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Preface

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Citation

Glas, G., & Verhagen, P. J. (1996). Preface. In .
Boekencentrum, Zoetermeer. Retrieved from
<https://hdl.handle.net/1887/10475>

Version: Not Applicable (or Unknown)

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Note: To cite this publication please use the final published version (if applicable).

Psyche and Faith

Beyond Professionalism

*Proceedings of the first international symposium of the
Christian Association of Psychiatrists, Psychologists and
Psychotherapists (CVPPP) in the Netherlands*

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Uitgeverij Boekencentrum, Zoetermeer

CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Psyche

Psyche and Faith : Beyond Professionalism / P.J. Verhagen
and G. Glas (eds.). - Zoetermeer : Boekencentrum
Bewerkte lezingen en bijdragen van het internationaal
symposium in juni 1994, georganiseerd door de Christelijke
Vereniging voor Psychiaters, Psychologen en
Psychotherapeuten (CVPPP) ter gelegenheid van haar eerste
lustrum.

ISBN 90-239-1666-2

NUGI 639/719

Trefw.: pastorale arbeid voor psychiatrische patiënten.

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Voorzover het maken van kopieën uit deze uitgave is toegestaan op grond van artikel 16B Auteurswet 1912 j° het Besluit van 20 juni 1974, St.b. 351, zoals gewijzigd bij Besluit van 23 augustus 1985, St.b. 471 artikel 17 Auteurswet, dient men de daarvoor wettelijk verschuldigde vergoedingen te voldoen aan de Stichting Reprorecht (Postbus 882, 1180 AW Amstelveen). Voor het overnemen van gedeelte(n) uit deze uitgave in bloemlezingen, readers en andere compilatiewerken (artikel 16 Auteurswet 1912) dient men zich tot de uitgever te wenden.

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Preface

1. Celebrating a quinquennium

In celebration of its first quinquennium in June 1994 the Dutch *Christian Association of Psychiatrists, Psychologists and Psychotherapists* (CVPPP) organized an international Symposium on the theme of *Psyche and Faith - Beyond Professionalism*. This book is the result of the joined efforts of the speakers and the editors. It contains the four main lectures and a selection of the papers which were read at the Symposium.

Undoubtedly, the Symposium was a milestone in the short history of the CVPPP. As a young organization, still struggling with its identity, the Association now has 160 members widely differing in professional and spiritual backgrounds. For the Association the Symposium certainly symbolized a kind of growth spurt, not only by offering the opportunity to share old and new ideas with an international forum of Christian professionals, but, far more, by reconnoitring a field of reflection which is still determined by many confusing questions and unknown areas.

In addition to these more intellectual aims the organizing committee particularly paid attention to invite colleagues from Eastern and Central European countries. Indeed, several of those who could be reached, were able to attend the Symposium. Their contributions not only testified of the real differences in the contexts in which Christian professionals are working, but also served as a counterbalance to the more technical debates of professionals working in the affluent societies.

This brings us to the theme of the Symposium. As the sub-title *Beyond Professionalism* already suggests, this theme originated in a feeling of uneasiness about the role of professionalism in our (Western) society. On the one hand, professionalism can be seen as an accomplishment. Professionals keep themselves to a series of codes which embody the highest standards of therapeutic action. These standards are often science-based. There is, on the other hand, the important question as to whether there is an intrinsic normativity of professionalism itself. Can the normativity of professionalism be based on professionalism itself? Is professionalism an end in itself and, therefore, inherently secular? What are the boundaries of professionalism? Is it true that some of the traditional roles of the church are taken over by mental health institutions? These were some of the questions which guided the organizers of the Symposium.

