

Journal of the Association
of Mormon Counselors
and Psychotherapists

October 1980 Vol.6/Issue 4

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- a) To promote fellowship, foster communication, enhance personal and professional development, and promote a forum for counselors and psychotherapists whose common bond is membership in and adherence to the principles and standards of the Church of Jesus Christ of Latter-day Saints, both in their personal lives and professional practice.
- b) To encourage members and assist them in their efforts to provide leadership in stemming the tide of materialism, amorality and immorality that threatens to engulf their various other professional organizations and the society at large.

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Journal of the Association
of Mormon Counselors
and Psychotherapists

October 1980 Vol.6/Issue 4

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AMCAP JOURNAL/OCTOBER 1980

EDITORIAL

As promised in the April issue of the Journal, this issue is composed of articles selected by Allen E. Bergin from various sources concerning the current trend toward the integration of religion and psychology. Our thanks to Bro. Bergin, the authors of the articles, and the editors of the various publications from which they were taken for making this issue possible.

The original editorial style, spelling and punctuation of each article has been retained. Again we invite your comments. Do you think we should publish a special issue similar to this every year or so? Or should an article or two like those included here be reprinted in each issue? Let us hear from you.

HLI

LETTERS TO THE EDITOR

Brother Isaksen:

Thank you for a delightful July 1980 AMCAP. I enjoyed reading "Counseling the Divorced LDS Woman," by Sister Morris.

I found that there is a parallel between her observations of the reactions of LDS women to divorce and the steps of grief outlined by Kubler-Ross. I have observed in my clinical experience that the steps of grief are present when dealing with almost all experiences of loss: death, divorce, loss of a job etc.

Sister Morris focused on the anger that many divorced LDS women feel towards their ex-husband and often to the Church as well. I have seen that often the anger is preceded by the stages of shock and denial. A time when many people make very irrational decisions regarding living arrangements, financial matters, and Church activity.

Acceptance, the final stage in the grief process, can also be a renewed interest in life for those who are not

looking for a near exit from this estate. C. S. Lewis, in his description of his own grief following the death of his wife wrote: "Something unexpected has happened. It came this morning early. For various reasons, not in themselves at all mysterious, my heart was lighter than it had been for many weeks.---It was as if the lifting of the sorrow had removed a barrier.---Why has no one told me these things? How easily I might have misjudged another man in the same situation? I might have said, 'He's got over it. He's forgotten his wife,' when the truth was, 'He remembers her better *because* he has partly got over it.'" (*A Grief Observed*, Seabury Press, 1961, P. 37)

I thank Sister Morris for stimulating this chain of thoughts as well as for her valuable ideas and suggestions in counseling LDS women.

Sincerely,
Bob Kammer
Socorro, New Mexico

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GUEST EDITORIAL

RELIGIOUS APPROACHES TO COUNSELING AND PSYCHOTHERAPY:

An Overview of Recent Trends

by Allen E. Bergin

The reintroduction of religious concepts and values into psychosocial theory and practice is reaching the proportions of a new movement. Documentation of this trend was provided in my AMCAP Journal article on "Psychotherapy and Religious Values" (April, 1980). The present issue of the Journal illustrates, by means of reprints, the types of developments that are occurring. An attempt has been made to select good representations of the diverse array of current activity in English-speaking countries.

Such approaches seem not to have developed as vigorously in other countries yet; but there are notable exceptions to this.

In addition to the collection of reprints herein, it seems helpful to describe some of the programs of research and technique development that are occurring in religious and academic communities around the

country. This is accomplished by providing at the end of this issue outlines of a selected sample of activities underway in various centers. Also, a brief, annotated listing of journals, books, and other resources for further inquiry is provided for the use of interested readers.

Generally, this overview shows that in many respects we are far behind other religious denominations in this effort. It illustrates the substantive way in which traditional, secular conceptions of disorders and their treatment are being challenged and replaced by viewpoints more compatible with the gospel of Jesus Christ. These developing viewpoints do not summarily dismiss the accumulating wisdom of professional inquiry, but they provide ways of reconstruing and integrating that wisdom within a traditional value structure and a spiritual image of human nature.

INTEGRATION

by John G. Finch, Ph.D.*

Presented in the Finch lecture series, Fuller theological Seminary, Graduate School of Psychology, Pasadena, California, January, 1980.

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"I know of no scientific way of dealing with sin."
(Becker, E., *The Denial of Death*)

"Psychiatric and religious perspectives are intricately related. For one thing they grow out of one another historically." (Becker, E., *The Denial of Death*, p. 67)

Psychology and Theology merge inevitably. The problems of both are the same. They are problems of the spirit. Problems of inadequate strategies. Problems calling for solution or salvation. If science is naturalistic with no room for the soul, it is inadequate as a means of dealing with man. If the soul is admissible scientific method is not enough, not adequate.

The issue of this essay might be considered *revelance*. The schools of Theology and Psychology have been attempting--with what I've observed over the years to be half-serious, half-confused, half-hearted efforts--to effect some kind of integration between Theology and Psychology. On the one hand, it seems a great deal of defensiveness and over-protectiveness on the part of Theology has tended to keep Psychology at bay as some kind of impertinent intruder on holy ground. Not infrequently the suggestion has been verbally expressed: "We have Christ; who needs Psychology?" Psychology has been disdained or downgraded for even *daring* to deal with the psyche. After all, isn't that the monopolistic domain of Theology?

But I would be misinterpreted if it were implied that all the exclusiveness were from the side of Theology. Psychology has been no less an offender. Its authoritarian and dogmatic posture about religion was long ago titled "The Future of an Illusion." This seems very much like trying to resolve the problem of hunger and starvation in the world by declaring it non-existent.

Then there was another curious psychological development. In order to make its position absolutely clear and beyond question, Psychology gave itself over to the scientific method--i.e., to objectivity, to the elimination of variables, and to replication--to come to a knowledge of the truth. Then, as though not to be left behind, Theology too opted for the scientific method. Neither discipline quite appreciated the parable of the Procrustean bed. Each discipline was trying to "find a

ground for knowledge that would be stable, yielding, and rationally incontrovertible. A ground, so to speak, outside of themselves, and in this sense, objective." (Need for a New Approach to Psychology, p.2)

But there was another emphasis in this oversight. The *method* became more important than the *data*. Data was *tailored* to the methodology. And what of objectivity? While I can fully appreciate the dangers of subjectivism, I can also see an alternative to objectivity. If one can retain his own wholeness with steadfastness; if one can maintain his own identity--it is very much like a swimmer who dives into the water and emerges to the surface, somewhat changed, hair all ruffled (unless he's a Yul Brynner type!), dripping with water, perhaps a bit breathless, but with *no identity* change. Moreover, he knows more about the process; he has experienced the intimacy; he has added, however slightly, to his acquaintance with water in a personal way--but he has not been objective. I'm saying that *this* is the kind of involvement that is necessary to fully appreciate a person. I'm saying that unlike scientific methods, this will introduce us to the inner sanctum of a person's experience. In therapy, we can observe the patient with a detached, objective stance, but it has been my experience that human emotions are hindered by non-involvement in a somewhat similar way as the observer on the edge of the pool, fully clothed, only *thinks* he knows what's happening with the swimmer. I'm for "weeping with those that weep." I'm for entering the experiences of the patient and tasting his life with him. Nor does this in any way contaminate the process. Instead, it "grows" both patient and therapist in understanding and in experiencing and processing together.

Another illustration may be helpful. When one is leading a person to an experience of Christ, it is not the enunciation of propositional truth that leads one into the inner, dynamic awareness of that change. It is the deep concern, the involvement, the enthusiasm, the realism and vitality of the leader (therapist) that successfully introduces a person to Christ. When Christ came to this world of ours and chose disciples, the Scripture says, "Then He selected twelve to *be* His regular companions" (Mk. 3:14 L.B.). Religion, we've been told, is caught, not taught. I keep insisting that integration is not really the problem it has seemed to be. The problem is created by one not realizing that certain

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very simple observations have been overlooked.

As Professor Thurman of Boston University pointed out so aptly in speaking of the non-rational nature of Theology: "The mind cannot handle the yeastiness of religion--the mind tries to make concepts to make sense to the mind. In this sense, all Theology is a little out of date. It becomes the source of propaganda. But as long as experience is vital, it spreads by contagion--not by thought, etc. It is the *nature* of the religious experience."

Apropos of this, when Carl Jung was asked: Do you believe in God? His immediate answer was: "I *know*--I don't need to believe." Jung appealed to his personal experience rather than to a creed.

Let us go back to the problem of relevance. Can either discipline dictate to the other and insist that it "be good on my terms?" That indeed Psychology must be Theology, or Theology must be Psychology? No! For better or worse, we find ourselves in a world where both disciplines exist . . .

So what are we talking about when we refer to integration? Are we talking about the integration of words and ideas so that *conversion* is equated with *psychotherapy*? Are we talking about equating the work of the Holy Spirit with the work of the therapist? Are we saying that the function of the therapist displaces the function of the cross? Are we suggesting that the Scriptures take a back seat to Skinner's *Walden II*? Or are we talking rather about creating a climate in which Christians can derive all the benefits from Psychology and Psychology can derive all the benefits from the Christian faith? We are not talking about an *interdisciplinary* exercise, debate or discussion; we are talking about an *intradisciplinary* approach in which each discussant *speaks from his experience*. Let me use an illustration. Can the Christian tell about his Christian experience in such a way that the psychologist can ask the kinds of searching questions that go to its roots?--that is, *parenting* roots? A certain Joseph R. Cooke, ex-missionary to the Orient, who later became a scholar in Far Eastern Languages and currently is Professor in the Department of Anthropology at the University of Washington, published a book in 1975 titled *Free for the Taking*. It is a book about grace. He also wrote an article entitled "I Invented an Impossible God and Had a Nervous Breakdown" (*Eternity* magazine). His problem seems to have been perfectionistic compulsivity. In the article, he says:

One of the first things that helped set me on my way was the guidance of a good psychiatrist--a non-Christian so far as I know, but one who really knew what she was doing. No 'oughts.' No pat solutions. No criticisms of my Christian faith. And above all, no condemnation.

She was, I think, the first person with whom I ever felt free to share all the nasty warped feelings and attitudes I had. Her responses to me were always accepting, but she'd also keep coming back with probing questions that forced me to begin to see some of the destructive things I was doing to myself--my unreasonable self-expectations, my perfectionism, my bondage to other people's opinions, my doormat mentality, my self-hatred.

I wish he had gone further to point to the *causes* in his childhood, for a book like this could certainly alert a great many other people in the same bind. But more importantly, he has given us an excellent testimony to the value in the integration of Psychology and the Christian faith. His psychiatrist was "a non-Christian so far as I know." Christ seems to be able to use those that are not "followers" to exorcize destructive internalized demonic parental images.

I started by talking about the *relevance* of integration. How many ministers recognize the sickening (making sick) compulsivity, perfectionism and conformity-distortion created in some homes?--homes, no less, that are so intensely Church-related! Too often this blind drive for acceptance is commended as enthusiasm for Christ. How often has "such a promising youth," pressured to death from within and tortured by increasingly heavy pressures of praise and implied greater expectations, suddenly fallen apart in some bizarre way--to the consternation of everybody standing by helplessly and saying, "...but he was such a good young man!" One instance of this should force us into an understanding of personality dynamics, of our ontology; should force us into welcoming every useful resource--Theology, Psychology--into a closer working relationship, so that "not *one* of these little ones should perish."

This very possibility has been treated as some kind of competitive threat by the Church. That attitude is about as relevant as watching someone bleed to death while we wait for a miracle-worker instead of doing something, or rejecting help until we find the *right brand* of tourniquet!

I have touched on this aspect lightly already, but I wish to make a stronger emphasis. One of the chief problems that badgers the integration of Psychology and Theology is the science-factor. . .

It is the addiction to naturalistic science and its reductionism or thingification that causes me, from the Christian point-of-view of man, to back away. I will not say that this point of view is entirely unacceptable, but it is obvious, is it not, that in eliminating that *spirit* dimension of man, this kind of Psychology is not only non-humanistic, but it thereby denies resources extant in man, and demeans and reduces him in so doing.

