

The EMCAPP Journal



Christian Psychology Around The World

Some of the Main Articles

- My Therapy Aim – Your Therapy Aim – God’s Therapy Aim?
- The Moral Word in Reconstruction of Person in Christian Psychotherapy
- To What End? A Christian Psychology Perspective on the Goals of Psychotherapy
- Spiritual Maturity – Can it be an Aim or Goal of Christian Psychotherapy?



Focus Topic:

“Therapy goals” from the
perspective of Christian
psychology

Editorial

The free e-Journal Christian Psychology Around The World is introducing a new structure in upcoming numbers.

After 8 issues with focus countries (from which most of the authors came) - Poland, Germany, Russia, Switzerland, USA, Finland, Canada and South Africa - we will now concentrate on one topic which is important for Christian Psychology.

The topic for this new number is: "Therapy goals – from the perspective of Christian psychology".

As a rule, there are usually two reasons why people seek help expressly from a Christian counsellor or psychotherapist: they wish to be accepted, understood and welcomed as Christians themselves; and they expect help from God, directly and through the other person, because this person has specialist skills and involves God in the counselling process.

What goals do they bring with them? Primarily, they will state that the troubling symptoms, which are the cause for the counselling or therapy, should diminish or disappear completely.

That is easily said and easily understood.

And how does this look from the counsellor's or therapist's point of view?

Reduction of symptoms is certainly a first objective, but is that all?

The authors in this edition are enquiring about more, and it becomes clear that the question of therapy goals varies according to the problem complex – whether this involves, for example, relational conflict, addiction or depressive illness – and a differentiated search for answers is required.

May you enjoy an inspiring participation in the search while reading the various articles.

Yours,

Werner May



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Around The World: The Contributors





Click on the pictures, then you can read about the person

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- Christian Community Psychology
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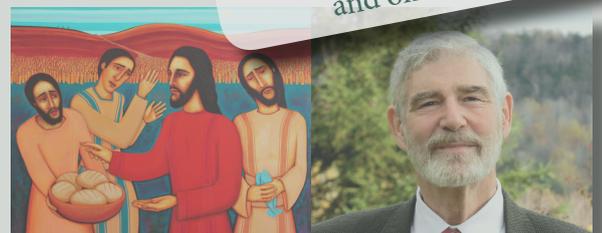
Read our fifth number:
Focus country: USA
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Read our eighth number:
Focus country: South Africa
Main articles in English



Friedemann Alsdorf (Germany)

My Therapy Aim – Your Therapy aim – God’s Therapy aim? or “What do you want me to do for you?”

(Jesus in Luke 18,41)

First published eJ 2, 2012



Therapy aims

Therapy definitions¹ contain, as a rule, three central key elements: starting with the recognition of a current status requiring change (disorders, problems, illnesses etc.), certain methods and techniques are applied in seeking to reach a desired target status (therapy aims).

In this context, therapy aims need not be scientifically grounded, but can be discussed from purely ethical and spiritual points of view. A consensus regarding therapy aims must be reached between the expectations and needs of the client on the one hand and, on the other hand, the presuppositions of the therapist based on the foci (values, concept of man) of the therapy in question. The various therapeutic “schools” traditionally define their therapy aims very differently, and the personal values of therapists add their weight as well. Examples of the aims of therapists for their clients:

¹“Psychotherapy is a conscious and planned interactive process for influencing relationship disorders and states of suffering which are agreed in consensus (if possible between patient, therapist and immediate relational environment) to be in need of treatment with psychological means (by communication) of mostly verbal, but also non-verbal, nature moving towards a defined, if possible jointly determined, aim (symptom minimisation and/or structural changes in the personality) using teachable techniques on the basis of a theory of normal and pathological behaviour. As a rule, a resilient emotional relationship is necessary.” (Strotzka, H. (1975): Psychotherapie. München, cit. from Ambühl, H.; Strauß, B. (1999): Therapieziele – Ein „dunkles Kapitel“ der Psychotherapieforschung? In: Ambühl, H.; Strauß, B. (eds.): Therapieziele. Göttingen, p.8)

Friedemann Alsdorf, Graduate in psychology, psychotherapist and supervisor. After short periods of work in psychiatry and a special needs school there followed eight-and-a-half years of responsibility in addiction therapy as part of Teen Challenge. Since 1997 at the IGNIS Academy, leader of the social therapy area (offering addiction counselling, group therapy, social work and supervision) and contact person for the icp, the Institute for Christian Psychology, Therapy and Pedagogics in Switzerland. Now head of the IGNIS-Academy.

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- Symptom reduction, countering negative developments
- Freedom (to do what is good), autonomy, maturity, self-realisation, active life-shaping
- Congruence, genuineness, ability to live out and show feelings, authenticity
- Awareness (attention to inner processes), consciousness
- Learning ability, development of competence
- Ability in relationships and communication
- The client’s experience of being important to others
- Functional (enabling healthy developments) systems of relationships
- A life in keeping with God’s commandments
- A life in an intimate, trustful relationship with God

According to opinion surveys, clients in psychosomatic clinics wish the therapy to bring changes in the following areas of life most of all:

1. Self-confidence, self-efficacy
2. Anxieties
3. Experience of self-worth and dealing with illness
4. Difficulty in finding recreation and relaxation
5. Loneliness and contact disorders

And God's aims ... ?

The evangelist Mark records (Mk. 2,3-12):

"Some men came, bringing to him a lame man, carried by four of them. Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on. When Jesus saw their faith, he said to the lame man,

"My son, your sins are forgiven."

Now some teachers of the law were sitting there, thinking to themselves, "Why does this fellow talk like that? He is blaspheming! Who can forgive sins but God alone?"

Immediately Jesus knew in his spirit that this was what they were thinking in their hearts, and he said to them, "Why are you thinking these things? Which is easier: to say to this lame man, 'Your sins are forgiven,' or to say, 'Get up, take your mat and walk'? But I want you to know that the Son of Man has authority on earth to forgive sins." So he said to the man,

"I tell you, get up, take your mat and go home."

He got up, took his mat and walked out in full view of them all. This amazed everyone and they praised God, saying, "We have never seen anything like this!"

The striking feature of this story is this: not a single word from the lame man or his friends has come down to us, nothing regarding exactly what they expected from Jesus. The only obvious thing is the problem of lameness and the request to Jesus for help.

When Jesus sees their faith, he names a surprising aim: forgiveness of sins. Only in a second step does he heal the obvious symptoms.

Here, Jesus apparently allows God to show what is needed in this situation – and this is not what presents itself immediately to everyone's eyes.

God's aims can thus be something other than what the client names and what the therapist perceives as obvious. It is therefore worthwhile to enquire about God's aims for a client or for a therapy process.

The ways of recognising such aims can be very varied: impressions in prayer or the wishes of the client's heart, "works prepared beforehand" in the life of the client, Bible words which become the "rhema", impulses received by a supervisor or spiritual leader, inspiring books and much more. God wants to lead us and speak to us, and "whoever belongs to God hears God's words." (Joh. 8,47)

The dangers of this procedure become clear at once: passivity, so that no more aims are developed or battled through by oneself; listening to God can be put in the place of the necessary negotiating of aims between client and therapist.

But the opportunity offered by this procedure is that previously unthought of aims can come into one's mind. Encouragement for healing can be received for healing in further important areas of life: if I can believe that God desires these aims, I can also believe that He stands behind them with His power.

Aims of Healing in the Bible

"Psychotherapy" can be found neither as a word nor as an express thought in the Bible. Yet an important aim of God with man and a sign of the approaching Kingdom of God with Jesus is that people become whole. Here healing is understood holistically and comprehends bodily, mental and spiritual changes. The aims of this healing include e.g.:

Strengthening, stabilising, supporting (e.g. 1 Kings 19,4f; Luke 9,13)

Release from symptoms and normalisation (e.g. Mk.2,11; Mk.5,15)

Release from guilt and feelings of guilt (e.g. Mk.2,5; 1.Joh.3,19f.)

Recognising the truth, being set free (e.g. 2.Tim.2,24-26)

New behaviour, love and good works (e.g. Joh. 8,11b; 1 Tim. 1,5)

Becoming like the image of God, like Christ,

perfection (e.g. Col. 3,8-10; Gal. 4,19; 2 Tim. 3,16f., see also Eph.4,12-14)

Ability to relate to man and God, faith (e.g. Luke 17,15-19)

Depending on the person and the initial situation, the aims are differentiated (e.g. Jude 22f). Not only God, but also those seeking help, can and should set aims (e.g. Mk. 10,51, see also Mt. 20,32)

A first conclusion:

Secular therapies and biblical models of healing are both distinguished by a variety of very differently defined aims. In addition, definitions of therapy aims are strongly dependent on the therapist's own ideas of the mode of action and methods of the therapy.

Source of aims: the three-fold commission

(Psycho-)therapy is not always a voluntary commission for individual help given by a client to a therapist. In many cases, the interests of the cost-carrying agency, a therapeutic institution, an employer or other factors are involved. This second commission, as a rule, aims at (re-)integration, at a certain level of control over "non-integrated persons", and the avoidance of resulting costs for society. In social work, in work this problem is even more pronounced, Bönisch and Lösch² had already coined the phrase of the "double commission" in 1973. More recently, Staub-Bernasconi³ suggested speaking of a threefold commission, denoting the commission to supply help to the individual, a commission from society, and a professional commission in the sense of scientifically-based knowledge of treatment and transformation and of ethical norms.

I share this view, but would add, by way of explanation of the third mandate, that, wherever

man is seen as God's creation, God can also be perceived as giving a commission. "Threefold commission" thus means:

1. A commission to supply help to the person affected and his/her social environment, with the aim of more successful living in the sense of self-determination in everyday life. For this, the professional must be prepared, under certain circumstances, to adopt uncomfortable attitudes towards the social systems involved.

2. A commission from the social system (e.g. society) with the aim of (re-)integration, maintaining contacts with society, or the avoidance of further resulting costs. With this commission, forceful means (sanctions and methods of control) are often associated. Here, under certain circumstances, considerable tensions can arise with the needs, wishes or values of the person affected.

3. A commission which arises from one's own calling or professional motivation, motivated by ethical values and norms (the double commandment of love, human rights, professional codex) and informed by professional knowledge. This third commission enables a certain independence from the "external" commissions of the first two commissions, but, for precisely this reason, can also lead to conflict.

What is needed is to be conscious of tensions resulting from the different commissions and to define as clearly as possible, for oneself and the client, in which commission one is acting.⁴

1. What commission is my client giving me? With what does he need help?

2. What is my commission (what I should do, not what it would be "nice to have") as a therapist or under our commission as an institution

2 Bönisch, L., Lösch, H. (1973): Das Handlungsverständnis des Sozialarbeiters und seine institutionelle Determination. In: Otto, H.-U.; Schneider, S. (ed.): Gesellschaftliche Perspektiven der Sozialarbeit. Vol. 2, Neuwied/Berlin, pp. 21-40

3 Staub-Bernasconi, S. (2007): Soziale Arbeit als Handlungswissenschaft. System-theoretische Grundlagen und professionelle Praxis – Ein Lehrbuch. Bern (Haupt), pp.198-202

4 The main feature of professionalism "is the requirement to make one's own picture of the problem situation on the basis of science and professional ethics and – proceeding from that – to formulate a self-determined commission which takes into consideration the points of view and interests of the person affected by the problem as well as those of the (in)direct commission-giver in the social care authority." (Silvia Staub-Bernasconi)

- a) in the eyes of politics and society?
 - b) in the eyes of the commissioning authorities?
 - c) in the eyes of the cost-carrying agency?
3. What commission can I – going beyond what has been mentioned – formulate for myself on the basis of
- professional knowledge and ethical principles
 - my spiritual view and calling?

Therapy aims und life aims⁵

It appears important to me to distinguish between life aims and therapy aims.

- Life aims are, as a rule, a life-long challenge, hardly achievable in entirety. They belong to the “life system” of the client, are tied in with (for the client at least) absolute values. Here no hierarchy or external imposition is permissible, otherwise personal conscience is infringed.
- Therapy aims should given a limited and achievable formulation so that achievement or non-achievement can be identified at the end of the therapy. Therapy aims belong to the “therapy system”, which is based on agreements and relative values. This sets sensible limits to the hierarchy inherent in the system and the power of the therapist.

If therapy aims (e.g. stopping smoking) are made into absolute values (“smoking is a sin and separates you from God”) or if life aims become therapy aims (which leads automatically to failure), hurt and role-confusions result.

If the therapist is at the same time a priest or spiritual leader, discernment and restraint are appropriate. He should also always ask himself whether what his intended goal is a therapy aim or a life aim. That can prevent misunderstandings and disappointments on both sides.

Nevertheless, life aims and therapy aims should be linked with each other. The achieving of the therapy aims should also bring the life aims nearer.

Instrumental and final aims

- Instrumental aims (or intermediate aims)

are derived from professional knowledge-based considerations from which various strategies are developed. They must reflect professional responsibility; the standard is the effective achievement of the final aims.

- Final aims (or end aims) can only be measured by standards of ethical responsibility. They are derived from the patient’s aims for the therapy and the subsequently negotiated treatment contract.

Awareness, for example, can be both an instrumental aim (to cause the patient’s symptoms to disappear) and a final aim (if the client does not wish to experience these feelings again). Both kinds of aim should be openly declared and agreed.

“Compulsory aims” and “luxury aims”

One could also speak of minimum aims and maximum aims.

- “Compulsory aims”: What is the least that must be achieved in this therapy? If these aims are not achieved, the conclusion must be that the therapy has failed or even caused damage (it has then not been worth it).
- “Luxury aims”: What could realistically be further achieved in this therapy? What would be – from the point of view of client or therapist, or spiritually – “nice to have”? Such aims often appear attractive and are motivational – even if not absolutely necessary.

It is not unusual for clients or even therapists to lose sight of compulsory aims and turn their attention to luxury aims (examples: primary task and secondary benefits in a group therapy). Or therapists put themselves under unnecessary pressure because they have formulated for their work “luxury aims” which they then do not achieve.

In both cases, it is necessary to be open about any conflicting aims and to turn committedly again to the compulsory aims.

Depth of aim in therapy

There is a hierarchy of aims in therapy: that there are different depths of transformation is already clear in the biblical account of the healing

⁵ According to Mahler, Dr. Roland: Zwangs- und Suchtstörungen. Seminarunterlagen SCS, 2004

of the ten lepers (Lk. 17, 11ff). Which procedure to choose is a matter for client and therapist to negotiate together. Listed in increasing depth of aim we have:

1. Supporting, stabilising procedures have the aim of ensuring the healthiest possible living (survival) in daily life. Personal motivation to change is not a pre-condition.

2. Training, advisory procedures have the aim of extending the (psycho-social) competence of the client or to cause individual symptoms to disappear. Here the primary requirement is motivation to learn or train.

3. Uncovering procedures see unresolved biographical events or conflicts as the cause of the current problems and work them. For this a motivation to change and a certain introspective capacity on the part of the client is needed.

