



Psychotherapy and Christian Ministry

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I. PASTORS AS THERAPISTS

AS FACILITATORS OF GOD'S SAVING WORK, CHRISTIAN MINISTERS ARE IN THE business of promoting people's "wholeness." Such wholeness is largely psychological: It is a formation or transformation of people's emotions (their anxieties, hopes, angers, loves), their behavior, and their relationships. All of this can be summed up by saying that ministry is largely character formation or character transformation. The word "character" sounds like ethics rather than psychology; but good character is also wholeness, personal well-being. And the borderline between personality (the domain of psychologists) and character is by no means clear-cut. Ethicists these days are much more attentive to psychology than they used to be (see the recent move away from an ethics of action principles to an ethics

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Psychotherapeutic literature shows that the effectiveness of therapy is independent of the kind of therapy employed. Therefore, Christian caregivers have strong reason to plumb the rich psychological resources of the Christian tradition rather than using twentieth-century therapies with other than Christian ideologies of personhood.

of virtues), and psychology is coming to be recognized as a discipline with a strongly ethical dimension (psychologists as instructors in how to live).¹

It is not surprising, then, that pastors and pastoral theologians have been intensely interested in the psychotherapies of the twentieth century. In his history of the Clinical Pastoral Training movement in the United States, Brooks Holifield² has chronicled the virtual relinquishment of distinctively Christian ministry in favor of therapeutically informed ministry; and Thomas Oden writes that the classical tradition of pastoral care

has been steadily accommodated to a series of psychotherapies. It has fallen deeply into a pervasive amnesia toward its own classical pastoral past, into a vague absent-mindedness about the great figures of this distinguished tradition.³

But, we might ask, why should we worry that the Christian approach (or approaches) to promoting people's wholeness has been so largely replaced by the approaches of Sigmund Freud, Carl Rogers, Albert Ellis, and Carl Jung (to mention just a few)? After all, they are all promoting personal wholeness, and we are promoting the very same thing. Is Oden's anxiety on behalf of the Christian tradition anything more than conservatism and blind Christian partisanship?

Pastors who have turned to the psychotherapy traditions for help have supposed that, as movements within scientific psychology, these approaches are effective, clinically tried and proven methods of promoting personal wholeness. The psychotherapists have discovered truths about the human psyche, much as the chemists have discovered the chemical structures of things, and have devised techniques of intervention that trade on the truths they have discovered. Therapy is a sort of technology of the human soul, or if not quite a technology, at least an expert art of the soul. As such, the therapies are a clear improvement on the pre-scientific strategies of the older pastors. To ignore them would be irresponsible to our calling, and bad stewardship of available resources.

II. MORAL ATTACKS ON THERAPY

One premise of the foregoing argument is that the psychotherapies are more effective than traditional pastoral counseling at bringing about personal wholeness. We will examine this claim a little later. Another premise is that the psychotherapies and Christian ministry aim at the *same* wholeness. This second premise has been under attack by a series of authors, both Christian and non-Christian, for at least the past thirty-five years. Starting with Philip Rieff's *The Triumph of the Therapeutic: Uses of Faith after Freud* (Harper and Row, 1966), and proceeding

¹See Don S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987).

²Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Nashville: Abingdon, 1983).

³Thomas Oden, *Care of Souls in the Classic Tradition* (Philadelphia: Fortress, 1984) 28.

through Paul Vitz's *Psychology as Religion: The Cult of Self-Worship* (Eerdmans, 1977), Christopher Lasch's *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* (W. W. Norton, 1979), Alasdair MacIntyre's *After Virtue* (Notre Dame, 1981), Robert Bellah's *Habits of the Heart: Individualism and Commitment in American Life* (Harper and Row, 1985), and Philip Cushman's *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (Addison-Wesley, 1995) (it would be an understatement to say that my bibliography is only a sampling), we have a series of moral critiques of psychotherapies. By "moral" I mean that the criticisms leveled against psychotherapies all accuse therapies of *perverting personality and corrupting character*. The critics do not lay all the blame for such corruption at the feet of therapy; indeed, these books often see therapy as a product as well as a purveyor of cultural trends toward deformations of personality. But therapy is a conduit for the cultural influence and a significant promoter of the spiritually undesirable traits.