Now if Theology said it could see no potential for

integration with *this* kind of Psychology, I agree. But to leave the arena, and to take refuge in some kind of dogmatism (claiming the prerogative of "divine revelation"), is a cop-out! Why go into the missionary field abroad and try to "preach the gospel to every creature and make disciples of all men," when here, at our very doorstep, is a heresy that is taught in about 90% of our Graduate Schools in this country, and is the seedbed for brainwashing and dehumanizing our culture and mistreating our emotionally sick! Why do we fail to see *this* field "white unto harvest!" For professionals--authorities!--to tell our youth that "men are not free, but only puppets!" is to condition a generation into believing themselves less than human and really not even responsible!

. . . We have said something about Behavioristic Psychology and its denigration of man by its stimulus-response nexus and its body-mind relation. But I must hasten to add that Humanistic Psychology is no less detrimental to an understanding of man. Even if we acknowledge the spirit dimension, and can "prove" its presence by reference to self-transcendence, freedom and responsibility, we may still be earthbound if we fail to recognize with Soren Kierkegaard that "spirit must be grounded in *Spirit*" to find its true meaning and identity. "Humanistic psychology cannot supplant religious and moral ideology because it is only partially qualified to do so." . . .

The essential difference between any psychology and a Christian Psychology is the Christian emphasis and insistence that man is a *creature*. Only when he discovers his creatureliness is he able to discover and be discovered by his Creator. A non-Christian psychology has no need of a Creator. Its presuppositions and scientific basis by definition rule Him out. That is what Kierkegaard means by grounding spirit in Spirit.

I started this lecture by stating: The issue of this essay might be considered *relevance*. Is it relevant that Theology involve itself deeply in psychological concerns to save the spirit dimension of man? Or can Christians in Psychology proceed to facilitate the elimination of the spirit by adhering to a naturalistic, biologicistic, materialistic, causalistic, deterministic Psychology? Integration is not an armchair "tiddling of the thumbs"--. . .

Theology is a science in that it is "knowledge, as of facts or principles; knowledge gained by systematic study." But what is the basis of this knowledge which gets arranged systematically? Is it not experience? Theology cannot be sponsoring doctrines that have not been, nor can be experience. As II Peter 1:21 says, "Holy men of old spake as they were moved by the Holy Spirit." It was a moving experience that was recorded and if we are open to the movings of the Holy Spirit, we, too, can *experience His moving*. We, too,

can speak of it, record it, systematize it, and pass it on to the world for its salvation.

Psychology is a science also--of the logical positivistic variety. The meaning of this has been seen clearly and articulated succinctly by Peter Koestenbaum. He points to three factors in this approach: (1) that meaning is tied to method of confirmation; (2) that confirmation is ultimately based on the "observable characteristics of physical objects;" and (3) that a proposition to be confirmable and, consequently, meaningful, must be capable of precise and preferably measureable formulation. . .

Even the casual observer will recognize that these two scientific methodologies do not allow for integration. As I have indicated, the methodology of logical positivism is inadequate for an understanding of man as a whole person, i.e., body, mind and spirit. And it is this *deficit*--the omission of the spirit dimension--that frustrates integration. Proceeding from this realization, I have worked toward the formulation of a Christian Psychology based on the existential approach to knowing man and thus answering the need for relevance. This is the Way I sponsor, so that each discipline might receive the greatest benefits from the other and speak with relevance to the needs of men.

After I had completed this chapter and my faithful critic and typist Geraldine, had typed it--with an eye to absolute precision and with Thomas' insistence on exactly how--she said to me: "But just *how* does integration take place?" I could have referred Gerry to my paper on "The Use of Anxiety in Intensive Therapy" and to several other writings, but I couldn't do that. So let me try again.

What, then, *is* integration? How does it actually take place? Another way of asking this question is: How, then, does a man transcend his condition? How does he rise above the neurotic bind in which he finds himself? By realizing the truth about his condition! As I pointed out in my paper "Christianity as Insight," *need* is the first step. But it is not an ordinary need, or a need that can be lightly tossed aside by preoccupation with increased diversions or distractions. It is the kind of need that locks him into a corner and squeezes him so tightly that, like the Professor in Bunyan's *Pilgrim's Progress*, "he sighs as if he would break his heart." It is the kind of need that caused one Intensive patient to cry out in agony, "Oh what I have learned in the last couple of hours! *Sadness*--oh, the awful, painful, horrible *sadness*--it has been so terribly sad--I cannot speak of it--for I have seen my life in one awful moment--and myself. I have destroyed Joy! Yes--in a thousand nooks and crannies where Joy might have been, I brought sadness. This I learned in the last hour."

What does one do on the fifth floor when the

building in which he lives is a flaming inferno? The net is spread. It is not time to question its strength or viability. One must leap! All rational notions are worthless. All imagined omnipotence is completely dissolved. Utter helplessness and creatureliness is what confronts him. In *this* extremity--the extremity of his *creatureliness*--he is pushed and driven into the very arms of the Creator. How did Soren Kierkegaard put it? "The self must be broken in order to become self" (Becker, *The Denial of Death*, p. 88). Or again, "The self cannot ground itself in itself, but only in that power that created it."

Psychology has been astute in pointing to the rationalizations and defenses that have attempted to offset, to postpone, this crisis. It has even given makeshift solutions for *non-person* persons. Tragically it has not been able, because of its methodologies, to facilitate the positing of the creature in the Creator. Its humanism and science have kept God at bay--what a loss! . . .

Allow me to be more explicit in this matter of integrating Psychology and the Christian faith. In teaching us to pray what has come to be known as the Lord's Prayer, Jesus seems to have endorsed the notion that God is our Father. But long prior to this, mankind has been familiar with an earthly father. These earthly fathers are somewhat different from the notion of a heavenly Father. What relevance do these fathers have to one another? Does not experience become the dominating factor in these relations and concepts? If a man who does not love his brother cannot love God, can a man with an unresolved father or mother problem love God the Father? This is where Psychology has been most useful in helping remove the blocks to real faith. These blocks have become removable by what is called a transference relationship with the therapist. On the grounds of this relationship, the block has been challenged by confronting the all-authoritative earthly father figure and by coming to grips with a new reality, i.e., the responsible self. A neurotic creatureliness taking refuge in blaming and complaining comes to see that creatureliness per se is not neurotic but can indeed be a stepping stone to a totally new relationship with the Creator. This true creatureliness can only be realized when all the props and fake strategies are seen for what they actually are and renounced. This point of renunciation has been variously described as "the dark night of the soul, the flight of the alone to the Alone"--Plotinus, the mystic-philosopher; total surrender; the change that is conversion. This is when non-attachment is born of the discovery of focus and concentration, consecration. It is the moment of new birth, for in discovering one's ontology, one discovers God. The rare and real truth emerges: Without God I am in the abyss. Until I am in the abyss I am without God, for there is where God is.

The hymn writer, Augustus Toplady (1776), bore witness to the same discovery. He was not engaged in discussing Psychology *or* Theology. He was not even talking about integration. He was describing his experience.

Not the labor of my hands
Can fulfill Thy law's demands.
Could my zeal no langour know,
Could my tears forever flow,
All for sin could not atone.
Thou must save, and *Thou* alone.

Nothing in my hand I bring,
Simply to Thy cross I cling.
Naked, come to Thee for dress;
Helpless, look for Thee for grace;
Foul, I to the fountain fly,
Wash me, Savior, or I die.

August Toplady (1776)
Rock of Ages

Have you never heard it sung:

*Just as I am, without one plea,
But that Thy blood was shed for me,
And that Thou bidst me come to Thee,
O, Lamb of God, I come!*

Charlotte Elliott
Just As I Am

We could be as profound as Soren Kierkegaard; we could be as sophisticated as Ernest Becker--but the conclusion is just the same. When man's sheer *finitude* emerges, he is open to *infinite* possibility, to God. . .

Who put the yearning in man? Who made him thirsty? Who left him with the void of hunger? Whose likeness does he bear? What call reaches the depths of man? It is his Creator, his God, his Savior! Hear His call:

Come unto me, all ye that labor and are heavy laden,
and I will give you rest. Take my yoke upon you, and
learn of me; for I am meek and lowly of heart: and ye
shall find rest unto your soul. For my yoke is easy [it is
ontologically contoured] and my burden is light [like
wings to a bird or sails to a ship!] (Matt. 11:29, 3)

P.S.

It is not customary for a lecture to have a Post Script, but this one would be incomplete without it.

After Gerry had prodded me into further explication of the integration process by her suggestion she still "did not *understand*," I accepted her challenge and tried to take her into the experience itself. I have just read my response to you. I then asked again: "Does *that* clarify it for you?" She answered in the negative. I was back on my heels. What remained? Gerry wanted to *understand* without taking the leap of

faith. She was trying to *intellectualize* integration.

But there was something else. It became evident again that the block was her attempt to make the leap rationally. Her father was an ultra-fundamentalistic, non-relating person hung up on rules and regulations, on a most logical explication of the letter of the law; who talked about faith but knew little about faithing; whose fear of hell-fire and brimstone was more important than the loving relationship with God; for whom *God, forgiveness, grace, love* were *concepts* rather than experiences. Learning and in that sense "believing" a proposition removes us one step from experiencing what the proposition purports to teach. The proposition, however valid, too often comes *between* rational awareness and faithing. This is singularly harmful because it substitutes a proposition for a personal experience of God's Personhood (religiously speaking) and also and worse intensifies the illusion that rational comprehension is faith. Faith cannot be a proposition. It must be experienced. Father was the remaining introjected unexorcised image, the propositional propounder, that kept Gerry from the leap of faith.

Gerry's chief concern in her therapy has been to prove how acceptable she is by good works--perfect works. She cannot accept her creatureliness. Her difficulty with accepting my acceptance of her *as herself* has been the chief obstacle to relating. This is no less the problem in relating to God. Her experience only emphasizes the tremendous importance of a *relationship*, transference (if you will), as the vital key to the benefits of therapy. As I've maintained consistently over the years: "No relationship, no therapy." With the therapist as a bridge, one is transported through one's fears and the chasm-denying reality to the deepest psychological and philosophical experience of one's own spoken or unexpressed commitment.

The *relationship* introduces the patient to a new way of seeing reality. "Bad" parent figures who are the spectacles through which all reality has been perceived are removed as God-substitutes. All other similar substitutes are likewise released. The therapist-bridge is crossed over and one comes into *immediate* relationship with God--with decreasing distortion.

Gerry has been invited to enter Intensive therapy in order to allow her the time and opportunity to permit her to move from rational *understanding* to experience of relationship via the leap of faith.

* * * * *

This may sound like a Stop-Press inclusion. So let it be. Gerry entered Intensive Therapy toward the end of 1979. After years and years of trying desperately to be perfect and acceptable to her father, she merely tied

herself in the knots of legalistic bondage. But here are her words:

Night after night I crept to where he [Daddy] was praying, anxious and fearful about God's acceptance of me--'Daddy, I'm not sure I'm saved. . .'-and he would pray with me, and for me, and he would counsel me, and instruct me, and reason with me, and quote Scripture to me (I don't remember that he ever *held* me, or put his arms around me, or touched me while we talked!)-I make trip after trip after futile trip to many altars, and was repeatedly counselled and Scriptured and prayed with and exhorted and *reasoned* with by people who "knew" the God I needed to appease. I read the Bible--I searched it--I *scrutinized* it, for in it, I *knew*, was the key to acceptance with God. I repented and confessed and forsook and made restitution; I wept and prayed and promised; I 'believed' and 'trusted' and 'surrendered'--and tried not to know that I was *still* 'wretched and miserable and poor and blind and naked,' without peace, without assurance, without joy, without freedom--untouched, unheld, unloved!

Gerry was tied hand and foot and bound up at least as tightly as Lazarus in his grave clothes in what might be described as filthy rags of righteousness. What made the difference? What set her free? Let her speak for herself:

It is a fear-filled thing to live always on the edge of falling into the hands of an angry God, but it is *home*-coming to run into the outstretched arms of my God who loves me just-as-I-am, and there are not words big enough, *full* enough, to describe the difference. I want to laugh, and cry, and hug myself, and sing--for I am loved! Unconditionally, everlastingly loved--just as I am! Accepted--forgiven--loved!

