awareness</td>
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<tr>
<td></td>
<td>as a creature and sinner</td>
<td>time of grace</td>
<td>expectancy</td>
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*Figure 4 Integration of Psychology and Anthropology – Christian Interpretation*

The quintessence of the model’s use is not that the content of all quadrants are introduced into the conversation. Its significance is that the therapist has a clear summary of the psychological tensions between the life tasks of individual autonomy, responsive participation, and dealing with temporary life span, on the one hand, and of the worldview perspectives on these, on the other, in this version further specified by Christian worldview perspectives. This may help Christian and non-Christian therapists alike to do justice to both psychological values as they are fostered in professional psychotherapy and Christian values that are prevalent in mainstream Christianity. In other words, the scheme provides tools to keep the discussion of spiritual issues within the context of a clear anthropological-psychological structure, in the event that Sarah, from facing her loneliness, powerlessness, and finitude, is invited

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2 This rough outline of Christian notions should be detailed and nuanced according to specific sub-traditions and personal conceptions, as Schreurs (2012) convincingly demonstrates. Her exposition (in Dutch) may also be valuable for non-Christian therapists.
to bring these items into the conversation. Here some elaborations of the Christian notions may be beneficial.

In being made aware of her loneliness, Sarah is nearly driven to a zero point of experiencing her poor relationships, lack of participation, powerlessness, and finitude. How in this context can her individuality as being created in the image of God, and her participation in family and community be brought forward as encouragements to not be put off but rise up and manage her troubles? In her context, the real spiritual dynamic that has the potency to strengthen her comes from an encounter or experience with the One she recognizes as the Most High. Just in the zero point people may become sensitive for the all-pervasive power of the Unseen who gives peace and brings about surrender. Only from this point onward people can be inspired and empowered – in Christian conceptuality: filled by the Spirit of God – to experience themselves as individuals belonging to larger social units who are allowed to take their own space. In Sarah’s situation, her being part of a family, and a community should not be interpreted as a fiat to how things have been going, resulting in her being a wreck, but as some of the conditions that contribute to finding the right track, that is, a purposiveness that does not harm her but gives her the opportunity to evolve. The cooperation with a pastor could in this phase be recommendable. The talents she derives from nature and nurture may seem to have disappeared initially but can be excavated and emphasized in therapy in a later stage.

Special interest should be paid, if the conversation does lend itself to it, to the purpose of her life, which is characterized as \textit{in servitude}. That is different from the servility Sarah has performed up to that moment. First she has to find herself as an autonomous self-deciding person, before she can make up her mind whether to be helpful toward her mother, on her own terms, in her own way, and to utilize the possibilities available to stress her independence with respect to her. This does no way run counter the commandment “Honor your father and your mother.” Another text in the Bible says that children at a certain age are no longer in tutelage (Galatians 4). The real honoring of parents by adult children is voluntary, and according to their own insights.

What about her wish to have friends, to get married, and to found a family? Apart from the fact that she may invent other means to get into contact with peers, the spiritual dimension of her maturation implies that she learns to accept that in our endeavors to self-actualize we never get control over the results. Living in relationship with God means being confident of and dependent on His blessings. It is the art of letting go. Our
lifetime is a time of grace, as the quadrant of self-actualization in view of temporality says. This spiritual dimension should not be viewed as an add-on to the mere psychotherapeutic level of intervention, on the contrary, from the totality of anthropological and psychological functioning it offers a worldview related direction in which she can move, that should be incorporated in psychotherapy.

The last remark is about the spirituality of the therapist. If Sarah needs to face her loneliness, impotence and transience, and her sheer dependence on the Lord God for finding new encouragement to be dedicated to a life task, then how can the therapist support her in this spiritual journey? One of the prerequisites seems to be that he/she as mentor has experienced something of this process of emptying and filling him/herself again. In that case, the therapist can be a credible role model for Sarah, mirroring the attitude that is worth striving for, herewith replacing the too-good, and hence not-good-enough role that has been played by her mother. By exhibiting calm and confidence when facing and to some extent sharing Sarah’s impasse, Sarah may derive some encouraging example from him/her in noticing with the therapist the power of being connected with a spiritual source. So, the therapist functions as the intermediary of empowerment in the quadrant of self-transcendence related to nearness, leading to a new dedication to life. Apparently, the Christian version of the model also turns out to provide some clues to the Christian therapist to further his or her own spiritual experience.

9.3 Case 2

Case Description
Ahmed, a Muslim first generation immigrant in the Netherlands of Moroccan origin, 61 years old, comes to mental health services with depressive complaints after a referral by his family practitioner. With his much younger second wife he has two daughters who are unwilling to accept the traditional dressing code, and laugh at him when he recommends candidate husbands to them. They regularly stay outdoors overnight and, as he sees it, behave like whores. He feels humiliated and ashamed. He is suspicious of mental healthcare and therefore unwilling to follow the practitioner’s advice. In the end, however, because of severe low backaches from which he wants to be cured he gives in to the referral. The professional team discusses his status. Is he to be diagnosed as a patient? Or is it an ordinary generation conflict, aggravated by the
cultural differences people of Moroccan origin encounter in the Western world? A five conversations arrangement is proposed in order to get a better picture of Ahmed’s condition. After this series, it appears that the depressive feelings relate to Ahmed’s hurt self-esteem. It seems plausible to assume a neurotic disorder. At the same time, his feelings of paternal superiority are culturally and religiously inspired. Is it wise, in the light of the patient’s cultural background, to assign a male therapist to him? Is the institution ready to make this concession? And to what extent are professionals willing to move along in the direction of the patient’s worldview? Will they show understanding for the patient’s hurt feelings, or are they guided by their culturally determined resistance against the patient’s attitude and refuse to voice even the slightest empathy?

**Classificatory Diagnosis**

Ahmed’s complaints do not meet the criteria of a depressive episode. During more than two successive weeks he exhibits a depressive mood most of the day, nearly every day, characterized by markedly diminished pleasure, severe insomnia, and psychomotor agitation nearly every day, observed by others. These are in sum four of the nine possible symptoms, mentioned in DSM-5, the numbers (1), (2), (4), and (5), respectively, one short of the minimum of five. The option is left to diagnose another specified depressive disorder, to wit, a depressive episode with insufficient symptoms, code 311, but probably we have to look in another direction.

It appears more plausible to diagnose an adjustment disorder with depressed mood, code 309.0. There is a clear identifiable stressor that occurred within three months earlier. Although the tensions in the household had existed for some time, the real problem arose when the daughters went out without their Muslim garb, and without any supervision. The clinical significance is evidenced by marked distress that seems to be out of proportion to the severity of the stressor even if cultural factors are taken into account. One of the considerations yielding to the conclusion is that other Muslim parents who are in the same circumstances do not exhibit the same symptoms. Other mental disorders do not seem relevant. The severe low backaches probably have a psychic cause.

**Explanatory Diagnosis: Cognitive Behavioral Approach**

From a Western point of view it is clear that Ahmed’s interpretation of the emancipatory behavior of his daughters is rather extreme. He considers it as disastrous that they do not obey the rules of his Muslim
community, and feels humiliated and ashamed. His cognitive appraisal induces his depressive mood and bad feelings. The permanent stress he experiences occasions low backaches that aggravate his distress. Here a similar mechanism as in the first case is at issue, namely, a mechanism of perceiving an undesired circumstance, interpreting it as disastrous, and responding to it emotionally and somatically. Ahmed experiences mental pain, interprets it as terrible, and responds with increasing depressiveness and backaches.

A behavior analysis of secondary gain indicates that the manifestations of depression lower the feelings of shame, by arousing pity instead of disapproval from Ahmed's peers.

Failure of Psychodynamic Diagnosis
In the context of Ahmed's problems a psychodynamic assessment is hardly appropriate. The reason why is that the communalist setting of his life and his problems precludes focusing on issues of identity formation and ego-strength. Traditional Islamic Moroccan culture has not adopted the turn to the inner subject that has taken place in modernism. Hence, Ahmed will not be able to experience an articulation of his problems in terms of subconscious or unconscious dynamics as clarifying. So, the core problem can hardly be elucidated by locating it in the inner condition of the individual but rather in the relationships with others within a well-defined community. For that reason, guided introspection in order to address the adjustment disorder seems to be a less preferable approach. Because of the cultural component, working on practical change will presumably turn out to be a better strategy. A religious adaptation of cognitive behavioral therapy could bring some relief.

Explanatory Diagnosis: Limited Significance of the Model
Because a psychodynamic approach focusing on identity formation and ego-strength appears to be less appropriate, a focus on self-functions like self-acceptance and self-actualization accordingly does not seem to be in Ahmed's interest. Self-acceptance and self-actualization may develop as by-products of a better status within the own group only. Consequently, to a large extent the model is inapplicable. While it plays a role in connecting and integrating subjective individuality with the world outside, creating a balance between subjectivity and communality, the present treatment demand is fully focused on the community.

