

A THEOLOGIAN'S VIEW OF THE PROCESS OF PSYCHOTHERAPY

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There has been a regrettable lack of dialogue between theologians and psychotherapists. Although there persist important differences in the way therapists and theologians describe the human predicament, the need for genuinely listening to one another in our differences is being increasingly acknowledged. Characteristically the theologian tends to use more moral and judgmental terms in interpreting the human quandary, such as sin, pride, idolatry and rebelliousness, whereas the therapist utilizes more objective and analytical terms such as neurosis, sickness, discomfort, conflict, inconsistency, incongruence or lack of awareness. Both therapy and theology, however, utilize the language of alienation, lostness, blindness, sickness, bondage, brokenness, fragmentation, estrangement and separation (21, 24).

Among the numerous efforts of the past generation to clarify the relation between psychotherapy and theology, a myriad of attempts have been made to formulate the relationship in terms of an analogy (10, 13, 15). These attempts have correlated healing with salvation, self-affirmation with faith, narcissism with pride, neurosis with sin, collective unconscious with original sin, ego strength with freedom, healing community with church, self-realization with redemption. Although all have proved interesting and some useful, often these analogies have failed to understand both the process of therapy and the uniqueness of the Christian message.

The growing edge of the current dialogue must not be simply the further elaboration of the ways therapeutic experience is like religious experience, nor merely the attempt to understand one another in our differences, although this must continue. If the current dialogue is to emerge as something more than a repetition of past inadequacies, it must now turn toward a fresh, new form of analogy, viz., the *analogia fidei* (3), faith's analogy between the activity of God and the ontological presuppositions of the counselor (16, 18, 20). Together we must inquire into what the therapist quietly assumes about the nature of being itself, as he goes about his task, and how that assumption corresponds with the principal concern of theology (7, 14, 22).

EXPLICIT VERSUS IMPLICIT ASSUMPTION

The proposal we shall advance is that *psychotherapeutic healing implicitly presupposes an ontological assumption which is made explicit in the Christian proclamation*, and it is therefore possible to perceive through the analogy of faith the so-called secular counseling situation as the arena of God's activity.

The tacit ontological assumption of all effective psychotherapy is that it is not merely the counselor who accepts the client, but that the client *is* acceptable and that the accepting reality is life itself. However much he may rightly avoid articulating it, the counselor whose therapy is effective must somehow indirectly communicate to the individual, "You are accepted, not just by me, but by the universe, by being itself." The counselor never understands himself as privately the source of acceptance, but points to an acceptance which has its source beyond himself, objectively *there*, despite all human rejection. Paul Tillich expresses it this way:

In the communion of healing, for example, the psychoanalytic situation, the patient participates in the healing power of the helper by whom he is accepted although he feels himself unacceptable. The healer, in this relationship, does not stand for himself as an individual, but represents the objective power of acceptance and affirmation. The objective power works through the healer and the patient. . . . Acceptance by something which is less than personal could never overcome personal self-rejection. A wall to which I confess cannot forgive me. No self-acceptance is possible if one is not accepted in a person-to-person relation. But even if one is personally accepted, it needs a self-transcending courage to accept this acceptance. It needs the courage of confidence. . . . Here, however, is the power where the religious acceptance as being accepted transcends medical healing. Religion asks for the ultimate source of the power which heals by accepting the unacceptable, it asks for God. The acceptance by God, his forgiving and justifying act, is the only and ultimate source of a courage to be which is able to take the anxiety of guilt and condemnation into itself (28, pp. 165-166).

Although he understands that there certainly are interpersonal motivations for the patient's feeling guilty, anxious and hostile, the effective therapist refuses to admit any ultimate ontological ground or any basis in being itself, for neurotic guilt, anxiety and hostility. Without the tacit assumption that man *ought not* be neurotically guilty and sick and under the power of destructive compulsion, little sense can be made out of the therapist's healing activity. This is a much more profound ontological assumption than we ordinarily acknowledge. However inarticulate he may be concerning the philosophical-theological assumptions of his functioning as healer, insofar as his functioning is effective, the therapist indeed assumes that the accepting reality at work in healing is life itself (30).

This *implicit ontological assumption* of counseling becomes the *explicit theological assumption* of Christian proclamation. It is precisely the word, "You are accepted," that the Christian community seeks to make known (4, 29).