Gerry's experience in the abyss was hell itself. Letting go of religious props and allowing herself to feel, to experience the reality of God's presence was frightening and assuring at the same time. Figuratively speaking, when she allowed herself to quit holding on so tightly to the armrests in the plane, she experienced that the plane had been sustaining her all the time. Finally, she had made contact with an all-sustaining Reality.

That is what Integration is all about. Paula Foreman conveyed it this way:

I feel I am God's puppet
Struggling on a string of guilt--
Wiggling, squirming, trying to break free
Of His awful hold on my conscience.

I fight and fight to go my way,
To mold my world and do *my* will, and
Think at times I can succeed--
So far He lets me go.

But always, nagging in my wooden head,
Snarling up my wayward strings to bring me back,--
Is God.

I know Him not yet face to face,
But through His servant.
Strong he is, and able to resist my attempts
At manipulation.

He takes my hesitant offering
of tiny, angry, selfish self
Unmasked only bit by bit,
And gives me, in return,
A glimpse of God--
Loving, accepting, but unyielding
In His purpose for my life;
The way that I must learn .
Obedience to Him.

Still I fight,
But now and then
I catch a glimpse of grace
Alive in me,

And hope springs fresh
That I can surrender
To *His Way*.

Paula Foreman

How fortunate for the therapist, the Christian psychologist, that he can accept his creatureliness instead of substituting himself for Reality. How fortunate that the patient can look through and beyond the transference to a Reality-relation that can challenge his growth and development with infinite possibilities, even into the fulness of the stature of the manhood of Christ. The *corrective* to transference and human deification is a living, vital and responsible relationship with Christ [taken from my paper, 'Christianity as Insight,' p. 4].

CHRIST & PSYCHIATRY*

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In preparing for the task of presenting a presidential address I naturally reviewed those made by our past-presidents, and a rich experience it is to enjoy again the mature judgement and wisdom of those who have preceded me in this office. I became more aware that presidential addresses have a clear pattern of being directed to topics which are of close personal interest to the speaker, and that my predecessors were at their best when engaging in those subjects nearest and dearest to them.

I was emboldened to follow their precedent today and share with you some of my thoughts on the interrelationships between Christianity and psychiatry—two areas of human experience in which I have been deeply involved throughout most of my adult life.

In choosing this as my topic I am not unmindful of the fact that many here will adjudge me as operating from an entirely too narrow religious base. I am also uncomfortably aware that many in this assembly profess different religious viewpoints from my own.

As to my reasons for selecting this subject may I make three points: my own religious orientation is Christian, and this is the only one from which I have any license to address this important topic; we live in an era of the most rapid change mankind has ever known, in which every value held dear by our society is being articulately and vigorously challenged, and my topic is therefore timely; furthermore, I have become increasingly aware that our basic belief systems, many of which are unconsciously held, pervade every thought, decision and activity. Subjective evaluation retains great importance in the practice of our profession and my topic is therefore relevant to our membership.

Therefore I ask for the indulgence of those psychiatrists who hold other religious persuasions than my own, and I invite them to address themselves to the insights which their particular religious orientation can bring to the moral, ethical and spiritual problems which so often confront us and our patients. For, as the old saying goes, "... all the big questions in life are ultimately religious questions."

Voltaire said, "If you wish to converse with me, define your terms." This is no easy challenge in regard to either Christianity or psychiatry, with the one divided

into as many variations in viewpoint as the other.

'Christianity' I define as that faith based on Jesus of Nazareth as the Christ and as God, as set forth in that remarkably short book, the *New Testament*, and in even briefer fashion in the ancient universal creeds. This orientation to Christianity I accept with all its supernatural implications which centre and derive from the life, the death and bodily resurrection of Jesus. In short, it is the belief that God has broken into space and time, into history, and that He cares for us.

As a Christian I find in the Jesus of history the peace of knowing a still point in this rapidly turning world. I am also in agreement with Walter Barton (4) when he says "As a psychiatrist I don't believe that scientific technology has replaced God's truth. Nor do I believe that psychiatric jargon satisfies man's search for meaning in his life. By the same reasoning I reject psychotherapy as a substitute for the confessional forgiveness and reconciliation. My belief doesn't diminish the effectiveness of psychotherapy as a tool to heal the sick in mind." Leo Bartemeier (2) also said what I would like to have said first, "I am a child of God, a product of my ancestors, my family, my parish, and a physician among other physicians. My concept of being a child of God is completely apart and unrelated to the psychological concept of immaturity. My spiritual relation with God supersedes all my human relations and is as eternal as my immortal soul. My soul is not the same as my psyche, my mind or my mental processes. But it is through these that I conceive of the existence of my soul and its relationship to God." . . .

Interestingly, a satisfactory definition of 'psychiatry' is not as easy to find as one for Christianity because psychiatry has not been as careful as the Church in defining its terms. For working purposes it can be regarded as both a medical speciality and a social science.

. . . The parameters of mental diseases are not always clear, the methods of therapy are often very personalistic, and the decisions we make as we deal with our patients can affect, for good or ill, not only the most intimate aspects of their lives, but those of their loved ones as well. . . .

Dr. R. O. Jones, my own esteemed mentor and our Association's founding President, while standing firmly within the legitimate domain of psychiatry, takes us very close to matters religious in his 1977 Address to the

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Royal College of Physicians and Surgeons of Canada (12) when he said: "More difficult to deal with than these social factors in the prevention and treatment of disease are problems seemingly inherent in the human personality: our greeds, our lusts, our aggressions, present major difficulties for preventative and therapeutic medicine, and for society. These are the very problems that psychiatry has struggled with over the past 40 years . . . we need to increase our effectiveness in dealing with the human personality . . . in the meanwhile we can do better than we are now doing by psychological support, by counselling and truly accepting the model that we care for people irrespective of their disease." What is this, but a modern expression of the Great Commandment?

Psychiatrists affirm and would practise this noble tradition of medicine, with its stern ethic based squarely on the presupposition of the inherent worth of man as an individual. For our patient we desire not only a sound body but also a sound, conflict-free mind. Our speciality would bring the full spectrum of the knowledge and methods of biology, psychology and the other social sciences to the benefit of the patient. We stand ready to give of ourselves over many hours of mind-stretching, gut-grinding psychotherapy in intense one-to-one relationship with our patient, to bring this often un verbalized presupposition to fruition in his life. In this, our identity as physicians is secure.

However, our identity as social scientists does not rest upon such a secure presuppositional base. The body of knowledge and technique of modern dynamic psychiatry is irrevocably linked to the brilliant pioneering work of Sigmund Freud, that great Columbus of the unconscious. . . .

I would remind you of this — despite his greatness, he was a man of his age. In full accord with the scientific temper of his era, he saw everything in terms of mechanistic deterministic philosophy. . . .

. . . B. F. Skinner (24) [also] decried the freedom, dignity and individual worth of man and proposed the survival of the culture as the ultimate good. He cogently articulates the logically consistent development of the philosophy of determinism in the moral sphere. How quickly within this philosophical framework the study of man's behavior turns toward making men behave! Science at the service of man, including scientific psychology, can be turned against man.

From this cursory review of the background of our profession as a social science I would draw two points: the rich but diverse profusion of philosophical assumptions of those who have moulded the psychological science side of psychiatry underlies much of the identity confusion which we experience today; secondly, as we attempt to help our patients with their personal problems, this same variety of orientations

gives us a philosophical legacy from which we can draw, extending far beyond the narrow confines of mechanistic determinism.

Even granting the full force of this second point, the side of our profession which is rooted in the social sciences lacks the firm philosophical base which would allow us to fully integrate it with the side rooted in medicine, with its strong presupposition that the patient really does matter. These two thought-worlds of the psychiatrist do not always easily come together. I would propose that in Christ and in the Judaeo-Christian view of man, these seemingly dual allegiances of our profession can become one; and that here we will also find a full-bodied sense of meaning for our vocation.

Both psychiatry and Christianity are relentlessly empirical at their pith. Psychiatry at its best would proceed in its dealings with man, from the observation of man as he is and from the collection of information and interpretation of data rather than from philosophical ideas about the nature of man. In like manner, the *Old Testament* does not start from philosophical speculation about the nature of God but its revelation of God to man is unfolded in the actions and deeds of God in history. Similarly the *New Testament* focuses upon the actual historical facts of the life, the death and the bodily resurrection of Jesus. The issue it presents is whether or not these events really happened and whether or not they fulfilled predictive prophecy (18). The Christian man of science can afford to have a hard-nosed look at facts without sacrificing the deep religious yearnings which are such a fundamental part of his being.

In the Judaeo-Christian view of man the physician finds a sure base for the enduring dedication of medicine to the health of his fellow man. Only this seems to provide good reason for his allowing himself both to spend and be spent, for making of himself the therapeutic tool in psychotherapy, to be used as a whole person in his patients' search for health. His patient is a being of inestimable worth, as he is himself. The sick patient, who comes to him in trust, is a being created by God in His own image; the type of being that God would incarnate Himself in, in Jesus; a being of such ultimate worth that God in Christ would voluntarily offer Himself on the Cross for the remissions of sins of the believer. In this high view of man the stern ethic of the psychiatric physician finds a well-grounded *raison d'être*. Man as an individual abundantly deserves our very best. The frequent evidence to the contrary in both high and low places notwithstanding, man is a being of great dignity and worth, treasured by the living God. I can find no other fully sufficient reason for the traditional reverence with which the physician holds the lives of others.

It is also well to remember that science flourished in

the Western world, a world suffused by the underlying assumption that the universe was created and provisionally upheld by a God of order, of purpose and of design; a God whose work could be comprehended and understood. The importance of this Judaeo-Christian world view (along with the important contribution of the antithetical orientation of the Greek philosophers) to the development of science and our capacity to conceptualize man as a rational, responsible being is brilliantly treated by Francis Schaeffer (22) and Paul Meehl (16). Schaeffer (23) strikes the keynote: "When the *Bible* says that man is created in the image of God it gives us a starting point. No humanistic system has provided a justification for man to begin with himself. The *Bible's* answer is totally unique. At one and the same time it provides the reason why a man may do what he must do, start with himself; and it tells him the adequate reference point, the infinite-personal God. This is in complete contrast to other systems in which man begins with himself, neither knowing why he has a right to begin from himself, nor in what direction to begin inching along."

I would in no way minimize the success and the rich benefits derived from the scientific study of the nature of man. We have learned much that is new and important in our understanding of man and the treatment of his mental disorders, and if we remain steadfast in our goals we shall learn much more from this study.

But, let us not think that we have explained all. The question "What then is man?" remains. In Sherrington's words, "... the human mind stubbornly resists all efforts to take its measure, and shrinks forever from the probe of the mechanistic analyst." Or as Sir Martin Roth (19) stated before our assembly last year, "For man is always more than he knows about himself and will perhaps always be." Nothing in the dictates of reason, of logic or of science properly applied requires that because man's behaviour is in part determined it must be totally so, or that because man is free his behaviour cannot be in part determined by the biological and psychological forces within himself, or by the social and cultural forces outside himself. Nature's causes and man's purposes may complement rather than contradict one another.

This sense of complementarity is in full accord with the position to which science has now been taken by the findings of modern physics. The work of Maxwell, Planck, Bohr and Einstein has changed the philosophy of science. In the study of sub-atomic particles the act of observation becomes one of participation, the certain eventual predictability of yesteryear has become probability, the laws of chance. Heisenberg's 'principle of complementarity' have become more meaningful in the light of these findings than the assumptions of

objective predeterminism. The basic datum of science is no longer matter, but energy. Sir James Jeans overstated the case only somewhat in saying that "the universe begins to look more like a great thought than like a great machine." Pascal long since suggested that 'the spirit of geometry' could not encompass all of man. With this revolution in science it is no longer scientifically in pertinent to think in terms of incalculability, of purpose, of 'open systems' (5) or even of the freedom of living organisms. 'Vitalism' lives again!