4. Procedures which change the value system or life concept are often derived from certain personality ideals or concepts of man and aim at developing the faith or value system or the client's life concept. The client should in this case be motivated towards comprehensive changes such self-knowledge, personality maturity, discovering meaning or spiritual fulfilment..

5. What depth of aim is selected? In many therapies one will also find combinations or chronological sequences of procedures with different depths of aim. Here the conscious choice and clear communication according to the scope of the client's aims are decisive. With increasing depth, as a rule, the amount of therapy work increases as well. On the one hand, more is "offered" to the client than in therapies which aim purely at the symptom level: experience in relationships, inner enrichment and possibly discovering meaning. On the other hand, "with the opportunities, the risks grow too. The deeper the aims, the greater the danger of lasting mental damage in the case of

failure."⁶ Not always is the "deeper" aim also the better one!

On top of this, aims must be agreed fairly: "It would be nothing less than false labelling to sell to a patient, exploiting one's own highly suggestive position... an ethical re-evaluation of his life or way of life. Even the patient's wish for symptom control cannot be taken as an opportunity to suggest to the patient a deep-reaching analysis of unconscious conflicts without informing him about other, less elaborate possible treatments."⁷

The aim-finding process

The ethical standard is "informed consent". How does one reach this? Three positions are conceivable:

a. Service-provider model, which assumes a suitable level of responsibility in the client, i.e. the client sets the therapy aims. "What do you want me to do for you?" (Lk. 18,41)

Problems: What happens if these aims aggravate the client's problems rather than ease them, if the justified interests of third parties or of the public are disproportionately impaired or if the therapist is not in agreement with the value concepts of the client?

b. Paternalistic model, in which it is primarily the therapist who determines the aims (in practice, particularly in in-patient settings, extremely common. "Your sins are forgiven." (Lk. 7,48)

Problem: it is therapy of the patient and not of the therapist; self-determination and self-responsibility are thus essential.

c. Negotiation model, in which both present their envisaged aims and subsequently reach a

6 Kottje-Birnbacher, Leonore & Birnbacher, Dieter (1999): Ethische Aspekte bei der Setzung von Therapiezielen. In: Ambühl, Hansruedi; Strauß, Bernhard (ed.): Therapieziele. Göttingen, p.21

7 Kottje-Birnbacher, L. & Birnbacher, D. (1995): Ethische Aspekte der Psychotherapie und Konsequenzen für die Therapeutenausbildung. Psychotherapeut, 40, p.62

consensus. In view of the suggestive influence of the helper with his superior specialist knowledge and superior experience, it is important for the protection of the patient that the therapist differentiates between what he, as an expert, knows to be necessary (instrumental aims) and value judgements (final aims). Only with the instrumental aims is it permissible for the therapist to appeal to his expert knowledge; the final aims must be negotiated in partnership.

If conflicts between the envisaged aims arise (which is not unusual at all), there are two possibilities:

- to seek minimum aims or compulsory aims and, after reaching them, to evaluate the work so far and to examine whether further aims should be set and
- in the case of unbridgeable discrepancies to decide against beginning or continuing the therapy (which must in no way be linked to a de-valuing of the client).

Aims of Christian psychotherapy?

The possibility of extending and re-assessing the range of methods in Christian psychotherapy is a logical conclusion: if God is present in the treatment with His healing love, the Holy Spirit wishes to work and Holy Scripture is seen as the

standard for finding the truth, it should then follow that prayer, charisms and the revealed word of God should have a place in therapy.

Are there other, further-reaching treatment aims in Christian therapy, e.g.

- besides the aim of detecting resentment, learning to articulate it and deal adequately with it, the further aim of be able to forgive?
- besides the aim of overcoming anxiety, the further aim of developing a deep trust in God?
- besides the aim of freedom from the slavery of dysfunctional life concepts (i.e. from idolatry), also a commitment to the living God?

Could these aims be therapy aims, or are they already life aims which lie outside the therapy?

And if they are therapy aims, should the therapist then make a clear change of roles from classical therapist to brother or priest?

How can Christian life aims successfully be given a place in a therapy in such a way that spiritual freedom is preserved, and without by the gradient of power between therapist and client enticing one into over-hasty and unhealthy adaptation processes?

Anna Ostaszewska (Poland)

Comment to “My Therapy Goal – Your Therapy Goal – God’s Therapy Goal?”

Friedemann Alsdorf gives us questions very important for Christian psychotherapy and therapists and points out useful differences between therapy goals and life goals. What is my goal on the basis of my profession? What is my goal on the basis of my spiritual view and calling?

Giving these questions assumes integration of the professional and spiritual development of the therapist.

The therapist should be aware of goals he or she wants to achieve and they should fit to the patient’s expectations and to the agreement.

A client comes to the psychotherapist for psychological healing. He needs to feel well. He may come to God expecting spiritual healing like forgiveness of sins or expecting any healing, including psychological well-being.

The psychotherapist works in psychological dimension, God can work in every dimension. The Spiritual dimension is larger than the purely psychological, but both of them influence each other and partly occupy the same area.

God’s goals can be salvation in general but in psychotherapy it can be just psychological healing. This psychological healing, given in a limited therapeutic process, can be a part of spiritual healing which is the goal of life as a whole.

Therapy work assumes an active attitude of the client. Friedemann Alsdorf points also to the danger of passivity when a person “expects everything from God”.

The goals of Christian psychotherapy depend on a model of Christian therapy. Christian therapy can be perceived (by therapist and by client) as a church activity and in such



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Former articles by Anna you can see here:

<http://emcapp.ignis.de/1/#/58>

<http://emcapp.ignis.de/1/#/78>

a situation it may be interested more in “life goals” and be concentrated on spiritual healing more than on psychological healing.

A different model of Christian psychotherapy is when psychotherapy is given by Christians who are professionals and therapy is given in centers independent of a church. In this model therapy is concentrated on psychological healing although it can take into account the spiritual dimension and the “life goals” of a client.

If it is church activity, our patients may accept more religious aspects being included in the therapy process.

If a patient comes to a professional, he/she expects psychological work and healing. They may also expect to be respected with their religious experiences, attitudes and beliefs or expect some help in integration psychological and spiritual development. But they shouldn’t get evangelization instead of psychotherapy.



Timothy A. Sisemore (USA)

To What End? A Christian Psychology Perspective on the Goals of Psychotherapy

You need a destination before you can plot a course. Few things are as obvious, yet often so overlooked when it comes to Christian counseling. Much of the debate about applied psychology among followers of Christ has been about the presuppositions of science and the techniques for change that come from the field. But what are we trying to do in the first place? The methodology is irrelevant if we do not have some idea of what we hope to accomplish. I fear that often Christians misguide counselees because we have not really thought this through.

I recall some years ago my wife and I were distraught as there was water soaking the ground just outside our bathroom. We agreed with several plumbers that the leak was in a pipe under the bathroom and thus the solution was to destroy the concrete floor to uncover the pipes and fix the leak. A very expensive proposition.

The plumber who was going to do this dastardly deed to our house did not sleep well the night before he was to take a jackhammer to the floor of our home. He arrived with a different idea: maybe the leak was at a joint in the piping in front of the house where the main line divided, and that the water just flowed along the soft earth around the pipe, coming out at the side of the house near the bathroom. We agreed that the risk of digging up one bush in front of the house was worth the chance our bathroom could be saved. Well, the plumber was right, saving us thousands of dollars and not a few headaches.

Presented with a problem, it was easy to formulate a goal based on the object: find and fix the leak under the bathroom. But with further thought, the goal changed to find and fix a bad joint in front of the house. How one conceptua-

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lizes a problem inevitably influences how one proceeds and what one accomplishes. The same applies to Christian counseling.

It is all too easy to just go with what a client says or our intuition tells us the problem is. The counseling profession is particularly biased to assume the client will know what is best for him or her, and this assumption is built not on empirical data but on humanistic philosophy. Given our sin natures (not considered in humanism), counselor and counselee alike may easily set goals that move the person away from God, if we are not careful.

Let us consider how we determine goals for our counselees and whether there may be room for improving how we do so. This may ensure we are not working at cross-purposes with God. We will reflect on this by considering a series of four questions.

Do We Treat Diagnoses or Problems?

Christian counsel was historically done from within the church and by spiritual leaders, seeing the issues people came with as problems and sometimes even as sin. The advent of the scientific method led to efforts to see problems as less spiritual and as more physical. Largely due to the influence of Freud who “medicalized” the notion of counseling into psychotherapy, the current model of the mental health professions is that one diagnoses a mental illness and that will lead to the notion of how to treat it. Training for counselors generally includes a course in the ICD or DSM, with the assumption that a good diagnosis tells what the goals of treatment should be.

Even research shows this medical model does not work so well (Wampold & Imel, 2015). Compare this approach to dealing with strep throat. A swab test will determine the presence of streptococci in the person, and these bacteria are identified as the culprits responsible for the illness. Research has made clear that antibiotics will kill the streptococci, and thus the patient will get well. So, the goal is to kill the strep germs and antibiotics do the trick. A good diagnosis makes the approach to treatment clear.

In counseling, however, this does not obtain. No psychiatric diagnosis has a simple, clear, undisputed etiology like the one we see in strep. Therefore, we only have symptom clusters and no firm idea of the etiology of those symptoms and what holds them together. This leads to considerable comorbidity as the diagnostic categories are not discrete, and to conflicting theories of the processes that lead to the diagnosis. In short, psychiatric diagnosis is not helpful in determining treatment. Even medications are now seen as treating symptoms more than mental disorders. Renowned psychotherapy researchers such as David Barlow (Barlow et

al., 2010) are forsaking a diagnostic approach to counseling and advocating for transdiagnostic treatments.

The Christian counselor or therapist will see a spiritual and/or moral element in play in many presenting problems, and a diagnosis from a secular manual built on a disease model leaves no room for this. The disease model leads to an interpretation of problems as symptoms of medical illness. Sometimes they are (even biblical counselors acknowledge that brain damage can impact psychological functioning [e.g., Scott, 2012]), but is a disease model the way to start determining where counseling is to go? It minimally imposes an interpretive framework over the description a counselee might present, and once bought into, starts one down an interpretive road that may not be ideal.

How Do We Formulate the Problem?

Since the disease model really does not work, psychology and counseling have struggled to come up with the “disease” process leading to symptoms. Take something as basic as depression. This is already an interpretation of a set of symptoms that might include loss of sleep (or excessive sleep), low mood, and negative thoughts. Must these reflect a disease, or a state? They might even be what St. John of the Cross called a dark night of the soul, not a mere imbalance of brain chemicals as some would have us believe.

But let us assume the medical model for a moment and agree with a diagnosis of depression. Even with this point of departure, a counselor now must choose among a bounty of models of counseling to find the “cause” to “fix” the problem. Each will offer its own formulation of the depression leading to the goal of therapy. Of course, Freud would have the depressed individual talk about his or her early childhood and look for signs of fixations or defenses that may explain the problem and thus the goal of therapy is to get “unfixated” or see behind defenses.

A cognitive behavioral therapist is more likely to tout the science behind this approach and

trace the depression to irrational or ineffective ways of thinking about things that lead to the symptoms of depression, and by changing these will allegedly free the person from the depression. Therefore, the goal is changing the thoughts purported to cause the symptoms.

Then there is the more humanistic approach where the counselor will actively listen and reflect what the person is expressing. The basic model assumes experiencing conditions of worth from others is the cause, so the unconditional positive regard will achieve the goal of making the person feel valued and accepted, thus alleviating the depression.

Some models will see emotional problems underneath, or lack of motivation, or family problems, or attachment issues, or the story one is telling oneself, or a lack of skills. All share in common that the symptoms reflect an “illness” that has a cause (like the streptococci above) and fixing that cause becomes the goal of therapy. All of this comes with the interpretation of the “symptoms” as a disease (or disorder).

For others, the only issue is that the counselee is suffering in some way and that suffering needs to be eliminated at most any cost. Sad feelings are bad because they feel bad. Anxiety is bad because it feels bad. Therefore, the counselor may work with the person to help them eradicate or avoid bad feelings at any cost. Often this is fine. If I have a splinter in my finger, I see no need to leave it there just to show virtue in suffering. I will pull it out. But there is also pain that promotes character and growth (like Paul’s thorn in the flesh in 2 Corinthians 12:7), and that God may use for his purposes. Both the medical model and the getting rid of pain approaches limit counseling to dealing with deficits, and lack an orientation to the true goals of a Christian life.

Does This Approach Fit A Christian View of Persons?

Many Christian psychologists and counselors have sought to integrate faith with practice by trying to apply Christian ideas or practices to fit into this medical model. Praying may alleviate some sadness, particular prayers of thanks-

giving. Bible verses may offer comfort as well. Still, these are only using the faith as techniques to treat the diagnosis, all the while not questioning the medical model assumptions behind this.

I do not want to imply that there is no place for diagnosis at all. However, I do want to suggest that not all emotional suffering or behavioral problems are functions of some type of illness. The model assumes that most any suffering is due to an illness that needs to be treated. That is not the case, even in the realm of the physical. The pain of a long run or soreness after a challenging tennis match do not imply there is illness. The pain may actually be a step toward greater health. So, what if symptoms are simply problems or challenges, and not indicative of a mental illness? This would alter our goals dramatically.

These traditional approaches to counseling build on philosophical assumptions that may not be completely compatible with what the Bible teaches. For example, humanist approaches to counseling see people as intrinsically good and thus the goal is to bring out the goodness within. This contrasts with the Christian doctrine of original sin that sees humans after the Fall of Adam and Eve as inclined to do wrong. The goals of these approaches, then, may actually lead in directions contradictory to biblical goals. John Calvin (1960/1559), a major theologian of the Reformation, saw self-denial as the hallmark of the Christian life, a goal that is contrary contemporary notions of self-esteem as the key to individual well-being.

The medical model is also built on a limited model of seeing counseling as simply getting rid of an illness while ignoring the goal of growth. For Christians, this includes a key feature of the Christian life – sanctification. The ancient idea of what we call counseling would now be separated into spiritual formation or discipleship, with more of a forward aim of growth in Christ. This view sees our sin and foibles not as mental illnesses but as obstacles to growth in our union with Christ. This contrast unveils a major flaw in psychology that has been so busy defining abnormal that “normal” has been overlooked (though in recent years the field of positive psychology has begun to look at this). I

am not sure our forebears would have separated the two (problems and growth) the way the medical model forces us to do.

Most models of counseling from the secular field, buying into the diagnostic model, see the goals of therapy as removing the pathological process that yields the diagnosis. Thus, you can be “normal” but not necessarily lead a meaningful and fulfilled life. The goal is simply no longer to meet diagnostic criteria of and of the DSM or ICD categories. As a result, much professional counseling distinguishes itself from spiritual direction – particularly as licensure and third party reimbursement facilitate the former but not the latter. Even the reimbursement system is thus built on the medical model in contradistinction to traditional Christian soul care. The latter is built on the view of the person as a redeemed sinner who by the power of the Holy Spirit is seeking to grow in union and communion with Christ (Johnson, 2007).

