Word & World 9/2 (1989)

Psychotherapeutic Triumphalism and Freedom from Mental Illness: Diverse Concepts of Mental Health

ALAN C. TJELTVEIT
Abbott Northwestern Hospital, Minneapolis, Minnesota

A deeply religious woman, crippled by phobias, became extremely depressed. She was hospitalized. As she emerged from the "mental health" unit, she proclaimed confidently, "I now know what I need to do: be selfish."

Although a consensus about the meaning of "mental health" does not exist among mental health professionals, the term is widely used as though such agreement does exist. In fact, the term embraces a diversity of meanings. Unfortunately, critical examination of those meanings is rare—particularly critical *theological* examination.

The result? In the name of the universally applauded goal of mental health, individuals are sometimes encouraged to adopt and integrate into their lives normative visions of human life which conflict with Christian ethics and the gospel.

In this article I will discuss the spectrum of concepts of mental health along with some of the implications which that spectrum has for the pastoral care of persons with "mental health" problems. I will focus on the necessity of a theological perspective on the concept of mental health and the implications this perspective has for the role of the pastor and the question of referral.

I. THE SPECTRUM OF CONCEPTS OF MENTAL HEALTH

Two points on the spectrum of definitions of mental health may be identified: mental health as absence of mental illness and mental health as value-laden ideal.

Physicians have developed considerable respect in society for their expertise regarding physical illness, in large measure because of their reliance on scientific advances. That respect has tended to carry over to cases of mental illness-which is in some respects like physical illness, while in other respects it is not.

The term mental health, relatively recent in origin, tended originally to mean simply the absence of mental illness. If someone wasn't hallucinating, phobic, or suicidally depressed, mental health was present. Since there was consensus that it is good to be free from mental illness and that mental health professionals have special expertise in the realm of mental illness, that definition was relatively uncontroversial.

"Mental health" has, however, gradually taken on a greatly expanded meaning: positive well-being. As a result, a wide variety of ethical, metaphysical, and theological ideas has become associated with the term.

A. Mental Health As Freedom from Mental Illness. Persons with mental illnesses—schizophrenia, phobias, depression, manic-depression, and the like—are members of almost every congregation. These disorders have a profoundly negative impact on such individuals and on their families and friends.

The church should vigorously support the goal of mental health as freedom from mental illness. It needs to continue to combat the shame and stigma still unfortunately associated with mental illness, granting full and free acceptance to persons affected by it; to reject the notion that such disorders are the result of spiritual failure, lack of willpower, or lack of faith; to make appropriate referrals when needed; and to support strongly those who seek and receive professional help.

B. Mental Health As Value-laden Ideal. Psychotherapists once believed themselves to be strictly neutral and objective. Although they now generally recognize they are not, many in society still believe they are.

Why is psychotherapy value-laden? In part this is because therapists set value-laden goals for clients—goals labeled "mental health." Like "wholistic health," "healing," and "growth," "mental health" as positive ideal rests upon ethical, metaphysical, and (at times) theological convictions about human nature, virtue, and what is right and good. One professional may view good relationships to be central to good mental health. He or she would aid the depressed by helping them reconcile with those from whom they are estranged. A second professional may view an egoistic autonomy to be the *sine qua non* of mental health. He or she would aid the same persons by helping them become selfish, free from any service to others which does not contribute to the *individual's* well-being. In one sense the outcome with the two therapists may be the same: mental health as freedom from depression. But there may be very different ethical outcomes—because of the therapists' different value-laden concepts of mental health.

What values are included in the concept of mental health as positive ideal ? A wide variety. Some are rooted in Christian visions of life; some are complementary to them; still others are antagonistic. The church was at one point unduly suspicious of mental health professionals; it is now, it seems to me, unduly uncritical. Let me cite three examples. Although by no means

all mental health professionals hold these value-laden notions, my eleven years of experience as a clinical psychologist working in several public mental health settings suggest that they are not uncommon. Some recent trenchant analyses of theories of psychotherapies agree.[1]

1. It is widely believed that people who are mentally healthy should be independent and have an "internal locus of control." Few would disagree. It is often accompanied by a problematic *non sequitur* corollary, however: mental health means one doesn't depend on anything or anyone outside oneself. Deep faith in God or active reliance on a community may be viewed as pathological dependency. Theonomy, to use Tillich's terminology, is seen as a type of heteronomy. Both are considered to be evidence of immaturity and/or psychopathology. Clients may receive the message—explicitly or implicitly—that mental health will be obtained only as they reject any dependence or trust in God or community.