In the very evocative analogy of Bohr's 'principle of complementarity' science comes close to terrain which is long familiar to Christians. Science now wrestles productively with paradoxes not unlike the dual nature of Christ, as both perfect man and perfect God, or the trinitarian concept of God as the three in one. C. S. Lewis (14) put this situation nicely some years ago when he said "Reality, in fact, is usually something you could not have guessed. That is one of the reasons I believe in Christianity. It is a religion you could not have guessed. If it offered us just the kind of universe we had always expected, I should feel we were making it up. But, in fact, it is not the sort of thing anyone would have made up. It has just that queer twist about it that real things have. So, let us leave behind all these boys' philosophies, these over-simple answers. The problem is not simple and the answer is not going to be simple either."

In all of this then — from the tradition of medicine, from the history of psychiatry, from the historical teaching of the Church and from the matrix of modern science — we find good and sufficient reason to relate ourselves to our fellow man as being both wonderful and worthwhile. In this context, we can live comfortably as psychiatrists with the paradoxes that man is pulled by his own purposes as well as pushed by his experiences, bowed in reasonable reverence to his Creator as well as bent by his biology, blessed by his aspirations as well as bewildered by his mechanisms of defence, and that man's reasons count as well as nature's causes. Can we, in fact, fully relate to man as he is without accepting that man is as much a product of his personal value system as of his libidinal forces, or *vice versa*, that he is free as well as bound, determining as well as determined, possessing free choice as well as conditioned, that he is responsible as well as responsive, a maker of history, and that he is a being moulded by history, and that he is a being whose moral and religious strivings are as real as his sexual and his aggressive drives?

... I ... agree with Samuel Miller (17) when he says: "Believing is as much an integral factor in man as are eating and sleeping. He neither gains nor loses faith; he merely changes the object of it ... There is little or

nothing that man, even modern man in all his supposed sophistication, will not believe. Man is simply an inveterate, incurable, inevitable believer." As Jung said "If we do not acknowledge the idea of God consciously, something else is made God." Man is a being who will persist in distinguishing between good and evil — he has an inherent sense of oughtness in him. He is also a being who demands a solution for the fundamental human problems of individual meaning and worth, of suffering and defeat, of death and of destiny.

As such a being, I would share with you some other aspects of the profound areas of agreement I have found between that part of my life dictated to by Jesus Christ and that part of my life spent in the study and practice of psychiatry. I would first acknowledge that I have found much in my Christian faith to sustain me in the many perplexing situations which have arisen in the practice of my profession; and much in psychiatry that has enriched my Christian experience.

Both psychiatry and Christianity soundly affirm the centrality of personhood and of relationship to meaningful human existence. Our profession is insistently aware of the importance of relationship to the growth of personality and to health. The majestic God of the *Old Testament*, replete with the awesome powers of divinity, always presents Himself as personal, a Being who seeks, who finds and who communicates with man. This personal God of the Hebrews was fully affirmed by Jesus and made even more personal through His life here on earth.

The judicious use of authority with its positive contribution to the health of our patients is familiar to all present; the finding of the self in the other and the fundamental importance of the loving authority of the parent to the successful adjustment of the child has become second nature to those of us in child psychiatry. All of this resonates very nicely with Christ's statement that, "Whosoever loseth his life for my sake shall find it", and the wonderful Christian notion that true freedom is found only in total subjection to Christ, "bound yet free", said Saint Peter. . . .

Both my profession and my faith deal with man realistically. Both see and accept man as he is, a far from perfect being of unending contrariness yet capable of enormous good. If there is any surer prophylaxis to moral shock than the dually practice of psychiatry it is a sound appreciation of the Christian doctrine of sin and its companion doctrine of the fall of man. Within this realistic approach to man, both my profession and my Lord affirm that man can and does change. My profession reaches out with all its resources — drugs, the physical therapies — and our persons in

psychotherapy, toward this end. Jesus reaches down to bring regeneration to man. Both approach man as a rational being possessing freedom of choice, both reach out to man in persuasion and in love and both refuse to coerce or to manipulate man.

Both psychiatry and Christianity seek to release man from the bonds of guilt. Psychiatry attempts, not always successfully, to distinguish between objective and irrational guilt and to resolve the latter. In His death on the Cross, the Christ freely offers release from the ultimate sting of both.

My faith and my profession are again in accord in regard to genital sexuality. Both the Old and the New Testaments (yes, even that so-called male chauvinist, Saint Paul) place the full enjoyment of sex at the core of the marital relationship. They portray the expression of sexuality, on the basis of full equality between the partners, with a warm-hearted openness, . . .

But the great historic doctrines of the Church and the scientific findings of psychiatry come together with resounding accord in their mutual emphasis on the overwhelming importance of love in the life of man. This lies at the centre of the advances made by the fathers of our profession, it is of the essence in our relationship to our patients in psychotherapy and has been deeply etched into our professional consciences by the careful scientific work of Ribble, Spitz, Bowlby, Mahler and others. And this is in complete agreement with the outreaching love of God for man revealed to us in both Testaments. Jesus again and again made it clear that the love of the God of justice for man transcends man's merit. His death was because of His love for us. The prodigal was loved as much as the deserving older brother. God's grace is free. In Him, the reconciliation of the baptized believer to God is non-conditional. Saint John said, "We love, because He first loved us". In this response to God's all embracing love, and motivated by it, one finds the root of that other cardinal doctrine of the *New Testament* — the outreach by the Christian in love and in service for his fellow man.

In these closing hours of my term as President of this growing organization I would make one suggestion to increase its strength and depth for the challenges it will face in the future — the formation of a Section on Religion and Psychiatry. The formation of such a section is fully in keeping with the spirit of our new constitution and would not be difficult to accomplish with the approval of the Board.

Such a section could serve our Association well in a number of ways: a) the importance of moral and theological issues to the day-by-day practice of our profession could receive the full discussion it deserves; b) a forum would be provided for free discussion of the implications of matters religious to the health and the welfare of our patients — from all religious points of

view; c) it would provide a place for mutual exchange between our professions — under our new constitution the clergy may become Affiliate Members in the Association. It is remarkable that, in Canada, we have as yet no forum for exchange between our profession and the religious community — the two groups in our society who, more than all others, are concerned with the individual as a person (9); d) it would broaden our purview, giving us another and a more sophisticated tool with which to approach the anguish of man; e) presentation on these concerns could be organized for our Regional and Annual meetings; f) it would serve as a balancing force to some of the things which this Association has done which it should not have done, and to some of the things which it should do but has not done.

I would expand on this last function, citing two examples. On the doing wrong side, I recall the discussion of our Board in favour of abortion-on-demand three years ago. I do not question the rightness or wrongness of the final decision we arrived at then, but I do question the narrow range of our discussion in reaching this decision. In retrospect I marvel that not once were the moral implications of abortion in regard to the sanctity of life raised in our deliberations. *Mea culpa* — I was there too, and also silent.

In regard to the things we should have done but have not, I would raise a series of related questions: Why has this Association, composed of persons who more than anyone else know about the importance of love in child development, stood quietly by while the family is disintegrating and motherhood is being demeaned all about us? The family, especially the mother, has been the prime source of love and natural affection in our society. Why has this Association never officially risen in defence of the family, nor proposed a realistic alternative? Why do we not speak out in favour of love when facing this expression of the rampant materialism of our era? Why have we not spoken up for motherhood, the most demanding role of all — a vocation requiring more difficult split-second decisions in emotionally laden situations than all other callings? Why have we allowed motherhood, to be caricatured as the washing of dishes and dirty diapers — and officially said nothing? As a responsible professional association, why have we not also decried the increasing number of uninvolved fathers, attached more to their work than to their family? Why do we who know so much about the overwhelming importance of the great intangibles of relationship and of love say so little?

The Canadian Psychiatric Association needs a recognized moral nettle in its sometimes too comfortable pelt. Our Association would be strengthened by having a Section on Religion and Psychiatry to continually draw our attention to the

important moral issues of our times.

Having spent much time in my adult years musing about this absorbing and complex topic of the relationship between Christianity and psychiatry, and after many hours of intensive study on the subject during the past two years, I feel very much akin to Karl Barth who, when close to the end of his long career, was asked what he considered the most important single conclusion he had reached during his lifetime of study, replied, "Jesus loves me this I know for the *Bible* tells me so."

Many of us in psychiatry will continue to find the soundest of all possible foundations for carrying out the arduous and perplexing task of healing the sick in mind, in the profound truth contained in the simple words of this children's hymn.

Jesus, the man of history, the Christ of predictive prophecy, does provide us with the fixed point of reference from which we can rationally pursue our profession from one day to the next. He brings meaningfulness to our personal lives. He undergirds the ethos of medicine, showing us that our patients really do matter and are worthwhile. He gives us rational grounds upon which we can forge the personal, medical and scientific parts of ourselves into a coherent practice of our profession.

Knight (13) said that "The physician must be a man of science when facing the disease, but a man of faith when facing his patient". Karl Menninger, discussing the physician at work, remarked: "faith hope and love are the three great intangibles of human nature". They but echo the words of my Master. "Man does not live by bread alone." Neither do our patients. Neither do psychiatrists!

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(See original publication for the balance of the references)

MOVING THE COUCH INTO THE CHURCH

by Lawrence J. Crabb, Jr. Ph.D.*

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When I finished my doctoral program in clinical psychology, I assumed that the techniques of psychology were well suited for helping people deal with personal problems. But because I was a Christian, I tacked on two disclaimers. First, although I believed the *methods* of psychology were useful to a Christian counselor, I insisted that the *theories* behind the methods were often opposed to Scripture and therefore had to be rejected. Second, I regarded the resources of Christianity as welcome additions to the Christian therapist's little black bag of techniques. However, I clearly distinguished between *psychological* problems and *spiritual* problems. For solving psychological problems, I believed that Christianity was often helpful but rarely essential; for handling spiritual problems, however, I knew that only Christianity would suffice.

This line of thinking received a gradual jolt as I began to encounter something unexpected in my counseling. People came to me complaining of surface problems that I had to dig through to find the root difficulty. As I reached in to deal with this underlying disorder, I found myself touching something that I couldn't classify as a diseased psyche curable by my professional methods. What I discovered beneath the complaints was simply a person—an uptight, insecure, confused person who felt lonely and empty. Probing more deeply, I noticed that this person had a lot of foolish ideas about life that took no real account of God, and that he or she had a stubborn inclination to do wrong and an equally stubborn unwillingness to admit being wrong.

It became clear to me that bringing about a transformation in this person (who beneath the surface differences bore a disturbing similarity to me) was a rather different sort of project than curing a mental disease; it required far more than psychology could offer. At that point I shifted from regarding Christianity as helpful but not essential in solving personal problems to insisting that a personal relationship with Christ is a necessary foundation for dealing with all problems, psychological or spiritual. Three years ago I resigned from secular employment as a psychologist to enter private practice, where I could operate from my new perspective without conflict. And

since then I have experienced another shift in my thinking, not really a change but rather a natural progression in my belief that Christ is the indispensable core of effective personal adjustment.

I now see that to move toward becoming confident, self-accepting, giving, gentle, calm, mature people, all of us need three elements in a counseling experience. First, we need supportive *encouragement* from a community of others who are interested and involved in our lives. In biblical terms we need *koinonia* fellowship. Second, we require *exhortation*, which includes both clear directions on how to respond to every situation in biblical fashion and a regularly and lovingly applied kick in appropriate quarter to motivate us to do so. Third, we all need *enlightenment* to see how our thinking has been warped by a foolish culture that learned its ideas from its Prince. We believe nonsense like "money makes a man important," or "sex is the route to personal fulfillment and joy," or, worse still, "having things go as I want is essential to my happiness." When we live according to such ideas, our lives become disordered: Anxiety, ulcers, broken marriages, and the like are the results of living these lies. We need to be enlightened to recognize where true worth and joy can be found.

I think that in the absence of organized malfunction, psychological problems stem from and are maintained by inaccurate ideas about life (which our sin nature warmly receives), ineffective behavior patterns (which our sin nature argues are effective), and a lack of the sense of community (which our sin nature seeks in all the wrong places). Therefore we need enlightenment to think right, exhortation to do right, and encouragement from a caring community of fellow believers as we go about the difficult business of living right.