The theme also calls for a critical examination of Christian initiatives. In the Netherlands, for instance, religious, moral, and worldview issues recently have become the subject of discussion among professionals with

various backgrounds. The CVPPP contributes to this discussion with the publication of the journal *Psyche en Geloof* (Psyche and Faith). In the Netherlands, but also in other countries, there is a still growing number of mental health care providers who identify themselves as Christians (cf. part I). Their commitment asks for a thorough rethinking of both the foundations of professionalism and the practical and theoretical implications of faith - which is grounded in a beyond of professionalism.

2. A brief outline of recent developments in the Netherlands

Let us first briefly review some of the developments in the Netherlands. In the mid seventies the strongly fragmented and denominationalized mental health care system was reorganized and concentrated into Regional Institutions for Community Mental Health Care (RIAGG). This reorganization was only part of a much broader development, involving a gradual break-down of the traditional institutions which divided Dutch society into a number of compartments. This compartmentalization had almost invariably taken place along denominational and socio-political lines.

This background of denominationalism, however, made RIAGGs react against it in an attempt to gain independence. Inherent to this attempt were a spirit of secularism and even, sometimes, anti-religious sentiments. Nowadays, the RIAGGs are recognized as the central node in the network of mental health services. This certainly has contributed to the gradual waning of anti-religious sentiments. Professionals are more and more willing to pay attention to religious values and to moral issues in the lives of their patients. Recently, even the discussion on the role of the pastoral professional, which initially had disappeared from the so-called multi-methodical-multidisciplinary teams, was re-opened.

As has been said, these developments corresponded to a broader process of social and cultural change. This process has been identified by De Swaan (1982) as being marked by a shift from a commanding household to a negotiating household (De Swaan 1982). In short, coercion and sacrifice in social and intimate relations were no longer accepted. Instead, individual freedom, tolerance and a culture of consent by negotiation gained prominence. The multidisciplinary-multimethodical teams matched very well with this change in atmosphere. The medical model was abandoned. Diagnosis and treatment advice became a matter to be agreed upon in discussions in which participants with widely diverging professional backgrounds had equal rights. Doctors lost their exclusive position.

More recently, the emphasis has shifted towards a functional and professional definition of the therapeutic relation. The moral struggle against paternalism slowly changed into a juridical consensus on patient rights and legal obligations of professionals. Recent years testify of the growing importance of third parties in the allocation of financial resources. This has given rise to concerns about the identity of the professional and the standards of professionalism. The preoccupation with economic and financial issues puts a moral burden on the professional role and the definition of the therapeutic relationship. Recent discussions shifted to subjects like cost-effectiveness, short-term treatment, equal access to the mental health care institutions, and free choice of doctors and therapists. These discussions are largely similar to - although less intense than - those in the United States on 'Managed Care'.

Were these developments, in particular those which had an immediate bearing on the therapeutic relation, value-free? No, they were not value-free at all. Initially, there were indeed some professionals who adhered to the idea of value-free therapy. But today many therapists, partly under the influence of the attacks on their professional identity, agree that this idea is a myth - a myth, we add, which is based on an utilitarian and pragmatic conception of professionalism and which, ultimately, seems to excavate the professional role (Taylor 1989; cf. part III, Tjeltveit).

From the point of view of both orthodox Christians and evangelicals the shift to another conception of social and intimate relations was problematic, - think for instance of issues like (parental) authority, the position of women, sexuality in non-marital relations, homosexuality and so on. The merely empathizing therapist could not find much favor in the eyes of the religious groups just mentioned. Moral values could not be a matter of individualistic (moral) decision making only. Christians rejected the humanistic ideals of emancipation and self-assertion, ideals which they rightly suspected to underlie the professional attitude of secular therapists. So, as the RIAGGs entered the stage, individual professionals and denominations felt they had to take their responsibility on behalf of the Christians they represented.

Today, indeed, the antagonism between Christian and secular professionals is less sharp. The RIAGGs changed their attitude, but it should be admitted that most workers in the field of mental health care still tend to a limited, purely functional view on religion and morality. The meaning of religious and moral standards is confined to their contribution to the

maintenance of the psychic equilibrium¹.