Among the pernicious traits that various therapies are accused of fostering are narcissism (an inordinate preoccupation with one's own feelings, experiences, and satisfactions, and in particular one's self-esteem; and a corresponding neglect of duties and what is outside the self), individualism (an undervaluing of community, of social interdependence and bearing one another's burdens), consumerism (a traditionless, empty self that needs to be "filled up" with things and experiences), emotivism (thinking oneself to be the source of one's values), egoism (making self-interest one's chief motive), instrumentalism (seeing one's behavior towards others as chiefly a means of shaping or controlling them), victimism (the inclination to blame others, or social forces, for one's problems), irresponsibilism (the belief that nobody is responsible for anything), and atheism. Many of these criticisms of therapy come from persons who have no interest in promoting Christian character, but Christians can agree with the criticisms, for the traits in question are clearly contrary to the kind of wholeness of personality that pastors try to facilitate (except for pastors under the sway of therapeutic ideology).

Assuming that some of the therapies that promote the pernicious traits do so intentionally, out of a conscious commitment to the values in question, it becomes clear that personal wholeness can be conceived in a wide variety of ways, some of which are mutually exclusive. The concept of personal wholeness is highly contestable; there are many different and conflicting concepts of personal wholeness. In the ancient world, Stoics, Epicureans, Aristotelians, and Skeptics all had different and incompatible conceptions of human wholeness, all of which differed in one way or another from Christianity.⁴ And the same is true in the modern world. Indeed, I have argued elsewhere that each of the major psychotherapy models has its own personality ideal (its own conception of the chief virtues). The Rogerian ideal of congruence is not the same as the Jungian ideal of individuation, and both are

⁴See Martha Nussbaum, *The Therapy of Desire* (Princeton: Princeton University Press, 1994).

quite different from the rationality and equanimity that Albert Ellis attempts to inculcate, and all of these differ radically from the justice, gratitude, and family loyalty that contextual family therapy aims to produce in clients.⁵ Furthermore, each of these conceptions differs from the Christian personality ideal in one or another crucial particular.

III. RECOVERING CHRISTIAN PSYCHOLOGY

Some Christian critics of psychotherapy, noting the divergence between the Christian character ideal and the ones promoted by the psychotherapies, have recommended that Christians eschew therapy altogether as an influence on pastoral work.⁶ But the claim of the first premise—that therapy works, and that it works because of the insights and techniques that are distinctive of the various models of modern therapy—persists, and we are reluctant to throw out the precious baby with the stinky bathwater. Isn’t there some way we can harness what is valuable and effective in therapy without buying into the aspects of it that pervert Christian personality? This is the project to which I tried to contribute in *Taking the Word to Heart*, but subsequent to its publication I have come to think—somewhat like Oden, in the book I cited earlier—that another project ought to be given priority.

I noted at the beginning of this article that Christian ministry has always been in the psychology business. This is why the twentieth-century psychologies are so fascinating and tempting to the pastoral mind. But we have also seen that psychotherapies can undermine the project of Christian ministry at its core by introducing spiritual influences that are subtly pernicious by Christian standards. Using psychotherapies in Christian ministry therefore calls for a careful process of discrimination and adaptation of what is good in therapies for the distinctive uses of Christian ministry. The process of distinguishing the powerful mechanism in a therapy and keeping it free from the polluting tendencies that it has when used in its native setting is a process of *integration*.