One other aspect of a Christian view of persons is that are made to be in relationship. Rooted in the comment of Genesis 2:18 that it is not good for man to be alone and in the importance of the Trinitarian nature of God, Christians hold that life is to be one of relationship – to God, to spouse, and to the body of Christ, the church. This contrasts dramatically with the individualistic approaches of the diagnostic models built on humanism. Christian counseling, for instance, would support persevering to work out marital problems whereas often other models will advocate for divorce as in the best interests of the individual escaping the discomfort of the relationship. Christian counseling will also value the church community as a resource to the struggling person. I know of one church who made it a policy that when a pastor was counseling a family, that another family in the congregation was assigned to support and encourage the one that faced challenges.

Allow me to end this section with a caveat. Some reasons for counseling are simple and rather straightforward. If someone comes to me that is afraid to speak in public but otherwise is doing well, then my mission may only be to help the person speak in public. (After all, while

a dentist may hope that you have shiny, white, healthy teeth, sometimes his or her goal is only to fill a cavity.) Yet even in this, the context is that God would not have us be afraid and that the challenge of overcoming this anxiety is an opportunity to grow in faith and communion with God. The only need for a diagnosis in this case is if I want to be paid by an insurance company.

What Would Christian Goals for Counseling Look Like?

We have looked at the current models of secular counseling that are often adapted by Christian counselors and see how these may often just be secular goals (with “secular” meaning “of the time” and thus without an eye to eternity) pursued by utilizing Christian techniques. If we are willing to step back from the medical model to get a broader perspective, we may develop counseling goals that fit more neatly with the building of God’s kingdom. Let me stress, though, that there is still some place for some aspects of a medical model and I am not denying the interface of the physical and the psychological, but my view is that this is a subset of a larger Christian worldview.

We have already hinted at the primary goal of the Christian life: living in union and communion with him (Johnson, 2007), or to use a more directly biblical phrase, abiding in Christ (John 15:4). To do so will require a life focused on self-denial as we become slaves to righteousness (Romans 6:17-18), serving the kingdom of God rather than ourselves. (Yet this is a joyful service for which we were created prior to sin.) It will include utilizing spiritual gifts and drawing from the other gifts present in the community of Christ, the church.

Sin is a threat to this vision, as it promotes love of others, forgivingness, grace, and sacrifice, not values often shared in secular models. Christian counseling will see sin as a hindrance to union with Christ and therefore never see affirming it as a goal in counseling.

Such a model of Christian psychology and counseling will also avoid the trap of seeing all

suffering as inevitably bad and thus to be avoided at all costs. A thorough reading of the Bible leads to the inescapable conclusion that a life of living for God involves suffering – in fact, more suffering that one might have had if he or she were outside the faith. Joseph or Job are prototypical examples from the Old Testament, and Paul in the New. Above them all is Jesus who “for the joy set before him endured the cross, despising the shame,” (Hebrews 12:2). This means the Christian counselor should be slow to seek the alleviation of pain until one can see the context and meaning of it. To be clear: suffering is still suffering, and all of us would prefer a world without it, but that world is yet to come. The issue for now is what does suffering represent in light of the goals we have presented? A fear of speaking is suffering that might easily be remedied, but what of the suffering of attending to a spouse with Alzheimer’s? Or of standing up for Christ in a workplace hostile to faith?

One must also consider that faith may manifest itself in unhealthy ways, and correcting this may be part of what needs to happen in counseling. Many men have justified unloving behavior toward their wives in the name of exerting authority over them. Others, confused by modern ideas of life being constant pleasure, blame God for hard times and either feel he is angry with them or punishing them for some sin in their lives. Even secular authors such as Pargament (summarized in Sisemore, 2015, Chapter 11) have shown the negative outcomes of counseling when these issues are left unaddressed. Pargament (2007) has even developed a model of spiritually-oriented psychotherapy built around a generic treatment of the problems that may occur in pursuing meaning through faith. While it is not explicitly Christian, it concedes that faith concerns may themselves be part of (if not most of) the problems that bring people in for counseling.

Summarizing the Goals of Christian Counseling

Pulling some of this together, in the Christian’s pursuit of union and communion with God and others, God in his providence will interject sufferings at times. Some of this will be the result of

our willfulness and sin, some the result of being fallen creatures (this would include the simpler problems and things that might be diagnosed) some the inevitable result of following him in a hostile world, and some from our misappropriation of faith in the midst of hardship.

The mission of the Christian counselor, then, is to formulate how the person is moving toward Christlikeness, what hindrances are in the way, what suffering is normal and what is not, and how to steer the person on the way to these goals so that their lives are God-centered. Beneath this umbrella may be the need for clarity in understanding the nature of the Christian life and being in the world as redeemed sinners, or a clearer understanding of suffering combined with a wise way of coping with it when it cannot be eliminated, or even stepping forward in faith toward righteousness when it might exacerbate suffering. It may involve stepping into community with the risks that involves, and promoting healthy relationships with others. Sometimes this will be more like removing a splinter, and sometimes more like treatment of aggressive cancer (if I can invoke a medical metaphor). Our biblical worldview shapes our understanding of the meaning of life and suffering, and the nature of persons as made in God’s image yet born with a proclivity to sin. Secular psychology can offer us insights into how these things manifest themselves in life and even give some helpful suggestions to understanding how we become tangled in our thoughts and emotions. It also can offer some techniques that may help in pursuing the goals we have discussed.

One last observation is the degree to which one particular form of secular therapy can be adapted to fit these goals, and that is Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 2012). There are some challenges in so doing (Sisemore, 2014), but here is the basic idea. ACT argues that life is about rallying behavior to serve one’s values, accepting that there may be suffering along the way. It is less about eliminating suffering, but limiting suffering to the inevitable challenges for living into one’s values. For Christians, this translates to aligning our lives and goals with the ultimate goals of union and communion with Christ and fellow-

ship with others. We accept a modicum of suffering in our commitment to following Christ.

This article that might have said basically the goal of Christian counseling is to help people feel better. We end with the conclusion that Christian counseling has as a goal to make people be better. The former may produce states of happiness, but living out the Christian life leads to joy – even in the midst of hardship. The apostle James says it better: Count it all joy, my brothers, when you meet trials of various kinds, for you know that the testing of your faith produces steadfastness. And let steadfastness have its full effect, that you may be perfect and complete, lacking in nothing (James 1:2-4).

My hope and prayer is that by reflecting with me on this important issue that we are more intentional in thinking out what we are trying to accomplish in our counseling.

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Comment to “To What End?”

In his article *To What End?* Sisemore emphasises the critical importance of defining and understanding the destiny we are heading towards with clients, before attempting the challenging process of change. Change is an elusive concept sought out by mental health professionals, desired by clients and debated by followers of Christ.

Mental health professionals claim that change could be achieved by accurate diagnoses and scientifically based therapy processes. Sisemore rightfully points out that diagnoses and psychotherapy processes are irrelevant if we do not understand where change should take us. He further asserts that the primary goal of Christian counselling is to abide in Christ, “living in union and communion with him”. Furthermore, Christian counsellors embody the hope to clients to reach this destiny. This destiny entails to be better instead of feeling better. He proceeds to recommend adapting a secular model, Acceptance and Commitment Therapy, as a good fit to achieve this goal.

I agree with Sisemore in his assertion of the primary goal of Christian counselling, but I am surprised by the introduction of Acceptance and Commitment Therapy (ACT) in the summary of the article as a method to reach this goal. Apart from being rooted in humanistic thought the adapted form of ACT falls short in terms of how spiritual formation could be facilitated.

The destiny followers of Christ ought to reach requires a deep and profound spiritual transformation rather than a psychological therapeutic process. The suggested adapted secular model could be useful on a psychological level but it does not encompass the full meaning of “abiding in Christ”.

To live life from a position of unity with Christ requires spiritual direction and spiritual formation. Spiritual direction is a process rooted in practicing the presence of God and guides spiri-

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tual formation. This process should lead to deep-seated obedience to the call for self-sacrifice and Christ-like social action – do compassion, do love and do forgiveness. Thus, a more holistic approach would serve the primary goal of Christian counselling more effectively.

The spiritual formation process could be problematic for clients where medical issues are prominent and debilitating, leaving Christian counsellors with limited options with regards to therapy goals.

The application of an adapted Acceptance and Commitment therapy model could form part of a whole-person counselling plan, but does not provide a complete answer. The whole person should be considered, including medical issues when setting goals. The limitations of adapted secular models should be recognised and outlined in the attempt to achieve an overarching spiritual goal. Spiritual direction practices could be included to steer clients to the primary Christian counselling goal – abiding in Christ.



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The Moral Word in Reconstruction of Person in Christian Psychotherapy

“Evil is the state in which one finds the nature of those personal beings who have turned from God”.

Vladimir Lossky

The aim of Christian therapy is associated with a basic anthropological point: the nature of a human being as a person, which leads us to restoration and recreation of the anthropological image of a man. The therapeutic reconstruction of person in Christian therapy becomes equal to the exploration of patient's personality, with the goal of uncovering and fulfilment of the image and likeness of God in the patient's person.

I . Human person.

A human being is a person, and his person is not reducible to his individual human nature. The nature of a man is a complex compound: body, soul and spirit. Theology emphasizes the irreducibility of person to soul; the natural basis of the soul and the spiritual basis of the person. The person is the image and likeness of God. The living and personal God created man „in His image and likeness“. The reality and the human character of the soul's life finds its unique expression in the reality of the person as a divine personal being. The reality of the personal being in a human being is established as the hypostatic manifestation of the universal human soul. The person is not reducible to the soul; their relation is synonymity, but not equality. This is the mutual fulfilment of two different realities. The irreducibility of the person to human nature (soul) does not mean contrasting them as two different realities. The living human nature manifests itself in the nature of the spiritual life. The personality has all the qualities of a living soul, but at the same time, it is not reducible to the soul. According to V. Lossky “It is not, then, a part of our nature which corresponds to the image of God in us, but the person which in-



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cludes the nature in itself”. The theologians use the special term ‚enhypositized‘ for the nature which is included in a person or hypostasis.

“A person becomes the perfect image of God by acquiring that likeness, which is the perfection of the nature common to all men” (V. Lossky). “The distinction between persons and nature reproduces the order of the divine life, expressed by the doctrine of the Trinity, in mankind. It is the foundation of all Christian anthropology, of all evangelical living”, as “Christianity is an imitation of the nature of God” (V. Lossky). A person is a sign of Godly image and likeness of God.

Person is not a general concept, not a set of qualities or personal attributes, but a sign introducing us in the domain of incommunicabilis, (V. Lossky), in which there is nothing marked as ‘a person’.

The person manifests, through the hypostatic word, the being of a soul; the word which acts to mold, to shape, to create a unique way of being

by giving it its own name. The spirit of the word is what makes soul and person synonymous. This word is always a moral word, that is, a word reflecting the law. This law reflects man's destiny to live in love and union with God. "The human person was called," according to St. Maximus, "to reunite by love created with uncreated nature, showing the two in unity and identity through the acquisition of grace" (V. Lossky). Therefore, when a person expresses him/herself with moral word and love, only then does it become synonymous with the soul.

"Even when [a man] removes himself as far as possible from God, and becomes unlike Him in His nature, he remains a person" (V. Lossky). This means that the image of God in man is indestructible. "Thus, whether he chooses good or evil, whether he tends to likeness or unlikeness, man possesses his nature freely, because he is a person created in the image of God" (V. Lossky).

In Christian psychotherapy the irreducibility of person to nature no longer has its apophatic character and its definition through negation. It acquires the status of something knowledgeable and open to formation, though not through its substantial characteristics, but rather by revealing and defining itself in relation to its own nature. In this irreducibility to soul, the person appears by means of the word. This is the word that opens up the truth about man, of his Divine likeness. The mediating role in revealing and defining the deepest knowledge of the person in the psychotherapeutic frame is given to the moral word as the instrument of demarcation between good and evil, the means of disengagement with evil and sin.

The fundamental nature of the personal relationship in which the soul dwells is love. A person, whose relationship with the other is based on love, leads a life in which there is no split within the anthropological nature of the person. Evil in any form is always an assault on love. The personal nature of evil creates a person extraneous to the human nature, and not rooted in anthropology. This personal form is doomed to destruction with the accumulation of its defor-

mities. Psychopathology, in its diversity of personal deformities, may be viewed as the conflict inside the anthropological nature, the result of the illusion of reducibility of a person to nature (under the influence of evil), and, as a consequence, the equation of person and nature.

A process of therapy is aimed to reveal this irreducibility of the person to its own nature, and the person's inequality to its distortions. The evidence of personal reality in the activity of the moral word and in the creative activity of love is the evidence of God-likeness in a person. We do not objectivise or reduce this personal evidence to personal 'attributes' or 'positive' personal features. It is a constant living process, which establishes man in his likeness of God, gives inexpressible joy and a condition of spirit which gives the person energy to live and create, but not to fix 'personal traits' as obtained and make them static. The indefinable, mysterious character of God-likeness, and at the same time its truly human character, is immediately recognized by the soul, which seeks to maintain this synonymous correspondence, and by this to make the ability to live in God-likeness a part of the psychic reality of a patient.

The goal of Christian therapy is the person itself. Our aim in therapy is to reach the person in a patient and not its attributes.

II. The nature of evil is personal.

"The problem of evil... is reduced to that of the evil-doer. An evil-doer is not an inadequacy of being, a lack of essentiality, no more indeed than he is ... an essence... The evil-doer is a person, someone" (V. Lossky)

There is always person and personal choice behind the evil. If there is no death as an outcome for person, having been exposed to evil treatment, there is trauma as sinful transformation and distortion of the person. Psychic trauma reflects the personal changes as effects of the malignity of the others. Personal transformations occur as the result of the sinful attitude, whose main goal is annihilation, repression, desecration and corruption of love as the original basis for human relations.

The life of the human soul is reflected in the human person as the image and likeness of God. All kinds of personal distortions arise and bear

the name of unlikeness or dissimilarity. The person loses touch with his/her nature (the soul) and turns into the guise (P. Florensky), the mask of unlikeness, the face of the Father of Lies. As affected by evil, the person has become the bearer of iniquity. Malicious actions as post-traumatic effects are mainly unconscious, but always intentional.

While preserving the integrity of the natural and personal, the human being has lost his/her entirety. Personal qualities defaced by evil and wickedness become the groove of personal dysfunction by this violation of the nature of a personal being. Within the framework of psychopathology we can mark personal transformation as signs of deviation from the image of God, the rejection of the incarnation in the image of God, and, finally, psychic dysfunction following the aberration of the human nature. The 'constitutional unity' being removed along with the fact of spiritual split, with the alienation of the human spirit from the divine image, represents the spiritual foundation of psychic trauma.

