

Psychotherapy
The New Moral Tradition in America

Submission for the 2006 Travis Award on the topic of integration
Written by Stephen Callender

I drove an hour into town, escaping not only the deep woods of western Tennessee but also my new life in an unfamiliar place, hoping that my visit with the psychotherapist would provide, at minimum, insight into why I had descended into depression. I had lived in Tennessee for six months, yet for an entire month I had been immobilized by hours of incessant crying, leaving me incapable of working or even holding a normal conversation. My life felt alien; I could not reclaim the emotional stability I usually felt, despite attempts through prayer, efforts to belong to a community and long-distance conversations with my family, friends and girlfriend. In the session with the psychotherapist, I felt comforted by the belief that he would, no matter the diagnosis, have an effective remedy for me.

Every day tens of thousands of Americans, mostly middle- and upper-class Americans, walk into the professional offices of psychiatrists, psychologists and master's level counselors, just as I did that day. For our own specific reasons, be it anxiety, depression, mood swings, chemical dependencies, compulsions or dysfunctional relationships, each of us who visit these offices generally do so because our lives are not going as planned, or worse. The belief that, given their scientific investigation into the life of the mind and human behavior, mental health professionals have the knowledge and training to straighten out our lives is held *a priori*. Consequently, the psychotherapist in American society has become our society's shaman, the unquestioned expert healer of nearly all mental, behavioral and situational problems.

Given this current condition, conscientious Christians considering the counseling profession should engage in the task of questioning how the Christian faith intersects with the practice of psychotherapy. The task is not small, and the gauntlet has been thrown down by Stan Jones and Richard Butman in the last chapter of their book, *Modern Psychotherapies*, in which they call all Christian psychotherapists to seriously consider how to remain distinctively

Christian in their profession, so as to avoid simply “going with the flow”¹ of secular theories and practices. This challenge has over the last several years led me on a path of studying and thinking about the dialogue between Christianity and psychotherapy. In this essay I will explain how, through this process of studying and critiquing varying integration views and my personal life experience, I came to believe that the role of the therapist in the life of the American Christian is too central.

When I first began to take seriously the call Jones and Butman put forth I decided to become acquainted with the ongoing discussion of integration.² Although there are many voices in this discussion, two general tendencies exist. One side, including the voices of Stan Jones, Gary Collins and Clyde Narramore, defends the view that, “while biblical faith and practice give us controls to evaluate outside input [i.e., secular psychotherapies], it does not give enough detail to constitute a model.”³ Supporters of this view are, for example, more accepting of the role of the psychotherapist and the institutional framework of the American Psychological Association. The other side of the debate, including the voices of Jay Adams, David Powlison and Robert Roberts, defends the view that, “while the psychologies may stimulate and inform, they are unnecessary for the constitution of a robust model.”⁴ Pastoral counseling, more directly connected to the ministry of the Church and not the psychological institutions, is the most recommended route of this perspective.

¹ Stanton Jones & Richard Butman, *Modern Psychotherapies: A Comprehensive Christian Appraisal* (Downers Grove, Ill.: InterVarsity Press, 1991).

² I will use the word “integration” to refer to the *process* of understanding the relationship between Christianity and psychotherapy without referring to a specific theory by which the two are to be contextualized.

³ David Powlison, “Questions at the Crossroads,” in *Care for the Soul*, ed. Mark McMinn & Timothy Phillips (Downers Grove, Ill.: InterVarsity Press, 2001), p. 32.

⁴ David Powlison, “Questions at the Crossroads,” in *Care for the Soul*, p. 32.