Although the entire outline cannot be applied, parts of it are still relevant. The three factors of otherness, nearness, and temporality are
significant in the functioning of self-transcendence. The dormant awareness of other persons who are not-me awakens in situations in which the other is experienced as being over against me. This state of affairs is actual, for instance, in cases of conflict, such as between Ahmed and his daughters, and between Ahmed and his peers who might blame him for his daughters’ behavior. Another example is the very situation of psychotherapy, the therapist being obviously different from and over against the patient. Finally, this full awareness is at issue in the conscious contact with God, or Allah, in prayer. In all of these situations, making contact with the other is a deliberate act of going beyond myself, or self-transcending, as represented in the right column of the diagram. We can picture the relevant part of the diagram in Figure 5 as follows.

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<td>Nearness</td>
<td>dedication</td>
</tr>
<tr>
<td>Temporality</td>
<td>eternity awareness</td>
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*Figure 5  Integration of Self-Transcendence and Basic Anthropological Conditions*

In Ahmed’s worries there are several possibilities to apply the core values in the depicted fragment of the format to explain his symptoms. *Relationship in respect* can be applied to his attitude to his daughters, to his peers, to Allah, and to the therapist. The relationship with his daughters has been thoroughly disrupted. His daughters’ behavior gives Ahmed the feeling of being isolated from the community, making a fool of him. So, the previous relationship with the rest of the community is threatened. For Ahmed submission to Allah is of major importance but in this period of his life religious experience is restricted to rules and sanctions; it hardly functions in a more positive way as it normally would. Dedication and encouragement are lacking thus far, because Ahmed’s fear and shame prevent him from having more positive religious feelings. Eternity-awareness is only negatively laden, due to fears of being condemned and permanently excluded.
The Model’s Treatment Perspectives

In therapy, the diagram is only limitedly applicable, confined to the column of self-transcendence, and affiliated with a cognitive behavioral approach because this leaves the possibility of not proceeding too self-reflectively. Self-transcendence in an Islamic context means to open up to the attitude Allah exhibits in this affair. Islamic texts might be helpful to both find out Allah’s will, and change the thought patterns that lead to self-destructive mental conditions. Therapy might resort to some hadith (plural of hadith, “that what is told”), texts about the behavior and pronouncements of Allah’s messenger Mohammed on all kinds of everyday life situations, collected and selected by Muslim spiritual leaders some centuries after the prophet’s death. The collections by Bukhari, Dawud, and Muslim are considered by many Muslims to be correct hadith reports. Some of these texts may show a way out of Ahmed’s troubles, providing encouragement by providing connectedness, and put eternity awareness in a favorable light by emphasizing the pivotal importance of the right decisions in the light of an eternal award implied in divine promises.

I confine myself to putting forward three hadith that may be of relevance in this context. The first one refers to the answer the prophet gives to someone who is astonished that he kisses his son. Mohammed’s reply is:

He who does not show mercy (toward his children), no mercy would be shown to him.4

Here, the example of the prophet may help Ahmed to take another stance toward his daughters, not by approving their behavior, but by accepting and welcoming them as they are because, after all, they remain his children that deserve mercy from their father.

A second hadith underlines the importance of patience when all kinds of blows are afflicted. It is about a saying of the prophet, on the occasion of a woman who had been mourning over a grave, and in annoyance dismissed the prophet without realizing it was him, when he said to her “Fear Allah and be patient.” As soon as she heard that it was the prophet

4 Sahih al-Muslim, book 33, hadith 5736.
himself she had insulted, she returned to him with apologies for having offended him. His reply was:

Verily, the patience is at the first stroke of a calamity.\(^5\)

It should be avoided that by this hadith Ahmed feels rejected and condemned because he did not exhibit patience from the beginning of the calamity of his daughters. On the other hand, on the basis of Allah’s mercy and his own repentance, he may learn to be patient toward his daughters, for the sake of Mohammed’s teaching and example.

A third hadith might have the potential to enforce new behavior by adding a ritual. It says:

Anger comes from the devil, the devil was created of fire, and fire is extinguished only with water; so when one of you becomes angry, he should perform ablution (wudu, a small ritual cleansing).\(^6\)

This may help Ahmed to label his anger against his daughters as inspired by the devil, and fight it in a concrete, behavioral way.

Integrating these religious notions in a cognitive behavioral-like therapy obviously requires a Muslim therapist who is familiar with and values Islamic casuistry. Moreover, it seems to be advisable for the therapist in a case like this to consult and win the trust of an imam who is respected by the community in which Ahmed lives. These two counselors would possibly select other hadith. Other strategies might be beneficial, too, of course, such as trying to arrange a conversation in the therapist’s room between Ahmed and his daughters, in order to actually restore the relationship between them in a self-transcendental way, that is, crossing the boundaries of the self to get into contact with the other, herewith restoring somewhat the community they all belong to without precluding personal choices.


\(^6\) Sunan Abu Dawud, book 41, hadith 4766.
9.4 Case 3

Case Description
Jeff, 24 years old, suffered several episodes of depression. He was raised in a Christian family belonging to a Methodist black church in the United States. He was aged nine when his mother died. His father remarried and his stepmother was found to be the absolute ruler of the household, not allowing any complaints. Jeff experienced increasing isolation; his efforts to win her approval only met with criticism and his mistakes were considered disastrous. His problems manifested on the sexual. He went through a period of intense masturbation and had a few homosexual contacts. The rare dates he arranged yielded tension rather than satisfaction. He often proved impotent. In his twenties he had homosexual and heterosexual contacts that filled him with excitement and fear; after each attempt he felt intense guilt, which underscored his pervading sense of inadequacy. He came to look upon himself with contempt. He became slovenly, biting his fingernails, twisting his hair and mutilating himself. Three times he prepared to commit suicide but shrunk back from it in the end. He tried marihuana, used sleeping pills for insomnia, pep pills to overcome his fatigue, and pornography for escape. Eventually, in a state of dissociation and neglect he was taken to a practitioner by a welfare worker, and next referred to a mental health service.

Classificatory Diagnosis
The case description about Jeff mentions several episodes of depression. If we may assume that this is a DSM-5 qualification, we may probably even speak of a major depressive disorder, recurrent episode, code 296.35, in partial remission; partial, because several symptoms of depressiveness time and again emerge. There is also a history of substance abuse. Jeff tried marihuana, and used tranquilizers and pep pills like amphetamines or cocaine, but this seems to have taken place too occasionally to allow the conclusion of a substance related disorder. The use of stimulant drugs is related to insomnia, so, presumably, we may diagnose a sleep disorder (insomnia) through stimulants, code 292.89.

But even this is not the complete picture. Not only insomnia may be secondary, substance use seems to be secondary as well, that is, depending on an underlying personality disorder. A combination of symptoms point in the direction of a borderline personality disorder, code 301.83. This is defined as a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity. From the nine
criteria mentioned in DSM-5, five should be met. In the case of Jeff we identify six of them: a markedly and persistently unstable self-image or sense of self (3); impulsivity in the areas of sex and substance abuse (4); recurrent suicidal behavior and gestures, and self-mutilating behavior (5); affective instability due to a marked reactivity of mood (6); chronic feelings of emptiness (7); and transient, stress related paranoid ideation or severe dissociative symptoms (9).

The overall classificatory diagnosis for Jeff is a borderline personality disorder, combined with a major depressive disorder, recurrent episode, in partial remission, and a sleep disorder.

Explanatory Diagnosis: A Cognitive Behavioral Approach
Striking are the self-defeating cognitions by Jeff about himself. His feelings of depressiveness, guilt, and self-contempt may be traced back to his negative cognitive self-evaluation. In turn, these feelings result in self-defeating behaviors, like disintegrated sexual activities, suicide attempts, self-neglect, and auto mutilation. There is a clear reinforcement pattern in his masturbation, and substance use behavior. They provide immediate relief from his distress, although the longer term consequences are less positive. His sexual experiences with a partner might be meant as softeners of the misery as well, but they turned out to be frustrating.

A cognitive behavioral therapy would focus on the reality content of Jeff's self-evaluations, challenge them and replace them by more constructive alternatives. Maybe his guilt feelings would be disclaimed as unreal and harmful, as well, possibly without any assessment against religious principles. In behavioral terms, Jeff should understand the self-defeating mechanism of his escape behavior, learn to face the tensions and uncertainties of life, get to know alternative behavioral possibilities, and develop the skills to perform them by exercise. Dialectic behavior therapy might help to gain control over the impaired emotional regulation system. However, it is dubitable whether a treatment that is confined to this cognitive behavioral approach exceeds the level of symptom reduction. Probably we have to face the deeper dynamics that direct and determine the conceptual and behavioral output.