A man has been created by Word and Spirit. Evil as a personal spirit penetrates into the soul through personal deformations, gravitating there in the form of mental dysfunction. It abides in the disfigured personal spirit, in the transformed personal word and the bowed conscience. Under the weight of evil, the God-likeness of person is veiled by spiritual inversions that manifest themselves as cynicism, hypocrisy and betrayal. All inversions are driven by a peculiar word, which presents the person as deprived of the image of God, isolated from God's Spirit, and, consequently, degenerating in his lonely and senseless being. The person, having been identified with this mode of being, alienates the Godly image as estranged and 'another' reality. The distorted personal word acts as a verb, molding by its spirit the personal attributes of a human being. If we speak cynically, it is not just a statement, it is something that directly relates to our personality and 'creates' it as cynical at this very moment. The three forms of distorted moral word have something in common. Their basic feature is negative moral attitude, in which the word is transformed, the Godly spirit

is replaced by personal willpower, and love as the essence of human bonding is rejected, devalued, vulgarized or forcibly destroyed.

The cynical word ousts chastity. A person formed under the influence of the cynical word does not believe in the enabling power of the word. He does not believe that word can be true and sincere. Cynicism weakens the power of the word by placing it in semantic emptiness, by leaving solely its outer shell, often filled with contempt and despair.

Hypocrisy, having been formally 'dedicated' to the authority and significance of word, expresses itself with aesthetic exultation, embellishes the facts, establishes norms and standards imitating the moral law, but prefers to act by virtue of a more accommodating and practical word, the word of lucre.

Betrayal attacks love in its essence, it possesses great destructive power, and by abusing love, extinguishes love. Betrayal manifests itself in a rational, ambitious and vainglorious word focused on its own benefits and acquisitions. Betrayal is not willing to lose, is shut to Godly sorrow (2 Cor 7:10) or any kind of abasement. It strives to simplify its position and always finds reasons to justify itself.

III

The moral word in Christian psychotherapy.

In Christian psychotherapy we meet persons subjected to evil, persons whose personal 'appearance' has been shaped under the influence of evil. We see the therapy goal in restoration of synonymic correlation between nature and hypostasis, in bridging the gap between the soul's reality (with its divine purpose) and reality of an actual personality warped by iniquity, and in rehabilitation of soul-person integrity in a personal mode of being. Christian psychotherapy facilitates the revival of the unity of soul and person through the reconstruction of the person as a representative of the divinely created soul.

If we refer to restoration of the person in Christian therapy we face and analyze the therapeutic potential to enable the person to regain moral reasoning as a personal act. The moral word,

which is meant to initiate the reconstruction process, is a personal, estimative, ethical action in relation to evil. Considering that a man was created by Word and Spirit, the traumatic alienation of the person is healed by the word that brings the Divine Spirit into contact with the human spirit, and restores the right form of human moral law by means of the word establishing God's ordinances. The moral word reveals to a person his/her standards of morality in regard to good and evil, and his/her personal inner attitude in opposition to the evil.

From the point of view of method, Christian psychotherapy initiates the rising up of the moral word from the tanglement and confusion of meanings, and, more often, from the inversion of the meaning in the face of iniquity. Patients report that the outline of their original intention in the case of abuse changes like in Moebius strips; the meaning slips from being honest to being protesting, from being brave to being aggressive, from the desire to oppose unfairness to the desire to sabotage and become stubborn or unmoving. The moral word in Christian psychotherapy is revived to fulfil its transfigurative work on the psychic reality of a patient, his emotional and mental state. Moral word comes into being as a response to the distorted state of a human spirit, assessing the results of the activity of cynicism, hypocrisy and treachery. These outcomes may be internal, as represented in the inner dialogue of the traumatized person. A patient asks himself: "Why is my right behaviour so easily denied by my own inner aggressor? Why does reasonable evidence not have any effect on my inner abuser? Why can I not truly believe that I am God's creature?" In therapy he finds out the effects of his own cynicism and his own unfaithfulness towards his deepest identity. It becomes important to face the negative values, which have already been rooted in his personal structure: egocentrism, self-interest, mendacity, cowardice, the tendency towards manipulation, abuse, lucre or unlimited power.

In the course of psychotherapy the moral word will take its place in the person instead of rage affects, bitterness, violence, hatred and desolation as chronic states of the psyche. As an active

word, it connects personal being with the natural existence of the soul in all its mental aspects, including psychic dysfunction.

An important function of the moral word in therapy is to counteract, with its ethical value, the mental suffering of a patient. The 'psychological' word in dialogue with the word of the spirit lets the patient enter, by means of the word, into human hypostasis, into such a human shape that can be the place of incarnation of the Word of God. This is the place for the sensible word of good and evil. For the patient to meet mental suffering with the moral word implies an inevitable acceptance of his being a victim of evil as the personal will of the other. And, while meeting the effects of this evil impact, trying to avoid cynicism but being open to purifying suffering. This is a process of purification of suffering by means of the spiritual power of the moral word.

The revival of the moral word in therapy produces in the patient sorrow for evil and sin, which purifies and spiritualizes the suffering, and enables him to endure the unbearable suffering and to go 'beyond' 'psychic death' and deadening evil. "The soul which is not transformed by repentance does not know grace", says D. Staniloae. Thus, the moral word brings into the suffering the healing "gift of tears".

IV

How can one discover the reality of a person in Christian psychotherapy?

To be more accurate – how can one recreate the reality of a person corresponding to his soul, which is human nature (essence)? In Christian psychotherapy we have to differentiate between mental suffering and the soul pain – the suffering of the spiritual order, suffering from the inability of the human spirit of a person to live in harmony with the Spirit of God, in the image and likeness of God. The soul pain draws our attention to a split with the image of God.

The separation of the personal spirit, in which freedom and will have been affected by evil and sin, from the divine Image always takes place in personal history. Any history is always personal as it is created by personal narration structured around the experience that can be named

as 'my own,' through which, as in a mirror, my person is clearly shown to me. However, a narration that has not been perceived and accepted as personal and does not reflect a personal assessment, is not a history, but a biography or chronicle or, in clinical terms, a fantasy. For an individual, to restore his own history or to make his own history implies becoming the one who narrates and gives his assessment of the events. The person appears only together with and in the context of his personal history, and these two processes work simultaneously. The reconstruction of history is crucial for the person; there is no personhood without a history, and there is no 'impersonal' history; creating history creates personhood. We need the person to restore the individual history, interrupted and divided into fragments of memory by traumatic experience. The person in therapy strives to overcome the biographical character of his narration. The narration is to be put into a historical frame, which means being infused by personal attitude, the main elements of which are the moral assessment and the degree of acceptance – the quantity and quality of love that it is possible to find in this individual case.

In psychotherapy we find a personality that cannot express his relation to the processes and facts of his life, resists making an ethical assessment of inner and outer reality, basically refusing to accept his own history. An unmanifested person, who stands apart from his own history, who is totally dissolved in a biographical abundance of tragic events, does not possess his own spirit and cannot express himself in the moral word. A fragmented personality, whose reality is formed from bits of selfconsciousness, cannot strive for the likeness of God, because he does not live as a person. The person has to become real. To reveal the reality of the person in psychotherapy, we have to investigate the active power of the moral word in the process of the restoration of personal history.

The recovery process in psychotherapy is arranged around some key points.

Restoration of the moral word.

a) In regard to personal history, the moral word refers to a moral assessment of one's lifestyle,

motivation (volitional intentions), and also involves remorse and repentance. It is also associated with an awareness of losses and with grieving about them. Querying the motivation of the characters of the story is an essential part of therapeutic narration.

b) The formation of moral judgment and action by the word. Moral assessment brings to life the reflective thinking about personal values and distinguishing between good and evil. It is important to diagnose and overcome cynicism when it is met in narration or transfer.

c) Resistance to evil strengthens personality. The word raised against any malevolent deed, committed in the past or in the present, faced inwardly or outwardly, is an efficient moral instrument in personal restoration.

d) 'Purification' of the personality and its relationships by the moral word. It unlocks the true state of personal nature in its uniqueness. Just as an icon writer gradually brightens the facial image of the icon and highlights the divine light on the face, so the personal image aspires to refinement and clarification in psychotherapy, to emancipation from 'dirty spots of sin', from falsification of his person made by sin.

e) The development of a 'moral thesaurus'. With the help of the therapist, the names of the moral intentions will appear in therapy as a part of the narration (deceit, greed, selfishness, gratitude, concern, humiliation). After making a certain effort and overcoming their own resistance, patients give the exact names to volitional actions and intentions. All these names residing in the inner moral vocabulary become active in therapy and thus are enabled to make moral judgments they were not able to do under the burden of evil.

The revival of faithfulness and love.

This is the logical consequence of the moral word in therapy. The restoration of faithfulness and love are an inevitable consequence of a restoration by the moral word.

Faithfulness in the psychotherapeutic framework may be viewed as the devotion to oneself, similar to that which popular psychology often calls the 'love to yourself'. In therapy it deals with the knowledge of inner self, the exploration of psychic reality, finding ways to being in

accordance with your inner self as well as purifying your motives of moral distortions. Love (joy) comes up with the acceptance of self and recovery of love in many equivalents: care, interest, compassion, sympathy, truth. It is not a question of accepting one's own shadowy sides; it is a matter of constant self-purification, the desire for light. Many patients report a state of joy in the process of therapy. Often this feeling is experienced not just as an emotion but as a revelation, as a certain spiritual experience, often not accompanied by emotions, but rather giving a clearer perception of inner and outer reality. Moral judgment must be love-based to give the logical response to evil. The revival of love is essential to restoring power to the moral word.

We can find the perfect example of the action of the moral word in Luke 22:47-53.

While he was still speaking, there came a crowd, and the man called Judas, one of the twelve, was leading them. He drew near to Jesus to kiss him, but Jesus said to him, "Judas, would you betray the Son of Man with a kiss?"

And when those who were around him saw what would follow, they said, "Lord, shall we strike with the sword?"

And one of them struck the servant of the high priest and cut off his right ear.

But Jesus said, "No more of this!" And he touched his ear and healed him.

Then Jesus said to the chief priests and officers of the temple and elders, who had come out against him, "Have you come out as against a robber, with swords and clubs?

When I was with you day after day in the temple, you did not lay hands on me. But this is your hour, and the power of darkness."

What is most amazing in the Person of Jesus Christ is His deep humanity with the complexity of feeling and reactions accompanied by the absolute purity of His nature in close contact with the world with its evil intentions, as well as His courage in giving the true names to facts, relationships and intentions in the face of danger. His openness and spiritual purity, the cleanliness of His Divine mind, the absence of fear in the face of death, the absence of mercenary spi-

rit, the absolute freedom of His Spirit, let Him freely act with the moral word. "Would you betray the Son of Man with a kiss?": this is a pure, conscious and definite moral assessment of the situation taken as a whole, without any sign of aggression, violence or hatred, or loss of control. The strictness of the moral word appears together with love, compassion and sorrow; all in the same act, as a sign of the perfect integrity of His Divine Personality.

V. 'Madness' and morality in psychotherapy

There are some spiritual states in a person that are not directly derivable from psychopathology, but rather supported and condoned by psychopathology. These states are, for instance, spiritual unchastity, permissiveness, and vengefulness. Having been justified as the effects of evil treatment by others and in response to the injustice of others, they still reveal the inner willingness to be 'incarnate evil', with no remorse or self-reproach. "Having their conscience seared with a hot iron" (1 Tim 4:2) is a way to hypocrisy, serving as a form of covering the inner truth about his/her inability to reveal the image of God in their personal being with a mask, a guise of grandeur or righteousness or self-sacrificial behaviour.

Often under the guise of clinical symptoms, patients reproduce in their attitude to others the wrong they have experienced. The affronts which patients force on their environment is, of course, the effect of psychic dysfunction in trauma, and associated with affective disorders, low self-control etc. However, we should not ignore the state of their moral consciousness (man's conscience), which does not directly depend on their affects or state of mind. They are characterized not only by the deficit of moral judgement and moral control over the motives for their actions, but, primarily, by the approval of the malicious intention of their motivation, which means their tolerance, allowance and justification of evil. There is a peculiar temptation to stay in the reality of a "personal being who has turned from God".

What looks like psychopathology, especially in the personal structure of trauma, often displays inner immorality, dissoluteness, and depravity

of the spirit, low moral standards and permissiveness. These are not terms of clinical psychology (it is rather a matter of ethics or education, which does not belong to the domain of clinical psychology) but their place in therapeutic analysis shows that degradation of moral standards and depravity of spirit affects the psyche and its health. The effects of immorality are much more destructive and more real for the human psyche than is commonly admitted in clinical literature.

'Madness' in this context has a spiritual connotation; it is not a clinical term, not a psychiatric diagnosis, but the state of a human spirit, the rejection of the reason and sanity of God-given human nature. Dwelling in 'madness' often seems almost a conscious choice. It is made in favor of that 'freedom', which appears, albeit in a form of psychopathology, but nevertheless as a rebellion against the divine spiritual law, as an internal 'right' to disregard the law of mora-

lity and love. A traumatized person in a sense 'enjoys' being 'insane', it gives him absolute freedom and the power to be 'free-willed'. It is the open gate for conscious or unconscious pleasure received from uncontrollability and permissiveness.

Here we come to the ethical aspect in therapy. It is clear that the moral views of the therapist, their personal moral standards are not transferred directly to their patients in the psychotherapeutic interaction. What we have to be based on as Christian psychotherapists is the belief of the ontological coherence of evil, sin and death. The moral consciousness of the therapist rests on this strong postulate. From this perspective he cooperates with the patient in gaining life-saving resources for patient's personal being, relying on man's likeness of God as the basis of human personality.

Fr Gregory Jensen (USA)

Comment to “The Moral Word in Personal Reconstruction in Christian Psychotherapy”

Elena Strigo’s article offers us a compact model of how the human person can, as she says in her title, experience “personal reconstruction” through “Christian psychotherapy.” Strigo’s approach to psychotherapy rooted in the theological anthropology of the Eastern Orthodox Church. For the reader who lacks a solid foundation in contemporary Orthodox theology, her introductory remarks will be tough going relying heavily as she does on the work of the late, Russian Orthodox theologian Vladimir Lossky.

True to her theological presuppositions, Strigo sees psychotherapy as an encounter between two persons—therapist and patient—created in the image of God. This encounter, like all human relationships, is mediated by—or better, incarnated in—the spoken word. The goal of the therapeutic conversation is to foster in the patient his willingness and ability to transcend his tendency to present himself to others (and to himself) merely in terms of discrete attributes. “I am a Christian,” “I am a husband,” “I am a priest,” and so on. Instead, the goal of therapy is to become the person God created me to be. The primacy of the person—human and divine—is a central theme in contemporary Eastern Orthodox theology. Unlike the “individual” who exists in isolate from others, a “person” is one who lives life in communion with God, neighbour and self.

Because of sin, we live lives that are fragmented. We are divided psychologically, socially and spiritually. Through created for a life of communion, I live estranged from God, my neighbour and myself. My primordial suffering is this: Though created by God to be a “person,” I live



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as an “individual.”

This is why, as Strigo points out, repentance (metanoia, change of heart) is the essential first step in the healing process. I wish Strigo had been clearer on this point. Repentance this isn’t simply part of the psychotherapeutic process; it is essential to our whole life. Whether we are suffering from mental illness or not, we are all of us struggling to discover and become who God has created us to be.