EVENT VERSUS IDEA

What is the difference in the assumptions of therapy and proclamation? Only that the latter attempts to make explicit what the former implicitly assumes? Indeed that, but more so the basic uniqueness of Christian proclamation is that this word of acceptance is not regarded merely as an *idea*, but as concretely made known in an *event*. The accepting reality, which the therapist might know vaguely as "life," has made itself fully and explicitly known, according to Christian belief, in a special history, a salvation-occurrence, which Christian worship celebrates and Christian preaching seeks to clarify. However important it may be for the patient to feel "I am accepted," this says little about the accepting reality. Christian proclamation has nothing distinctive to say about life except as it speaks of the self-disclosure of this accepting reality. If this accepting reality has not met us in an event, but remains merely an idea in our minds, then however much we may intuit that we are accepted we can never really know the character of the accepting reality. The accepting reality of which Christianity speaks, of course, is the God who makes himself known in Jesus Christ.

This event, which the therapist might term "the self-disclosure of the accepting reality," is an occurrence which the Christian community believes makes explicit this assumption which the counseling process presupposes — that the final power in life is for us and that we are forgiven and acceptable (18).

If our analysis is correct, and if there is a crucial relation between what we are calling the implicit assumption of therapy and the explicit assumption of proclamation, then another suggestion needs circumspectly to be made. With all due respect to the remarkable achievements of "secular" psychotherapy, i.e., therapy without any consciousness of its ontological presupposition, we need to explore together whether it might be the case that the counselor who knows, understands and celebrates the explicit witness of this special community to the self-disclosure of the accepting reality, conceivably could attain clearer perception of human sickness and health than the therapist who only implicitly makes this assumption without exam-

ining it. This question is raised in the most tentative and modest way, with awareness of all the dangers that surround a deliberately religious orientation in therapy.

With this in view, we are now ready to examine a table of categories which may allow us to visualize a new approach to the conversation. If a fresh statement of the relationship is to clarify the analogy between God's mode of being in the world and the counselor's mode of being with the troubled person, certain terms must be correlated, as shown in Table 1.

TABLE 1. THE CHRISTIAN VIEW OF THE ACTIVITY OF GOD, ANALOGOUS ACTIONS OF THE THERAPIST, AND RESPONSES OF THE PATIENT

God's activity (Revelation)	Therapist's actions (Clarification)	Patient's responses (Healing)
Incarnation	Empathy	Increased self-understanding
Forgiveness	Acceptance	Increased self-acceptance
Grace	Permissiveness	Increased self-direction
Love	Outgoing concern	Increased social interest

INCARNATION, EMPATHY, AND SELF-UNDERSTANDING

Empathy is the process of placing oneself in the frame of reference of another, perceiving the world as he perceives it, sharing his world with him. Incarnation means God assumes our frame of reference, entering into our human situation of finitude and estrangement, sharing our human condition even unto death (4, 29).

When the troubled person finds himself under the care of a therapist with genuine empathy, i.e., with someone who truly seems able to share his perceptual framework, he experiences a profoundly liberating feeling of being known, being understood (17, 26). Empathy is the precondition of all therapeutic effectiveness.

Christian worship celebrates the God who has chosen to enter our human frame of reference, to participate in our troubled condition and to affirm human existence by sharing in it in all its radical contingency, suffering and death. Just as the counselor enters the frame of reference of the patient and fully participates in his neuroses, without himself being neurotic, so God, according to the Christian witness, participates concretely in our human estrangement without himself being estranged.

Freudian therapy with its emphasis on diagnosis is less of an analogue to the incarnation than are those therapies in which the counselor actively seeks the frame of reference of the other individual (2, 5, 23, 25). The Freudian psychoanalyst often tries to get the client into his frame of reference, imposing upon him a diagnostic scheme which may be foreign to his private world. He tries to explain the client to himself on the assumption that he knows better what the client needs than the client himself, indicating a limited participation in the situation of the client. However, in the client-centered approach, for example, the counselor divests himself of his own point of view and by a process of kenosis or self-emptying enters fully into the private and subjective world of the client. To the theologian this is much more suggestive of the pattern of the incarnation than is Freudian analysis.

