VRIJE UNIVERSITEIT

Worldview and Psychotherapy

An Analysis of the Christian Integration Debate

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad Doctor aan
de Vrije Universiteit Amsterdam,
op gezag van de rector magnificus
prof.dr. V. Subramaniam,
in het openbaar te verdedigen
ten overstaan van de promotiecommissie
van de Faculteit der Geesteswetenschappen
op vrijdag 18 maart 2016 om 13.45 uur
in de aula van de universiteit,
De Boelelaan 1105

door

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geboren te Naarden

promotor: prof.dr. G. Glas

For the publication of this book
financial support was kindly provided
by the Stichting Dr. Abraham Kuyperfonds
and the Van Coeverden Adriani Stichting

International Series in Mental Health and Religion

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Edited by

Prof Dr Marinus H.F. van Uden

Consulting Editors

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SHAKER VERLAG

Aachen – Germany, 2016

Bibliographic information published by the Deutsche Nationalbibliothek
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at http://dnb.d-nb.de.

Cover design: Lineke van Roon-van 't Veer

Printed in Germany.
ISBN 978-3-8440-4170-5
ISSN 2198-9419
Shaker Verlag GmbH • P.O. BOX 101818 • D-52018 Aachen
Phone: 0049/2407/9596-0 • Telefax: 0049/2407/9596-9
Internet: www.shaker.de • e-mail: info@shaker.de

International Series in Mental Health and Religion

published in collaboration with

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Chapter 1

Introduction

1.1 Initial Exploration

Choice of Subject

The subject of inquiry in this thesis is the interface between worldview and psychotherapy. The selection of this topic came about in the following way. As theologian and psychologist, my interest was raised by the difference I observed between the way *autonomy* is appreciated in mental health care on the one hand, and the way it is viewed in Christian thinking on the other hand. In mental health care autonomy is a core value; in orthodox Christian thought, however, pursuit of autonomy seems suspect because laws and norms are considered God given, not man made. At some point I understood that the term autonomy not only has different, context dependent associations, but that it stands for different concepts. This recognition may well soften the stark opposition just sketched. Still, there is considerable overlap in the various uses of the term, sufficiently so for me to remain concerned about the compatibility of the distinct approaches.

My interest in the subject intensified when I designed and conducted a survey among members of the Dutch *Christian Association of Psychiatrists, Psychologists, and Psychotherapists* (CVPPP) (N=68). It was an inquiry about their opinion of Christian mental health care, more precisely, about the relationship between pastoral care and psychotherapy based on Christian values and non-Christian values respectively (Loonstra, 2006). On the question what was viewed as typical of Christian oriented therapy, 74% replied "providing a safe environment for Christian issues," and 85% mentioned "understanding religious aspects," but only 28%

marked the multiple choice answer "a Christian view of autonomy." Only a minority of caregivers, then, indicated awareness of the significance of the patient's autonomy and its relationship to the Christian suspicions against the secular concept.

In the course of time I realized that one should distinguish more levels of autonomy:

- moral autonomy, defined as self-determination, including both the moral right and moral obligation to act accordingly; liberation from tutelage and external moral authority (cf. Kant);
- juridical autonomy, which functions in the therapist–patient relationship, comprising the right of informed consent and inspection of one's own patient file;
- rational autonomy, in the sense of being capable of rational self-control, organizing one's own life without making a mess of it;
- emotional autonomy, referring to the freedom from emotional blockages to understand oneself as an individual with one's own rights and freedoms, making one's own decisions, defending them, and acting accordingly. Cf. Erikson's (1963) developmental stage of autonomy versus shame and doubt.[1]

In the psychotherapeutic setting of whatever fashion juridical autonomy is presupposed, while the emphasis of the treatment is often on emotional autonomy. Depending on the worldviews of the therapist and the patient this focus can be expanded to moral autonomy.

These distinctions may help to solve the previously felt tension between psychotherapy and Christianity. The solution seems obvious: both secular and Christian psychotherapists support juridical and emotional autonomy, but unlike the former the latter denies moral autonomy because it recognizes the authority of God in moral affairs. Still, this cannot be the final answer, for the distinctions do not involve separations. The four levels of autonomy have a common denominator that keeps creating tension. This common feature can be described as the self-confidence by which people stand up for themselves. Rational and emotional autonomy seem to be conditional for and inclining toward moral autonomy, and

[1] In addition I came across what can be called motivational autonomy, implying that people can make free choices that are not determined by uncontrolled causes, a position identified and rejected by Nagel (1986). This position is highly philosophical, and therewith departs considerably from the common experience of autonomy I focus on here. For this reason I ignore it in the main text.

moral autonomy seems to be legally formalized in juridical autonomy. If this is true, the levels are interconnected. The self-centered confidence expressed in all dimensions seems to be oriented differently than central biblical values like loving servitude and subservience. This makes the picture complex; worldview issues seem to be at stake. For me the drive for further inquiry continued.