Restoration, however, is always only temporary. This isn’t simply because we are sinners. It is also because we are creatures and so, by nature, transitory. This means that our perfection, our restoration, requires that we change and change frequently, as St Gregory of Nyssa says. It is only

through constant change, through a process of ongoing transcendence, that we can become like the God Who is perfect and never changes and in whose image we have been created. This constant change is also needed because, created in the image of God, the person is a mystery not only to the therapist but also to himself. As Strigo writes this means that person in his wholeness exists in “the domain of incommunicabilis.”

Finally, Strigo’s essay reminds me that my, personal, restoration is never found “in me” but only “in Christ.” If I forget this, I risk plunging into a type of “madness” that is spiritual and “not directly derivable from psychopathology, but rather supported and condoned by psychopathology.” This I think is maybe the most valuable aspect of the article since it requires that we take seriously the moral and spiritual accountability of the person even when he is struggling with psychopathology.



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Therapeutic Goals in Christian Counseling

Case Study

Anna, a 75 year-old petite woman, was full of energy and smiled almost constantly. She and her husband had recently celebrated their 57th wedding anniversary and the couple had three adult daughters, six grandchildren, and two great-grandchildren. When she spoke of her family, her smile grew and her love for them was evident. Anna also described having a deep faith and some might have suggested that she was a biblical scholar for she knew the Bible well and had memorized much of its contents. Anna quietly stated the past 57 years were “wonderful”. She said that she has had a “good life.”

Anna made an appointment to see a therapist following an upsetting phone call from one of her seven brothers. As Anna described the call, she began to tearfully recount a childhood that was very different from the family she and her husband created. Her childhood was extremely violent. Anna’s body carried numerous scars of this violence. Some scars could not be seen. Anna’s oldest brother, Henry, was cruel and seemed to have focused much of his brutality on his younger sister. He frequently beat her and on several occasions, he attempted to kill her. From choking her until someone stopped him, breaking her bones, cutting her with a knife and even raping her, his violence knew no bounds. Anna’s other brothers learned to fight back, but Anna, being so much smaller, learned to be a peacemaker and when that didn’t work, to run. Anna’s parents told her to fight back but didn’t step in to stop the abuse. Anna attributed much of her parents’ neglect to an absence of any kind of faith. In fact, Anna’s parents denied that there was a God and taught their children that rules were made to be broken.

It was after an upsetting phone call from Henry that Anna began to relive the abuse. For weeks, she stopped eating, frequently cried, was anxious, and began having nightmares. Her husband and adult children were very concerned

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for her and stayed close by her side, attempting to offer comfort. When Anna asked to see a therapist, they were relieved. Once before, Anna had attempted counseling to resolve her issues surrounding her formative years before but the experience was not a positive one and Anna ended counseling prematurely. This time, she wanted a Christian counselor – one who would allow her to include her faith as she explored the horrors of her childhood.

Locating the Client

In his book, *Counsel of Heaven on Earth* (Jones, 2006), Dr. Ian Jones likened the assessment process to a forest. His metaphor included an unknown forest with the patient lost within its borders. Jones took this metaphor from Genesis 3. Following the fall of man, Adam and Eve hid themselves from the Lord. God responded by asking the couple “Where are you?” (Gen. 3:9). For Jones, the therapist locating the patient within their forest also asks this question. Location includes the questions of “Where are you in relationship to others?” “Where are you in relationship to yourself?” and “Where are you in relationship to God?”

The Problem

In Jones’ model, the wise therapist takes careful note of the terrain, observing areas of danger, and mapping a path from where the patient is to where they need to be with the first step in the therapeutic process being determining and fully understanding the problem that causes the

patient distress. Even though some individuals are able to insightfully describe the problem, others are only vaguely aware of nature of the problem and focus solely on the symptoms. Areas that therapists consider in assessing the problem are:

- When did the problem begin?
- What keeps the problem from being resolved?
- What attempts have been made at solving the problem?
- Why have these attempts failed?
- What has the patient not considered?
- When is the problem not a problem (exceptions to the problem)?
- Who else is involved in the problem?

Following a thorough assessment, the therapist and patient discuss the problem in detail and only then should the goal for counseling be determined. Determining both the problem and the goal should be a collaborative effort between the therapist and patient. While the therapist brings knowledge and expertise to the counseling relationship, the patient is the expert on her or his self. Both are needed to provide the best possible outcome.

In using Jones' forest metaphor, we would first locate the patient within the boundaries of the forest. We would need to identify exactly where she is, what the area around her might look like and dangers that we would need to account for. In the case of Anna, we might say that she was reliving past traumas that was causing her great anxiety, sleeplessness, emotional turmoil, and some confusion. We would also take into consideration her supportive husband and children, strong faith in God, and environmental safety. We would also note that Anna's brothers believed that she was the problem and should let the past go. After several sessions, the therapist would notice evidence of marked low self worth and self-denigrating self talk; including her belief that she was "stupid", "unlovable", and "worthless" – beliefs that were in direct conflict with how her husband, children, and friends viewed her and how she believed that God saw her. For Anna, the therapeutic problem was unresolved, multiple blow, childhood trauma stemming from significant physical abuse, near

death experiences, repeated rape, and neglect from her parents. The problem created trauma symptoms (she did not meet all the criteria for a PTSD diagnosis), feelings of low self-worth, and a worldview that was inconsistent with her faith.

The Goal

Only after determining the exact location of the client can a goal be established. As with the therapeutic problem, the goal is a collaborative effort between the patient and the therapist. Believing that every person has the right to self-determination, for a therapist to make this decision on behalf on the patient is a disservice to the one seeking help (Sanders, 2013). Therapeutic consent requires therapists to avoid imposing their own ideas of what is best onto the patient. This does not mean that we withhold our expertise or advisement as goals are determined.

There may be times when counselors do not fully disclose the intended goal. At times, those seeking our help are not ready to discuss or even contemplate the full therapeutic picture. For example, occasionally patients have unrealistic goals but are not able to recognize that the goal is either unobtainable or unhealthy for the patient. In these situations, some therapeutic work must be completed and then the goal should be revisited and adjusted.

In the case of Anna, she arrived at counseling asking for a reduction in trauma symptoms. She also wanted help in healing her childhood memories and forgiving her brother so that she could comfortably interact with him. She further explained that because she was a Christian, God expected her to forgive her abusive brother and forget the abuse so that she could show Henry the love of Christ. Due to the fragile nature of the client, the therapist rightly chose to work with Anna on reducing her trauma symptoms before she focused on the spiritual concerns of forgiveness and challenged the wisdom of attempting to forget the violent nature of her brother – who continued to display abusive behaviors. Only after some work had been done did the therapist revisit and then adjust the set goal.

Knowing the goal of therapy gives direction to

the counselor and is paramount in creating a successful counseling experience. Without a clear goal, the purpose of counseling becomes vague and introduces ambiguity into the process (Hampl, nd). When the therapist does not know what she is working towards, choosing interventions lack purpose and sessions fail to meet the needs of the patient. Imagine a therapist locating a lost and confused soul in our metaphorical forest but not knowing which way to go to get them to safety. Without this knowledge, it is likely that the two of them would wander aimlessly until they happened to stumble upon the edge of the forest. This approach takes much longer and tends to create frustration in both the therapist and patient.

Perhaps a better approach is for the therapist to keep the goal in mind as he or she counsels. Conversations are understood in light of the intended direction and counseling skills are used to promote therapeutic change in the patient (Carkhuff, 2009). Again, we can think of this process as one of locating the patient within the forest. As the individual begins to move from where they are to where they want to be, the mindful counselor mentally plots their location – always keeping an eye on the terrain – continuously aware of where they are, where they've been and where they are going. This does not mean that detours are not taken. However, when they are, it is intentional. Thus, goal setting does not distract from flexibility within the sessions.

Theory choice is a part of goal setting. Various personality theories define wellness/health differently. For example, the goal for psychoanalysis is to strengthen the ego, or sense of self, while the goal of cognitive behavioral therapy is to correct faulty thinking patterns. Over the years, researchers and therapists alike have noticed that people are too complex for a single theory to address all problems (Johnson, 2007). A skilled therapist, then, knows that goal setting requires choosing the theory that best fit the needs of the patient. Some years ago, I worked with a woman who had experienced a horrific event and subsequently developed trauma symptoms. In our time together, her thinking was clear and no distortions were found. Still, the symptoms persisted. By adapting my approach

to emotion-focused therapy, we began to make great strides in our sessions. This example highlights that the theory we apply to the patient may need to be adjusted according to how we understand the goal of therapy. For Anna, the goal was to explore her abusive family of origin and strengthen her sense of self. This goal, then, fits well with either emotion-focused therapy or a psychoanalytic approach.

Redemption in the Therapy Room

The 19th century Christian philosopher, Kierkegaard, believed that people could be thought of as operating in one of three motivational realms: aesthetic, ethical and religious. Out of these realms, individuals create significance for their lives. Eric Johnson (2007) expounded upon this work and concluded that people operate primarily out of a biological order, psychosocial order, ethical order, or spiritual order.

Johnson noted that if an individual's brain were damaged, the person would live a compromised life. When the body does not function properly, it is difficult for the mind (emotions, thoughts, behavior, and forming relationships) to work correctly. Thus, the biological realm provides the foundation for all advanced functioning (Johnson, 2007). The psychosocial realm encompasses the self and interactions between people. This sphere includes the mind, the soul, cognition, and the ability to relate to others within a cultural context. Yet another realm is ethics, which Johnson believed was foundational to human life. Values, moral awareness, personal agency, the conscience, and integrity are all part of this third sphere. It is within this area that good and evil become driving forces in making decisions. The final realm is the spiritual order and denotes the work of the Spirit of God. Johnson writes, "Though all the orders belong to God, this one is especially God's sphere" (Johnson, 2007, pp 345). It is the highest of all the spheres and provides meaning and significance for life.

Johnson recognized that therapists must work in the lowest realm necessary and the highest realm the patient will allow. For example, if a patient suffers from clinical depression, recognizing the biological origin of this disorder and adjusting therapy in light of the depression

seems reasonable. However, should the same patient also desire to include spiritual matters in sessions, the therapist is now able to include life's meaning and the individual's purpose for existence in the treatment. By including ethical and/or spiritual areas, the therapeutic dialogue becomes richer and therapy then has the ability to produce profound changes in the lives of our patients. Therefore, knowing which realms the patient operates in and weaving this into the description of the therapeutic goal can produce profound changes in the lives of those we treat. For Anna, the trauma symptoms (biological realm) caused great difficulty in maintaining her focus during the sessions. For this reason, the therapist adjusted her approach to include short sentences and simpler language among symptom relief. Due to the importance of Anna's faith, much of the later conversations revolved around God and the meaning of her life's story (spiritual realm). Thus, creating meaning and changing her understanding of herself in light of her relationship with God, clarified the therapeutic goal.

Task of the Therapist

People tend to pursue counseling when they are 1.) in psychological distress and 2.) believe that the therapist can help them. Rarely do these individuals grasp how radically therapy can change their lives. By striving to include the ethical and spiritual realms, therapists are able to access core assumptions that drive many of their painful beliefs and thoughts. For the Christian counselor, our ultimate goal is to set them free by helping them find meaning in Christ. The Apostle John wrote, "So if the Son sets you free, you will be free indeed" (John 8:36) Although some patients are not interested in the spiritual realm, by gently probing, we might be surprised at just how many are open to including God in their healing process.

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Samuel Pfeifer (Switzerland)

Comment to “Therapeutic Goals in Christian Counseling”

Late-onset PTSD is a rare disorder but all the more distressing as the question arises, why this emotional pain is coming up at this stage of life. The trauma in the life of Anna bears several risk factors: it happened in the forming years of childhood, it was severe and life-threatening, and it came from a family member. Despite the healing time of more than 50 years in a wonderful marriage and family life, the scars were still there, now being triggered by this phone call of one of her brothers. Uncommon as it may be, late-onset PTSD does exist and it requires the Christian counselor to explore the emotional pain with empathy and compassion. Listening to the hurt and taking the traumatic past seriously, is already an important factor in healing. With soft, tentative questions one could further explore what has happened: What were her emotions? Shame, pain, humiliation, fear of dying etc. I am in full accord with the description of the therapeutic process as Shannon Wolf describes it.

But there are also unanswered questions: why did the brother commit such atrocities, why did God allow this to happen? And there are no easy answers to that. A very helpful book to address the spiritual questions is Christopher J.H. Wrights “The God I Don’t Understand. Reflections on Tough Questions of Faith.” As Christian counsellors we do not only want to find a way through the forest, but we are going alongside the person in his or her struggles with a trauma that cannot be made undone. It is part of life, and it has not been erased from memory. I fully agree with the way, Shannon Wolf is describing the initial process of setting priorities, from exploring to explaining the organic aspects to addressing the spiritual issues.

But let me go one or two steps further: in the spiritual dimension of Anna’s story there is not

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only the question of why God allowed this to happen, but also the Christian stereotype that one has to forgive (and perhaps even forget!). Although we agree that forgiveness is an important factor in healing, we probably have to expand the focus in severe trauma. I like the expression of “unburdening” the trauma or the “letting-go process” (Pollock 2016).

This means to first allow the client to acknowledge that the trauma has happened, with all its painful aspects, and to see it as part of her history and her human existence. When we stop struggling to be happy, but allow ourselves to accept the dark parts of our lives, then we can start to re-assemble the broken pieces. This existential approach is the focus of a relatively new therapeutic school, “Acceptance and Commitment Therapy” (Harris 2008, Hayes et al. 2011). Acceptance allows you to acknowledge the brokenness of our human existence, the yearning for the glory to come as part of our Christian life (Romans 8). From there we can go and define values which we want to live. Out of acceptance of our weakness (another biblical term for brokenness, 2 Corinthians 12:9) grows the commitment to let Christian values guide our acts and our thoughts despite the broken world in which we live.

I am aware that I am citing so-called secular sources, but integration for me means to look for the gold nuggets in the canyons of psychology and to interpret them in the light of Scripture. Thus, the existential approach can help us to better support our clients in developing resilience in a truly Christian context.

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Roland Mahler (Switzerland)

Spiritual Maturity – Can it be an Aim or Goal of Christian Psychotherapy?

Introduction

Hebrews 6:1- 3

Therefore let us leave the elementary doctrine of Christ and go on to maturity, not laying again a foundation of repentance from dead works and of faith toward God, and of instruction about washings, the laying on of hands, the resurrection of the dead, and eternal judgment. And this we will do if God permits.

The only passage in the ESV (English Standard Version) containing the noun maturity is Heb. 6:1. The biblical author speaks about the difference between elementary doctrine (repentance, faith, washings > baptisms, laying on hands > authority, resurrection and eternal judgment) and maturity (the latter is to be explained in the verses and chapters that follow). Since E.Käsemann (commentary on Hebrews) the letter to the Hebrews is often considered in the perspective of the church as the people of god on its journey through the desert (exodus-theme) which is fully explained in chapters 9 to 10 but spreads thematically over the whole letter. Going through the desert is succession of Christ (Heb.13:13f)!

The adjective mature is used 8 times in ESV:

Luke 8:14

And as for what fell among the thorns, they are those who hear, but as they go on their way they are choked by the cares and riches and pleasures of life, and their fruit does not mature.