Such integration cannot succeed unless the integrator knows both what he is integrating and what he is integrating it *into*. For example, the Christian who integrates the neo-Freudian self-psychology of Heinz Kohut into Christian thought and practice has to know Kohut’s thought very well, but she must also have a solid grounding in Christian pastoral thought and practice.* If she doesn’t know the Christian tradition in a fairly profound way, she is liable to integrate elements from Kohut that undermine Christian ministry. The “amnesia” of which Oden speaks is a serious obstacle to the intelligent use of modern psychotherapies in a Christian setting, because the project cannot be intelligently pursued without a profound un-

⁵See Robert C. Roberts, *Taking the Word to Heart: Self and Other in an Age of Therapies* (Grand Rapids: Eerdmans, 1993) chapters 1-7.

⁶See the contribution by David Powlison in *Psychology & Christianity*, ed. Eric Johnson and Stanton Jones (Downers Grove, IL: InterVarsity, 2000).

*Editor’s note: See the article in this issue by Leonard Hummel, “Heinz Kohut and Empathy: A Perspective from a Theology of the Cross,” *Word & World* 21/1 (2001) 64-74.

derstanding of the psychology that is native to the Christian tradition—the biblical psychology with which Gregory the Great and other excellent Christian counselors were working. So I have been proposing lately that we shelve the project of integration until we understand better the psychology of our own tradition. Only by having a deep understanding of this psychology will we be proof against seduction by the plausibilities and other attractions of the modern therapies.

I myself have made a few modest forays into the psychology of the Bible. In one piece I explore the broad parameters of a biblical psychology;⁷ in another I outline a psychotherapy which would trade almost exclusively on Pauline psychological concepts;⁸ in another I explore a chapter of the Sermon on the Mount for its psychological content and implications.⁹ But the Bible is just the beginning. Augustine, Luther, Calvin, Richard Baxter, and Jonathan Edwards are some later Christian thinkers whose thought could be mined for psychology. Oden's book on Gregory is an example of efforts in this line.

IV. THERAPY WORKS

Until recently I've proposed the study of Christian psychology, not as a substitute for the integration of powerful therapeutic concepts and techniques from the modern psychotherapies, but as a basis for such integration—as an education necessary for the successful integrator. But a growing body of scientific research concerning the effectiveness of psychotherapies seems to call into question once again the project of integration—or it seems at least to be highly relevant to the question of how we are to conceive that project. In particular, it raises deep questions about what from the psychotherapies ought to be integrated.

I will draw my information about this research literature from a long review article by Michael Lambert and Allen Bergin.¹⁰ Hundreds of studies, done over the past thirty years, show pretty consistently that psychotherapy is a very effective way of getting relief from the kinds of complaints with which people go to therapists. On average, people who go to therapy are about twice as likely to improve, with respect to whatever complaint brought them to therapy, as are similar people with the same problem who do not get therapy. Let us call this problem-specific effectiveness “therapeutic effectiveness,” and distinguish it from the “spiritual effectiveness” about which the literature critical of psychotherapy so often complains.

Therapeutic effectiveness is the power of a therapy to alleviate such problems

⁷Robert Roberts, “Parameters of a Christian Psychology,” in *Limning the Psyche: Explorations in Christian Psychology*, ed. Robert Roberts and Mark Talbot (Grand Rapids: Eerdmans, 1997).

⁸Robert Roberts, “Outline of Pauline Psychotherapy,” in *The Care of the Soul: Exploring the Intersection of Theology and Psychology*, ed. Mark McMinn and Timothy Philips (Downers Grove, IL: InterVarsity, forthcoming 2001).

⁹Robert Roberts, “The Promise of Christian Psychology,” in *Psychology & Christianity*, ed. Johnson and Jones.

