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Loonstra, B.

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An Analysis of the Christian Integration Debate

Summary

The subject of inquiry in this thesis is the interface between worldview and psychotherapy. My interest in this topic was raised by the tension I observed between secular psychotherapy's focus on autonomy as a primary value in human functioning, and traditional religion's emphasis on external authority guiding people's choices. How should religious people benefit from psychotherapeutic care without getting confused about their religious views? Conversely, how should psychotherapy respect patients' or clients' traditional beliefs without compromising its own professionalism?

The relationship between worldview and psychotherapy is investigated by means of an analysis of the Christian integration debate that has been going on for more than forty years, 1973 being the birth year of the *Journal of Psychology and Theology,* one of the professional journals on the subject. A similar foundational debate of this extent is lacking in the Netherlands and in Europe at large.

A first orientation took place with the help of a summary description of the debate in five views (Johnson, 2010). The first view argues that psychology and religion are on different levels. Consequently, a purposeful tuning of the two is not appropriate; the second view argues that psychology and the Bible (or theology, or faith) should be integrated; the next one assumes the priority of psychological notions in the Bible and Christian tradition, and states that psychological research should be subservient to this primary source of knowledge; the forth view thinks of a transformation of psychological processes in spiritual experiences through the agency of God's Spirit. Finally, there is a view that deems secular psychology and psychotherapy reprehensible on biblical grounds.

Three issues are found to dominate the debate, namely, epistemology, anthropology, and the influence of both on psychotherapy. In view of these topics four hypotheses have been drawn; they are about the value of the debate for discovering underlying worldview notions (1), about the causes of the deadlock in the debate (2), about possibilities to renew the debate (3), and about generalizing the outcomes to the interrelationships of psychotherapy and worldview in general.

The twofold central research question is:

What are the mutual relations between worldviews and psychotherapy? and,

What do these interrelationships imply for conceptions of psychotherapeutic professionalism?

Epistemology is examined in chapter 2. 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 arises 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 leads to the adoption of a more hermeneutic approach of the Bible instead of a more positivistic account of biblical truth, and seems 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 is too simple. Acknowledging the cultural-historical context of the Bible text, they advocate 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 from the Bible and empirical knowledge in psychology.

Chapter 3 is about 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 are 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.

How does anthropology affect ideas about therapeutic practice? Chapter 4 deals with this question. 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 related to 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 ultimacy 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.

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. This evaluation is carried out in chapter 5. 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 and 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 are 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 subject as an inevitable feature of how 20th and 21st century human beings experience themselves. This point is confirmed by external considerations in chapter 6.

The 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.

Chapter 6 moves on to a critical assessment of the debate from an external point of view, appealing to insights that have been developed in Reformational Philosophy and by others. The Reformational 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 that designates its intrinsic raison d'être, other aspects being related otherwise to the object. In each of the sciences reality is investigated analytically under the viewpoint 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 author-ity 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? Hu-manistic 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.

In chapter 7 an attempt is made to show how Christian faith can be inte-grated in psychotherapy without compromising either therapeutic pro-fessionalism or the nature of Christian faith. The proposal recognizes that Western Christian faith is influenced by modernism in its subject orient-ed 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 Reforma-tional Philosophy that views unreflective but holistic everyday experi-ence as more basic for understanding our reality than selective scientific observations and conclusions. At the same time, we should take the mod-ernist flavor of Western Christianity for granted. All in all, a self-function-ing that both respects individual subjectivity, and faces its connection with its pre-given anthropological condition, can do justice to both indi-vidual existence and embedment in the surrounding reality.

This leads to a representation of the psychological dimension of human life acting upon the anthropological dimension. This "acting up-on" is the existential task of accepting, actualizing, and transcending the self in its relationships with the basic anthropological conditions of oth-erness, 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, auton-omy, relationality, participation, purposiveness, and mortality, which are all worldview sensitive. This integration model may also shed light on the diagnosis of the majority of mental disorders, since these can be ex-plained as impaired competence to accept, actualize, and transcend one-self in the capacity of being other, near, and/or temporal.

The model's worldview sensitivity can be explained by the exis-tential 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 therapists and patients to integrate the religion of the latter in the efforts toward healthy mental functioning.

In an attempt to generalize the results, chapter 8 applies 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 is 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.

To test the result chapter 9 analyzes 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 basic anthropological conditions 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 diagnosis, a psychodynamic one, and a combined schema diagnosis. Then, an explanatory diagnosis with the help of my 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 persons, 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.

Finally, in chapter 10 an attempt is made to answer the central research questions. The first question is: What are the 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, 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 such as subjectivity, autonomy, hedonism, social skills, efficiency, symptoms reduction. Further-

more, 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.

Systematically, the impact of worldviews on psychotherapy can be demonstrated along three lines. First, the way humans, including patients and therapists, connect with reality in all its aspects is by everyday experience. Problematic mental functioning in everyday life is the subject matter of psychotherapy. Worldviews color everyday experience and thus are part of it. Therefore they should be an intrinsic part of the therapeutic conversation.

Second, therapists should recognize and respect the patients' worldviews not only for the sake of due respect for their beliefs but also for the sake of the therapeutic relevance of the elementary anthropological conditions for psychological functioning. Otherness, nearness, and temporality are important anthropological conditions that ask for interpretation from worldview perspectives.

The third line is the role of communities in people's lives. Communities are the home of shared worldviews that bind members together. This is true for clients or patients and therapists alike. The challenge for secular therapists is to recognize that Christian clients or patients belong to another type of community, i.e., traditional ones, with a larger emphasis 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 between individuality and communality values, so that both the patient's belonging and relative autonomy are respected.

What do the interrelationships between worldview and psychotherapy imply for conceptions of psychotherapeutic professionalism (second part of the research question)? Two things. On the one hand, psychotherapy should remain psychotherapy and not accept improper activities such as pursuing spiritual growth. It is all about helping people

to function properly on a mental level. Psychotherapy focuses on the subject. On the other hand, psychotherapy should not be locked up in modernist individualistic values but be open to other worldviews. My integration model 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 basic notions ask for interpretation from worldview perspectives. 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.