Where can these three things best be obtained? Can I provide them in my private office? If so, for how long? Should people come to see me for the rest of their lives to be continually enlightened, exhorted, and encouraged? Do I really think I have all the spiritual gifts needed to provide people with all three of these elements? Is some form of group therapy the best way to create a caring community? These questions are a bit unsettling to a private practitioner, but they must be asked. And the answers I've come up with have impelled the most recent progression in my thinking.

Scripture says a great deal about these three elements and also tells us where God intends us to find

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them. The writer to the Hebrews tells Christians never to stop gathering together, to spend time encouraging one another (Heb. 10:24, 25). In other words, local Christian gatherings are supposed to provide opportunities for encouragement. Paul told Timothy to exhort and enlighten (teach) the believers in his local church (I Tim. 4:12). Many other passages suggest that encouragement, exhortation, and enlightenment are a primary responsibility of the local church.

The local church is a community of people who share a unique life and express their shared life in love for one another. Members of this group share their Spirit-granted abilities with the others. Some are called upon in a special way to exhort and stimulate others to godly living. A few are qualified to enlighten the others through the teaching of Scripture. All the ingredients of counseling are in the local church and are there by God's design.

I have therefore arrived at the following view of counseling: Effective biblical counseling requires encouragement, exhortation, and enlightenment. God intends the local church to provide these elements. Counseling therefore belongs ideally in the local church and not in the private professional office.

Am I then hanging a "for rent" sign on my office door and moving into the pastor's study? No. I don't consider private counseling *wrong*. I rather see it as less than the best, something that exists and will probably continue to exist because churches are generally not doing a very good job of enlightening, exhorting, and encouraging. My concern is to help churches do a better job so counseling can move into the local church where I think it belongs. Counseling in a local church involves more than hiring a full-time minister of counseling or sending the pastor away on a three-week crash course. To become complete counseling communities, churches must develop and mobilize their resources to provide the three needed elements.

Let me sketch a proposal I have for moving in that direction. Suppose a handful of people were carefully selected by the governing body of the church to be trained in the skills of one-to-one exhortation. The course would be taught by an experienced Christian counselor. I think that a six-month course with one three-hour session each week would provide adequate training. Course content would include such matters as how to identify problem areas, what biblical principles apply to conflict areas like marital problems, and feelings of depression, and how best to communicate these principles and motivate people to follow them. Call these people Level II Counselors (Level II: Counseling by Exhortation). Make their names public to the congregations and encourage people to schedule time with them on their own or through the church office.

Draw upon these Level II Counselors to organize and direct a weekend workshop at the church dealing with skills of encouragement: such matters as how to listen, how to convey compassion, how to recognize someone who is hurting, how to respond when someone shares a burden. Every member of the church would be invited to come because encouragement is the business of all Christians, not just the pastor or trained counselors. This workshop would be regarded as training in Level I counseling: Counseling by Encouragement.

During Level II training, the course instructor would be keeping an eye out for someone who displayed an unusual gift for counseling and seemed especially burdened for the needs of people. This person would be asked to pray about pursuing further training in counseling at church expense (not only for training but also for family financial needs), with the understanding that he or she would return to the church as a full-time Level III Counselor (Counseling by Enlightenment). This counselor would need to understand psychological functioning in some depth: how childhood experiences channel our thinking in wrong directions, where feelings come from, what controls behavior, how to unravel the tightly woven knots of foolish thinking, how to figure out the real causes behind surface problems, and so on.

Current opportunities for such training are, in my judgement, either unnecessarily long or too short to equip someone to counsel. One must either go through a long professional training program (two to three years for a master's degree or four to six years for a doctor's degree, after four years of undergraduate training) or be content with weekend workshops or courses in pastoral counseling varying in length from one week to several months.

I propose a one-year training program, requiring full-time residency and offering, in addition to classroom instruction, extensive opportunities for counseling under supervision. At the end of that year the trainee would be equipped to handle most nonorganic problems in the congregation. His role would include supervision of Level II counselors, organizing more training in Level I counseling, and serving as a back-up person for problems that Level II counselors felt they could not handle.

As a first step in moving this vision from the drawing board to reality, I am currently teaching a pilot course in Level II counseling at a local church in south Florida. Our goal is to develop this church into a model of a complete counseling community. It is my prayer that many churches will eventually take part in training and will help them provide:

- loving, supportive *encouragement* to their people who are struggling to live for God in a world opposed to him (Level I);

- clear, practical *exhortation* to solve all conflicts in a manner consistent with Scripture (Level II);
- sensitive, skilled *enlightenment* to replace foolish ideas about life with wisdom from God (Level III).

As biblical counseling moves into the local church, perhaps we will come to understand better the absolute sufficiency of our Lord Jesus Christ for every personal need.

Let me sum up my thinking with a few general comments. The most critical dimension of life is our relationship to God. How well do we know him? Are we participating in his life? Do we experience his reality, his love, his wisdom? It is crucial to realize that our nonorganic personal problems decrease as our knowledge of God increases. Counseling should be thought of as one more way of helping people enter into

a deeper, closer relationship with the Lord. If that is what counseling really amounts to, it clearly belongs within the framework of the local church. C. S. Lewis once expressed a similar thought:

“God can show Himself as He really is only to real men. And that means not simply to men who are individually good, but to men who are united together in a body, loving one another, helping one another, showing Him to one another. For that is what God meant humanity to be like; like players in one band, or organs in one body.

Consequently, the only really adequate instrument for learning about God is the whole Christian community, waiting for Him together. Christian brotherhood is, so to speak, the technical equipment for this science—the laboratory outfit.” [*Mere Christianity*, Macmillan, 1960, p. 144].

CHRISTIAN COUNSELING:

A Synthesis of Psychological and Christian Concepts

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Christian counseling is a synthesis of psychological procedures for achieving therapeutic change in an interview with the values and realities of faith in Jesus Christ. Christian counseling as a synthesis is a relatively new approach to counseling, and several formulations are emerging from psychologists (Crab, 1975; Collins, 1972; Strong, 1977) and theologians (Adams, 1970). This description arises from my experiences in Christian counseling the last two years.

Key Concepts in the Process and Content of Christian Counseling

Many of the underlying concepts in Christian counseling from psychology relate to the *process* of change while many of the underlying theological concepts relate to the *content* of change. In fact, the *process* of change in terms of the dynamics operating to create change in verbal therapy is highly similar across approaches to counseling, while the *content* of change is often indicative of the special emphasis of the approach to counseling (Strong, 1978).

Any talking cure approach to treating psychological problems assumes that people's thinking is modifiable through conversation and that what people think affects what they do. These two assumptions present a view of man as thinking and self-directed--a view of man that is solidly Scriptural. Man is also viewed as responsive to environment, especially through his cognitive and conceptual tools. Approaching man in this way leads us to view counselors as having the job of equipping clients so that clients can change their lives. Counselors are resources to clients who can help equip clients for the work of changing, but clients are responsible for change. Counselors can help equip clients in three areas: perception of cause, skills to act on the causes and to change, and will or motivation to change. Cause is a key to effective self-control, for what a person views as the cause of his problem defines the possibilities and pragmatics of change. Effective therapy requires causes which clients as the agents of change can control. As ideas, beliefs, and attitudes are modifiable in verbal interchange, they are ideal causes on which to focus in counseling.

Focusing on thinking patterns as the cause of

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psychological problems underscores Lewin's (1935) concern for contemporaneous causes. While events in client's pasts may have led to clients having certain thought patterns, their perpetuation of the patterns of thinking is the contemporaneous cause of current problems. Likewise, Jesus emphasized that what a person does and says are the fruits of what is inside the person (Luke 6:43-45). Jesus put the responsibility for the person's behavior on the person, on his thoughts,

beliefs, and attitudes, and saw these as the targets of change. Scripture describes persons as created with free will and responsibility for their actions. I must acknowledge that Scripture also presents God's control over all events, and thus we have the mystery and truth of free will and determination existing side by side. In Christian counseling, the client is the agent of change. But also, God changes the client especially through the work of the Holy Spirit. God heals past injuries, gives wisdom and insight into current problems, and strengthens clients for change. At the same time, the client is responsible for turning away from the contemporaneous causes of the problem.

The content of counseling is the nomological framework within which behavior is interpreted. The content of an approach to counseling answers such questions as: what should people be like (the ideal model); what are people's difficulties; what are the causes of difficulties. Here we find the voluminous psychoanalytic literature, Ellis' "rational man," and Roger's concept of "self-actualization." Christian counseling views the ideal as Christ. Persons are viewed in two contradictory ways. Basically because people are God's creatures and creations, they are viewed as good. We were created with free will, intelligence, and a capacity for loving. We were created to need a close relationship with God. The Fall represents our other side. It demonstrates that we are indeed free to choose our fate and are inclined to misuse this gift. In partaking of the forbidden fruit, Adam and Eve used their gift to attempt to dispose of God. They wanted to set themselves up as all-knowing so as not to be dependent on God. This same tendency grips us today. We are prone to pridefully make ourselves the center of our existence and cut ourselves off from God. The prideful and selfish attitudes and actions that carry out this tendency are called sins and are the root of much

psychological disturbance. To be whole, we need to be in close relationship with God. Our relationship with God defines our self-worth and our eternal existence, and without it we lose self-identity.

Psychological health rests on acceptance of self as beloved by God, ownership of fallibilities and faults, and responsible loving. Acceptance of self as a beloved of God is basic, because our self-worth rests in His love for us which is shown explicitly in creation and redemption. Denial of this intrinsic worth is sinful in that it asserts that our own basis for determining self-worth (usually our works) is superior to God's.

Ownership of fallibilities and faults acknowledges that we are prone to make mistakes, be prideful, and be self-centered. We need always to work away from sin, but remain aware of our fallibilities and weaknesses. Our weaknesses are in fact a blessing in that they keep us weak of God.

Finally, we need to adopt Christ's great commandment as the purpose of our lives--to love one another as He loved us. This means that the purpose of our relationships with one another is to help one another know God better. We should seek this goal even at the cost of self-sacrifice, and we should see ourselves as God's instruments on earth. This is what I have termed responsible loving (Strong, 1977). Responsible loving is the basis of the relationship between counselor and client, guides the evaluation of all events in counseling, and is the goal of counseling.

The Process of Change in Christian Counseling

The process of change in Christian counseling can be viewed in three phases which are descriptively labeled *Meeting the Client*, *Equipping the Client*, and *Facilitating Change*.

Meeting the Client

All counseling must begin where the client is. Change must begin there and proceed in steps the client can manage to a point closer to the ideal. counseling the process of change begins with the counselor's attitude toward the client and the actions which flow from the attitude. In the counselor's eyes, the client is a beloved child of God. The client is a fellow traveler under the Cross. Created perfect and destined to perfection in Christ, the client is suffering from a cumulation of injurious circumstances and wrong choices that have led the client away from the light of God. The counselor believes that the client deeply wishes to be in contact with God and be in the will of God. The counselor is prepared to endure whatever comes in his or her journey with the client in the faith that God will heal this prized child and enable him or her to respond in His will.

The counselor's love for the client leads to a prizing of and a belief in the client, whatever he or she has done. The counselor's love for the client also leads to a

highly emotional involvement with the client. The client's pains and suffering are deeply felt. The client's willful breach with the will of God is borne with sadness and sorrow for the great cost such a breach has for the client. Joys of success and victory are fully shared. In love there is no room for professional detachment. The counselor listens to the client with the ears of God so as to serve the purposes of God as one of God's instruments in the client's life.

A major method in the first phase of counseling is empathic listening. To be helpful, the counselor must transport himself into the client's world. The client's emotional responses to his or her experiences must be clearly opened and discerned. The circumstances under which the emotions are generated need to be laid bare, as it is from the emotions and circumstances that the cognitive cause of the problem can be identified.

Equipping the Client

Equipping clients to handle their problems requires reanalysing and reinterpreting their behavioral circumstances to identify handles they can use to gain control of the situation. Usually these handles are in the way clients think and evaluate. Change is internal to clients and bears fruit in clients' actions and emotions.