At this point many questions still remain to be answered. It seems to be rather difficult for Christian therapists to examine their own positions and ultimate motives. Compared to the longstanding, more apologetic tradition and the opposition to secularism which is associated with this tradition, this self-critical attitude is familiar nor self-evident. In this book the reader will discover a strong emphasis on this kind of intellectual and spiritual self-examination (cf. part III and IV).

3. *Three background themes*

In this section some of the background themes will be explored which may play a role in the critical self-examination of Christian professionals.

3.1. *Nature and grace*

The theme of nature and grace does not refer, here, to the Catholic or Thomistic conception of grace as a *donum superadditum* (grace as a gift which is added) to nature, but to a dualism between grace and nature-as-inherently-sinful-nature. This dualism, which can be found in some orthodox Protestant circles, is characterized by an almost complete identification of nature and sin and, consequently, by a flight from worldly pursuits. It differs from the classic Reformational position which says that nature is restored by grace (Wolters 1984). Defenders of this view tend to a position in which bodily and emotional suffer is viewed as being of a lower order, compared to the truly spiritual struggle of the true believer. In the consulting room one may experience this dualism when patients say that their illness is caused by sin and that therapy, as a worldly activity, is of no importance to their ultimate problem: salvation from sin. This dualism, of course, may also influence the ideas Christian therapists have about their profession, in particular when they share these background ideas. So, from both sides, a dualist element may be brought into the consulting room.

¹ Compare, for instance, the schema of views in Wulff's *Psychology of Religion. Classic and Contemporary Views* (1991, 630-636). The emphasis on functionality corresponds with, what Wulff calls, 'literal disaffirmation' and/or 'reductive interpretation' of religion. Both approaches exclude transcendence. The opposite position consists of 'literal affirmation' and 'restorative interpretation', which both include transcendence. This position is, of course, more typical of the view Christian therapists hold on religion.

As has been seen said, the classic Reformational approach differs from this view because of its emphasis on the creational nature of reality. This approach builds forth on a still earlier Augustinian - Bernardine tradition. No matter the extent of the destruction of (human) nature by sin, human nature remains part of created reality. It has a created finality, which reaches its destination by God's grace. Man can resist his destination, but cannot undo his *desiderium naturale* (natural longing). The Creator has instilled a *desiderium naturale* for grace into human nature. Only grace can fulfil this longing. When a human being tries to resist this longing, existential restlessness will be intensified, with all sorts of bodily and emotional consequences. It is this Augustinian - Bernardine - Calvinian tradition that seems to be of great importance for a Christian apprehension of human nature and rationality (cf. part III, Labooy).

3.2. *Grace and the Holy Spirit*

Let us focus for a moment on grace and the work of the Holy Spirit in the life of the believer. The work of the Holy Spirit manifests itself in the life of the believer as his spiritual life. This work of the Holy Spirit in the individual is called regeneration and sanctification. With respect to human nature, there are certainly many questions about the way in which the Holy Spirit modifies character, values, tendencies, attitudes, priorities and so on (Alston 1989). From a Christian point of view, we cannot silently put aside the traditional questions concerning regeneration and sanctification as the work of God exclusively and of human activity as a response to this work. Even more impressive and urgent become our questions when we realize how intimately the Holy Spirit is involved in our life, and when we reflect on the meaning of His indwelling for the Christian professionals, and beyond that for their relationship with their patients.

An interesting concept in this context is that of wisdom as defined by Evans on several occasions. The reader will find it again in his chapter in this book (cf. part III). With Evans we acknowledge that wisdom - Christ is said to be our wisdom - as a gift of the Holy Spirit cannot be reduced to knowledge about God. Wisdom is knowing Him by Whom we are known, because of the indwelling of the Holy Spirit. But we cannot leave it at these confessing statements. We have to grow in our profession on the basis of this spiritual kind of wisdom, which is not an other-worldly wisdom, nor a wisdom of this world. To discuss these themes was a unique event. And it was certainly quite some time ago that these core issues were raised at a Dutch international symposium.