¹⁰Michael Lambert and Allen Bergin, “The Effectiveness of Psychotherapy,” in *Handbook of Psychotherapy and Behavior Change*, ed. Allen Bergin and Sol Garfield (New York: Wiley, 1994). Lambert and Bergin have been occupied for decades with the outcome literature on therapies. The first version of the essay I refer to was published in 1978, in the first edition of the *Handbook*. The present version is the third.

as depression, anxiety, rapid mood-swings, phobias, eating disorders, difficulty in making life-decisions, marital strife, hypochondria, difficulty getting over grief in the wake of a loved one's death, post-abortion melancholy, post-divorce disorientation, bad temper, homosexual maladjustment, strife with colleagues at work, inability to hold down a job, feelings of hopelessness or meaninglessness, poor performance in school, problems with dating, alcoholism and other addictions, child abuse, spouse abuse, and sexual abuse. *Spiritual effectiveness*, by contrast, is the power of a therapy to change one's self-understanding and ways of experiencing the universe and one's relations with others. Consider, for example, a Christian sense of oneself as a creature of God, rather than a sense of oneself as living in an impersonal universe; a Christian readiness to worship and obey God, rather than a sense of oneself as the autonomous center of one's life; a Christian sense of other persons as one's neighbors whose burdens one is to bear, rather than as ones from whom one is chiefly to detach oneself; a Christian sense of God as different from and beyond oneself, rather than as just the best part of oneself; a Christian sense of oneself as a responsible sinner, rather than as a victim whose problems are blamed on others.

Therapies seem to have both kinds of effectiveness. In one way they are like medical therapies, in another they are religion-like philosophies of life. We could say that the Christian task of integration is to exploit the therapeutic effectiveness of therapies while neutralizing or transforming their spiritual effectiveness into something compatible with the Christian spirituality.

V. WHY DOES THERAPY WORK?

So therapies are therapeutically effective; this result of the studies spurs us on to integrate their therapeutic power into the work of Christian ministry. But two other cumulative results of the scientific literature on psychotherapy outcomes raise serious questions about such a project of integration. The first is the "Dodo bird verdict": Like the Dodo bird in *Alice and Wonderland*, who declares that "everyone has won and all must have prizes," the studies generally show that practitioners of the various competing schools of therapy are all about equally therapeutically effective.¹¹

This is a surprising result, given the diversity among the therapies and the way psychotherapies purport to work. Therapies purport to intervene in a client's mind and behavior in a way prescribed by a pattern of explanation of dysfunction. For example, cognitive therapy explains emotional dysfunction by reference to irrational cognitions and thus treats clients by attempting to correct the erring cognitions. Psychodynamic therapies explain dysfunction by reference to repressed memories of traumatic childhood experiences with significant others, and so treat clients by trying to explore the past and create transferences to the therapist that

¹¹Ibid., 156-161.

will enable a working through of the memories. Rogerian therapy attributes dysfunction to introjected socially imposed conditions of worth ("I have worth only if I'm as big a financial success as my Dad"), and so treats the problem by having the therapist supply unconditional positive regard for the client which frees the client to follow his authentic internal valuing process. Some family therapies explain dysfunction by reference to improper constellations of family relationships, and so attack the problems by attempting to rearrange these relationships.

With such diversity of explanatory frameworks and their correlated interventions, one would expect some therapies to work much better than others. It is hardly possible that all could have a precisely correct diagnosis of dysfunction, and yet they purport to work because they correctly explain the source of psychological problems. If we took our malfunctioning car to several mechanics, and they all explained the malfunction in diverse ways—one says the problem is the spark plug wires, another says it's the fuel injectors, another that it's the kind of fuel we are using—we would expect that only one of them (at most), applying her prescribed remedy, would be very successful in solving the problem. We would be astounded to find that regardless of what remedy was applied, the car was equally well fixed! It is for this reason that Lambert and Bergin suggest that the factors by which the various schools of therapy explain their therapeutic success may not be what is causing the success.

This hypothesis is strengthened by a second unexpected finding of the research on psychotherapy outcomes, namely that people with a great deal of training and experience in therapy—say, a Ph.D. in clinical psychology with several years of practice—are no more successful in alleviating people's problems than counselors with minimal training or even no training at all.¹² Given what we have said above, this is what we would expect if the training and experience were training and experience *in the distinctive theory and practice of some psychotherapeutic model* (or an eclectic agglomeration of such distinctives from several models). That is, if what is distinctive about therapies is not what is doing the therapeutic work, then deeper training and greater experience in such distinctives is not going to improve outcomes.