Explanatory Diagnosis: A Psychodynamic Approach
From the case description we know nothing about Jeff’s relationship with his own mother during his first years of life. Yet, attachment theory can contribute something to the explanation of his mental condition because it does not limit the critical attachment phase to the earliest period of
lifetime, recognizing that also important relationships in later stages of life may affect a person's attachment style, like in Jeff's situation the relationship with his stepmother. Obviously, he still needed maternal solicitude when he was a young adolescent, but instead, his biological mother left him by her death, and his stepmother repelled him by continuous criticism. His adult attachment style is anxious avoidant, as is apparent from his flight behavior, avoiding confrontations, and showing his inability to cope with real life. Sometimes the style is preoccupied, like when he had a date which was always associated with tension, and disruptive chaotic.

From a dynamic point of view, the main power of therapy is establishing a therapeutic relationship in which Jeff feels accepted and respected as he is, and a safe environment is created that opens the possibility of processing the pain of personal attachments being denied to him. From this relationship and the gradual healing of hurts, Jeff may gain a new, more secure attachment style, and develop a growing self-esteem that enables him to enter into more stable relationships. In this context Jeff is free to evaluate his guilt feelings in the light of his Christian upbringing, and to accept or deny the faith transfer from his childhood. But first the addiction tendency should be brought under control, and the depression should be treated by medication, in order to remove the primary barriers to a beneficial therapeutic relationship. It seems however that to treat Jeff's borderline personality disorder one needs more than a sound therapeutic relationship.

**Explanatory Diagnosis: A Schema Approach**

Various schemas play their part in Jeff's reality perception. The schema domain Disconnection and Rejection applies to the passing away of his own mother, and his being denied by his stepmother. It activates the schemas Emotional Deprivation, especially as a result of the absence of affection and caring, Defectiveness and Shame, entailing the feeling of being flawed, bad, inferior, and worthless, and Social Isolation, referring to the feeling he doesn't belong to any group or community. Jeff also exhibits a schema in the domain Impaired Limits about not having developed adequate internal limits with regard to self-discipline as a result of apparent neglect. This represents a separate schema. An accurate intake should explore his relationship with his biological mother. This might provide hints for seeing the various schemas in better proportion.

In patients with a borderline disorder who get therapy, several dysfunctional schema modes become active; the mode of the Vulnerable
Child, feeling fear, distress, and helplessness; the Angry Child, venting anger in response to unfulfilled basic needs or unfair treatment; and the Impulsive, Undisciplined Child, who immediately succumbs to the desire for pleasure. For Jeff additional dysfunctional modes are the Punishing or Critical Parent, through which he criticizes himself, and the Detached Protector who tries to numb hurt feelings and to avoid painful confrontations. The therapist should deal with these alternating modes by recognizing them, explaining their origin and present functioning, and by modifying them with the help of all kinds of techniques such as creating a secure therapeutic relationship, exploratory conversation, imagery such as imaginative dialogues and reframing of dysfunctional modes, and practicing in real life.

*Explanatory Diagnosis: Integration of Psychology and Anthropology*

For the sake of clarity, the assessment of Jeff’s condition from the integration perspective is accompanied by the matrix of the model, see Figure 6. The core problem is expressed in the middle left quadrant, in the lack of safe participation in the social core unit of the family. This lack of belonging can be defined as abandonment.

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*Figure 6 Integration of Psychology and Anthropology*

As a consequence, Jeff is unable to entrust himself to other people, see the upper right quadrant, because of his severe experiences of denial. In other words, he cannot transcend the limits of his own existence toward others in the world outside. Furthermore, he cannot face this very painful reality and fails to translate it into feelings of loneliness. So, he does not come near his inner self in his isolated, rejected individuality. This would be the first step toward self-acceptance as a unique individual who need not flee from his inner feelings. Instead, he has resorted to self-pampering and self-numbing activities in order to forget about the
frightening otherness of the world around that threatens his existence. Because of the addictive effect of these self-defeating coping strategies, there is no room for self-actualizing and autonomy in the realm of otherness.

Concerning the anthropological condition of nearness, the absence of participation also entails a lack of purpose within a community. Jeff is very negative about his own perspectives. He feels impotent and neglects and hurts himself. He makes no attempt to develop his potentials in whatever direction, assuming that he does not have them, or fearing to fail in employing them. So, his purposelessness is related to the absence of being accepted and accepting himself as a valued person. Because there is no self-transcending toward an inspiring ideal, he neither receives incentives toward a meaningful life. Instead of these impulses from beyond, there is only the effects of narcotics, stimulants, solo orgasms, and sedatives. These resources of self-expanding can be seen as substitutes for self-transcending, and a defensive coping strategy with respect to otherness, which is threatening, and nearness, which is lacking.

With respect to temporality an ambivalence can be discerned between Jeff's suicide attempts and his failure to complete them. Apparently, he both desires and fears death, and all in all clings to life. He evokes a surrogate eternity awareness in the artificially endless experience caused by his substance use, suggesting a totality enjoyment that makes him forget about his miserable condition. He seems to take health risks for granted without really caring for his life. Apperception of time as opportunity offered to bring about something valuable is entirely absent. His self-condemnation and fearful avoidance lead to predominant inertia.

*The Model's Treatment Perspectives*

Provided that the development of a therapeutic relationship is possible, regular therapy with Jeff presumably tends to limit its focus to a few fields displayed in the diagram, to wit, relationship in respect, participation, individuality, and autonomy. Jeff's functioning in each of these is inadequate. A psychodynamic therapist will try to approach Jeff in the role of substitute attachment figure, creating a safe environment that compensates for the lack of participation, and results in a workable therapeutic relationship. These temporary substitutes for participation and relationship are deployed to achieve a more sustainable reinforcement of individuality and autonomy. A schema therapist, in distinction
from his or her psychodynamic colleague, will work on dysfunctional coping modes, again in order to reinforce individuality and autonomy.

An approach in line with the integration model tries to use a more broadened scope, not only deploying a temporary substitute for sound relationships and participation, but also exploring possibilities for creating and developing them in real life. Furthermore, it provides an opportunity for addressing the existential psychological functions of self-transcendence and time perception. This integral approach inevitably appeals to worldview items in Jeff’s life. Because of his history, it may be useful to explore the Christian worldview that possibly plays a latent role in Jeff’s dealing with his life situation. One of the salient elements of the present case is the non-manifest character of a possibly active religious drive. This ambiguity could be partly obviated by a religious anamnesis during the intake, but even then the possibility remains that unexpressed and initially unrecognized religious feelings and/or opinions affect the behavior. This focuses our attention on the question of how to deal with this possible hidden layer of psychic functioning, and whether the diagram may contribute anything to a natural, unforced integration of this worldview perspective into professional therapy.

It does not seem advisable for the therapist to bring the conversation deliberately on the religious level of Jeff’s upbringing because of the risk of causing resistance with Jeff, and thus of interfering with the growth of a trustful relationship. This does not preclude, however, that during the process it becomes an issue. By going through the trouble of Jeff’s life together, the therapist shows his or her readiness to contain this difficult matter of the other’s life. By doing so, the therapist may win the patient’s trust. Feelings of loneliness, shame and guilt become mentionable and in turn activate feelings of lack and desire. Facing his abandonment and yearning for belonging, Jeff may allow biblical notions and stories formerly passed on to him by his mother to get new meaning. Biblical stories about loneliness, as with Elijah (1 Kings 19) or Jesus in Gethsemane (Matthew 26, Mark 14, Luke 22), could help to give some awareness that he is neither weird, nor exceptional. Being accepted by God may be an entry toward self-acceptance, and being a child of God may underscore his belonging to God’s people. It requires a therapist who focuses on autonomy growth in an open way without a preconceived religious agenda, and at the same time has affinity with the religious dimension that possibly may help Jeff to gain ego-strength.

Once Jeff begins to show – through the therapeutic relationship and, perhaps, through assent to God’s possible presence – some awareness of
acceptance, relationality and belonging, new sources of encouragement and dedication may be tapped. If Jeff seems willing to explore his religious roots, the therapist might ask whether God as imagined by Jeff would want Jeff to make his own choice for or against faith, thus appealing to Jeff’s autonomy. If this attempt to revitalize Jeff’s religious assumptions appears to be fruitful, from the nearness perspective it might be suggested that he should look for a Christian community. The therapist could mediate in finding one, or invite some Christian acquaintance to a session. Finally, from the temporality perspective, as long as life is experienced as a hell, life is no more than a form of death. The religious perspective is that we can be rescued from this kind of experience by receiving forgiveness for our own sins and learning to appreciate life as a gracious gift. Instead of the surrogate eternity experience by intoxication, a new awareness can arise that there is something in life of permanent value, something that has to do with love.