2. Many therapists also believe that the word (and concept!) "should" is intrinsically problematic, leading to unhealthy guilt, anxiety, and damaged psyches. Since there is no right and

wrong, rules simply represent human attempts to achieve power over others. The goal is the elimination of all "externally imposed" rules. The two (or three) uses of the law often discussed by theologians are not acceptable: (1) if rules cause individual distress, any purported benefit they may have to society is secondary (and thus to be disregarded), since mental health means the elimination of *individual* distress; (2) the idea that concepts of right and wrong (the law) appropriately unmask guilt and an awareness of one's need for something outside oneself (the gospel) is particularly pathological since anything which leads to guilt is bad (or "unhealthy"), and the goal of mental health requires autonomy and self-sufficiency; and (3) individuals are to be guided solely by their own (inerrant) desires with no need for assistance from any mythical divine being.

3. The implicit ethical content of many psychotherapies is egoistic and individualistic.[2] To the question: "How is one to lead one's life?" therapists may answer: "On the basis of how it will benefit *oneself*." Sacrifice is to be eschewed; commitments are to be preserved only insofar as they continue to benefit oneself. One contributes to a community only if the benefits to self outweigh the costs.

Some of these values were communicated to the woman whose story introduced this article. She left the mental health unit substantially free of mental illness and was thus "mentally healthy" in the sense of absence of mental illness. That is properly applauded. However, she also became "mentally healthy" in the sense of having a new life direction, a value-laden "mental health" centered around being selfish. That is a different matter. What theological perspectives may be brought to bear on that meaning of "mental health"?

[1]Don S. Browning, *Religious Thought and the Modern Psychologies: A Critical Conversation in the Theology of Culture* (Philadelphia: Fortress, 1987); Michael A. Wallach and Lisa Wallach, *Psychology's Sanction for Selfishness: The Error of Egoism in Theory and Therapy* (San Francisco: W. H. Freeman, 1983).

[2]Ibid.

II. THE NECESSITY OF A THEOLOGICAL PERSPECTIVE ON CONCEPTS OF MENTAL HEALTH

Theologians and pastors have been curiously reluctant to be critical of various concepts of mental health, even as psychotherapists move with aplomb into the realms of ethics and theology. This is likely due in part to some historical factors. Therapy is associated with science and medicine; the church has a history of embarrassing attempts to reject scientific theories and medical approaches now widely accepted. Since the myth that therapy is strictly scientific and value-free continues to be held widely, critiquing concepts of mental health may be equated with attacking medicine and science.

Further, many appropriately want to distance themselves from those Christians who reject therapy altogether and claim that only Scripture can resolve human problems. The result of that distancing? Therapists' views are too often accepted without question.

However, since psychotherapy is actually a value-laden amalgam of science, ethics, and art, it is entirely legitimate to bring ethical and theological perspectives to bear on concepts of mental health as human well-being. Several issues are pertinent.

Mental health as positive ideal needs to be seen in the context of an overall theological vision. It must be a wholistic health, pertaining to *totus homo*—physical health, mental health,

moral health, spiritual health. It needs to entail a restoration to one's potential, which—contrary to the beliefs of many therapists—includes restoration to one's community and to God. Finally, it must involve grace.[3]

A theological perspective acknowledges the existence of a variety of good ends for human beings. God is surely in favor of mental health; God is also in favor of spiritual health, justice, mercy, physical health, and the well-being of society. At times, one can achieve all of those ends simultaneously. At other times a choice must be made. And it is quite possible to focus so much on one aspect of life that other aspects are neglected. Tillich termed this "unhealthy health."[4] Individuals in therapy may, and often do, focus on their psychological well-being to the exclusion of their moral or spiritual health. The woman who became mentally healthy by becoming selfish illustrates this. At one point, she was unbalanced because she sacrificed herself for others, being a doormat. The ideal was not, however, for her to be selfish. That reflects an unhealthy health. The solution, from a theological perspective, would be restoring a proper balance between taking care of herself and taking care of others, avoiding the extremes of both self-exhaustion *and* of selfishness. In contrast, therapists tend to focus exclusively on mental health, often regarding it as the only or ultimate value. Religious

[3]Cf. Martin E. Marty, *Health and Medicine in the Lutheran Tradition: Being Well* (New York: Crossroad, 1983).