Maturity here means the same as ripeness or mellowness. It means to come to a state of fullness in taste and generativity.

1 Corinthians 2:6

Yet among the mature we do impart wisdom, although it is not a wisdom of this age or of the rulers of this age, who are doomed to pass away. *Maturity here means a state of spiritual under-*

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standing concerning god and man in the perspective of the cross (2:2).

1 Corinthians 14:20

Brothers, do not be children in your thinking. Be infants in evil, but in your *Maturity here means a state of mind, a capacity of consciousness and of ratio.*

Ephesians 4:13

until we all attain to the unity of the faith and of the knowledge of the Son of God, to maturemanhood, to the measure of the stature of the fullness of Christ, ...

Here maturity means a state of community an interpersonal relationship, of the church.

Philippians 3:15

Let those of us who are mature think this way, and if in anything you think otherwise, God will reveal that also to you.

Similar to 1 Cor. 14:20 maturity here means a specific knowledge concerning the existential yielding to the Lord of those who follow him.

Colossians 1:28

Him we proclaim, warning everyone and teaching everyone with all wisdom, that we may present everyone mature in Christ.

Here the author has in view the pedagogical aim of admonishing and teaching.

Colossians 4:12

I Epaphras, who is one of you, a servant of Christ Jesus, greets you, always struggling on your behalf in his prayers, that you may stand mature and fully assured in all the will of God.

Maturity is the stable state of faith which is characterized by congruence to the will of god.

Hebrews 5:14

But solid food is for the mature, for those who have their powers of discernment trained by constant practice to distinguish good from evil.

Maturity is the ability to discern / distinguish good from evil. An ability of taking one's own decisions.

7 Theses on Spiritual Maturity**Thesis 1:**

Spiritual Maturity basically is a personal set of spiritual competences (i.e. living by faith, keeping in accordance to the will of god, walking in discernment of the spirits, simplicity...: "be like Jesus") within a person who is no longer stuck with basics like being justified and saved in Christ (and so on) and have their steady foundation in the person's free and willing decision for succession of Christ on his way to the cross (according to His personal calling).

Spiritual Maturity is an experience of freedom in which man feels and realizes the possibility of taking existential decisions in his own responsibility. It is in a way the "conditio sine qua non" of any succession and at the same time it is the very aim of the process of following Christ until the very last day on this earth.

Thesis 2:

Spiritual Maturity is starting to take shape in human existence when an individual comes to offer / to sacrifice his very autonomy, his freedom as a person for his love for Christ (trading

freedom into love). A person's own functional identity and autonomy are a necessary condition to a growing maturity on this level.

Without its succession of Christ might i.e. come out of a feeling of guilt (shame) and therefore could be perverted by a lack of voluntariness.

Thesis 3:

Spiritual Maturity is the constant process of developing the "fruits of the spirit" (Gal.5,22ff): "love, joy, peace, patience, kindness, goodness, faithfulness,

gentleness, self-control". These spiritually stimulated and formed issues of human personality (rational, emotional and physical expressivity) are not externally conditioned but are acquired by individuals in an existential and multiversal process of growth.

It would mean to totally misunderstand the essence of Spiritual Maturity if it was thought of as a direct goal in a process of human learning or practicing (though practice is very important for development!). Spiritual Maturity cannot be applied or induced in any way for it is an unique existential process of the individual which is initiated by god's spirit can only be accompanied by other individuals. Spiritual Maturity comes "ex eventu" (not "per intentionem").

Thesis 4:

Spiritual Maturity is a complex (synergetic / dissipative / dynamic) structure emerging from the non linear process of a growing (even if experienced as decreasing > John 3:30) personal self in regard to man's relationship to god, himself and the others (including the world). It never is a possible opposite of anything that could motivate people to look for human support i.e. in psychotherapy – thus it is never just theological solution or "fill in" for any of man's problems with himself, with others, with god.

Spiritual Maturity does not come out of certain predictable reasons and causes. It eventually is an attractor (parameter of order) in a complex energetic system of perpetually organizing and reforming one's personality affected by a multitude of impacts (parameters of control).

Thesis 5:

Spiritual Maturity is normally developing through a forerunning multiperspective process of deliberation (education / socialisation / enculturation / individuation) which hopefully succeeds to establish personal stability, responsibility and freedom. Spiritual Maturity is a state within a general concept of spiritual development of Individuals.

Human +Holy Spirit from within and above. After this period of developing deliberation (in which psychotherapeutic assistance can be useful) a state of personal freedom (personality) is established which allows a certain degree of self-distance, self-transcendence and self-responsibility. In this state of personal freedom the call of the Lord (the King) can only be personally responded by a sovereign decision to follow Him and with the yielding to Him Spiritual

Maturity starts and keeps growing.

Spiritual Maturity is a quality of its own (not to be mixed up with any religious act). In the Ignatian tradition it contains the unforced decision (choose) for poverty and the acceptance of blemish on the way to true humility, the humility of the crucified Lord. This process is absolutely facultative for anyone in every degree.

Thesis 6:

Spiritual Maturity cannot be defined by means of visible virtues or even performances. It is an invisible underlying structure of the personal self which is mainly an integrative expression of "Christ within me" (Gal.2,20). So there is no way of objectivity or measurability to that subject. Whatever attributes are connected to Spiritual Maturity in scripture or in tradition (experience) they never provide enough assurance to conclude from a specific attribute to a Spiritual Maturity. Spiritual Maturity reveals itself in terms of god's presence in human acting, speaking etc. But this kind of revelation also happens within spiritual immaturity.

Thesis 7:

Spiritual Maturity is in no way a form of ascension from a lower level of spiritual awareness to a higher one.

It is not a target of human perfection. It is much more the inner movement of a "spirituality from below" (A.Grün) which means a state of brokenness ("contrite and lowly") in the spirit (Is.57,15) before the throne of God in the depth of human condition (existence).

Spiritual Maturity is not a religious level of perfection or individualistic holiness (in the tradition of pietism). It is just an adequate position of the human spirit in God's presence. It is true humanism in God's eye

Consequences for Christian Psychotherapy

Christian Psychotherapy is a form of regular intervention on behalf of growth of personal autonomy, stability, identity and (relative) freedom (deliberation) based on a Christian anthropology, epistemology, theory of illness and health, methodology and praxeology. It is not a specific tool to build up Spiritual Maturity (in the intrinsic meaning of the term). All the same it can be a forerunning support to a development and eventual decision of faith (if a call of the Lord reaches man's spirit in a state of personal autonomy and freedom).

Christian Psychotherapy is an interventional process that tries to overcome any hindrance to possible maturity by means of a containing and encouraging professional relationship between client and therapist.

Christian Psychotherapy has to be discerned from all theology based teaching, preaching and counselling for it refers mainly to scientific (positive) theories (about man: individuals or groups) on their way to approval or rejection. Whatever means Christian Psychotherapy uses to reach its goals (stability, personal and social acceptance, self-responsibility) they have to be part of a well-balanced set of positive elements of theory on the human developmental process, human resiliencies and the possible risks of undergoing lacks and disorders in the process of individually and socially unfolding human personality.

The underlying general theory of development must be enhanced by a general theory of spiritual development (which corresponds in a way

to general development of personality). Spiritual development leads to a state which can be called Spiritual Maturity – without any objectivity to that.

Spiritual Maturity is not a specific goal / aim of Christian Psychotherapy but the latter one bears the chance of leading clients unto a level of personal stability, autonomy and freedom which allows a voluntary decision for succession of Christ (presumed a call from the Lord is heard). Christian Psychotherapy (in its function as support and as accompaniment) is able to play an important role in handling the personal developmental problem within the churches (which tend to be institutions instead of being part of the body). Most of the church members probably have to take a voluntary decision for succession – on a regular basis.



Stephen P. Greggo (USA)

Comment to “Spiritual Maturity – can it be an aim or goal of Christian Psychotherapy?”

This reader is grateful to Roland Mahler for stirring up meditation on spiritual maturity with his seven theses. Mahler’s analysis builds on an examination of Scripture, then moves to establish helpful features that sharpen our understanding of an oft-utilized phrase. The focus is on how spiritual maturation as a process can be blended into psychotherapy that has a uniquely Christian distinctive.

For simplicity, this basic Bible dictionary summary sets the direction for this comment. Spiritual maturity is “the development of Christlike character and behavior in the Christian through a renewed mind and tested faith.”¹ My grasp of Christian psychotherapy (CP) flows from this paraphrase of the dream set forth by philosopher C. Stephen Evans nearly thirty years ago. Christian psychotherapy is a form of psychotherapy that is done to further the kingdom of God. Further, it is carried out by citizens of that kingdom whose character and convictions reflect their citizenship in that kingdom. This means that our work as therapists and clients together is informed and illuminated by Christian character, convictions, and understanding.²

The caution issued by Mahler is for therapists to keep foremost the notion that spiritual maturity is a matter of a client’s free choice. CP as an interventional process stimulates freedom in clients from psychological barriers that may hinder the movement of the Holy Spirit. Mahler is wise to recognize that this process entails substituting personal autonomy with submission to Christ. Further, it is right to place emphasis

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on the ethical principle that client autonomy is essential and must be respected. It is critical to separate a client’s right to autonomy as a professional ethical principle from how Christianity through Scripture gives instruction regarding personal autonomy.

Those who are spiritually born to become children of God are encouraged and expected to mature in their faith development. CP makes use of a defined therapeutic alliance and furthers dialogue to empower change. The direction of growth is always by design towards greater Christlikeness, that is, in the direction of spiritual maturity. This therapeutic partnership between two kingdom citizens sets off on a journey by mutual agreement to decrease childlike infatuation with self-rule (autonomy). This entails freeing and turning the human developmental drive of personal agency from selfish agendas towards co-agency with the Holy Spirit. Christian character is shaped by resisting the inclination to remain drunk on stubborn self-rule and to instead drink in the Holy Spirit who fills our heart with a loving desire to imitate Jesus Christ. In short, CP encourages spiritual maturation by cooperating with the Holy Spirit who seeks to turn self-agency from an out of control urgency for self-rule into greater freedom to submit and serve our loving Creator.

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1 Manser, M. H. (2009). Dictionary of Bible Themes: The Accessible and Comprehensive Tool for Topical Studies. London: Martin Manser.

2 Evans, C. S. (1989). Wisdom and Humanness in Psychology: Prospects for a Christian approach. Grand Rapids, MI: Baker.



Keith Houde (USA)

From Brokenness to Beatitude: Therapeutic Goals of the Flourishing Person

“Where there is no vision, the people are unrestrained, but happy is he who keeps the law” (Proverbs 29:18, NASB).

In the fragmented field of contemporary psychology, wandering outside the gates of the Garden of Eden, there are many divergent trails and contradictory guides. The materialist reductionist promotes seeking pleasure and avoiding pain. The evolutionary functionalist suggests whatever randomly works for the organism to adapt to its environment. The secular humanist encourages trust in one’s viscera and subjective emotions. The idealist relativist and social constructivist advocate creation of one’s own identity and reality. There are many pitfalls on the path. It is difficult to see through the fog. It is easy to lose one’s way!

Within this context, it is particularly important to consider the values of the psychotherapist within his or her psychotherapy. Ancient wisdom recognized that a counselor may succumb to self-interest, relativism, and indifference:

Every counselor praises counsel, but some give counsel in their own interest. Be wary of a counselor, and learn first what is his interest—for he will take thought for himself—lest he cast the lot against you and tell you, “Your way is good,” and then stand aloof to see what will happen to you. (Sirach 37:7-9, RSV)

Jones (1994) recognized that “therapists are human beings whose values and morals must participate in their human relationship with the client” and that “religious presuppositions are intrinsic to the nature of psychotherapeutic and personality theory” (p. 191). There is substantial evidence that “values are constantly at play in psychotherapy” (Bergin, 1991, p. 396). The selection of therapeutic goals are inevitably based upon values regarding desirable changes,



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and the values underlying therapeutic goals are necessarily founded upon a philosophy of human nature (Bergin, 1980).

For the Christian psychologist, there is a need to return to a true Christian anthropology. There is a need to return to Christ, the new Adam, present at human creation and intimately familiar with our nature: “Jesus...knew what was in man.” (John 2:24-25, RSV; cf. Psalm 139:13, Proverbs 30:4, Colossians 1:16). There is a need to return to Christ who redeems us, restores the image of God within us, and reminds us of our calling: “Christ the Redeemer ‘fully reveals man to himself’” (John Paul II, 1979, n. 10, citing *Gaudium et Spes*, n. 22).

From the perspective of a Christian approach to psychology, there is a need for therapeutic goals to be consistent with the nature of human nature. Karol Wojtyła/Saint John Paul II (1960/1981) stated it this way: “There are obviously illnesses in which the help of a specialist...is necessary, but the advice given by such specialists must take into account the totality of human aims, and above all the integral, personalistic concept of man” (p. 287). Otherwise, there is the risk that therapy may do more harm

than good, that the cure may be worse than the disease. In a later address to psychiatric professionals of the world, John Paul II (1993, January 4) provided a rich description of some of the essential aspects of such an integrated and transcendent understanding of human nature:

The human person is a unity of body and spirit, possessing an inviolable dignity as one made in the image of God and called to a transcendent destiny. For this reason, the Church is convinced that no adequate assessment of the nature of the human person or the requirements for human fulfillment and psycho-social well-being can be made without respect for man's spiritual dimension and capacity for self-transcendence. Only by transcending themselves and living a life of self-giving and openness to truth and love can individuals reach fulfillment and contribute to building an authentic human community. (para. 2)

As part of the conversation in response to Alsdorf (2012, reprinted this issue), the present article will offer some preliminary reflections regarding a broad theoretical framework of human aims and aspirations, corresponding to the deepest longings of the human heart, within which specific therapeutic goals might be formulated. Obviously, such broad aims would need to be personalized and contextualized in accord with the desires of a client, the talents of a therapist, and the highest standards of professional ethics. Building upon some previous reflections (Houde, 2014), we will start from a foundational understanding of the human person as embodied, rational, volitional, relational, vocational, and teleological (Brugger, 2009; IPS Group, 2014). We will consider two overarching existential aims (purposes), six core aspirations (motives), and fifteen therapeutic objectives (human needs) (see Table 1). Along the way, we will converse with psychological theorists and draw inspiration from the thought of scholars and saints such as Augustine, Aquinas, John of the Cross, John Paul II, and Teresa of Calcutta.