The Integration View⁵ of Gary Collins, a perspective within the first group described above, is founded on the belief that psychotherapies and the Christian faith originate from distinctly different places and therefore requires continual effort to merge the two into a coherent whole. This process includes critically analyzing psychotherapies and their techniques in light of Christian faith and practice, because it holds that within psychotherapies are truths useful to understanding the human and the human condition. For most Integrationists, the goal of psychotherapy is not unlike the goals of their secular colleagues: both hope to alleviate symptoms and put their clients back into a life of well-being and functionality. A common defense of the Integration View is the theological claim, as put forth by Collins, that “Jesus was acutely alert to the suffering people in his day, active in healing, and intent on changing lives. He was a model of compassion and caring whose followers are called to be the same, using every resource at our disposal to relieve suffering and bring comfort.”⁶ A part of “every resource” includes secular psychotherapies, such as Melanie Klein’s Object Relations Theory or Carl Roger’s Client-Centered Therapy.

The Integration View, one of the most widely accepted views, has inherent problems. I believe that the practice of integration supported by those who frequently utilize the secular psychological theories of our day to inform their view of the human and the human condition are using moral traditions that often oppose, or at least mute, the moral traditions of the Church. It was not until I read Philip Cushman’s book entitled *Constructing the Self, Constructing America* that I fully understood why I thought psychotherapy and Christianity were at odds.

⁵ When referring to the Integration View the term for one who adheres to this view will be “Integrationist,” so as to distinguish this specific model from the general dialogue of integration.

⁶ Gary Collins, “An Integration View,” in *Psychology & Christianity: Four Views* (Downers Grove, Illinois: InterVarsity Press, 2000), p. 107.

Constructing the Self, Constructing America provides a much-needed cultural history of the development of the concept of the self as Americans have understood it over the past century. Cushman's cultural analysis begins with the presupposition that "every era has a particular configuration of the self, illness, healer, [and healing] technology,"⁷ and, "in order to understand American psychotherapy, we must study the world into which it was born and in which it currently resides."⁸ His book is devoted to walking through the American eras since the Civil War to describe how the social contexts of those eras have led to differing concepts of the self.

According to Cushman, our present concept of the self, the "empty self," is a product of the powerful combination of two post-World War II, American trends: self-liberation and consumerism. Self-liberation became possible "through the compulsive purchase and consumption of goods, experiences, and celebrities."⁹ It was within this social context that many of the accepted psychotherapies of today were born. Through meticulous comparison of the two vastly different development theories of Harry Stack Sullivan and Melanie Klein, Cushman explains how the field of psychotherapy's decision to accept Object Relations Theory further promoted the concept of the empty self.¹⁰ Klein's Object Relations Theory places the development of the self primarily in the internal world of the individual. The self for Klein is constructed of "objects" which are "the products of inherited, intrapsychic structures, and the distorted, partial glimpses of a few caretakers; they are not based on real individuals – shaped by culture, history, and social interaction – with whom the individual interacts."¹¹ Further, the concepts of introjection (a "spitting out" of bad/split-off internal objects) and projection (a

⁷ Philip Cushman, *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (Reading, MA: Addison-Wesley Publishing Company, 1995), p. 7.

⁸ Cushman, p. 4.

⁹ Cushman, p. 211.

¹⁰ Due to the lack of space, a summary of Cushman's analysis of Sullivan's theory is not possible.

¹¹ Cushman, p. 194.

“taking in” of other’s bad/split-off objects) are understood given the cultural environment of self-liberation through consumerism.¹² Just as with Freud, when the field of psychotherapy in America bought into Klein’s theory, the self of the day became a universalized object we could medicalize and treat putting the psychotherapist in the role of healer of this self. In light of Cushman’s argument, it is easier to see that the self of the post-World War II era was created from a specific cultural context, and that the empty self, its respective theories of development, and its illnesses are not universally applicable. Cushman asserts:

Without psychotherapists realizing it, our theories have often reflected the post-World War II consumer landscape, normalized its necessary ingredients such as the empty self, and explained away its unavoidable consequences, such as emotional isolation, selfishness, drug addiction, and the nihilistic use of others.¹³

The bottom line for Cushman is that psychotherapy is a historical, moral and political cultural artifact of American society, not “a universal healing technology that has already brought a transcendent ‘cure’ to earthlings.”¹⁴ The very practice of psychotherapy, as long as it maintains the claim to be operating as a technology of universal science healing the universal human internal, will continue to exacerbate the illnesses it attempts to heal.