[4]Paul Tillich, *The Meaning of Health: The Relation of Religion and Health* (Richmond, CA: North Atlantic Books, 1981).

values are subordinated. For instance, one study found that psychologists, psychiatrists, and social workers all rank-ordered salvation lowest on a list of eighteen values.[5]

Some psychotherapists readily embrace the role of "secular priest" and offer clients an embracing vision of life labeled "mental health." They consider themselves to be mediators between troubled persons and the highest good: "mental health." Entry into therapy and "working" therein provide clients with meaning in life. Behaviors and attitudes which must be adopted to become "healthier"—self-awareness, self-pleasuring, assertiveness, and so forth—take precedence over all else. This psychotherapeutic triumphalism can claim total reign over an individual; it can become pure demand. It can become a new legalism, albeit one whose self-serving dictates are unlikely to produce much in the way of discomfort.

How can the church respond? Surely not by rejecting psychotherapy or broad visions of mental health entirely. Rather, it can respond by drawing upon its rich theological and ethical traditions, by engaging in a critical dialogue concerning various meanings of mental health, by being clear about and keeping in view the whole person in the context of the individual's relationship with the entire community and with God, and by distinguishing properly between law and gospel.

III. THE PASTOR'S ROLE

How should a pastor respond to a person with a mental health problem? It depends on the sense of "mental health" being used.

What is the pastor's role with the mentally ill? Some role is almost always appropriate. Four levels of intervention may be distinguished.

1. *Identification.* Since the mentally ill may come to a church before seeking mental health professionals, pastors playa critical role in the identification and labeling of serious problems and in making appropriate referrals (discussed below).

2. *Simple caring presence.* Those hospitalized with mental disorders, like others who are sick, often benefit from visits or calls letting them know they are cared for. This is sometimes the only role for the pastor.

3. *Bringing spiritual, ethical, and theological resources to bear on a person's serious psychological problems.*[6] For instance, with a person who is suicidally depressed and feels worthless, a pastor can acknowledge that the person *feels* worthless but also affirm that, despite the feelings depression is creating in them, God regards them to be of inestimable worth. Concurrent involvement of pastor and mental health professional can be very powerful. When an individual has signed a release of information permitting it, the pastor and mental health professional can discuss the person and coordinate approaches so different directions aren't being pursued.

4. *A pastoral approach to the ethical and theological issues inevitably facing*

[4]Darryl G. Cross and Janet A. Khan, "The Values of Three Practitioner Groups: Religious and Moral Aspects," *Counseling and Values* 28 (1983) 13-19.

[6]William E. Hulme, *Pastoral Care and Counseling* (Minneapolis: Augsburg, 1981).

a person undergoing healing.[7] For instance, a pastor, in working with the woman whose recovery from depression involved a decision to be selfish, may help her see that a balance of self-care and other-care is optimal, that it is possible to avoid depression, selflessness, *and* selfishness in becoming mentally healthy. Such a result involves either a concept of mental health more consistent with Christian ethics or a balancing of mental health values with other sorts of values.

The timing of introducing ethical considerations into a healing process is very important. They ought not be pursued in the acute stages of a serious problem. The early stages of healing need, rather, to be characterized by acceptance. Unfortunately, some battered women's shelters have banned pastors of either sex because of their extensive experience with pastors who try to persuade bruised and broken women to go back to their battering boyfriends and husbands. To the extent Christian moral convictions about the importance of marital commitment need to be introduced, it is surely after the woman is in a solid place emotionally and after the man has acknowledged his serious problems and made substantial progress in changing his behavior.

Pastors legitimately address the theological as well as ethical convictions of persons in the midst of a healing process. It may be important, for instance, for a pastor to work closely with an alcoholic and his or her family. Chemical dependency or substance abuse treatment programs and Alcoholics Anonymous or AlAnon groups are often extremely helpful in addressing an alcohol problem; their theology, however, is sometimes abysmal. Some, for instance, maintain that the "Higher Power" necessary for recovery may simply be a door knob. And some groups may be quite judgmental with those whose theological convictions are more specific—for example, those who hold to a confessional position. Pastors can help recovering persons maintain, renew, or create a more adequate theology and integrate it into their spiritual development and the AA framework.

What is the pastor's role in dealing with "mental health" problems in the sense of

difficulty in reaching one's full, potential? In this sense, everyone has "mental health" issues; they are simply problems intrinsic to being human: ignorance, sin, faulty learning, limitation, and so forth. The church has much to say about such problems and need not yield all, or even primary, authority to "mental health" professionals. Indeed, to do so may mean encouraging the development of an unhealthy health or turning over fellow Christians to the proponents of another gospel. To be sure, at times pastors and therapists work together toward the same or complementary goals; at other times, however, pastors and mental health professionals work at cross purposes, giving conflicting messages.