Leading clients to accept personal responsibility for their problems usually requires breaking current justifications they have for their actions. For example, in marriage counseling I inevitably find that the conflict is sustained by what I have termed the sin-justification cycle (Strong, 1976, 1977). Each is hateful to the other, attacking, resentful, punishing, and vindictive, and each justifies these distinctly unloving behaviors by pointing to the other's distinctly unloving behaviors. Each feels compelled to protect him- or herself and bring the other to repentance by attacking the other more viciously; the other's similar behavior justifies this and removes personal responsibility. Such justification must be eliminated to allow the persons to perceive their own behaviors and attitudes as the causes of their problems.

Justification can usually be eliminated by showing persons that they have several alternatives to their actions. To generate alternatives the Christian counselor turns to the model of Christ and the concept of responsible loving. More deeply, the whole philosophy that one's actions can be justified and personal responsibility removed by external circumstances must be attacked and eliminated. Research on attribution theory in social psychology has shown that most adults believe that they are responsible for their actions only if they cannot otherwise account for them (Strong, 1978). This is a legacy of Freudian and Behavioral Psychologies and is a pernicious and non-Scriptural view. Under this philosophy, I hit my wife because she hit me; I am depressed, and I am angry because I was slighted. I am but a pawn of external

events, not an agent of events. The Bible teaches us that we are responsible for everything we do, and we will be judged accordingly. Justification is entirely swept aside.

Breaking current justifications and destroying the philosophy of justified commission leads clients to take responsibility for their actions. They confess that they are responsible for what is happening to them. They must be helped to focus on personal causes of their behavior which they can change and control. . . .

The influences of the past, parents, physiology, and so on, are not ignored in Christian counseling. Historical causes are carefully rooted out to help clients see how they came to think as they do. These scars of the past are healed through prayer and forgiveness so that they will lose their power over the person. Until they are healed, the individual will have difficulty turning forcibly against the ideas they generated. At times the wounds of the past are so severe that the person's agency is lost, and we have no recourse but to pray for healing and deliverance.

To illustrate the attitudes and ideas identified as creating or causing the client's problems, let us look at the symptom of anger and its bedfellows, resentment, bitterness, and depression. In Christian counseling these symptoms are seen as the result of three events: first, the person sees some ability, skill, recognition, or treatment as something he or she has a right to; secondly, the right is violated; thirdly, the person requires vengeance for the loss to restore equity.

Sin as the root of the anger, bitterness, resentment, or depression can be seen at two points. First, the individual requires vengeance to restore equity. In our equity-oriented society, as clearly shown in social psychology (Strong, 1978), this seems natural enough. Unfortunately, the demand for vengeance rarely leads to a solution to the problem. Beyond that, Yahweh early and persistently in Scriptural revelation has insisted that "vengeance is mine." When we demand vengeance, we take God's prerogatives on ourselves and make ourselves God, clearly a sinful attitude akin to the original fruit incident. Our only recourse in Christ is to forgive—to give up our requirement of restoring equity and bear the loss. We are repeatedly commanded to forgive one another in Scripture.

The second causal sin is more serious than the first, and more to the real root of anger, bitterness, resentment, and depression. The belief or demand for rights or the requirement of certain events is based on our perception that the rights or events are essential for our self-worth. Somewhere we have come to believe that we are worthy as people only under certain circumstances, and our belief in conditional self-worth is the source of the emotional upheaval. Belief in conditional worth is unsurprising given our

achievement-oriented society. In Christ our worth comes from what God has done (creation and redemption), not from what we do. When we cling to a works-oriented conditional standard of worth, we reject God's standard and demand to use our own as better. We again have rejected God and put ourselves in His stead. We refuse to accept that we are intrinsically worthy, that we do not always do worthy things, and that we therefore need His forgiveness. Obviously, this is a grievous sin as it entails rejection of God and His act of forgiveness in Christ, and carries a great cost to us. The real solution to anger, depression, resentment, and bitterness is to accept God's view of us as precious because we are His creatures and remove the attitude of conditional works-oriented self-worth.

It should be apparent that equipping the client involves interpretation, confrontation, and instruction. Heavy use is made of Scripture. Prayer is also abundant as we turn to the Lord for insight and wisdom.

Facilitating Change

As clients become equipped for change, they come to accept responsibility for sinful ideas, attitudes, and actions. These are confessed and repented. Clients seek and receive forgiveness from God and develop humility and a joyfulness in receiving such grace. They open themselves up to God's love and acceptance as prized by God, as being worthy as His son or daughter. These inward changes are facilitated by prayers of confession, repentance, forgiveness, and absolution. Forgiveness plays a large part in facilitating change. Old resentments are surrendered and courage to struggle on is found in the knowledge that failures can be borne with forgiveness.

Change is facilitated by working through the events of the client's current and past life. How the client should behave in these incidents as a follower of Christ is worked out according to the ideas of responsible love and the model of Christ. The client's errors are uncovered, confessed, forgiven, and eliminated. In counseling we rehearse how to respond to upcoming challenges, and the relationships in counseling among counselor, client, spouse, and family members are used to practice new behaviors. At all times, the counselor models what the client is to do. The counselor assigns homework to carry out behaviors that need correcting or rehearsal to strengthen the client.

Faith in God increasingly becomes the bedrock of self-worth and the source of strength to put on new behaviors. The changes in attitudes and behaviors reinforce each other. Prayer is a constant source of strengthening. Finally, as the client becomes equipped and uses the equipment, he or she increasingly sees the counselor more as a source of fellowship than of counsel.

Throughout Christian counseling prayer is a key

process. I begin and end counseling sessions with prayer and pray during sessions as appropriate. The prayers are for thanksgiving, wisdom, insight, confession, forgiveness, absolution, healing, and strengthening. Prayer keeps both counselor and client mindful that God is the real agent of change and the Healer at work in Christian counseling.

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COUNSELING THE DRUG ABUSER:

A Christian Approach

by David Laslett Pott, Dip.Th., Sheffield, England

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In the vast majority of cases, drug use is part of a person's cultural life style. Within the general culture (so-called "normal"), alcohol and tobacco are widely used, while within the counter-culture or alternative society illegal substances (in particular cannabis and LSD) are more popular. The extent of drug use varies considerably from person to person, but what is common to all is a particular cultural set of values. One of the major problems as far as counselling the young drug-user is concerned is that very often the counsellor, although perhaps knowing a certain amount about the psychopharmacology of drug use, knows little about the counter-cultural setting of his client. So, before proceeding any further it will be important to outline some of the characteristics of the drug subculture. It is true that the drug subculture is itself divided into different groups, but nevertheless there are common strands within the whole. It is interesting to note that some of these characteristics are present in a measure within the general culture, but they are not pushed to such extremes, and ironically, such logical conclusions.

We live in an age of relativism in which the absolutes are lost. This is particularly evident within the drug subculture where there is no real concept of any structure. A popular meeting place for drug-users in Sheffield is noticeable for its atmosphere of total randomness and fluidity. The colours on the walls merge and swim as the strobe lights flash, the decibel count is incredibly high and all is designed to create an immediate sense of response. To act rationally in such a situation seems faintly absurd—it seems better to accept the rape of reason and float along with the intensity of the experience.

This relativism has consequences in various areas. Firstly in the realm of morals, there are no sure guidelines. It is the kind of world where someone can write a book called "Steal Me" and that is just what happens! It is the world of "Do your own thing". Again, in the spiritual realm there is no real truth. Leary advises individuals to start their own religion, and a popular slogan is "whatever turns you on". Sometimes also the assurance of the reality of the external universe is lost. This leads to profound questioning such as "how can I know that what I see is truly there? Is it all an illusion?" Some counsellors

would say these are merely smoke-screen questions, but I believe they are usually sincere; if the counsellor evades these problems, his client will doubt his integrity. The logical conclusion of this state of reality-loss is the LSD trip in which the individual believes he can fly or walk through walls.

Finally, there is considerable confusion within the drug scene about the nature of man. In close relationship to the foregoing experience of reality-loss, many drug users experience ego-loss. Separateness and distinctness are thought to be illusions—"You never existed at all" states an LSD user. Those interested in psychedelic drugs experience states which are almost a mystical absorption into the one, without separateness and identity. Drug-users, whatever their intelligence, ask "Who or what am I?" or will say that they are trying to "find themselves". Again these are questions which cannot, indeed must not, be avoided. Very often the answer to "Who am I?" will help a person to see how he can relate most satisfactorily to himself, his fellow human beings and to the universe at large. Incidentally, the terminology of the drug scene ("turned on", "plugged in", "buzz", "flash", etc.) is noticeably machine-like, and it can be argued that drug use encourages a rather low view of man as a machine which is merely programmed by whatever chemical has been ingested.

From this brief outline of some of the characteristics of the drug subculture, it is clear that merely to encourage a person to stop using drugs is almost certainly doomed to failure. If a person's cultural setting is basically structureless and he believes that "nothing is real", drug use is perfectly logical. It is vital, therefore, that the counsellor should deal with his client's basic beliefs.

Having discussed the drug-user's cultural setting, we turn now to consider the counsellor's assumptions and methods of approach. Various of presuppositional stances seem to militate strongly against valid solutions.

For example, there are those who say that the drug-user is basically not responsible for the situation he finds himself in. He is the victim of circumstances beyond his control—a tragic family background, overcrowded schools or undernourishment. It is not his fault that his life is messed up—he was simply programmed the wrong way. The counsellor who holds

this rigid deterministic philosophy is unable to give any reassuring answers in the area of personal identity, and his solutions are attempts to "reprogramme" the client to respond to external conditions more satisfactorily, sometimes by using further drug treatment. Admittedly some drug-users find these propositions attractive—there is a certain comfort to the undiscerning in the doctrine of irresponsibility, and I know of some individuals who find the label "psychopath" highly satisfying! I recall one addict who knew that his psychiatric report stated him to be a psychopath. This for him justified all kinds of actions. "You see", he explained, "I don't have a properly developed conscience".

At the other end of the counselling spectrum are those who claim that the client has all the resources within himself to cope with his problems. The counselling is consequently non-directive. As Carl Rogers writes, "The non-directive viewpoint places high value on the right of every individual to be psychologically independent". * In this kind of counselling, the traditional meanings of "counsellor" and "client" no longer apply. The counsellor does not give advice or counsel, he merely "clarifies" the client's own thinking, and the client no longer listens (the word client comes from the Greek verb "khuw" meaning "to listen"). Naturally this kind of counselling is attractive because it flatters man that he is autonomous and self-sufficient. I know of two addicts who have been through this type of counselling and stopped using drugs, but had a striking and extremely intolerant attitude to other addicts. "I've come off stuff, so why can't he?" They seemed to value publicity and being the centre of attention. They required a regular dose of ego-boosting to maintain their confidence in their self-sufficiency. They were not using drugs, yet seemed sadly unfulfilled and unsatisfied in their rigidity. It was as if they had swapped a fantasy world of drugs for a fantasy world of self-importance. Not surprisingly, they were having difficulties in personal relationships.

It is time for me to reveal my presuppositions. They are Christian in an orthodox sense. This is not the place to defend my beliefs, but I hope to show that the methods based on them cope well with the characteristic problems of the drug-abuser.

It is a basic Christian belief that the individual is responsible for his actions. This does not mean that a Christian counsellor fails to be concerned about matters like the tragic family background—it is merely that he regards background factors as only one side of the coin. I recall, when I worked at the Coke Hole, one girl who came for rehabilitation whose parents inflicted cruel punishments on her in early childhood—they stubbed out cigarettes on her back and forced her to eat soap.

*Carl Rogers: *Counselling and Psychotherapy, U.S.A., Houghton Mifflin, 1942, P. 142.*

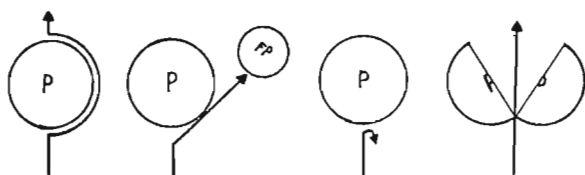
While we cannot fail to sympathise with people who have been ill-treated, yet it seems to me that it would have been wrong to have allowed that girl to use the cruelty she was exposed to as a total explanation of and excuse for her addiction. It was necessary to show her gently, but firmly, that she had responded wrongly to a bad situation. The counsellor herself may not have done better in the circumstances than the client had done, yet this is no reason to dismiss her responsibility lightly. I recall one drug-user who was the eighth child of two alcoholic parents. They had lived in the Gorbals in Glasgow. It would have been easy for him to wallow in self-pity, but he asked the questions "where have I gone wrong?", and in so doing he began to find some self-respect.