3.3 The Transcendent: inclusion or exclusion?

The reader will notice that this book does not contain as much psychology of religion as might have been expected. As has been said before, 'inclusion of transcendence' should be understood as inclusion of the Transcendent. Mainstream psychology of religion is still convinced of the Flournoy principle, which excludes transcendence. According to this principle psychology of religion should neither reject nor affirm the independent existence of a religious object. So, religious symbols are understood as historically conditioned expressions of human imagination which point to an otherwise incomprehensible transcendent realm beyond themselves (Wulff 1991). According to some investigators only a social constructionist position may be regarded as a valid and valuable approach to the fields of psychology and sociology of religion (Van Belzen 1995). Several contributions in this book oppose to this view. It will come as no surprise that there is a great tension between the classical principle of Flournoy (and its modern variants) and the main thrust of this book, which points to a conceptual congruity between psychological wisdom and spiritual wisdom, conceived as knowing the Transcendent by Whom we are known. The religious 'object' is real and cannot be put between brackets. The conceptual analysis, so prominent in the next chapters (cf. parts III and IV), although without any pretention to proclaim final conclusions or solutions, is in a sense highly critical about the poverty of psychology of religion with regard to its conceptual and methodological problems.

4. The contents of the book

4.1. Part I

Part I opens with a historical perspective. Hendrika Vande Kemp set the tone with her lecture at the beginning of the Symposium. It is true that her overview focuses on *psychology and religion in America*. But many of the topics she discusses can be recognized at this side of the Ocean. She traces the emergence of the integration of psychology and religion/theology as a clinical specialty, applying the criteria conventionally used by historians of psychology to validate the existence of psychology as a separate discipline. These criteria are generally applicable and can be discovered in, for instance, recent developments in the Netherlands. An extensive bibliography is included.

4.2. Part II

Part II is pre-eminently clinical. Samuel Pfeifer, well-known from his publications², opens with a chapter on the integration of clinical psychiatry and Christian faith. This seems almost a contradiction in a time in which one can witness a re-medicalization of psychiatry. Prejudice and fear too often dominate discussions and create a substantial tension between psychiatrists and theologians. Samuel Pfeifer has designed a model which, nevertheless, attempts to integrate clinical psychiatry and Christian faith. This model gives an answer to questions like: 'What are the issues the clinician has to address in treating Christian patients?'; 'What are the causes to which Christian patients attribute their illness?'; and 'How can these attributions be integrated into effective treatment strategies fostering both improved mental health and spiritual growth?'

Pfeifer's clinical perspective is followed by four chapters in which several clinical issues are discussed. Brenda O'Reilly and Susan Williams inform us about their views on the treatment of posttraumatic stress disorder and their experience with traumatically stressed intensive care patients, respectively. O'Reilly gives a short description of the use of Christian imagery in cognitive psychotherapy. Williams elaborates on power and powerlessness and scrutinizes the meaning of *exousia* and *dunamis*, the two Greek words for power from New Testament theology. Her analysis certainly has implications for the therapeutic relationship.

The next two chapters are specimens of empirical research in the field of psychology of religion. Jos Pieper and Rien van Uden report about their research among 752 former RIAGG patients, which focuses on the (dis)satisfaction of these patients with respect to the way therapists had paid attention to their religious and spiritual problems. They questioned two groups, one from a RIAGG in a Catholic area, the other from a RIAGG in a Protestant area. They explored whether there was any relation between religion and the mental problems of these patients. Secondly, they asked in what way therapists had reacted to these religious aspects of their problem. Were they considered to be relevant for therapy, or not? They finally inquired the wishes of the patients with regard to the role of religious and spiritual dimensions in therapy. Their contribution concludes with several important recommendations.