The cultural analysis Cushman offers critiques psychotherapy in a way I had yet to encounter. It began to worry me that Christian psychotherapists would unknowingly promote a view of the self, such as the empty self, through their techniques during the therapy hour. I kept asking: “Have we American Christians become so blind as to be unaware of which aspects of our life and society are uniquely Christian and which are American?” Surely self-liberation through consumerism is antithetical to the Christian faith. What about self-liberation in general? Do

¹² Cushman, p. 206.

¹³ Cushman, pp. 277-278.

¹⁴ Cushman, p. 7.

Christians speak this way, and if so, when? Cushman's work sheds light on the bigger picture of American psychotherapy, as well as on the problem that the Integration View buys into the moral framework that the mental illnesses in America today are universal and are best healed through the practice of psychotherapy informed by theories fashioned within the creativity of secular theorists. As a result, Christians employ theories like Klein's Object Relations Theory, because we assume that the theory explains some type of universal internal process. Where Integrationists get it wrong, however, is that they forget, or neglect to notice, that living the American self should not be the goal of the Christian.

Philip Rieff, in his book entitled *The Triumph of the Therapeutic*, recognized the Christian's attempt to align himself with the psychotherapy movement. "The spiritualizers have had their day; nowadays, the best among them appear engaged in a desperate strategy of acceptance, in the hope that by accepting doctrinal expressions of therapeutic aims they will be embraced by the therapeutics."¹⁵ I disagree that Christian psychotherapists are hoping to be embraced by their secular colleagues. The intentions of Christian psychotherapists are more often to love and serve wounded and hurting people than to be a part of the elite club of psychotherapists. Nevertheless, I do agree with Rieff that the therapeutic aims are not Christian aims. The aims of the therapeutic include: "individuation, self-esteem, feeling good, congruence and satisfaction with life."¹⁶ The language of the therapeutic, however, has been so camouflaged in the Christian language that we find ways to make these terms fit with our Christian perspective. In the lives of many Christians, and in most Americans, the voice of the Church has been muted and replaced by the therapeutic. To be clear, Christian aims include love, joy, peace,

¹⁵ Philip Rieff, *The Triumph of the Therapeutic: Uses of Faith After Freud* (New York: Harper & Row Publishers, 1966), p. 18.

¹⁶ Robert Roberts, "Outline of Pauline Psychotherapy," in *Care for the Soul*, p. 135.

patience, kindness, goodness, faithfulness, gentleness, self-control, clothing the naked, feeding the hungry, visiting the sick and imprisoned, praying for enemies and sacrifice of the self.

With the establishment of the psychotherapy movement as the dominant moral tradition of America, the Church has not only lost its place as the society's answer to what it means to be human, but also its place among Christians. Rieff further states:

Where family and nation once stood, or Church and Party, there will be hospital and theater too, the normative institutions of the next culture. Trained to be incapable of sustaining sectarian satisfactions, psychological man cannot be susceptible to sectarian control. Religious man was born to be saved; psychological man was born to be pleased. The difference was established long ago, when 'I believe,' the cry of the ascetic, lost precedence to 'one feels,' the caveat of the therapeutic. And if the therapeutic is to win out, then surely the psychotherapist will be his secular spiritual guide.¹⁷

I only need to look at my own life to recognize the defeat of the Church's resources – namely the priest – and traditions, particularly its language. When I was depressed in Tennessee, the only framework I had for defining my experience was the language of the therapeutic. I went to the psychotherapist not because I was depressed, but because I believed he was the healer of my illness. Under the therapeutic moral tradition, I viewed depression as something that needed to be conquered and removed, as something that was not, and could not be, of any use to me. From that perspective, I could only get mad at God for allowing me to go through such a horrible experience.