The fact of man's responsibility is demonstrated by the experience of true guilt. I would distinguish true guilt carefully from guilt feelings which are aroused when people have offended against shifting social convention. True guilt occurs when a person offends the objective moral order which corresponds to the character of God. If a man is in an initial sense created by God, it will not be surprising if he experiences guilt when he does that which is contrary to God's character. Those who do not believe in a true moral order must define all guilt as merely "guilt feelings" but to talk about guilt feelings seems shallow if you are counselling, for example, an addict who has supplied someone with impure heroin which caused his death, and is tortured by a sense of real guilt. Some people attempt to blunt their awareness of guilt by various means, including tranquillisers or alcohol. However, it is noticeable that in a community where people are living positively, a person whose conscience may have appeared to be non-existent, begins to think differently. The person I mentioned earlier who was at first satisfied with his supposed psychopathic condition, began to develop guilt about the way he was using women as mere sexual objects, without relating to them as persons. Far from harming him, this guilt led him to realise his problems and to develop gradually far more satisfactory personal relationships. Guilt is a normal response to having done something wrong. If a person is unable to resolve the problem, his bad condition and mental torment will increase, but this fault is not due simply to feeling guilt, but failure to resolve his underlying problems. Those unwilling to face up to reality of guilt with its connotation of responsibilities, like to use other words to convey their feelings. One 14 year old boy had been using considerable quantities of tuinol, methedrine and cannabis. "I feel paranoid", he told me. "I feel that people are always looking at me and saying things about me. I just can't understand it." I suggested that perhaps he was feeling guilty about his drug taking and the way he had treated his parents. This was one

suggestion which he had evidently not heard before, and it presented him his problems in a new prospective. Previously he was beginning to accept that he was just another "highly disturbed adolescent".

As I have shown, guilt is an indicator of some underlying problem(s). The task of the counsellor is to help his client to resolve those problems. It is human nature to try to avoid facing up to the problems. Perhaps at this point a series of diagrams (2) might help to clarify the different reactions.

Each circle represents the problem (P). The first diagram shows the response of the person who says "This isn't really an important problem, I'll avoid it altogether". The second response is that of inventing a false problem (PF) in order to avoid facing up to the real problem, and the third response is of hopelessness and despair. The only valid solution is a direct confrontation with the problem as shown in diagram 4.



A vital aspect of sorting out a problem is action. Counselling which does not lead to some kind of action is unlikely to be very productive in the long term. I recall one evening spent with a married couple who were both addicts. The husband was dashing back to London frequently to obtain drugs. We talked for about three hours, and although some aspects of the discussion seemed valuable, very little was different by the end of that time. It was very obvious that one difficulty was a basic listlessness and an unwillingness to keep the home together. The place was in a mess. I suggested that we might tidy it up. We all set to it and by midnight the home was transformed and so too was the situation of the couple. They had felt completely unable to do anything, but the evening had shown them that something *could* be done after all.

So often counselling focuses on delving into the past and into childhood, yet it is vital to meet a person's problems as they stand in the present, even though the problems probably have origins in the distant past. To correct the wrongs of the present frequently sheds light on the errors of the past. Two girls who had previously been for rehabilitation at the Coke Hole, were living together in a lesbian relationship. One of them who was very unhappy about the situation asked my advice. I suggested that she should stop living with the other girl and stay elsewhere. It would have been possible to

spend a long time discussing the ins and outs of her lesbianism, but basically she knew that things were wrong and she needed encouragement to do the right thing. The right action rather than extensive self-analysis and introspection helped to resolve this girl's difficulties.

Of course not all people's problems are basically of a moral nature, but finding solutions to, for example, intellectual questions, can affect behavior beneficially. One friend of mine who had been using LSD had lost any concept of reality, as so often happens. He could not be sure that the trees and the flowers he observed were really there. When he came to understand that all things were created by God who had also created his own senses to appreciate the world that He had made, LSD became illogical. Not surprisingly belief in a personal God, and the cessation of LSD use, led to a profound behavioral change.

Counseling is an ongoing activity—it is not a matter of a few pre-arranged sessions and then an abrupt end. Many people with drug-related problems never go to professional persons for help, while counter-culture organizations like Release, BIT and PNP (People Need People) are crowded with clients. The atmosphere in these places is very relaxed, and people are not afraid to relate to each other—a far cry from the extreme detachment of the type of counsellors whom hippies call the "grey world".

There is, of course, a cost to be paid for involvement. You cannot stick to a nine to five routine, and if you are married your family will become involved too. There is the risk, too, of developing an unbalanced and unhealthy absorption in another person's problems—this occurs when the counsellor's involvement becomes selfish and demanding. Counselling can only be effective when the counsellor himself holds firmly on to the structures of reality, and is not falling into the same traps as his clients. There have been times when I have been unable to counsel because of "the beam in my own eye". As a Christian, I would claim that I am not my own authority, but subject to God's authority, and when I fail to measure up to God's standard in counseling, I must admit it to my client. Frequently, it is reassuring for the client to realise that you too are a person with hang-ups and frailties.

In conclusion, it is not the object of counselling to help a person to become completely independent. Often to be independent is to be lonely. The most contented and fulfilled people in this life are neither the heavily dependent nor the totally independent, but rather the inter-dependent who fit in satisfactorily with their whole environment having relationships both of giving and receiving.

THE BOOK OF JOB AND THE MODERN VIEW OF DEPRESSION

by Morton Allan Kapusta, M.D., F.R.C.P.(C), F.A.C.P.: and
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The Biblical Book of Job is a wisdom book. Wisdom, in this context, refers to the intellectual discipline taught by the sages of ancient Israel to provide professionals with a realistic approach to the problems of life. Chapter 30 of the Book of Job is a key-index of ideas that, if followed through the book, discloses a modern scientifically accurate description of a depression that, at times, was life-threatening. There are practical clinical clues to distinguish between normal mourning and depression, as well as aids to the differential diagnosis of somatic symptoms that may arise from depression. A timeless model of the scope and limitations of the professional relation between patient and comforter is also presented. Part of the wisdom of the Book of Job is to use depression as an example of a life-threatening illness to provide an unexcelled standard of clinical observation and medical intervention.

THE PROPER DIAGNOSIS and management of depression may be instrumental in preventing suicide (1, 2). However, physicians may mismanage or overlook depressions in their patients for a variety of reasons. They may fail to recognize its cardinal features: (1); they may fail to distinguish between normal mourning and depression (2); they may fail to recognize that somatic symptoms can arise from depression (3); or a mutual alienation and hostility may arise between the patient and the physician that leads the physician to abandon the patient (4).

The Biblical Book of Job is a literary masterpiece and a wisdom book (5) that was composed between 500 and 300 B.C. (6). Wisdom refers to an intellectual discipline taught to professionals by the sages of ancient Israel in order to provide them with a realistic approach to the problems of life (7). The nature of the wisdom contained in the Book of Job is still the subject of intensive study (8).

In the Results section of this paper we show that Chapter 30 of the Book of Job is a key-index of ideas, which if followed through the book, discloses a modern, scientifically accurate description of depression that was sometimes suicidal. In the Discussion section, we will use the same key-index to provide illustrations and solutions from Job to all of the diagnostic and management problems of depression cited above.

We conclude that part of the wisdom of the Book of Job is to use depression as an example of a life-threatening illness to provide an unexcelled standard of clinical observation and medical intervention.

Materials and Methods

DIAGNOSTIC CRITERIA

The research criteria of Feighner and associates (9) will be used for the diagnosis of depression. These criteria were chosen because of a published interobserver reliability of 92%, and validity of 93%, as determined by correctly predicting diagnosis at follow-up. The criteria may be divided into two parts; preconditions and content.

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The preconditions are: "A psychiatric illness lasting at least one month with no preexisting psychiatric conditions such as schizophrenia, anxiety neurosis, phobic neurosis, obsessive compulsive neurosis, hysteria, alcoholism, drug dependency, anti-social personality, homosexuality and other sexual deviations, mental retardation, or organic brain syndrome. (Patients with life-threatening or incapacitating medical illness preceding and paralleling the depression do not receive the diagnosis of primary depression)." *That these preconditions were largely met in Job's life, is shown by the first two chapters, or prologue, of the Book of Job.*

The content includes "[A] Dysphoric mood characterized by symptoms such as the following: depressed, sad, blue, despondent, hopeless, 'down in the dumps', irritable, fearful, worried or discouraged. [B] At least five of the following criteria are required for 'definite' depression; four are required for 'probable' depression. [1] Poor appetite or weight loss (positive if 2 lb [0.907 kg] a week or 10 lb [4.536 kg] or more a year when not dieting). [2] Sleep difficulty (include insomnia or hypersomnia). [3] Loss of energy, for example, fatigability, tiredness. [4] Agitation or retardation. [5] Loss of interest in usual activities, or decrease in sexual drive. [6] Feelings of self-reproach or guilt (either may be delusional). [7] Complaints of or actual diminished ability to think or concentrate, such as slow thinking or mixed-up thoughts. [8] Recurrent thoughts of death or suicide, including thoughts of wishing "to be dead." *These requirements will be met by the material indexed in the thirtieth chapter of Job.*

TRANSLATION

our report is based on the modern authoritative literal translation by N.H. Tur-Sinai (H. Torczyner) (10). This translation is a linguistic study that provides detailed translator's notes for each verse of the Book of Job. Where significant differences exist between Tur-Sinai's translation and that found in the more familiar Revised Standard Version of the King James Bible (11), the latter will be indicated in the text by an asterisk (*), and presented in full in the Appendix (v).

The Tur-Sinai translation was chosen in preference to a number of others because, in our opinion, it gives the most accurate rendition of the Hebrew original. One key example will suffice: where Tur-Sinai translates "My bowels boil" (30:27), the RSVB has "My heart is in turmoil." The original Hebrew word for "bowels/heart" is *M'ei* which means bowels.

PRECAUTIONS

In order to avoid a forced interpretation, the content material for the diagnosis of depression and the illustrations and solutions of the modern problems of diagnosis and management of depression, will be derived exclusively from ideas indexed in the thirtieth chapter of Job. Chapter 30 of Job, in which Job himself speaks, is part of a poem enclosed between a short prose prologue and epilogue. In the poem, Job's misfortune is recounted and discussed by four comforters. There are frequent recapitulations and summaries of previous dialogue. Therefore, an idea indexed in Chapter 30 can be developed with appropriate dialogue from other chapters.

QUOTATIONS

The quotations used within the body of this essay will be brief. We provide more complete quotations in an *Appendix* when we think that they would permit a better appreciation of the context, meaning, and poetry.

Results

PRECONDITIONS FOR THE DIAGNOSIS OF DEPRESSION

The preconditions for the diagnosis of depression are largely found in the first two chapters of Job. The cited verses will be found in the *Appendix* (i).

Job is described as a well-integrated [1:1], prosperous man of high social position [1:3], who is concerned about the welfare of his children [1:5]. His wealth and children are destroyed [1:14-19]. He is stricken with a pruritic [2:8] nonleathal [2:6] generalized dermatitis†.

The length of his illness is presented as

So . . .

I was given moons of frustration
and nights of suffering were allotted to me [7:3].

This fulfills the preconditions for the diagnosis of depression: a well-balanced premorbid personality, absence of a life-threatening or disabling illness, and persistence of psychiatric symptoms for more than one month.