Anke Hoenkamp-Bisschops - in collaboration with Pieper and Van Uden - writes about the issue of sexual abuse in the helping professions, especially among the clergy. In this chapter the interview material of an

² The Dutch translation of his *Die Schwachen tragen: moderne Psychiatrie und biblische Seelsorge* was presented at the conference (Pfeifer 1988; 1994).

earlier study on the celibate experience of Roman Catholic priests (Hoenkamp-Bisschops 1993) is re-examined on the aspect of sexual abuse. She argues that pastors with low self-esteem and fear of emotional intimacy are more vulnerable to sexual abuse, than those who have normal self-esteem and who tolerate emotional intimacy.

4.3. Part III

Part III, which is on philosophical and spiritual issues, opens with a chapter by Steve Evans. How can Christian counseling and psychotherapy contribute to the development of character? Is Christian counseling not deeply infected by contemporary (pseudo)psychological assumptions and destructive to such a development? According to Evans, the best answer to such accusations is the continuing development of modes of counseling and psychotherapy which are distinctively Christian in that they embody a Christian understanding of human persons. Although the high standards professionalization fosters are to be welcomed, the Christian counselor must see himself or herself as someone who is committed to be wise and to foster wisdom. Christian professionals must be trained in all kinds of psychotherapeutic technique and, at the same time, see themselves as fundamentally engaged in the task of helping others to develop the character God wishes them to have. This process cannot be reduced to psychotherapeutic technique. It requires spiritual insight and maturity. The ultimate aim is to help people live and to tell the story of their lives in the light of the Biblical story of the works of the Lord.

When Christian therapists take the consequences of their position, it is essential that they become actively involved in developing a more adequate public philosophy for psychotherapy, one that also takes the value-ladenness of psychotherapy seriously. Alan Tjeltveit comments on five types of public philosophy, varying in whether and how they take therapy's value-ladenness into account. A more adequate contract and public philosophy concerning therapy, one which aptly addresses the reality of psychotherapy's value-ladenness and which takes Christian faith seriously, requires a vigorous dialogue between Christian and non-Christian mental health professionals, and other segments of society.

From yet another angle Guus Labooy takes this stance seriously. The question he poses sounds: 'What does professionalism mean?' After a historical introduction - he uses the Middle Ages as a paradigm of a time in which faith was the creative basis of science and philosophy - he argues for a close collaboration between faith and science: profession on the basis of confession. Interestingly enough, this plea is not only based on historical, but also on modern logical and epistemological grounds.

The importance of grace as the foundation of our spiritual existence in Christ is clear. On the basis of his personal experience Doug Henning discusses the essential process of allowing grace to integrate into the context of counseling. According to his view, all kinds of cognitive distortion and problematic behavior, addictive behavior included, can be solved by this basic attitude of openness to grace.

4.4. Part IV

In the final chapter Gerrit Glas recaptures the questions which guided the organizers of the Symposium and sketches the outline of their reformulation. The professionalization of psychotherapy and psychiatry almost inevitably seems to imply a secularization of the therapeutic relationship. By focusing on specific aspects of the patient's pathology, the therapist ignores other aspects, for instance the intricate interlacements between psychopathology and existential problems. We seem to be trapped into a dilemma, that of being either a non-Christian professional or a Christian non-professional. Commenting on the discussions at the Symposium, Glas sketches the outline of an alternative position. He argues for a distinction into four types of knowledge and offers a model of human functioning as a structural whole. Human emotional life is part of the psychic substructure of this structural whole. Based on this model psychotherapy turns out to be both a highly professional and a normative activity. When affective life is 'opened up' and blocked emotions are re-experienced in their meaningful richness, the existential component will also be re-discovered. What kind of guidance is needed then? Surely, as has been noticed several times, Christian therapists have to be wise professionals.

It is our wish that this book will help its readers in becoming wise men and women - wise after God's heart.

Advent 1995

Peter J. Verhagen
Gerrit Glas (editors)

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