Looking for a way out of this dilemma, my interest was raised by the North-American debate on the relationship between psychology and Christianity. Initiated well over forty years ago and still continuing, this is the only worldwide debate on the topic on an academic level. On the advice of my supervisor, I broadened my scope from the relationship between psychotherapy and Christianity to the relationship between psychotherapy and worldview in general, and intended to employ the Christian integration debate in North-America as a case study. This extension entails the attempt to generalize the findings and evaluations of Christian reflections in certain respects to other ultimate convictions. The three cases introduced below give an impression of the frictions that can arise because of the different views of our human condition that underlie general psychotherapeutic assumptions and characterize divergent ultimate concerns.

Three Cases

To gain a first impression of the subject of inquiry, three cases are presented, the first two of which are fictitious, and the third somewhat altered to make it suitable for the present purpose. Explicitly or implicitly, these cases entail some kind of connection with religious and/or cultural values.

Case 1

Sarah, a 30-year-old member of a Christian Reformed Church in Canada, feels that she has come to a turning point in her life. She has had a higher education and has a rather well-paid job in the administration of a trade company in the town where her mother lives. She is the only child of a couple that received her late in their marriage. After the death of her father she feels responsible for her mother who has always been infirm and who has recently been diagnosed with Parkinson's disease. At the same time rural life does not satisfy her. She longs for a new start in the city where she can seek a satisfying job and meet other people of her own age. If she intends to move, the time is now. On the other hand, she gets depressed, anxious, and feels guilty with the thought of leaving her mother alone. Mother is increasingly dependent on her. After months of sleeping poorly and absenteeism from her workplace

her practitioner refers her to a psychotherapist. It seems appropriate to see strengthening of her sense of autonomy as one of the major treatment goals. But how should we value the psychological autonomy when it is compared with the moral appeal for family solidarity that an adult daughter should feel toward her mother? To make the situation even tenser, members in the congregation continue to praise her for fulfilling this duty. Maybe the mind of many will be made up quickly, but the case makes clear that conflicting moral values and worldviews in the appropriation of norms are the central problem.

Case 2

The second case is an example of a well-known phenomenon in multicultural therapy settings. It inescapably discloses the problem of worldview conflicts between the therapist and his/her cultural environment on the one side, and that of the patient and his life context on the other.

Ahmed, a Muslim first generation immigrant in the Netherlands of Moroccan origin, 61 years old, comes to mental health services with depressive complaints after a referral by his family practitioner. With his much younger second wife he has two daughters who are unwilling to accept the traditional dressing code, and laugh at him when he recommends candidate husbands to them. They regularly stay outdoors overnight and, as he sees it, behave like whores. He feels humiliated and ashamed. He is suspicious of mental healthcare and therefore unwilling to follow the practitioner's advice. In the end, however, because of severe low backaches from which he wants to be cured he gives in to the referral. The professional team discusses his status. Is he to be diagnosed as a patient? Or is it an ordinary generation conflict, aggravated by the cultural differences people of Moroccan origin encounter in the Western world? A five conversations arrangement is proposed in order to get a better picture of Ahmed's condition. After this series, it appears that the depressive feelings relate to Ahmed's hurt self-esteem. It seems plausible to assume a neurotic disorder. At the same time, his feelings of paternal superiority are culturally and religiously inspired. Is it wise, in the light of the patient's cultural background, to assign a male therapist to him? Is the institution ready to make this concession? And to what extent are professionals willing to move along in the direction of the patient's worldview? Will they show understanding for the patient's hurt feelings, or are they guided by their culturally determined resistance against the patient's attitude and refuse to voice even the slightest empathy?