IV. THE QUESTION OF REFERRAL

When I asked a (thoroughly a-religious) psychologist friend of mine what pastors need to know about mental health, she had a simple answer:

[7]Don S. Browning, *The Moral Context of Pastoral Care* (Philadelphia: Westminster, 1976).

"One thing: Refer." Competence with regard to mental health was seen to be solely in the possession of mental health professionals. But if mental health is taken in a broad sense, mental health professionals will claim primary expertise about all non-medical human problems, including ethical and theological concerns.

The temptation to omniscience afflicts many pastors as well. Some regard few problems, save that of the raving psychotic, to be beyond the range of their healing touch. However, some pastors evidence the opposite kind of problem: They refer people to mental health professionals when they actually have the requisite competence.

The ideal is this: Pastors should refer to mental health professionals those persons whose problems are beyond the range of their competence, maintain a relationship with the person referred after the referral is made, and refer carefully.

Deciding when to refer is sometimes very difficult. Mistakes can be made in either direction. Referrals clearly need to be made in the face of suicidality, severe depression, moderate problems which don't get better over time, unusual thinking, psychosis, severe or unremitting anxiety, paranoia, and the like. In cases of ambiguity, it is critical to have a knowledgeable professional with whom one can consult. Developing such consulting relationships should be a priority.

Taking the religious and ethical convictions of mental health professionals into consideration in making a referral seems heretical to many, who have been taught that the convictions of therapists are as irrelevant as those of a surgeon or politician, that technical competence alone is important, and that such considerations are evidence of judgmentalism and ignorance about the scientific neutrality of the healing professions. Those arguments rest, however, on the now-largely-rejected doctrine of the value-neutrality of psychotherapy. Further, mental health professionals are increasingly comfortable consciously interjecting their ultimate concerns and values into therapy. At times those values are harmonious with Christian faith; it is decidedly problematic when they are not.

The large measure of truth in the traditional advice about referrals is this: The competence of a mental health professional *is* important. However, it is entirely possible for a professional to be competent and to have values and beliefs supportive of the Christian faith and

values of clients. It is desirable to develop a list of such persons for cases where referral is necessary. Two classes of professionals may be particularly helpful in this regard: those pastors who have received advanced training in the behavioral sciences (for example, those certified by the American Association of Pastoral Counselors) and those members of the traditional mental health professions who have advanced theological training. In both instances, however, the mere existence of theological degrees and past Christian commitment ought not to be taken as evidence of present desire to provide therapy in a manner harmonious with Christian faith. Although in a minority, some theologically trained therapists have departed substantially from church doctrine and practice; their focus on their past church connections and theological training may simply be part of a marketing strategy.

How does one evaluate the ethical and religious views of mental health professionals? The following questions may be helpful (and may be addressed both to them and to their former clients): What are their views on religion? On such key issues as commitment to others, sacrifice for others, dependence on God, and the church? On whether one can be committed to those views and behaviors and be mentally healthy? (And, if yes, how?) Antagonism to the church means other referral sources should be sought. Also to be viewed with suspicion are religious professionals who fail to see how an individual's construal of religion can *contribute* to psychological problems. Best is a professional who has a nuanced view of those issues, who has a measure of humility about intervening in those areas, who sees the possibility of the elimination of psychological problems in a way which is harmonious with Christian faith, and who is willing to work cooperatively with a pastor in assisting the client to achieve balanced growth.

V. CONCLUSION

The term "mental health" embraces a wide variety of meanings. When it is used and practiced in ways which mean simply the elimination of mental illness or which view human wholeness and growth in harmony with Christian ethics and theology, its pursuit is to be unequivocally supported. "Mental health" in the sense of positive well-being may, however, also be used by therapists to further the cause of individualism, a relativistic opposition to any ethical assertions, a strenuous opposition to religion, and a triumphalistic replacement of Christian faith with a "gospel" of self-interest. That sort of "mental health" scarcely deserves the support of the church. The insights of the behavioral sciences and the skills of secular therapists can be of great value, but a critical evaluation of individual therapists is essential. Both referral and discernment of the beliefs and values of potential therapists are important. Finally, pastors playa key role in insuring that balanced, wholistic growth occurs whenever parishioners are faced with mental health problems.