FORGIVENESS, ACCEPTANCE, AND SELF-ACCEPTANCE

Forgiveness means God accepts us radically. We are called to accept our acceptance, despite our feelings of inacceptability. Divine forgiveness does not mean that our phoney human existence is somehow magically changed into utopia, but to the contrary that we are accepted *amid* our phoneyess! Nor does it mean that the accepting reality affirms our *sham* and pretense, but that *we* are affirmed *in spite* of our sham and pretense. Similarly, the therapist does not affirm neurosis as good. He affirms the *person* who is wrestling with neurotic compulsions *amid* his compulsions and *in spite of* his pretenses, distortions, aggressions, and absurdities (11, 12). Just as in psychotherapy the precondition of self-understanding is being understood, the precondition of self-acceptance is genuinely being accepted (19). There is a significant analogy between the radical divine acceptance which is the subject of the Christian proclamation and the radical therapeutic acceptance which enables the client to accept himself.

Prior to therapy, just as prior to faith, the self is often trapped in a moral perfectionism in which there exists a great distance between *is* and *ought* (2). During the process of therapy, *is* and *ought* move toward each other (8, 9). The self-ideal is reduced in a more realistic direction and the capacity for achieving the ideal increases. Similarly, in Christian existence, perfectionism is undercut by God's Word of judgment and forgiveness.

GRACE, PERMISSIVENESS, AND SELF-DIRECTION

If grace has the character of a gift presented to the self from beyond his own resources, then we can say that psychotherapeutic insight in a sense comes to the individual as grace, since it cannot be achieved alone. However we may emphasize the individual's ir-repressible urge toward healing, the neurotic individual needs help in order for him to actualize this original capacity. The client cannot achieve his genuine intention alone, else he would not be coming for help.

The therapeutic function which corresponds to divine grace is permissiveness. The need for a genuinely permissive setting in which the individual can experience the exercise of his emerging freedom under safe conditions is almost universally recognized by therapists. The neurotic individual, whose capacity for greater self-determination has long been limited by various destructive inner compulsions, needs a safe context for self-exploration of his feelings and for experimentation with his freedom (25).

Under the conditions of neurosis the individual's attempts at genuine self-direction are continually being frustrated by a distorted or idealized self-understanding, by bizarre feelings of insecurity, guilt and aggression. He may wish to be free to move toward the goals which he has chosen, but he cannot seem to actualize his authentic intention (6, 19).

Under the conditions of a permissive setting, the individual can perceive himself *amid* his inadequacies (enabled by the counselor's empathy), accept those inadequacies (since he perceives them as acceptable to the therapist) and begin experimentally to exercise his freedom to move toward constructive self-chosen goals. He learns to trust his organism to carry him toward realistic intentions. He is enabled by the permissive context not only to work imaginatively through future possibilities but to work retrospectively through past mistakes. Most of all, he experiences, perhaps for the first time in his life, an environment in which he is permitted simply to be himself, to feel his feelings and to learn to what degree he can expect himself to be a well-functioning person (26).

Similarly, the Christian community perceives the individual under the conditions of estrangement (from himself, others and the One who gives him life) as incapable of actualizing his authentic freedom because of a distorted self-understanding and profound feelings of guilt and anxiety which, in effect, put his will "under bondage," i.e., in

prison to spurious needs. He may intend to do what he perceives to be good but finds himself doing the opposite (4, 6, 29).

Under the conditions of grace, the individual learns to actualize his freedom, as it were, within the context of the safety of divine accepting love. The individual experiences a profound sense of divine permission to be who he *is* (4). Under the conditions of grace he may now perceive himself anew amid his human condition of finiteness (since God Himself has chosen to affirm that limitation and suffering by sharing in it). He may receive and accept this creaturely condition as the gift of the Creator, despite his moral inadequacies and pretenses (since God himself has accepted him amid his inauthenticity). He may therefore begin to learn a new way of being in the world, to exercise the freedom to be himself under the permission of divine grace, to direct himself toward constructive goals he chooses in the light of God's liberating love (27).

DIVINE LOVE, OUTGOING CONCERN, AND SOCIAL INTEREST

An axiom shared by both psychotherapy and theology is that the precondition of loving others is understanding that one is loved. This is one of the persistent problems we find in following the injunction to love others *as ourselves*, for since we often live in terms of various self-idealizations, we hardly know how to love ourselves adequately, and consequently know even less how to love our neighbor.