Disintegration

From the perspective of the grand narrative within the Christian tradition, it may be be-

neficial to consider the problems that human persons face within the context of the contrast between two primordial conditions: original innocence and its related "state of integral nature" (*status naturae integrae*) versus original sin and its related "state of fallen nature" (*status naturae lapsae*) (John Paul II, 1984/2006, 3:3). The effects of human fallenness are described further as follows:

The harmony in which they had found themselves, thanks to original justice, is now destroyed: the control of the soul's spiritual faculties over the body is shattered; the union of man and woman becomes subject to tensions, their relations henceforth marked by lust and domination. Harmony with creation is broken: visible creation has become alien and hostile to man. Because of man, creation is now subject "to its bondage to decay." Finally, the consequence explicitly foretold for this disobedience will come true: man will "return to the ground," for out of it he was taken. Death makes its entrance into human history. (Catechism of the Catholic Church [CCC], 1997, n. 400)

Wojtyła (1969/1979) recognized that this disharmony, disintegration, and disunity have implications for goals and standards within the field of psychology:

Disintegration is most often considered by those disciplines that are most interested in the psychological aspect of the personality of man and identify disintegration with everything that in some way departs from or fails to attain to ordinary human standards. (p. 192)

Integration

The first overarching aim of the flourishing person is integration. In response to the disintegration of soul and body described above, this considers the integral nature of human personhood and the related call to self-possession and self-mastery:

The first and most important meaning we have been giving to "integration"...refers...to the intuition of the structure of the person which the person manifests in his dynamic characteristic. We are of course referring to the structures of self-governance and self-possession. (Wojtyła, 1969/1979, p. 192).

The formulation of therapeutic objectives and goals of integration might beneficially be considered in terms of the transcendentals of classical and perennial philosophy: first, being, as an organizing principle of the unity of the human person (related to “integration” above), and then, beauty, truth, and goodness, respectively (discussed below). In manifesting these qualities, humanity reflects the image of God: “All creatures bear a certain resemblance to God, most especially man, created in the image and likeness of God. The manifold perfections of creatures—their truth, their goodness, their beauty—all reflect the infinite perfection of God.” (CCC, n. 41). John Paul II (1993) further described the criteria for human perfection:

In order to perfect himself in his specific order, the person must do good and avoid evil, be concerned for the transmission and preservation of life, refine and develop the riches of the material world, cultivate social life, seek truth, practice good and contemplate beauty. (n. 51)

An interesting parallel may be drawn between the philosophical transcendentals of beauty, truth, and goodness, on the one hand, and the neuroscientific brain functions of sensation, cognition, and action, on the other.

Beauty

Contemplate beauty. Given our nature as sentient beings, we have been created with the capacity to contemplate beauty, both of the natural world in general, and of the human form, in particular. Awakening in the garden, we are made to open our eyes to sense the reality around us. It is proper to human beings to cultivate this sense of wonder and awe before the beauty of creation. Aquinas (1274/2012) recognized that “the beautiful is something pleasant to apprehend” (*Summa Theologiae* I-II, 27.1 ad 3), and he identified three conditions of beauty: For beauty includes three conditions, integrity or perfection, since those things which are impaired are by the very fact ugly; due proportion or harmony; and lastly, brightness or clarity, whence things are called beautiful which have a bright color (*ST* I, 39.8 resp.).

Contrary to a Manichaean (or later Puritanical) view, Augustine (398/1991) recognized the

beauty of the human body:

And you, God, “saw all that you had made, and it was very good” (Gen. 1:31)...This truth is also declared by the beauty of bodies. A body composed of its constituent parts, all of which are beautiful, is far more beautiful as a whole than those parts taken separately; the whole is made of their well-ordered harmony, though individually the constituent parts are also beautiful. (*Confessions*, XIII.xxviii.43)

It is possible, however, for our vision to be clear or clouded: “The eye is the lamp of the body. So, if your eye is sound, your whole body will be full of light; but if your eye is not sound, your whole body will be full of darkness” (Matthew 6:22-23, RSV). John Paul II (1984/2006) described an important distinction between pornography, which reduces the person to a mere object of pleasure, and works of art, which allow the contemplation of the whole truth, dignity, and beauty of the human person (63:5). Previously, in a discussion on chastity, Wojtyła (1960/1981) suggested an attitude of reverential awe before the body of another in his indication that “the human body must be ‘humble’ in face of the greatness represented by the person” (p. 172). The Christian therapist seeks to inspire in the client wonder and awe before the beauty of creation and the human person.

Reverence life. Along the lines of reverence for the body, despite the vulnerability to disease and death brought about by human fallenness, we are made to respect the life we are given and to care for the body. It is inherent for us to seek to preserve our life; it is a healthy part of the design. We recognize the importance of physical health, of taking care of one’s form. As embodied beings, it is natural to us to seek pleasure and avoid pain, that is, to seek that which is good for the body and to avoid that which is harmful. However, as human beings, it is given for us to do so in the way of a human and not merely that of an animal. Within the context of the Christian understanding that the profound unity of body and soul forms a single human nature (CCC 365), John Paul II, in his *Theology of the Body* (1984/2006), suggested that “the body expresses that the person” (7:2), and further that “the body enters into the

definition of sacrament, which is ‘a visible sign of an invisible reality,’ namely, of the spiritual, transcendent, and divine reality” (87:5). Such a profound reverence for one’s own life and body necessarily extends to reverence for the life and body of others. The Christian therapist seeks to instill within the client reverence and concern for the transmission, preservation, and promotion of life and health.

Master emotion. In our contemplation of beauty and wonder at life, we cannot help but to be moved in the depths of our being. This movement or emotion is both visceral and vital, involving both body and soul (cf. Aquinas, ST I-II, 22.1). Wojtyła (1969/1979) recognized a rich depth of human emotion in his description of three levels of emotional experience: sensual “excitability,” “emotional stirring,” and deep “passions of the soul” (pp. 237-239). Aquinas (1274/2012) described the sense appetites or passions, distinguishing between concupiscible appetites, whereby “the soul is simply inclined to seek what is suitable, according to the senses, and to fly from what is hurtful,” and irascible appetites whereby “an animal resists these attacks that hinder what is suitable, and inflict harm....to overcome and rise above obstacles” (ST I, 81.2 resp.). Wojtyła (1960/1981) similarly recognized that human emotion may be characterized by a positive or negative quality of pleasure or pain (p. 32). Human emotions thus bring richness and depth to life; however, they may be either ruled or unruly. The human task is not to neurotically repress nor pathologically express emotion, but rather to balance, manage, and master emotion in service of truth, goodness, and beauty. According to Aquinas (1274/2012), “it belongs to the perfection of man’s good that his passions be moderated by reason” (ST I-II, 24.3 resp.). The limbic system enriches experience when the frontal lobe regulates emotion. The Christian therapist seeks to help the client in the rich and balanced experience, expression, and mastery of emotion.

Truth

Seek truth. Given our nature as rational beings, we are created to pursue the truth about the

natural world, ourselves, others, and God: “All men by nature desire to know” (Aristotle, *Metaphysics*, I.1). We are made to know, explore, and invent. We are entrusted with the task of developing the mind, cultivating the intellect, and exercising the capacity to reason, including the uniquely human capabilities for language, music, and art. We seek to develop the faculties of the soul recognized by Aquinas (ST I, 78.1) and studied as modalities of the mind by modern neuroscience (Fodor, 1983), including sensation, perception, imagination, memory, planning, cognition, and volition. We seek to foster love of learning and to overcome obstacles to learning. We recognize and respect individual differences and varieties of giftedness, recognizing that intelligence may be analytical, creative, and practical (Sternberg, 1985), or that there may be “multiple intelligences” that are linguistic, logical-mathematical, musical, spatial, bodily-kinesthetic, intrapersonal, interpersonal, naturalist, and even existential in nature (Gardner, 1983, 1993). John of the Cross (1585/1991b) recognized the limitations of human understanding and the ultimate need for purification in faith from the darkness of human intellect to the enlightenment of God’s way of understanding:

My intellect departed from itself, changing from human and natural to divine. For united with God through this purgation, it no longer understands by means of its natural vigor and light, but by means of the divine wisdom to which it was united. (*Dark Night*, II.4.2)

The Christian therapist seeks to assist the client in developing the gifts of human intellect, each according to one’s abilities, and to prepare the way to receive the grace of divine wisdom.

Purify memory. The gift of memory is the substrate of our personal identity and life narrative. Augustine (398/1991) marveled at mysterious depths of human memory: “Memory’s huge cavern, with its mysterious, secret, and indescribable nooks and crannies, receives all these perceptions, to be recalled when needed and reconsidered” (*Confessions*, X.viii.13). Memory is the metronome of our uniquely human relationship to time, as we integrate in the present our memory of the past, our awareness of the

present, and our expectation of the future:

In the soul there are these three aspects of time, and I do not see them anywhere else. The present considering the past is memory, the present considering the present is immediate awareness, the present considering the future is expectation. (Confessions, XI.xx.26)

Memory is the guardian of our identity, that which preserves our knowledge of self as self:

It is I who remember, I who am mind. It is hardly surprising if what I am not is distant from me. But what is nearer to me than myself? Indeed the power of my memory is something I do not understand when without it I cannot speak about myself. (Confessions, X.xvi.25)

Memory is the custodian of our life story, the keeper of the keys to the diary of life. As such, it may variously be a source of joyous nostalgia, anxious rumination, or melancholy brooding. On some occasions we may wish to savor the scrapbook of life; at other times we might wish that it were buried in the scrapheap of oblivion. Ultimately, we may best be healed by purification of memory in the light of God's presence. John of the Cross (1585/1991b) described movement through the "dark night" of the soul, including transformation of the affliction and anguish of memory, into "eternal apprehensions of glory" (Dark Night, II.4.1-2). Suggesting that "our aim is union with God in the memory through hope," John of the Cross (1585/1991a) commended a certain annihilation or abandonment of memory to calm rest and restoration in God: "Accordingly, in the measure that individuals dispossess their memory of forms and objects, which are not God, they will fix it on God and preserve it empty, so as to hope for the fullness of their memory from him" (Ascent of Mount Carmel, III.15.1). The Christian therapist hopes to facilitate in the client a healthy sense of personal identity, reconciliation with the events of one's personal biography, and hopeful abandonment of the painful memories of time into the eternal mind of God.

Form conscience. The pursuit of truth in the human heart necessary involves development of the moral sense, the formation of conscience. Conscience is illuminated by reason: "Conscience is a judgment of reason by which the hu-

man person recognizes the moral quality of a concrete act" (CCC, n. 1796). At its best, conscience is attuned to the voice of God within: "Conscience is the most secret core and sanctuary of a man. There he is alone with God, Whose voice echoes in his depths" (Gaudium et spes, n. 16). Conscience may formed well or poorly (cf. Romans 2:15-16); in the extremes, human persons may become lost in the labyrinth of scrupulosity or locked in the prison of psychopathy. Well-formed conscience is a reliable guide: "A well-formed conscience is upright and truthful. It formulates its judgments according to reason, in conformity with the true good willed by the wisdom of the Creator. Everyone must avail himself of the means to form his conscience" (CCC, n. 1798). Here human freedom meets divine law. Here the human person turns away from the tree of the knowledge of good and evil and toward the tree of life. Moral relativism is replaced by ethical realism. The Christian therapist must facilitate and not obfuscate the development of a balanced and well-formed conscience, to promote empathy over anger within the hard of heart, and to foster faith over fear within the faint of heart.

Goodness

Practice good. Much of psychology is rightly concerned with human action, with outward behavior, with what we actually and practically do in a specific situation. In its most rudimentary form, this involves movement of muscles of the body as we act upon and are acted upon by the world around us. It involves stepping out with our feet, reaching out with our hands, and grasping with our fingers. The question remains regarding the direction of our step and the object of our reach (e.g., toward which fruit on which tree?). Even the most ardent materialist observes that certain actions are adaptive and other actions are maladaptive. The school psychologist knows the difference between behaving well and behaving badly, and the forensic psychologist acknowledges a distinction between good actors versus bad actors. The psychoanalyst recognizes the common interior struggle between primitive instinct and civilized restraint. St. Paul also recognized the hu-

man struggle to do good:

We know that the law is spiritual; but I am carnal, sold under sin. I do not understand my own actions. For I do not do what I want, but I do the very thing I hate....I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do.... So then, I of myself serve the law of God with my mind, but with my flesh I serve the law of sin. (Romans 7:14-15, 18-19, 25, RSV)

Recognizing that doing good ultimately requires the grace of God—appealing to natural law, the golden rule, and the need for strength beyond ourselves (implicitly or explicitly as possible within a given situation)—the Christian therapist seeks to help the client to develop and practice good habits of behavior.

Exercise will. Corresponding to the exteriority of human action is the interiority of human agency, of personal choice, with regard to where we direct our attention and what we will to do. The preeminent early American psychologist, William James (1892/2001), recognized that “the essential achievement of the will, in short, when it is most ‘voluntary,’ is to attend to a difficult object and hold it fast before the mind” (p. 317). Will is thus a “mental drama” of sustained “effort of attention” involving a “fiat” (yes) or “consent to the idea’s undivided presence” until it “fills the mind” (pp. 317-320). Augustine (398/1991) recognized that there may be a conflict of wills within us:

The new will, which was beginning to be within me...was not yet strong enough to conquer my older will, which had the strength of old habit. So my two wills, one old, the other new, one carnal, the other spiritual, were in conflict with one another, and their discord robbed my soul of all concentration. (Confessions, VIII.v.10)

Strengthening of the will under duress may be facilitated by the practice of personal asceticism: “Progress in virtue, knowledge of the good, and acesis enhance the mastery of the will over its acts” (CCC, n. 1734). John of the Cross (1585/1991b) recognized the distress and afflictions of the human will and the ultimate need for purification of the will through grace to love as God loves:

And my will departed from itself and became

divine. United with the divine love, it no longer loves in a lowly manner, with its natural strength, but with the strength and purity of the Holy Spirit; and thus the will does not operate humanly in relation to God. (Dark Night, II.4.2) The Christian therapist seeks to help train the client in the practice of sustained concentration on that which is good, in the discipline of personal asceticism, and in the exercise of habits of will in love of God and neighbor, recognizing the pervasive need for divine assistance.

Form character. Psychology has had an ambivalent relationship with the concept of character. Allport (1937), often considered the father of personality theory, wrote that “character is personality evaluated, and personality is character devaluated,” concluding that “character is an unnecessary concept for psychology” and that “personality alone will serve” (p. 52). Peterson and Seligman (2004), founders of the positive psychology movement, recognized the need “to reclaim the study of character and virtue as legitimate topics of psychological inquiry” (p. 3). The Christian tradition has long recognized the importance of human formation in character and virtue:

Human virtues are firm attitudes, stable dispositions, habitual perfections of intellect and will that govern our actions, order our passions, and guide our conduct according to reason and faith. They make possible ease, self-mastery, and joy in leading a morally good life. The virtuous man is he who freely practices the good. (CCC, n. 1804)

Wojtyła (1974/2013) advocated a personalistic approach to aretology, to understand how the gift of the person may be realized through particular virtues and ruined through particular vices (p. 284). Human virtues, which may be developed through human effort, include the four cardinal virtues of prudence, justice, fortitude, and temperance (CCC, n. 1805). Theological virtues, given as gifts from God, include faith, hope, and charity (CCC, n. 1813). The Christian therapist seeks to promote the formation of character and virtue through education and encouragement of human effort and openness to divine grace.