Would the model have some benefit in store when Jeff is unwilling to accept reminders of his Christian upbringing? To a degree, I suppose. The issue will be whether he is open to adopt a self-transcending objective such as nature, sports, art, dogs, or humanitarian ideals. If so, a route can be mapped out to join a club or association that shares the same goal. After all, the model assumes that self-transcendence and being part of larger social unities are beneficial for people’s well-being because these factors do justice to two basic conditions of being human: otherness and nearness. Should this succeed though, the therapist ought to be alert to the risk that joining a group will not necessarily lead to safe belonging. The cohesion of the group may be too weak for Jeff to feel included and to be committed. Then again, group pressure may be too strong to allow respect for outsiders. Hooliganism, as in football supporter groups, is not a way of life that would really help Jeff. His poorly developed social skills require a group that is socially protective without being oppressive.

9.5 Conclusions

The above case examples illustrate that the integration model may indeed be helpful to connect psychotherapy with worldview issues, as soon as the cases meet the three criteria for the applicability of the model. In the elaboration of the cases the professional approach has been sustained by making standard diagnostic assessments following DSM-5 as the normative classificatory diagnostic system. Additionally, explanatory
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diagnoses have been presented that are in line with the main theories of mental dysfunctioning. These diagnoses are augmented by the application of a newly developed model that integrates basic anthropological conditions in psychological functioning, aiming at facilitating the adoption of worldview issues in therapy. The application of this model depends on three criteria: the acceptance of prevailing psychotherapy; the occurrence of a client or patient’s worldview that is in tension with the secular values of prevailing therapy; and the internalization of this tension within the client or patient who is hesitant about how to connect the group norm with the usually unspoken individualistic point of view prevalent in therapy. Given these premises, the tensions may be transformed into a polarity in which individual autonomy – choose your own way – goes together with group determined heteronomy – an external moral authority shows you the way.

In case 1 the criteria are fully satisfied, so the diagram can be applied integrally. Psychotherapy is respected as a recognized practice (first criterion). The tension between autonomy, fostered in therapy, and heteronomy, a value inherited from domestic and religious circles (second criterion) is evident. This tension is internalized within the patient (third criterion), as appears from her inner conflict.

In case 2, however, not all criteria were met, and consequently, the scheme could only be applied partially. The first criterion was met by the fact that an appeal is made to a professional therapist. The second criterion does apply to case 2 as well, referring to the tension between autonomy and heteronomy. However, this tension between autonomy and heteronomy is not reflected in the patient’s own value system (third criterion). The tension is not in the patient’s value system but in his relationship with his daughters. This shortcoming in the fulfillment of the third criterion prevents the desired outcome: the transformation of the tensions into an integrated approach that combines therapeutic values of the practitioner with the worldview values of the patient. The format could only be applied in a limited way. Because the format is based on self-reflectivity in various anthropological conditions, it minimally presupposes a modern mindset that starts from the subjective viewpoint of the individual’s inner life for perceiving and conceiving outer reality. In the collectivist experience of the Muslim patient this subjective viewpoint is missing. Therefore, the self-reflective categories of self-acceptance and self-actualization have no independent significance. In this context, only self-transcending may be feasible in situations of religious distance from
God or interpersonal conflict, because then the reality of the other as not-me becomes palpable.

In case 3 the model does fully apply only if a reference to the patient’s Christian upbringing appears to be welcomed by him. If not, the second criterion fails, since it requires that the client or patient’s value system derived from group norms is in tension with the tacit norms underlying the practice of therapy. The second criterion does apply if the patient appears to be sensitive to his Christian past. If so, this will result in some inner tension between his way of life reflecting his problematic situation, and Christian values that demand compliance. If he declines the implications of Christian values, the format can only be employed conditionally. There should be an alternative ultimate goal available, and an appropriate community that fosters this goal and is able to welcome him in a protective and non-oppressive way.

Which pretensions can the integration model live up to? It does not carry the pretension of being the key to an alternative theory of psychic functioning. It expressly presupposes existing psychological theories like cognitive behavioral, psychodynamic developmental, humanistic and existential theories. This intertwining with and dependence on prevailing psychological theories is obvious in the processing of the given cases. New is their explicit connection with the basic anthropological notions of otherness, nearness, and temporality. Current psychotherapeutic approaches each relate to only a part of these notions. In the model they are all brought together, so that all approaches can find their own niche in it. The bifurcation of self-functioning in self-acceptance and self-actualization is humanistic, and this approach is mainly active in realm of otherness. The same fields of individuality and autonomy are the primary scope of cognitive behavior therapy. The emphasis on otherness, self-transcendence and temporality is existential, and the focus on nearness is psychodynamic.

The model is meant to provide an integral overview of anthropological-psychological functioning, of which different psychotherapies only cover some segments. By this holistic representation it is capable of linking psychotherapeutic and worldview issues. It gives some overview and clue for the integration of spirituality and meaning of life in the therapeutic treatment. The first and third cases– the latter in its Christian version – demonstrate how this integration may take place without violating the professional character of the treatment. The second and third cases – the latter in its secular version – are suited to demonstrate an only partial
usefulness of the overview, due to the no more than partial compliance with the criteria.

The systematic introduction of worldview issues in the therapeutic process by the format has at least five benefits. First, it offers a hold to the therapist to raise worldview issues in a structured way by being able to identify their significance in the mental functioning of the patient. Second, the introduction of existential worldview issues may promote the therapeutic relationship because it exhibits the therapist’s sensitivity toward the patient’s values. Third, it gives the opportunity to the patient to understand the relevance of his or her worldview for sound choices in life that foster psychic well-being. Fourth, it counterbalances the therapist’s own worldview by indicating that presupposed values, in particular the therapist’s own, are never self-evident. Especially the elaboration of the first and third cases may have shown these benefits. The fifth benefit is the perspective on seeking existing communities in which the patient or client may participate. Participation is an important prerequisite for purposiveness and meaning of life. At the same time, a community may itself complicate participation, as the first case shows. Here, the community should go through a learning process itself.

One caveat should be expressed. Types of meaning and spirituality may never be imposed on the client or patient by the therapist. Generally speaking, this rule of thumb seems obvious, but this might be found to be felt less evident as soon as the therapist assumes that his or her own worldview is similar to the patient’s. This may be the case when the therapist has never ever reflected upon his or her own worldview, assuming that it includes the obvious way of considering life shared by all Western people. In other cases therapists think to have reasons to suppose that their patients share the same religious principles that they uphold themselves. If the therapist would be committed to impose some religious values that seem compatible with the patient’s, the patient’s autonomy is violated as long as he/she has not internalized these values. Worldview values may only be introduced in an inviting and tentative way, in order to help the patient to get in touch with his or her own deepest beliefs. In the analyses and elaborations of the three cases attempts have been made to respect this rule.
Chapter 10

Recapitulation

In this final chapter we are going to recapitulate the results, which should culminate in pointed answers to the two-pronged main question of this inquiry:

What are the mutual relations between worldviews and psychotherapy?
What do these interrelationships imply for conceptions of psychotherapeutic professionalism?

A survey of the procedure and the results followed by an evaluation of these results may enable us to arrive at the answers we pursue. This determines the format of this concluding chapter: summary, evaluation, and conclusion.

10.1 Summary

Introduction
In the introductory chapter worldview is defined with Olthuis (1989) as “a framework or set of fundamental beliefs through which we view the world and our calling and future in it.” Important features of it are its partly conscious and partly unconscious nature, its self-evident character, so that people do not feel the urge to question it but consider it rather as superior to any other divergent view, its all-decisive purport, and its usually communal nature. On the other hand, psychotherapy is taken as professional assistance provided to people with mental problems in order to better cope with the problems.

The influence of worldview on psychotherapeutic practice may run along various lines. Some theories unavoidably contain a worldview level in the selection of what is deemed important or interesting. There is a
line of science oriented methods, preferring the measurable, which betrays a specific type of viewing the world. Another line of influence of worldviews on psychotherapeutic practice runs along the personal view of life adhered to by the therapist. The therapeutic relationship is a substantial factor in the success of the treatment, and in that relationship the input given by the therapist is crucial. Finally, there is the impact of the institutional setting of therapeutic care, providing opportunities and limitations to the nature and purposes of the help available.

The relationship between worldview and psychotherapy is investigated by means of an analysis of the Christian integration debate that has been going on for at least forty years, 1973 being the birth year of the *Journal of Psychology and Theology*, one of the professional journals on the subject. An overview of the debate, provided with the help of the introductory textbook *Psychology & Christianity: Five Views*, edited by Eric Johnson (2010), reveals that the debate revolves around three main issues, to wit, epistemology, anthropology, and how they affect psychotherapy. These three themes form a kind of filter through which the existing annual volumes of the *Journal of Psychology and Theology*, and the *Journal of Psychology and Christianity* have been scanned.