Just as man, according to Christian wisdom, cannot adequately love his neighbor because of his self-assertiveness and thus stands in need of a divine love which affirms him amid his self-assertiveness and thereby frees him to love his neighbor, likewise the neurotic in therapy finds himself unable adequately to love others because of his self-centeredness and thus stands in need of a therapeutic outgoing concern which affirms him amid his neurotic behavior and thereby frees him to love. However much he may feel that he is genuinely understood (analogous to incarnation), accepted (analogous to divine forgiveness) and permitted to be who he is (analogous to divine grace), he still cannot effectively move toward others with genuine social interest unless and until he knows himself to be positively cared for by another. Just as psychotherapy which fails to provide such outgoing love never achieves full healing, so any religious understanding which fails to point to self-giving divine love remains hollow and impotent for human renewal.

Alfred Adler, in discussing the nature of therapy, repeatedly

echoes the theme that the patient's achievement of genuine social interest is contingent upon the therapist's exhibiting just such interest toward him: "Treatment itself is an exercise in cooperation and a test of cooperation. We can succeed only if we are genuinely interested in the other. We must be able to see with his eyes and listen with his ears . . . we must show him the interest of one man towards a fellow man" (1, p. 72).

As the individual in effective therapy comes increasingly to perceive himself as genuinely valued and cared for by another, he increasingly finds himself enabled to value and care for others. This corresponds with the basic Christian understanding that "in this is love, not that we loved God, but that he loved us . . . if God so loved us we also ought to love one another" (I John 4:10, 11). In therapy as in theology we become increasingly able to serve and affirm others as we know ourselves to have been served and affirmed. The *analogia fidei* would read the analogy more precisely as follows: as we learn from divine love the character of authentic love as affirming us in the midst of our self-assertiveness so as to enable in us freedom to love others, so we may perceive in the effective therapist a similar outgoing concern for the other amid his inferiorities and self-boundedness so as to liberate him to express genuine social interest toward others.

Although in this discussion we have often emphasized self-understanding, self-acceptance and self-direction so as to lead one perhaps to suspect that we are essentially concerned with an intrapersonal rather than interpersonal therapy, such is certainly not our intention, since the self is always properly understood only in its encounter with others and in fact exists only in relation with other selves. Consequently if the self can only be defined interpersonally, an authentic self-understanding would already mean an understanding of oneself as bound to, limited by and called to serve others. That human selfhood is essentially *Mitmenschlichkeit* (a humanity with others) is a presupposition shared by an astonishing variety of therapists (Adler, Sullivan, May), social psychologists (Durkheim, Mannheim, Cooley, Mead), philosophers (Heidegger, Sartre, Jaspers), and theologians (Barth, Bultmann, Buber).

Admittedly each of the above analogies may be supriously overpursued. For the therapist's love is not divine love. His capacity to understand and help is always limited by his own finite, historical, cultural, and personal perspective, however much his functioning may mediate an accepting reality beyond himself.

SUMMARY

We have proposed that psychotherapeutic healing implicitly presupposes an ontological assumption which is made explicit in the Christian proclamation. The healing process involves a four-fold development which may be seen as analogous to four aspects of the activity of God, as follows:

1. The healing process is initiated by the empathic presence of the counselor in the frame of reference of the troubled person, enabling him to achieve an increasingly clearer picture of himself. Similarly, the response of faith to the proclamation that God enters and shares the human frame of reference in his incarnate Word, is the awareness that one is known and understood by the divine reality.

2. With a clearer perception of himself, the individual comes to accept himself amid his inadequacies and bizarre feelings, an acceptance which is only enabled by the counselor's genuine acceptance of them. Similarly, the response of faith to the forgiveness of God is the experience of being accepted and received in spite of one's inadequacies.

3. Out of a renewed self-understanding and self-acceptance the individual begins actively to test out his capacity for self-direction, made possible only in a permissive therapeutic context. Similarly, the response of faith to the context of divine grace is the awareness of that liberating freedom which permits and calls man to be who he is.

4. The healing process is not completed, however, until the individual comes to move toward others with genuine interest in the need of his neighbor, a movement which is increasingly enabled by the outgoing concern of the therapist for the individual. Similarly the response of faith to the loving, serving, caring action of God is an increased capacity to love, serve and care for others.

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