Transcendence

The second overarching aim of the flourishing person is transcendence. In response to the disunity in interpersonal relationships described above, this considers the transcendence of the human person beyond self-possession toward communion and self-donation:

Transcendence of the person is but one aspect of personal dynamism: it exposes but one of its poles. When it is accompanied by the subjective unity and wholeness of the structure of self-governance and self-possession, then it manifests the integration about which we are speaking. (Wojtyła, 1969/1979, p. 192)

This is further described by Wojtyła (1974/2013) as the “law of the gift”:

From what man is as a person, that is, a being that possesses itself and governs itself, follows that he can “give himself,” he can make himself a gift for others, without thereby violating his ontic status. The “law of the gift” is inscribed, so to speak, in the very being of the person. (p. 281)

From the beginning, along with creation in the image of God, came the dual command to “be fruitful and multiply” and to “have dominion” over the earth (Genesis 1:28, RSV).

The formulation of therapeutic objectives and goals of transcendence might beneficially be considered in terms of the classical transcendental of unity. More specifically, this may be evident in human longings for love, work, and flourishing. In contrast to his theory of death instincts directed toward entropy, Freud recognized life instincts tending toward entelechy which “strive to bring about a synthesis of living things into greater unities” (Freud, 1933/1965, p. 134). More specifically and uncharacteristically, there is an anecdotal account that Freud identified two healthy human motives of love and work:

Freud was once asked what he thought a normal person should be able to do well. The questioner probably expected a complicated answer. But Freud, in the curt way of his old days, is reported to have said: “Lieben und arbeiten” (to love and to work). (Erikson, 1963, pp. 264-265)

Frankl (1946/2006) described three sources of meaning in life: “Instead of possibilities, I have

realities in my past, not only the reality of work done and of love loved, but of sufferings bravely suffered” (p. 122). These may also be discerned as three-fold vocation to state in life, professional career, and holiness, respectively (Nordling & Scrofani, 2009, pp. 76-77).

Love

Receive love. Psychology recognizes the human need to receive love. We have a need for affiliation (Murray, 1938). It is difficult to love without first being loved. Attachment theory and relational neurobiology confirm the importance of mother-child bonding in infancy (Schoore, 1994). In our relationship with God, the apostle John recognized that “we love, because he first loved us” (1 John 4:19, RSV). Mother Teresa of Calcutta (1996) recognized that many persons today feel lonely and unwanted:

People today are hungry for love, which is the only answer to loneliness and great poverty. In some countries there is no hunger for bread. But people are suffering from terrible loneliness, terrible despair, terrible hatred, feeling unwanted, helpless, hopeless. They have forgotten how to smile, they have forgotten the beauty of the human touch. They are forgetting what is human love. They need someone who will understand and respect them. (p. 226)

The Christian therapist seeks to offer the client such love, understanding, and respect; to help remove obstacles to receiving love; and to facilitate a foundation of healthy marital and family relationships.

Give love. The human person is created to be loved and to love. Receiving love frees a person to love: “Freedom exists for the sake of love” (Wojtyła, 1960/1981, p. 135). Criteria for human perfection include the call to “cultivate social life” (John Paul II, 1993, n. 51). This calling to love would typically take place within one’s primary relationships, in “vocation as one’s chosen state of life: single, married, or religious” (Nordling & Scrofani, 2009, p. 77). John Paul II (1994) described marriage as mutual self-donation: “Man and woman are from God, two persons called to become a mutual gift” (n. 20). Boszormenyi-Nagy and Krasner (1986) out-

lined a contextual family therapy recognizing that marriage and family relationships are lived “between give and take” and involve relational ethics. Wojtyła (1960/1981) has provided the ethic of the personalist principle:

The person is the kind of good which does not admit of use and cannot be treated as an object of use and as such the means to an end....The person is a good towards which the only proper and adequate attitude is love. (p. 41)

The Christian therapist seeks to provide education in personalist relational ethics, to facilitate freedom in self-sacrificial love for the true good of the other, to encourage forgiveness, and to contribute to restoration of healthy marital and family relationships.

Work

Develop talents. Psychology recognizes the human need to create. We have a need for achievement (Murray, 1938). In the words of John Paul II (1991): “Work thus belongs to the vocation of every person; indeed, man expresses and fulfills himself by working” (n. 6). One of the ways that we discover meaning in life is by “creating a work or doing a deed,” that is, by “the way of achievement or accomplishment” (Frankl, 1946/2006, p. 111). As in the Parable of the Talents, we have been personally entrusted with gifts and talents, “each according to his ability” (Matthew 25:15, RSV). We are called to develop our intellectual inheritance and to pursue our life interests. Along with individual differences and varieties of intelligence noted previously, we may also discern a range of personal interests that may serve as a beneficial basis for occupational pursuits (e.g., Holland, 1997). The Christian therapist thus seeks to help the client to recognize abilities and interests consistent with personal identity and character in the pursuit of one’s life work.

Share talents. The human person is created to serve others. This calling to serve typically takes place within “the unique role which God calls each baptized person to fill in the divine plan – one’s personal vocation. Professional career is an important part of one’s personal vocation” (Nordling & Scrofani, 2009, p. 77). Criteria for

human perfection include the call to “refine and develop the riches of the material world” (John Paul II, 1993, n. 51). Talents are not meant to be hidden out of fear (Matthew 25:25, RSV). Talents are not meant to be hoarded for oneself: “More than ever, work is work with others and work for others: it is a matter of doing something for someone else” (John Paul II, 1991, n. 31). A homebuilder needs householders. An inventor needs investors. An actor needs an audience. A teacher needs students. A merchant needs customers. And, yes, a counselor needs clients! We pray for God’s blessing for a prosperous livelihood: “Let the favor of the Lord our God be upon us, and establish the work of our hands upon us, yes, establish the work of our hands” (Psalm 90:17, RSVSCE). The Christian therapist seeks to help the client to understand their career as a vocation of service for others, to earn a livelihood, to persist through challenge, and to share their talents generously.

Flourishing

Endure suffering. Any story worth telling or living involves adventure, and the story of each person’s life is, to some extent, an adventure story. We have a need for adventure (Tournier, 1963/1965), and the epic of each one’s personal Odyssey necessarily entails challenge, contest, and suffering. Suffering is thus an inevitable part of the adventure of life. Avoidance of necessary suffering is cowardice, and pursuit of unnecessary suffering is masochism. According to Frankl (1946/2006), one of the ways that we discover meaning in life is by “the attitude we take toward unavoidable suffering” (p. 111). Unavoidable suffering provides the opportunity “to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement” (p. 112). Suffering embraced for a purpose may no longer seem like suffering: “In some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice” (p. 113). In response to suffering, Mother Teresa of Calcutta (1988) encouraged us to “accept it with a smile,” indicating that the greatest gift that God gives us is “to smile at God. To have the

courage to accept everything that he sends us, and to give to him what he asks of us with a big smile” (p. 121). The human heart may be tried in the crucible and tested in the furnace and yet rejoice: “Blessed is the man who endures trial, for when he has stood the test he will receive the crown of life which God has promised to those who love him” (James 1:12, RSV; cf. Proverbs 17:3; 1 Peter 1:6-7). The Christian therapist seeks to help the client to bravely endure unavoidable suffering, and perhaps even to offer it as a sacrifice or accept it with a smile.

Attain happiness. The human person is made for something more. We know it in our hearts. Wojtyła (1960/1981) held that the very word “person” signifies that there is “something more” about the human person, “a particular richness and perfection in the manner of his being” (p. 22). Following Aristotle’s notion of eudaimonia, positive psychology considers character strengths and virtues that contribute to human flourishing, human thriving, happiness, and the good life (Peterson & Seligman, 2004). Augustine (398/1991) recognized a universal desire for happiness:

The desire for happiness is not in myself alone or in a few friends, but is found in everybody.... What all agree upon is that they want to be happy, just as they would concur, if asked, that they want to experience joy and would call that joy the happy life. Even if one person pursues it in one way, and another in a different way, yet there is one goal which all are striving to attain, namely to experience joy. (Confessions, X.xxi.31) We sense that we are made for eternity: “He has put eternity into man’s mind” (Ecclesiastes 3:11, RSV). Christian tradition recognizes that our primary vocation is the universal call to holiness: “The first [vocation] is the vocation of all Christians to live a life of holiness consistent with one’s faith” (Nordling & Scrofani, 2009, p. 77). If life and love are gifts from God, then the proper response is to express gratitude and to offer worship. Augustine (398/1991) famously recognized the restless nature of the human heart:

Nevertheless, to praise you is the desire of man, a little piece of your creation. You stir man to take pleasure in praising you, because you have

made us for yourself, and our heart is restless until it rests in you. (Confessions, I.i.1)

Irenaeus recognized that human fulfillment resides in God: “The glory of God is man fully alive; moreover man’s life is the vision of God” (Adversus Haereses, 4, 20, 7; as cited in CCC, n. 294). The Christian therapist seeks to help the client to approach human flourishing in this life, and keeps eternity in mind, hoping and praying that they will attain beatitude in the next.

The Christian psychologist thus maintains clear vision of “the integral, personalistic concept of man” and considers “the totality of human aims” (Wojtyła, 1960/1981, p. 287). In the establishment of therapeutic goals, the Christian psychologist devoutly observes the law of God, expresses genuine care and concern for the person of the client, and encourages self-possession and the gift of self with reliance upon God: But stay constantly with a godly man whom you know to be a keeper of the commandments, whose soul is in accord with your soul, and who will sorrow with you if you fail. And establish the counsel of your own heart, for no one is more faithful to you than it is....And besides all this pray to the Most High that he may direct your way in truth. (Sirach 37:12-15, RSV)

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Table 1. Therapeutic Goals of the Flourishing Person

NATURE	AIMS (Purposes)	ASPIRATIONS (Motives)	OBJECTIVES (Needs)
Integral Personhood	Integration “Self-possession”	Being	
Embodied		Beauty	Contemplate beauty Reverence life Master emotion
Rational		Truth	Seek truth Purify memory Form conscience
Volitional		Goodness	Practice good Exercise will Form character
Interpersonal Communion	Transcendence “Self-donation”	Unity	
Relational		Love	Receive love Give love
Vocational		Work	Develop talents Share talents
Teleological		Flourishing	Endure suffering Attain happiness



Paul Vitz (USA)

Comment to “From brokenness to Beatitude: Therapeutic Goals of the Flourishing Person”

Congratulations, to Dr. Houde, for his clear statement of the problems faced by today's world of secular psychotherapy in your very succinct first paragraph. Even more importantly, congratulations for laying out some of the positive ways in which Christian psychology can address the secular problems, to move mental health practice in a positive direction.

More specifically, how do I like this paper? Let me count the ways. I like all the topics he addresses because they represent important issues for all therapists but, in particular, I will count the ways he identifies issues that have been omitted or neglected by secular therapists. They are:

1. The importance of contemplating beauty.
2. Having a reverence for life, especially our own life.
3. Seeking truth and recognizing different kinds of intelligence.
4. Purifying our memory especially through prayer.
5. The practice of the good and the forming of character--- that is, developing virtue.
6. The importance of work.
7. The foundational need for the giving and receiving of love.
8. Enduring suffering by finding a positive understanding of it when possible.
9. Acknowledging the relevance and importance of transcendence in dealing with mental disorder.

There have been a few significant exceptions to the secular neglect of the above positive aspects of a Christian approach. In important but limited ways, Cognitive and Behavioral psychologists accepted a search for truth, and there may



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<http://emcapp.ignis.de/5/#/128>

be others who are beginning to focus on beauty and reverence for life.

Alfred Adler with his emphasis on “Gemeinschaftsgefühl” (“social interest”, in English), had an early awareness of the importance of both work and of the need for contributing to society and social solidarity. In addition, Viktor Frankl emphasized the search for meaning and recognized the transcendent nature of this search. He also was quite aware that the meaning of suffering could be transformed in a positive way by understanding it from a higher perspective.

Moreover, thanks to the work of Martin Seligman and to “Positive Psychology” others are beginning to understand virtue and character are important in going beyond our problems to actual flourishing. No doubt, also, the “New Age” psychologists have accepted the importance of transcendence.

Nevertheless, the Christian approach of Houde allows all these otherwise diverse and helpful concepts to fit the same basic framework. Houde in his approach leans heavily on the work of John Paul II. I don't think this Catholic anthropology involves any major difficulties with most Protestant or Eastern Orthodox approaches, but that remains to be seen.

We also should recognize that some of Houde's points already have been addressed by presentations published in this journal; his contributions provide support for the work of these and other Christian psychologists.

One last comment: Houde's position has been greatly influenced by a paper of the IPS Group (2014) which he cited. The work by this group has been significantly updated in a recently released article. (See Titus, Vitz, Nordling & the IPS Group, 2016.)

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Next Number

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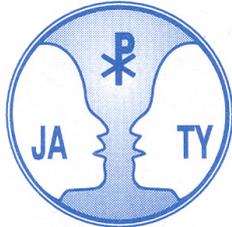
Many thanks to the numerous authors and the translators. Without their commitment and gifts this number would not exist.

The Board of EMCAPP:

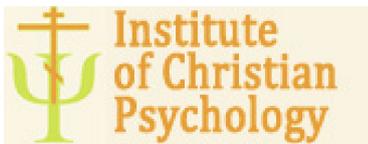
- Francesco Cution (Italy), clinical psychologist and psychotherapist, associate of the Italian Catholic Association of Psychologists and Psychiatrists, president founder of the association "Jonas is on the way", Rome.
- Nicolene Joubert (South Africa) psychologist, Head of the ICP: the Institute of Christian Psychology in Johannesburg www.icp.org.za.
- Rev. Andrey Lorgus (Russia), psychologist, Rector of the Institute of Christian Psychology in Moscow, <http://fapsyrou.ru>.
- Werner May (Germany), psychologist, former President of the Academy for Christian Psychology IGNIS www.ignis.de, President of EMCAPP Board.
- Anna Ostaszewska (Poland), psychotherapist, supervisor, one of the founders of the Association of Christian Psychologists in Poland (ACP). Vice-President of EMCAPP Board
- Elena Strigo (Russia, city of Krasnojarsk, Siberian Region), psychologist, psychotherapist at the Psychological Counselling Centre, member of EMCAPP Board.



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Seven statements of EMCAPP

1. EMCAPP is based on the faith that there is a God who is actively maintaining this world, so when we talk about Man we should also talk about God.

2. EMCAPP acknowledges the limitations of all human knowledge and therefore appreciates the attempts of the various Christian denominations to describe God and their faith.

3. EMCAPP brings together international leaders and pioneers in the field of Christian psychology and psychotherapy and its underlying anthropology.

4. EMCAPP appreciates the cultural and linguistic diversity of backgrounds of its members.

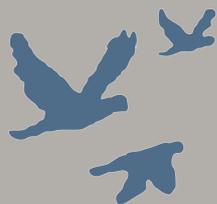
5. EMCAPP wants its members to learn recognizing each other as friends, brothers and sisters.

6. EMCAPP encourages its members in their national challenges and responsibilities.

7. EMCAPP has a global future and it is open to discourse and joined research opportunities round the world (World Movement).

For more detailed version of statements: see www.emcapp.eu.

The



EMCAPP

Journal

Christian Psychology
Around The World



Focus Topic:

“Therapy goals” from the
perspective of Christian
psychology

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