Case 3

Jeff, 24 years old, suffered several episodes of depression. He was raised in a Christian family belonging to a Methodist black church in the United States. He was aged nine when his mother died. His father remarried and his stepmother was found to be the absolute ruler of the household, not allowing any

complaints. Jeff experienced increasing isolation; his efforts to win her approval only met with criticism and his mistakes were considered disastrous. His problems manifested on the sexual. He went through a period of intense masturbation and had a few homosexual contacts. The rare dates he arranged yielded tension rather than satisfaction. He often proved impotent. In his twenties he had homosexual and heterosexual contacts that filled him with excitement and fear; after each attempt he felt intense guilt, which underscored his pervading sense of inadequacy. He came to look upon himself with contempt. He became slovenly, biting his fingernails, twisting his hair and mutilating himself. Three times he prepared to commit suicide but shrunk back from it in the end. He tried marihuana, used sleeping pills for insomnia, pep pills to overcome his fatigue, and pornography for escape. Eventually, in a state of dissociation and neglect he was taken to a practitioner by a welfare worker, and next referred to a mental health service (cf. Nuernberger, 1978).

Here, both rational and emotional autonomy are at stake. We focus on the emotional side of the issue – an aspect that deserves priority in psychotherapy – and run into the interface with moral autonomy. How should caregivers handle Jeff's feelings of inadequacy and guilt after a period of adjustment and rehab? Undoubtedly the therapeutic relationship of unconditional acceptance by the therapist should come to function as a new frame of reference for gaining self-confidence. And usually therapists will try to assess whether the guilt feelings are real or unwarranted. But this is not the whole story. Would there be a kind of relationship between Jeff's guilt feelings and his Christian upraising? Should therapists explore this possible relationship and, if present, relativize Christian views of sin and guilt that Jeff inherited from his upbringing, in order to reduce the guilt feelings? Or should they support this view, invite Jeff to confess his sins to God and assure him of God's forgiveness? Or should they leave the decision about drawing Christian faith into the treatment up to Jeff?

Review

These three examples reveal at least two particular traits of the practice of psychotherapy. The first, most obvious trait is the difference of worldviews that play a part within one person (case 1) or between the patient and the practitioner (cases 2 and possibly 3). In case 1 there is a competition on the moral level between the value of personal autonomy and freedom, and the value of being responsible for and loyal to the mother. The tension on the moral level is accompanied by a tension at the emotional level between insecure attachment and the legitimate desire of individuation and separation. In the second case the religious and cultural worldview of the patient is opposed to the view of life an enlightened secular therapist is likely to hold today. The third case

represents a situation in which for the patient a religiously inspired worldview is possible but not obvious, and the question is whether this should be explored and allowed for. What the cases do not make clear is that still other factors play their role in the encounter of worldviews, such as the standards of the profession and those of the particular institution where the patient signs up.

In our multicultural, pluralistic, Western society such varying, sometimes conflicting and also hidden commitments have been noted repeatedly. In the professional codes of conduct for practicing psychologists, respect for the patients' faith is required as a highly esteemed basic attitude. A quotation from the *Ethical Principles of Psychologists and Code of Conduct* by the American Psychological Association (APA, 2010) can serve as an example:

> Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors.

In addition to respect for the patients' worldview, a variety of religious worldviews have been considered in much research and many publications on the positive influence of religion and spirituality in psychotherapy, conducted according to the guidelines of APA's separate division for religion and spirituality (Division 36). The introduction to these guidelines presents the following programmatic statement (Society for the Psychology of Religion and Spirituality, 2010):

> Psychology of Religion promotes the application of psychological research methods and interpretive frameworks to diverse forms of religion and spirituality; encourages the incorporation of the results of such work into clinical and other applied settings; and fosters constructive dialogue and interchange between psychological study and practice on the one hand and between religious perspectives and institutions on the other. The division is strictly nonsectarian and welcomes the participation of all persons who view religion as a significant factor in human functioning.

A second trait, however, indicated by the three cases presented above, points to a possible tension for the therapist when trying to respect the worldview of the patient. This is a likely possibility in the second case.

Ahmed's authoritarian attitude toward his daughters may give rise to feelings of aversion with a therapist who favors moral autonomy. But in the cases 1 and 3 this tension may occur as well. The moral responsibility for her mother displayed by Sarah may be interpreted as only a sign of her insecure attachment to her mother without due consideration of an obligation emanating from a religious worldview. And in case 3 the therapist may feel insecure to deal with a possibly religious background of Jeff's guilt feelings.