In the study the following research questions were leading. Which insights does the Christian integration debate yield about the interrelationship between worldview and psychotherapy? Why does the debate end in a kind of deadlock rather than some level of rapprochement? How could the debate be revived? And could this possible revival produce results that can be generalized?

**Epistemology**

The first issue to be examined is epistemology. In the first decade of the designated period the emphasis is on the Bible as data equivalent or superior to empirical data as they are collected by psychological research. Secular science operating from a metaphysical naturalism view is deemed reductionist. About the question of whether methodical, or non-reductionist, naturalism can be accepted, opinions differ. Another debate is raised about the status of biblical data in relation to the theological interpretation of them. Many argue that methodical processing can only work with interpreted data, so, the relevant combination is not biblical and empirical data but theology and psychology as interpretative systems of biblical and empirical data, respectively. Some rank theology higher than psychology in terms of authority, others put them on a par because both consist of fallible human interpretations.
During the debate increasing discomfort arose about the data approach to the Bible, as if Scripture would consist of objective or objectifiable timeless propositions rather than a communicative discourse with a contextually oriented goal. This growing insight in the cultural-historical context led to the adoption of a more hermeneutic approach of the Bible instead of a more positivistic account of biblical truth, and seemed to preclude a juxtaposition of biblical information and empirical information as complementing sources of psychological truth. However, to some participants in the debate this alleged consequence was too simple. Acknowledging the cultural-historical context of the Bible text, they advocated hermeneutical realism, that is, the assumption of an authoritative cognitive content despite the culture and situation dependent conceptual framework (horizon of understanding) in which it is expressed.

From the recognition of the cultural-historical and contextual nature of the Bible, there are two lines of development that intend to do justice to both biblical authority in psychological matters and the culture-related character of the content of the Bible. One line makes a connection between biblical testimony and psychology via our belief system. Our basic views are derived from the Bible; they control and affect our appraisal of psychological theories, and should contribute to our research policy and our theorizing. The other line establishes a link between the biblical message and psychology through the concept of non-rational knowledge. It argues that much of our Christian belief and character is shaped by the Bible in an experiential, sub-conscious way, as the Bible does not so much intend to provide us with interesting information but transform us into spiritual beings. Similarly, knowledge in psychology should be approached in an inclusive way, theoretical knowledge being subordinate to experiential knowledge. So, here the entire epistemology, including scientific knowledge, is taken to be experiential. Besides these two lines of thought, a forceful plea is still held for the merger of faith knowledge and empirical knowledge in psychology.

**Anthropology**

As to anthropology, various biblical notions have been brought forward and applied to current topics. Being created in the *imago Dei* is understood as our relational and spiritual nature. The soul is paralleled with the psychological notion of the self, and mostly seen as a unity with the body, under the premise, however, of the non-reducibility of the human person to matter. Sometimes the distinction between mental functioning and spirituality is reflected in a distinction between soul and spirit. Free
will and responsibility are maintained against determinism, although the relationship between (determinative) neurobiological processes and an independent mind still needs further clarification. Morality is perceived as the good life in accordance with the meaning of life in the social context of our existence, and linked with our relationality. Moral autonomy is denied, and secular moral systems are unmasked. Humanistic values like self-acceptance and self-actualization are either rejected or reinterpreted. Sin is paralleled with psychopathology; relationships of identity, causality, or similarity between the two are suggested, with or without connection with early developmental states as pictured by current personality theories. Christian renewal is related to a Christian version of self-actualization in which self-denial is equated with self-fulfillment with outside-the-self commitments. Spiritual change and growth are viewed as the direction into which humans have to move.

Several Christian, Jewish, or generally theistic thinkers were directive for the interpretation of human nature. Kierkegaard is pictured as the one who performs a turn to the self, focusing on the actual and the ideal self, and the role of the relationship to God in it. Interest in Buber concerns his attention to relationality, and real guilt in the relationship with God and other persons. Levinas is brought forward for emphasizing the call of the other as giving meaning to our lives. Becker pinpoints the defenses against our frightening finitude like our fear of death, and the way to get out of them by self-transcending. Finally, the narrative approach is mentioned as an attempt to catch the sense of self-in-relationship through the construction and reconstruction of the life story by the individual, by which his or her identity is expressed.

Psychotherapy
How does anthropology affect ideas about therapeutic practice? Participants in the debate oppose secular types of psychotherapy that are assumed to view humans as autonomous, individualistic, narcissistic, and hedonistic beings. Christian psychotherapy, or therapy by Christians, is identified with soul care as the original meaning of psychotherapy, and associated with the goal of healing, construed more broadly than as curing of disorders. Healing has a spiritual dimension here that is related to meaning, acceptance, and peace. A distinction is made between problem focused and growth focused therapy. Sometimes the latter type is separated from psychotherapy and labeled spiritual guidance. By some, problem focused psychotherapy is viewed as preparatory to growth focused soul care.
The application and adaptation of secular psychotherapeutic methods like behavioral and cognitive ones is sometimes justified by the distinction between the philosophy and methodology of an approach. Others reject this distinction as a valid argument, and ask for a better philosophy to undergird the methodology. The application of narrative techniques is both recommended and surrounded with caution. The reason for restraint is its inherent self-centeredness. Spiritual techniques are recommended, like intercessory and contemplative prayer, imagery, Bible quotations, confession of sins, and referral to (para-) church groups. However, apart from the ethical constraints in alluding to religious issues, some call for caution in applying spiritual techniques arguing that we should respect the specific character of intimacy associated with spirituality. The implication is that it can hardly be instrumentally deployed as a means to another goal. A distinction is made between explicit and implicit adoption of Christian practices, the latter being confined to the therapist’s personal prayer and attitude in therapy.

The importance of the therapeutic relationship is estimated highly. It is viewed as inevitable that personal and cultural values adhered to by the therapist affect the patient. Therefore these should be made explicit. The therapist’s possible defense mechanisms against religion will disrupt the process in the contact with a religious patient. The Christian therapist is seen as a transitional object, representing God to the patient. The role of the therapist is described as offering incarnational love, and, analogous to Christ’s taking our infirmities and bearing our diseases, containing the frustrations and aggression of the patient.

**Internal Evaluation**

At this point we can strike a balance of the outcomes by an internal assessment, that is, a critical evaluation that focuses on internal consistency. In epistemology, three strands of conceiving the role of religious truths in psychological and psychotherapeutic contexts can be distinguished, roughly referred to as the foundational, hermeneutical, and experiential approaches. Respectively, they view biblical data as obvious foundations of knowledge (1), consider hearers and readers of biblical texts as part of the interpretative process, bringing with them their own pre-understanding and worldview (2), and measure both religious and scientific input by the experiential perception of psychologists or therapists (3). The former two directions appear to be mutually exclusive, the foundationalist alternative being indebted to rationalism, while the third option seems to be at odds with an orthodox conception of biblical
revelation and authority. However, the effects of these differences in the concrete elaboration of anthropology appear to be limited because in each of these directions the Christian character of anthropology focuses on relationality, spirituality, and moral dependence on God, as the next paragraph shows.

In the debate, various secular presuppositions of humanness were exposed and disqualified as illegitimate values in a Christian approach, like individualism and hedonism. The main attempt to repair these deficiencies is to highlight the relational nature of being human. Relationality, which is not a specifically Christian notion, is extended to spirituality, the relationship with God, and in the interest of this connection with God, the importance of the soul is emphasized as a designation for the whole or inner person.

However, Christian theorists might tend to underestimate the modernist turn to the subject because Christians, too, adopt the focus on the inner self. In this light the Christian call for personal relationality, as a respectable effort to complement a one-sided focus on the individual, at the same time presupposes and confirms this focus on the individual as an inevitable feature of how 20th and 21st century human beings experience themselves.

These anthropological reflections are continued in theorizing about psychotherapy. In spite of some urges to be cautious with applying spirituality in psychotherapy, many theorists advocate the use of spirituality in psychotherapy as a technique or even a therapy goal. The covert inner tension in anthropology between self-orientation and relational subservience to others in love is unwittingly carried over in psychotherapy. Self-oriented autonomy is dismissed on behalf of Christian values but at the same time the focus on the inner self is upheld, partly owing to the shared modern self-awareness and partly on behalf of the nature of professional psychotherapy, such as the patient's autonomous choice for or against including religious issues in the treatment, the need of self-acceptance and the subject-centered role attributed to religion. The employment of Christian values through spiritual interventions may jeopardize the professionalism of the therapist who involuntarily takes the place of the pastor, despite the ethical requirements of the profession which we are reminded of repeatedly.

In sum, critical questions are raised on two of the three proposals of a Christian oriented epistemology. Further questions address Christian authors uncritically adopting the modernist notion of the self while at the same time criticizing the focus on the self as modernistic. And third, too
easily embracing Christian spirituality as the benchmark of Christian psychotherapy proved questionable as well.