CONTENT OF DEPRESSION

A. Dysphoric mood.

(a) *Sadness.*

I go in darkness, without sun,
I stand up in the assemble and cry [30:28].*

†Tur-Sinai refers to Job's dermatitis as scurf [2:7]. S.G. Browne points out that scurf in ancient medical writings refers to a dermatitis distinct from leprosy (12). The phrase "among the ashes" [2:8], which is included in the description of Job's dermatitis, refers to exclusion from society (13). In ancient Israel, leprosy was the only disease that made exclusion from society mandatory (14). Lepers lived in refuse or ash heaps outside of towns (15). Leprosy was believed to be divine retribution for slander (16). Job was, therefore, thought by his contemporaries to be a leper and so a sinner and an outcast.

Tur-Sinai (17) interprets the latter line as, "When I now standup in the assembly of the people, I burst into tears". Job previously described his tears in

My face is scalded for weeping,
and on my eyelids is darkness [16:16].

Darkness in this context refers to gloom (18).

I am a brother to jackals,
and a companion to the birds of the desert [30:29]*.

Here, Job's voice is compared to the wailing of jackals, and the mournful sounds of desert birds (19).

(b) *Fear, hopelessness and despondency.*

It turneth upon me with terrors.
My nobility is blown away as by the wind,
and my salvation passeth as a cloud [30:15]*.

The first line of this verse describes fear. The last two lines are a recapitulation of the hopelessness that Job previously expressed in the depths of his despair.

My days are gone swifter than smoke,
and vanished without hope.
O remember that my life is wind,
mine eye shall no more see good [7:6-7].

(c) *Irritability.*

But now mock at me
those that are younger than I,
whose fathers I would have disdained
to have set with the dogs of my flock [30:1].

This angry outburst is part of a sequence of verses depicting rumination and alienation presented in the *Appendix* (iii).

(d) *Helplessness and discouragement.*

Thou liftest me up to the wind,
and the height maketh me weak and dissolveth me [30:22]*.

Job feels that he is being toyed with by God, against whom he is helpless. This makes him discouraged and frightened (20).

The presence of sadness, fear, hopelessness, despondency, irritability, and discouragement characterize a dysphoric mood.

B. Other Criteria.

(a) *Digestive symptoms including poor appetite.*

My bowels boil, and rest not;
it came upon me in the days of my affliction [30:27]*.

Elihu, a comforter, during a recapitulation of Job's complaints extends digestive symptoms to include

so that his life abhorreth bread,
and his soul pleasant food [33:20].

Tur-Sinai (21) interprets this as, "His living soul makes his favorite food abhorrent to him like dirt."

(b) *Sleep difficulties, nocturnal pain and self-reproach.*

At night he scrapeth off my bones from me,
but my veins do not rest [30:17]*.

Because the veins, like the heart and arteries, were believed to contain the soul, "My veins do not rest" is interpreted as restlessness of the soul (22). This recapitulates

When I lie down, I say: when shall I rise?
—He meteth out at even—
and I am full of unrest until dawn [7:4]*.

In my cloth he disguiseth himself as an attorney,
as "my mouth" he clotheh himself in my coat.
He teacheth me: "(thou art like) the clay";
and I become like dust and ashes [30:18-19]*.

Tur-Sinai (23) interprets 30:18-19 to mean that in a dream, Job accuses himself of being worthless. This interpretation is favourably cited by Anderson (24) in his own interpreter's commentary on Job, based on the Revised Standard Version, and is recapitulated in a later speech by the comforter Elihu. The relevant lines are

In a dream, in a vision of the night,
when deep sleep falleth upon men, . . . [33:15]

Then he is chastened with reprimands upon his bed,
and the strife of his bones is continuous [33:19].

In other words, Job's sleep is disturbed by musculo-skeletal pain and dreams of self-reproach.

(c) *Decrease in sexual drive.*

I made a covenant with mine eyes;
how should I look upon a maid? [31:1].

Tur-Sinai (25) believes this verse to be a part of Chapter 30, and is interpreted as, "How should I look upon a maid: In my distress."

(d) *Recurrent thoughts of death.*

For I know (?) that thou wilt bring me to death,
and to the house where all living will meet [30:23].

This is a recapitulation of part of Job's opening soliloquy, a portion of which is presented in the *Appendix* (ii).

Poor appetite, sleep difficulties, self-reproach, decrease in sexual drive, and recurrent thoughts of death are five of the seven "other criteria." Five "other criteria," together with the previously described preconditions and dysphoric mood, meet the requisites for the diagnosis of a definite depression according to the research criteria of Feighner and associates (9).

As previously noted, the opening verses of Chapter 30 complete ruminations begun in Chapter 29 (see *Appendix* [iii]). Hopelessness was described under the section entitled dysphoric mood. Lehmann (26) observed that the combination of ruminations and dysphoric mood, including hopelessness, are certain indications of a suicidal depression.

Discussion

Chapter 30 of the Book of Job not only serves as a key-index of ideas leading to a scientifically accurate description of depression, but also leads to solutions of common problems in recognizing and managing depression. These problems are:

A. THE LACK OF RECOGNITION OF THE CARDINAL FEATURES OF DEPRESSION

Murphy (1) observed that two thirds of physicians caring for patients with depressions that terminated in suicide were unaware of the diagnosis. He attributed this to inadequate psychiatric training. Young (27) states that such clinical exposure is difficult to provide, because the intimate emotionally charged dialogue of depression cannot be demonstrated at will for clinical teaching purposes. Study of a dialogue written by a first-rank author and clinician, the Book of Job, could be one solution to this problem.

B. THE LACK OF DIAGNOSTIC DISTINCTION BETWEEN NORMAL MOURNING (OR GRIEF) AND DEPRESSION

Fawcett (2) observed that depression may be overlooked because the patient may have enough obvious reasons for normal grief or mourning. Grigorian (28) used the prologue and the soliloquy of the Book of Job to illustrate Freud's distinction between depression and mourning: namely, depression, unlike mourning, is characterized by a severe loss of self-esteem or serious self-accusation. This observation has been confirmed in a large study of widows and widowers (29).

After the prologue, which describes Job's loss of health, children, wealth, and social status, his first words are, "Oh that the day had perished wherein I was born, . . ." In this

soliloquy (see *Appendix* [ii]), Job attacks the very roots of his existence. This characterizes him as a depressive, and not a mourner.

C. THE LACK OF RECOGNITION OF SOMATIC SYMPTOMS AS ARISING FROM DEPRESSION

The fact that musculoskeletal pain and gastrointestinal symptoms are important presenting features of depression was introduced into modern medicine by the influential papers of Denison and Yaskin (30) in 1944, and Kennedy and Wiesel (31) in 1946. The relatively recent introduction of this concept may account for the fact that, according to one estimate, the somatic symptoms of depression are misdiagnosed 87% of the time (3). Yet, these symptoms were discussed by the author of Job more than two millennia ago.

The relationship between musculoskeletal pain and depression is dealt with in verses 30:17-19, which are presented in *Results* section B (b). The first line of this sequence of verses describes nocturnal pain and the next, insomnia. Because this sequence is surrounded by descriptions of sadness, it is possible that the nocturnal pain is causing the insomnia and sadness; or depression may be the cause of the nocturnal rheumatic pain (32; 33), as well as of the sadness and insomnia. The resolution of this diagnostic problem is presented in the remainder of this sequence in which Job accuses himself of being dirt. For a second time, self-accusation and loss of self-esteem are used to characterize depression, in this case as the cause of the nocturnal pain, sadness and insomnia.

The *Results* section B (a) presents gastrointestinal symptoms as part of the clinical description of depression "My bowels boil . . ." [30:27].

D. THE MUTUAL ALIENATION BETWEEN THE PHYSICIAN AND THE DEPRESSED PATIENT

Zee (4) emphasized that mutual alienation may arise between the physician and the depressed patient, which leads to abandonment of the patient. Chapter 30 of the Book of Job begins with the dialogue of an alienated man (see *Appendix* [iii]). The poet described the process leading to mutual alienation between Job and three of his comforters.

Job's first three comforters, Eliphaz, Bildad, and Zophar, come to him out of great compassion and with the best of intentions (see *Appendix* [i]). Nevertheless, Job and these comforters become mutually alienated, and Job is abandoned by them

So these three men ceased to answer Job,
because he was righteous in his own eyes [32:1].

Some of the examples of the angry dialogue between Job and these comforters include

Bildad: How long will . . . the words of thy mouth be a lot of
wind? [8:2].

Job: . . . ye are all quack doctors [13:4].

The solution to the problem of mutual alienation is presented through a fourth comforter, Elihu. His first words addressed specifically to Job are

Howbeit, Job, I pray thee, . . . [33:1].

Elihu is the only comforter who addresses Job by name. Whereas the first three comforters confine their dialogue to intellectual or objective understanding (34, 35), Elihu tries to establish an interpersonal relationship. Further details of a correct comforter-client relation are spelled out as follows

(a) *Establish a bond of equality.*

Behold, I am God's, even as thou art,
I also am formed out of the clay [33:6].

(b) *Reassure the client that he has nothing to fear from you.*

Behold, my terror shall not make thee afraid,
neither shall my pressure be heavy upon thee [33:7].

(c) *Listen to and completely understand all complaints.*

Surely, thou hast spoken in mine hearing,
and I have heard the voice of thy words [33:8].

This verse is followed by a complete recapitulation of Job's complaints. Some examples of this are presented in *Results* section B (a) and (b).

(d) *Assume responsibility on the client's behalf.*

If thou hast words, answer me.
Speak, for I desire that thou justify thee.
If not, hearken unto me;
keep silent, and I will teach thee wisdom [33:32-33].

(e) *Present a realistic prognosis.*

Lo, all these things doth God work,
twice, yea, thrice with a man,
to bring back his soul from the pit,
to be enlightened with the light of the living [33:29-30].

This is an accurate statement of the prognosis of depression (36). It is also clear that cure depends upon God's intervention.

(f) *Assure the client that help is available to obtain a cure.*

If there is with him a messenger, a spokesman,
one among a thousand,
to tell unto man what is right with him [33:23].
Then he is gracious unto him, an saith,
deliver him from going down in the pit. . . [33:24].
His flesh shall be smoother than in childhood,
he shall return to the days of his youth [33:25].

These passages describe a comforter as one who works with a client in a positive way toward a cure, but accepts that the outcome depends upon the grace of God. Elihu's name is symbolic of this role, because it is another spelling of Elijah, the prophet who was the forerunner of the Lord (37). In fact, Elihu's soliloquy is followed in the Book by God's intervention, which results in Job's cure. *Because the outcome of intervention is dependent upon the grace of God, the comforter should be humbly aware of this limitation of his healing powers.*

(g) *The comforter should not overestimate his wisdom.*

Behold, God is exalted in his power;
who is ruling like Him?
Who imposeth upon Him his way?
Or who can say, thou hast wrought iniquity? [36:22-23].

Elihu, Bildad and Zophar accept the then conventional theology that all suffering was God's just punishment for sin (38). Here, Elihu states that God and His justice are beyond man's understanding and so Job's suffering is not proof of sin. The first three comforters are penalized by God for presuming that their wisdom equalled His [see Appendix (iv)].

Elihu's soliloquy provides an unexcelled example of a comforter-client relation that includes its positive attributes as well as its limitations.

Conclusion

The *Results* section of this paper shows that Chapter 30 of the Book of Job is a key-index of ideas which, if followed through the book, divulges a description of depression that meets current demanding diagnostic standards. Kahn (35) concluded that, from a psychodynamic point of view, the component of Job's illness was depression. We conclude from this that (a) the author of the Book of Job was, in addition to his many other talents, a master observer of disease; (b) the essential form of depression has remained essentially unchanged during the two millenia since the Book was written; (c) the Book of Job still is a fruitful source of insight into the nature of depression.

The *Discussion* section of this paper shows that the same key-index provides a modern practical approach to the diagnosis and management of depression.

A systematic presentation of a practical professional approach to a common problem fulfills the definition of wisdom. Therefore, part of the wisdom of the Book of Job is a timeless medical masterpiece that provides an unexcelled standard of clinical observation and medical intervention.

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17. See Reference 14, p. 955
18. See Reference 10, p. 434
19. See Reference 10, p. 268
20. See Reference 10, p. 434
21. See Reference 10, p. 431
22. See Reference 10, p. 470
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Strommen, M. P. *Research on religious development: A comprehensive handbook*. New York: Hawthorn Books, 1971.

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