But even if the theory and allied practices of therapeutic models are not what makes them therapeutically effective, the fact remains that they are effective. What can it be about them that makes them so? No one knows for sure, but the best guess, according to Lambert and Bergin, is that success is determined by factors that all or many of the therapies have in common.¹³ What factors are these? In most if not all therapies, the therapist comes across as an expert, and the client is inspired to trust him or her. This gives the client a sense that his or her problem is being addressed in an effective manner, and motivates the client to make an effort to get better. In most therapies, the client is encouraged to articulate his or her problem,

¹²Ibid., 169-172.

¹³Ibid., 161-167.

and thus come to a more immediate experiential confrontation with it. In many therapies, the therapist gives the client some advice, or at least points the client toward some behaviors that are contrary to the dysfunctional patterns that led him or her to therapy. In many therapies, the therapist conveys to the client a sense of having been empathically understood. And finally, any time a client is engaged in therapy, her or she is actively engaged in solving the problem.¹⁴

VI. WHAT SHALL WE THINK OF THE THERAPIES?

What implications do these findings and this speculation have for the use of psychotherapy in Christian ministry? In the twentieth century, the Christian ministry has been very deferential to the distinctive theoretical claims and allied practices of such therapies as the Jungian, the Freudian, the cognitive-behavioral, and family systems. It seems clear that the rationale for such deference has been severely undermined by the research literature that Lambert and Bergin discuss. We have good reason to think that the theories behind the therapy models are not scientific findings but philosophies of life far less solidly grounded than the long tradition of pastoral work native to the history of the church. And the outcome studies give us good reason to think that the indisputable power these therapies have to help people is something rather generic, something that could be had without integrating anything distinctive from the models. Indeed, the common factors in which the therapeutic power seems to reside are factors that have existed in pastoral counseling during the entire history of the Christian church. The particularities of the psychotherapies may be new, but there is absolutely nothing new about the common factors. The great deference to psychotherapy that writers on pastoral care have shown in the twentieth century seems to have been misplaced.

Earlier I distinguished two kinds of effectiveness of therapies, therapeutic effectiveness and spiritual effectiveness. We have seen that therapeutic effectiveness does not seem to be a product of the particular theories and practices of the therapies. What about spiritual effectiveness? We do not have controlled studies of this, as we have of therapeutic effectiveness, but we have lots of informal evidence that the philosophies of life embodied in the psychotherapies powerfully shape people's understanding of themselves, their universe, and their relationships. Here it seems that the particularities of the outlooks *do* account for the effects (it stands to reason that ideologies affect people by putting ideas into their heads). Whether or not people are actually in therapy, they do learn from therapies to construe themselves as needing higher self-esteem before they can move on to more functional behavior, or as being the seat of certain defense mechanisms, or as having been put out of touch with their perfectly reliable internal valuing process by too much social pressure to conform, or as being victims of inadequate parenting in early life. If we prefer to spread the spiritual influence of Christian reflection rather than an alien

¹⁴Robyn Dawes especially stresses this last point. See his *House of Cards: Psychology and Psychotherapy Built on Myth* (New York: Free Press, 1994) chapter 2.

framework like the psychology of the inner child or the ideology of codependency, then we have a positive reason for sticking with the psychology of the Christian tradition. As Christian ministers, we want to couch our psychological help as much as possible in the edifying language of the Christian message.

I conclude, then, that the psychotherapy outcome literature of the past thirty years gives us reason to doubt whether we will better promote psychological wholeness by adapting ideas and techniques from the therapies of the twentieth century. Common factors in therapy that are already present in traditional pastoral counseling seem to be the source of most therapeutic effectiveness, anyway. And the common observation that the twentieth-century therapies are morally and spiritually distorting ideologies of personhood gives us a strong reason for developing our own distinctive approach by deepening our understanding of the rich psychological resources of the Christian tradition. 