**External Evaluation**

From this point we move on to a critical assessment of the debate from an external point of view, appealing to insights that have been developed in Reformational Philosophy. This philosophical approach of reality accounts for both unity and diversity. Reality receives its unity from God’s creational activity with a definite purpose. This unity is grasped by humans through unreflective, everyday experience. However, in this totality many modal aspects can be discerned by deliberate examination, every entity or object having a qualifying aspect, other aspects being foundational to the object, or being anticipatory toward higher functions of that object. In each of the sciences reality is investigated analytically in terms of one of the aspects. In scientific inquiry everyday experience is exchanged for rational analysis, which applies the analytical aspect as an entrance to describing reality which is deliberately selective, not doing justice to entire reality, on the one hand, but delving deeper into some aspect of it, on the other. Unlike modern thought, Reformational Philosophy gives primacy to unreflective everyday experience, regarding scientific knowledge as secondarily focusing on only one aspect of reality, herewith avoiding any form of reductionism. At the same time it avoids rational autonomy, because all scientists are subject to a religious ground motive that colors all their activities.

In a further development of this approach normative social practices have been identified, and differentiated by virtue of their qualifying aspects. For psychological science this qualifying aspect is the analytical, and for all caring professions the moral aspect. This differentiation allows us to distinguish between psychology and psychotherapy. Psychotherapy is more than a straightforward application of psychological principles. The moral factor is the leading factor. In addition, there are conditioning factors, such as economic, social, and legal ones. Science is one of the founding factors, like technique and expertise. The model of normative social practices also enables us to distinguish psychotherapy from pastoral care, the former being qualified by the moral aspect, the latter by the faith-related aspect. The distinctions made in Reformational Philosophy furnish a toolbox to assess the impasse facing the Christian integration debate.

With the help of these distinctions we are able to understand that biblical utterances do not yield scientific knowledge. Biblical revelation is
focused on everyday experience. Furthermore, psychology is preserved as science independent of theology, and theology as independent of psychology. Thereby reductionist tendencies of one of these disciplines being reduced to the other, are avoided. And because psychology and psychotherapy are two different social practices, there is no need to legitimize the inclusion of religious topics in psychotherapy by anchoring therapy in a Christian oriented psychology and personality theory. Psychotherapy, although fueled by psychological knowledge, is broader than applied psychology; it focuses on helping people to cope with their mental problems on the level of everyday experience, including their spiritual affiliations. Then, the overlap of psychotherapy and pastoral care does not take away the qualified difference. In psychotherapy spirituality is addressed as far as it contributes to or hinders healthy mental functioning. In pastoral care, however, the recognition of an ultimate reality by the believer, though possibly problematized, discloses a spiritual authority that he or she tries to honor, submit to, rely on and obey.

Should the modernist concentration on the self be accepted in Christian oriented psychotherapy that disapproves individualism? Humanistic values like self-acceptance and self-actualization seem to be profitable for establishing ego-strength, which is a prerequisite to cope with the challenges of modern society permeated with individualism. Can a self-oriented approach like this do justice to other-oriented Christian values such as relationality, servitude, and solidarity? These questions can now be considered.

Proposal for the Integration of Christianity in Psychotherapy
An attempt is made to show how Christian faith can be integrated in psychotherapy without compromising either therapeutic professionalism or the nature of Christian faith. The proposal recognizes that Western Christian faith is influenced by modernism in its subject oriented functioning. Moreover, it argues that modernism should be corrected and complemented by connecting the self with the pre-given reality it is part of. This insight is prompted (among other approaches) by Reformational Philosophy that views unreflective but holistic everyday experience as more basic for understanding our reality than selective scientific observations and conclusions. At the same time, we should take the modernist flavor of Western Christianity for granted. All in all, a self-functioning that both respects individual subjectivity, and faces its connection with its pre-given anthropological condition, can do justice to both individual and communal existence.
This leads to a representation of the psychological dimension of human life acting upon the anthropological dimension. This “acting upon” is the existential task of accepting, actualizing, and transcending the self in its relationships with the basic anthropological conditions of otherness, nearness, and temporality. The way in which the psychological dimension acts upon the anthropological dimension results in a matrix that covers many facets of psychic functioning, like individuality, autonomy, relationality, participation, purposiveness, and mortality, which are all worldview sensitive. This model may also shed light on the diagnosis of the majority of mental disorders, since these can be explained as impaired competence to accept, actualize, and transcend oneself in the capacity of being other, near, and/or temporal.

The model’s worldview sensitivity can be explained by the existential character of the life task to accept, actualize, and transcend the self in its intertwining with the anthropological condition of otherness, nearness, and temporality. Being different from others raises the question of the value of individual life of oneself and the other. Being temporal raises the issue of meaning of life. Being near entails two things. It gives rise to the question of the value and meaning of proximity, but it also provides answers to the mentioned questions of value and meaning. Nearness implies living together in larger social units or groups, for which it is characteristic that the members share values and basic beliefs on life, that is, worldviews.

Worldviews can take many forms, one of them, leaving aside its many representations, is Christian faith. The integration model of psychology and anthropology as such underlines our individual self-functioning in connection with the world outside the self. The Christian articulation of the model is not meant as a complement to psychological theory, but as a guide to phrase psychological issues in a religious language in order to help patients to integrate their religion in their efforts toward healthy mental functioning.

Generalizing the Results
In an attempt to generalize the results, I applied the integration model to explicit worldviews other than Western Christianity, namely, Jewish orthodoxy, Islam, East Asian cultures, African cultures, and transpersonal psychology. To start with I sketched the characteristics of the integration of psychotherapy and Christianity that are to serve as criteria which any generalization should comply with. These are the endorsement of current professional psychotherapy (1), some tension between the respective
worldview and professional psychotherapy (2), reflected in some inner tension in the referred worldview between traditional values of communality and the modern turn to the subject (3). If worldviews meet these criteria, generalization of our fourth finding can be considered, namely, the possibility of transforming the tension into a polarity by connecting the allegedly autonomous subject with the surrounding reality, including other persons and communities (4).

The main conclusion was that ultra-orthodox Judaism, traditional Islam, and the traditional stages of East Asian and African cultures are not eligible as appropriate candidates for integration with professional psychotherapy in the way Western Christianity is. The reason why is that these worldviews are so communalistic that they do not recognize the individual self as an independent actor which could be the object of psychotherapeutic care. However, our integral outline does apply eminently in situations in which Western individualism is infiltrating the traditional life experience, as is often the case because of Western hegemony in other areas or emigration (including former slave transports) from those areas to the Western world. Here the same conditions of mixing cultures are at issue as we perceive in Western Christianity.

Transpersonal psychology does not qualify as a potential object of generalization because it is not consistent in its conception of the human self. On the one hand it adopts the modernist concept of the subjective organizing self that is presupposed in professional psychotherapy, but on the other it nullifies the boundaries of the self by pursuing the elevation onto the transpersonal level that absorbs the individual into one all-inclusive totality. Here individuals lose their distinct existence. The perspective on the self vanishes. Consequently, the model that integrates self-functioning and anthropological premises does not apply here.

Applications
To test my result I analyzed the three case descriptions that I presented initially by way of introduction to the research question that is directive for this study. These cases show some specific differences. The first one is in a modern Western and at the same time explicitly Christian context, in which a subject-centered and other-focused approach are at odds. In the second case the modern worldview implicit in psychotherapy and a traditional Muslim lifestyle collide. In the final case the Christian background of the patient is not overt but implicit – if present at all. How can the newly composed model that integrates self-functioning and anthropological basics contribute to a professionally controlled
application of the worldview perspective in the interest of the patients' recovery?

In order to anchor the approach of the cases in professionalism, a descriptive diagnosis according to DSM-5 is followed by three explanatory diagnoses, to wit, a cognitive behavioral and a psychodynamic diagnosis, and a combined schema diagnosis. Then, an explanatory diagnosis by the integration model is added.

It appeared that in the first case the application of the model fits seamlessly in the professional approach, giving it a further deepening in terms of helping the patient to face her own helplessness and loneliness, explaining connectedness in the dialectic of otherness and nearness, that is, individual autonomy and purposeful participation, further, increasing insight in her own purposiveness, and finally challenging the therapist to face his or her own existential boundaries and worldview choices as well.

The third case has the same pattern, with the difference that here all the more caution should be exercised with introducing Christian values because of the lack of clarity about the actual function of a Christian framework in the life of the patient in the first place, and secondly because of the patient’s initial weak ego-strength that should not be overruled by the therapist’s directive counsels, however well-intentioned they may be. The protection and enforcement of the patient’s autonomy should have priority in a psychotherapeutic context. Here we noted that in the event of the patient’s rejecting any connection with his religious past, the model could have some value in a secular context, too.