People of faith, especially those interested in therapy, must question when and why the Church allowed the priest to be replaced by the therapist as the one who would instruct people and society on the realities of life. They must question the Church's acceptance of the emotional internal world of the individual as a critical aspect of life; question how emotional stability has

¹⁷ Rieff, pp. 24-25.

become necessary in order to live a credible life of faith. The moral tradition of the therapeutic is often more central to the Christian's life than the moral tradition of the Church. I find this shift unnerving, not so much because the Church has lost its place as the dominant moral tradition in America, but because the Church has lost its place as the dominant moral tradition in the lives of too many Christians.

In revisiting the varying views concerning integration, I am reminded that not all Christian counselors and patients have accepted the need to utilize, in part or whole, secular theories of the self and their healing technology of psychotherapy. Robert Roberts' "Christian Psychology" is one of those views, and his writings on the topic of integration offer a striking alternative to the Integration View. He states: "Christian psychology starts with ideas and practices already established by centuries of Christian tradition, and it develops psychological concepts and practices from these with a minimum of reference to or influence from the psychologies of the twentieth century."¹⁸ Roberts' historical perspective values Christian traditions and the Bible as sufficiently formative in conceptualizing what it means to be human. The self for the Christian is plainly labeled the "new self" as compared to the "old self." In dealing with the brokenness of people, Christian psychology relies on the plethora of uniquely Christian resources. For example, Roberts has developed a model of therapy called Pauline therapy, which he states can and should be used with both believer and non-believer. Pauline therapy requires the therapist to facilitate the use of prayer, suffering, fellowship, confession, reading and meditation, worship and works.¹⁹

Roberts' "Christian psychology" reminds me of the task of the priest, deacons, elders, and lay ministers of a church – it resurrects the Christian language. His writings could easily be

¹⁸ Robert Roberts, "Outline of Pauline Psychotherapy," in *Care for the Soul*, p. 135.

located on the shelves alongside Christian formation and discipleship literature. Even so, Roberts is not against the role of the psychotherapist, but believes a psychotherapist is only relevant to a Christian if Pauline therapy or the like is employed. Therapists, in other words, are only relevant if they are theologically informed. What then separates the role of the therapists from the role of the priest? Are we to view the Church as a resource for the therapeutic, or therapy as resource for the Church?

Although I am being trained in the techniques and language of the therapeutic, I am deeply concerned that the therapeutic has become too central in the lives of too many Christians. It is no longer unusual for a Christian to seek the help of a mental health professional rather than the help of a priest. Jones and Butman are right. We need to remain distinctly Christian in our therapy practices, but at what point do the therapeutic aims become too foreign to the aims of the Church?

After my visit to the psychotherapist in Tennessee, I decided I needed to change my lifestyle. I left my job and moved in with my brother in Texas. Over a period of a couple of months my depression left. Therapeutic aims were certainly accomplished in my life, but I still thank God for the faith formation that took place during that time. Although I do not miss that experience, the longing for the eternal that came with it has escaped me. I have never understood Paul's longing for Heaven and redemption more than I did during those months of suffering. As Christians, we should not seek well-being and relief from pain so quickly that we soon disconnect ourselves from the purpose and aims of faith and God and Jesus' death and resurrection. James exhorts us to reframe our experiences of emotional instability and pain in

¹⁹ Robert Roberts, "Outline of Pauline Psychotherapy," in *Care for the Soul*, p. 134.

terms of an opportunity to deepen our dependency on God.²⁰ As Christian therapists, we should understand the moral tradition that is guiding us when we attempt to “normalize” our clients. The heroes of our faith suffered, faced isolation, panicked, endured and failed the worst of marriages, and one almost sacrificed his son; the stories of our faith are not of actualization, individuation, and well-being, but are stories of faith and dangerous, reckless devotion to God.

²⁰ James 1:2-4