The second case, however, does not fit in the prerequisites for psychotherapeutic treatment focusing on the self, and neither for the application of the model that emphasizes self-acceptance and self-actualization. Still, in a cognitive behavioral setting religious values can be exploited, and the model’s self-transcendence can be applied even in a communalist context because even there in the case of a conflict with other personas, the encounter with a stranger (the therapist), and the concentration on God, the individual person stands out from the community.

The elaboration of these cases shows that the model’s approach of integrating psychology and anthropology can fulfill its pretension of not being the key to an alternative theory of psychic functioning, but of doing two other things: disclosing the existential life task of the subject in its intertwining with its external anthropological conditions, and indicating the role of worldviews therein. In the two related functions it may contribute to bringing psychological and worldview issues together, and give
clues for the therapeutic conversation, particularly when modern Western lifestyle affects traditional communalist attitudes to life.

10.2 Conclusion

With the last remark of the previous section a first step is put to answer the central research question. This central question is twofold:

What are the mutual relations between worldviews and psychotherapy?

And:

What do these interrelationships imply for conceptions of psychotherapeutic professionalism?

In this concluding section we focus on these two related questions, and in answering them involve the partly confirmed hypotheses whenever appropriate.

Mutual Relations between Worldviews and Psychotherapy

As the Christian integration debate has made clear, in psychotherapy all kinds of worldview issues implicitly underlie the approaches deployed, as stated in the first hypothesis, partly due to the worldview sensitive methods that are used, partly because of the personal values of the therapist, and for the rest due to institutional settings. These are values like subjectivity, autonomy, hedonism, social skills, efficiency, symptoms reduction. Furthermore, naturalism is assumed to play a role in psychotherapy, from the often adopted point of view that psychotherapy is equivalent to applied psychology. In psychology knowledge acquisition is bound up with detecting natural causes for psychic phenomena, and this is reflected in psychotherapy in different ways. Naturalism is reflected in psychoanalysis by the tracking back of symptoms to natural drives, resulting in a mechanistic view of humanity, and in more cognitive behavioral oriented approaches by the use of standardized protocols with statistically assessed, evidence based results, often ignoring the idiosyncratic history of the patient that needs interpretation.

The Christian integration debate did not solve the tensions between psychotherapy and Christianity because of mutual disagreements about the nature of biblical knowledge and the confusion of psychotherapy and pastoral care, as the second hypothesis indicates. Progress could be made by analyses with the help of Reformational Philosophy. It explains the non-reducibility of theology and psychology to each other, and the specific character of biblical knowledge belonging to the epistemological mode
of everyday experience. Moreover, it makes clear that psychology, psychotherapy, and pastoral care are distinct social practices. These observations led to the insight that worldview topics can duly be included in the therapeutic conversations without compromising the proper character of psychotherapy, that is, without damaging psychology as one of the sources contributing to professionalism, and without turning psychotherapy into pastoral care.

The appropriateness of worldviews as subject for conversation in therapy will be explained along three lines, in the next three subsections. In the third one it will become clear why there can be complicating factors in dealing with worldview items.

*First Line: Everyday Experience*

The first connection of worldviews with psychotherapy is given with the role of everyday experience in therapy. Reformational Philosophy has identified everyday experience as the epistemic way humans connect integrally with reality in all its aspects. This philosophical school also delineated psychotherapy from psychological science as a separate practice. Psychotherapeutic practice involves not only the contribution of scientific psychology and accumulated clinical knowledge, but also the input of everyday experience of both patients and therapists. Why should we not reduce the problems to embarrassing drives, or cognitive misconceptions, or behavioral miscalculations, or anxious attachment styles, or faulty self-images, or disproportionate amounts of substances in the brain, and leave it at that? That would be in line with the focus on mechanical and materialistic approaches of the human subject that is characteristic for rigid modernism. However, at the same time it would lead to a reductionist approach of human life that cannot do justice to the variety of intertwined relationships, participations, interpretations, functions, and vulnerabilities that characterize human existence.

To be sure, the present investigation – in line with other therapeutic approaches – has resulted in a broadening of this narrowed scope to include the connection of the subject with the surrounding world to which it is associated by participation, interpretation, and personal relationships. The identity and understanding of personal life depends on its biophysical and social contexts and is reflected in the subject’s everyday experience. Worldviews color everyday experience and thus are part of it. Worldview issues even about ultimate reality can be dealt with in a therapeutic context without worries about their scientific justification, as long as the recovery process toward greater inner harmony benefits
from it. For this reason they have a natural place in the therapeutic con-
versation.

Second Line: Basic Anthropological Conditions
The integration model of psychological functioning developed above
(section 7.3) tries to do justice to both the subjective perspective and the
undeniable connections characterized by the basic anthropological con-
ditions of otherness, nearness, and temporality. These principles are
inherent to psychic human functioning. An integration of psychology and
the elementary anthropological principles of otherness, nearness, and
temporality anchors the self in these existential conditions beyond itself.

By addressing these pre-given anthropological circumstances psy-
chology and worldviews come together in psychotherapy, because the
existential or anthropological principles elicit worldview issues. They ask
for interpretation from worldview perspectives. Worldviews are answers
on questions such as the following. What does it mean to be different
from others? What is the significance of others? How do I have to deal
with others? Is there an Other beyond our direct perception? What does
it mean to experience proximity? What do we have in common? Do I have
to recognize the authority of other group members, and if so, why? How
do we deal with other groups? What are the common views and values of
the group? What is the meaning of finite life? How can I recognize and
utilize the right opportunities? Are there values and realities of more
than temporal nature?

Therapists should recognize and respect these worldviews not only
for the sake of due respect for the client or patient’s beliefs but also for
the sake of the therapeutic relevance of the elementary anthropological
conditions for psychological functioning.

Third Line: Communities
This third line is actually an elaboration of one part of the second line be-
tween worldview and psychotherapy. It concentrates on the condition of
nearness and its concretization in participation or belonging to one or
more communities. Communities are the home of shared worldviews.

It should be recognized that Christian communities structurally differ
from many present day communities in that they are more encompassing
and demanding. Nowadays, even the closeness of family ties tends to
rest on personal choice. In practice Christian communities cannot avoid
this individualizing tendency either, but in principle the members be-
lieve to be brought together by God. This entails such strong claim on the
compliance to norms and values, to the extent that they seem to run counter to modern values such as personal autonomy.

What is true of Christian communities also counts for other traditional communities of religious and/or cultural nature. Many of these traditional communities are subjected to the same modernizing tendencies as Western Christianity because of their exposure to Western civilization. Consequently, they adopt individualist values that were foreign to pre-modern societies. These similarities between Christian and other traditional communities underlie the possibilities of generalization of the results found with respect to the relationship between Western Christianity and psychotherapy, as the third hypothesis proposes and chapter 8 substantiates.

The difference of secular individuals compared to Christians and other traditionally associated people is not that they are organized otherwise than in communities. I mentioned the family group already as a basic community for most individuals. Other social units for example are the peer group, the social class, the business company, society at large, and associations, each with its own values and views. The difference with Christian and other traditional communities is that modern communities are usually less comprehensive, and to a higher degree optional. So, common views and values are adopted voluntarily, albeit often unconsciously.

In the same sense therapists participate in communities and share their worldviews, such as the professional community at large, the institution of employment, and the scientific community, along with those mentioned above. The therapist should be aware of his or her own need of participation in larger social units, in order to recognize his or her (dis-) similarity to the social situation of a client or patient. Moreover, this awareness helps to recognize that having a worldview is not a weird thing but specifically human.

In spite of the fact that (nearly) everybody belongs to communities and has worldviews, including Christians and therapists, some tension appears between traditionally Christian worldviews on the one hand, and professional psychotherapy on the other, due to the fact that professional psychotherapy usually joins the modernist focus on the individual subject as the ultimate reference point for dealing with the outer world and organizing one’s own life. Traditional Christianity, on the other hand, however valuing individual motivation and responsibility, focuses on community based notions like God revealing Himself with authority to His people, His church and mankind, the primary norm of loving God and
one’s neighbor, not seeking the self for its own sake but putting the self at
the service of the other. This opposition of more individualistic and more
community focused notions seems to preclude compatibility between
traditional Christian worldviews and professional psychotherapy, were it
not that Western Christianity itself, too, is affected by modernism with its
focus on subjective experience as the primary indicator of good life. Yet,
the tension of the different orientations remains and should be taken into
account. The ambivalence within Western Christianity explains that
Christians both appreciate psychotherapy either as their profession or
their treatment option, and at the same time often feel some reservation
about the overall therapeutic goals.

The challenge for secular therapists is to recognize that Christian cli-
ents or patients belong to another type of community with a larger em-
phasis on communality and authority than they are used to themselves in
secular society. In this tension between individuality and communality
psychotherapy should find its way, and employ the client or patient’s
worldviews, trying to find a balance that fits the patient, a balance be-
tween individuality and communality values, so that both the patient’s
belonging and relative autonomy are respected. This is the kind of bal-
ance envisaged in the proposed model of integrating psychological func-
tioning and basic anthropological conditions.

What about psychotherapy among clients and patients affected by the
negative impact of modernism and postmodernism? The present weak-
ening of community thinking in Western society due to rising individu-
alisn threatens to result in a complete disintegration of interpersonal ties
and even in the loss of individual identity, ending in confusion about
meaning of life. Facing this postmodern phenomenon therapists should
stay focused on forming a therapeutic relationship, on the possibility of
making clients or patients aware of personal interests and values, and on
helping them to find corresponding safe and open peer groups.

_Convergence_

We noted above that the third connection line between psychotherapy
and worldview is a special application of the second line. Now I want to
argue that the first and the second line converge. It is by everyday expe-
rience that the anthropological conditions of otherness, nearness, and
temporality are perceived as obvious conditions of our human existence.
Here the Reformational philosophical approach and the existential an-
thropological approach that I proposed to locate worldview issues come
together. Obviously this convergence of approaches contributes to the
coherence of my argument about the inclusion of worldviews in psychotherapy. At the same time it may be clear that the primary decision regarding the relationship of psychotherapy and worldviews is about the character of psychotherapy as more than the application of psychology and cumulative clinical knowledge.

**Implications for Psychotherapeutic Professionalism**

When we reflect on the implications of worldview influence for psychotherapy, two considerations present themselves that are indicated by the third hypothesis. The first consideration is an argument about legitimate implications that prevent psychotherapy to be locked up in modern values. This creates room for worldviews other than the modernistic one to be respected and incorporated in the treatment conversations. The second consideration is about monitoring that professionalism will be protected against improper activities prompted by worldviews. The latter part is about what are illegitimate inferences from the influence of worldviews upon psychotherapy for the actual professional practice. For the sake of clarity, discussing the second point of attention appears to deserve priority.

In order to protect psychotherapeutic professionalism against improper accretions, we should be cautious about confusing categories, as is indicated in hypothesis 2 and confirmed by our analyses. In order to secure a Christian orientation in psychotherapy, it is not allowed to transform psychotherapy into some kind of pastoral care. Blending of these practices would harm the professionalism of each. In pastoral care the Ultimate exercises ultimate authority. In psychotherapy, on the other hand, religion is under discussion from the point of view of whether and how the patient interiorizes his or her own faith in mental functioning. Here the patient’s experience and convictions form the criterion for utilization. A reservation in applying religious or spiritual issues is that spirituality should not be instrumentalized as a technique. That would go against the very nature of spirituality, to wit, its being focused on the Ultimate. To downgrade the Ultimate to a means toward a more distant goal would imply a contradiction. Ultimate worldviews should not so much be employed as techniques but rather as interpretations of the patient or client’s distress, and as resources of strength.

For what reason should the highest purpose of psychotherapeutic care be located in the patient’s objectives, unlike a traditionally Christian focus? Primarily this has to do with the character of this practice to help people; so it is focused on treating their complaints. In this client or
patient focused orientation psychotherapy joins the modern focus on individual experience and functioning, which focus is largely unavoidable in a differentiated world. Here we touch upon the core of psychotherapeutic professionalism that should be preserved, as the third hypothesis phrases. Psychotherapy is about functioning of the self. In this context the enhancement of autonomy in the sense of ego-strength and communicative skills may be a prerequisite for being able to maintain oneself and function properly within a complex outer world. Psychotherapy is meant to help people to achieve this objective. And enhancing autonomy in this sense implies appealing to the patient's own needs and demands, and thus taking the patient's interest as the standard of psychotherapy, in the way he or she understands and adopts this interest.

Now we switch over to the other consideration, about retaining therapeutic professionalism while attempting to prevent therapy from being locked up in modernist values. The implications of the concept of worldview related psychotherapy for professionalism are that the subject oriented approach of psychotherapy is preserved (1), and the confinement to the subject orientation is opened up to the connectedness with the pre-given and surrounding reality (2). The first implication means that the worldview of modernity is respected, the second one offers space to diverging worldviews that still have some interface with modernity.

My integration model of psychological functioning tries to do justice to both the subjective perspective and the undeniable connectedness characterized by the basic anthropological conditions of otherness, nearness, and temporality. These conditions ask for interpretation from worldview perspectives. The model is presented as a practical tool for the therapist to apply worldview issues in therapy in a reflective and structured way.

Integration views as defended in the debate on the relationship of psychology and Christianity are in danger of compromising professionalism. Integration of psychology and theology into a unified theory about the human mind and behavior would eventually reduce one of them to the other. Such reductionism is not recommended because it derogates the reduced part. But I do argue for an attunement of psychology and the elementary anthropological principles of otherness, nearness, and temporality in psychotherapy. This attunement would anchor the self in its existential conditions beyond itself, and entail worldview perspectives. That certainly does not imply any reduction because these principles are inseparable from psychic human functioning. Still, the discussion of
worldview issues does not make psychotherapy worldview dependent. The result is neither Christian (or whatever) psychotherapy nor pastoral care. Rather, the result is psychotherapy that is competent and sensitive to integrate Christian or other views of the patient/client in the treatment. Its professionalism is reflected in the fact that it allows for the importance of everyday experience and the basic anthropological conditions, and for the worldview implications of these.

**Beyond Professionalism**

Besides the interest of professionalism that is expressed in the second part of the central research question, another, somewhat surprising, consequence of the integration model of psychology and anthropology deserves our attention. Without detracting from the importance of professionalism, the model entails that professionalism is not the only important player in the field. Especially the major significance of participation or belonging, mentioned in the diagram as the result of nearness and self-acceptance, suggests that the environment of the own group with its own values and purposes may have an impact on the promotion of mental health and the prevention of mental distress. This observation can be applied to at least two states of affairs.

First, the argument of several participants of the Christian integration debate in North America to organize professional care in relation to the churches, to create some sort of lay care (cf. Farnsworth & Regier, 1997), fits well in the model. Belonging is an important prerequisite for sound mental functioning. This kind of initiative may keep mentally troubled persons in contact with the community they belong to, and mobilize transformational forces within the church that may be protective against despair. We should be cautious, however, because the church community may be part of the problem. So, therapeutic care should keep some distance from the actual community life, in order that patients or clients have the opportunity to raise their grievances and allegations without running the risk of getting penalized in some way.

Second, there is a development in the Netherlands, and presumably elsewhere as well, to provide health care, including mental care, increasingly in the home setting, as King Willem-Alexander expressed in his *King’s Speech* (2013), referring to the change from a welfare state to a
participation society. Although inspired by economic reasons, this development as such is a welcome change. Both developments emphasize the decisive meaning of ordinary life. And both disclose the importance of communal life for individuals, thus fighting individualism.

10.3 Postscript

Initial exploration led to the selection of the research topic. Amazingly, in Christian contexts autonomy is often dismissed as a vice but in mental health care autonomy is always appraised as a virtue. The negative connotation is induced by the idea that autonomy implies self-determination apart from any external authority, even the divine. The self-oriented confidence expressed in any conception of autonomy seems to be incompatible with central biblical values like self-renunciation and loving obedience. How can these opposites be reconciled, so that orthodox Western Christianity or other ultimate worldviews and psychotherapy can go together?

The answer has turned out to be that the modern concept of autonomy should be preserved in psychotherapy for the sake of the inevitable Western cultural condition of subjectivity. This cultural condition requires individuals to make independent decisions in order to be able to maintain themselves in the midst of all kinds of social dynamics. On the other hand, basic worldviews, such as Christianity, appeal to their adherents to willingly surrender to an ultimate reality, such as God, usually in combination with willingly participating in a community. One should submit to the related directives by virtue of an autonomous decision to join a normative community and accept its rules. It is important to note that healthy communities in Western society will have to give room to the assertive contributions of their members. In the quest for an appropriate community for the client or patient, the therapist should dedicate some critical reflection to that aspect.

Understood in this way autonomy retains its central sense of the right and the ability to stand up for oneself, but is at the same time stripped of any association with a noncommittal attitude. Solipsistic autonomy is

1 "Nowadays people want to make their own choices, arrange their own lives, and be able to care for each other. It fits in this development to organize care and social facilities close to the people, and in conjunction.”
prevented in two ways. First, relationship-in-respect demands openness to the appeal of the other. And second, by joining a community, autonomy is counterbalanced by participation that requires compliance with the way things go in that context.

There is something paradoxical about autonomous compliance to an outside appeal. Paradoxical, not contradictory. The paradox fascinates, and infuses psychotherapy with a sense of awe. This may well hold not only for a modern religious patient but also for a secular therapist, as soon as he/she hears the external appeal in the other’s call for help.
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