What can be said about the apparent difficulty to treat other worldviews than one's own as equivalent? The answer to this question is not part of this inquiry; still, some understanding of this difficulty could be helpful to get a grip on the subject matter. The following explanation recommends itself by its simplicity. We notice that research of religion and spirituality and the use of its results in professional settings presuppose respect for personal religious and other spiritual convictions, even when the truth claims they contain are not adopted. We should realize that this respect for people's beliefs is a matter of worldview, too. By virtue of the principle of moral autonomy, this worldview is pluralist, entailing that everybody has the moral right to have his/her own worldview. However, this pluralist worldview about other worldviews can only function by rejecting the absolute claim inherent in these worldviews. For if the absolute claim of one of the other worldviews would be acknowledged as valid, it would challenge one's own pluralist worldview, particularly the moral autonomy and freedom it fosters. Consequently, a competition of two worldviews may arise as soon as a patient assumes the validity of worldview claims that differ from those adhered to by the therapist. The worldview of either party has its absolute claim, denying the other. Apparently, people, including therapists, consider their own worldview as superior. This circumstance may explain the tension arising for the therapist in the treatment room when confronted with divergent worldview claims.

A subsequent interesting question is part of our research. Are pluralist therapists right? Are our Western standards superior, indeed, or are they just as dependent on contingent cultural factors as other worldviews? And what are the consequences if the conclusion turns out to be that the customary practice of psychotherapy depends heavily on contingent cultural postulates?

1.2 Subject Matter of Inquiry

An Analysis of the Christian Integration Debate

The cultural presuppositions that contribute to mainstream psychotherapeutic practice have been challenged in the history of mental health care on a limited scale. Such challenges remained confined to movements such as Marxism, the so-called anti-psychiatry movement, the Christian integration movement, feminism, the multicultural counseling movement, and postmodernist criticism of modern views and claims in professional care. All of these deserve special attention from the angle of cultural criticism, although not all will receive it in this study to the same extent.

The present study's main focus will be the Christian integration debate. There are several reasons to focus on this. The first reason is that Christian integrationists have been deeply aware of the potential importance of worldview for psychological research and theorizing, and the application of psychological insights in professional practice. They have felt the tension between some secular presuppositions and their Christian faith. The second reason is that this awareness has led to a persistent debate about the relationships between psychological care and Christian worldview, and to a variety of proposals for shaping therapy. Third, the Christian integration debate has been conducted in specific training institutes and professional journals. This created favorable conditions for the collection of empirical material and for theoretical reflection, and therefore offers a welcome opportunity for analytic inquiry. The fourth reason is that, worldwide, Christianity is still a substantial factor in society, different from, for example, Marxism that is in decay. The final reason is that the outcome of the integration debate has not been very satisfying until now. There is a kind of impasse about how to continue. Would it be possible to carry the debate any further?

Worldview

What do we mean by worldview and psychotherapy? Let us have a look at worldview first. Worldview is a modern term and has German roots. Naugle (2002) mentions that the first to use the German original term for worldview (*Weltanschauung*) in philosophical language was Immanuel Kant, who used it only once in his writings. He meant by it the sense perception of the world. With Schelling, the meaning shifted from sensory to intellectual perception. His view of *Weltanschauung* can be summarized as the result of subconscious intellectual activities producing an

impression about the existent world and its meaning. Wilhelm Dilthey linked the term not only to the intellectual function of the human mind, but also to the emotional and volitional or behavioral functions. Worldview has to do with mental pictures as well as values. Further, he connects worldviews with different stages of historical development. For him worldviews are commonly shared experiential views.

In his *Psychology of Worldviews* Karl Jaspers (1919) described worldviews as forms of particular interaction with the world, interaction in which the character of individual life comes to expression. He related them to our constructing a split between subject and object; consequently, our worldviews are more objectively or more subjectively oriented. In their most objectivized form, worldviews are like cages (German: *Gehäuse*) by means of which individuals protect themselves ideologically and rationally from the frightening infinite possibilities of the totality of life. They get the function of self-defense. Although there are also more authentic expressions of worldviews – in particular those that are more subjectively oriented –, in one way or another worldviews as such are deployed to absorb the blows caused by the confrontation with existential boundary situations (German: *Grenz-situationen*) (cf. Thornhill, 2002). This interpretation of worldviews resonates in the conception developed and tested in the research program of experimental existential psychology. This approach considers meaning systems as constellations of beliefs that address existential concerns of individuals in order to provide existential security (cf. Solomon, Greenberg, & Pyszczynski, 2004).

Wolters (1989) attributes the rise of the idea to the influence of German Idealism and Romanticism in reaction against the rational approach of the Enlightenment, which focused on the universal, abstract, eternal, and identical. Instead of this, the focus on worldview entailed a new emphasis on the particular, concrete, temporal, and unique. Worldview tends to carry the association of being personal, time bound, and private. It may be collective, though, but even then it is bound to the particular perspective of a specific group (e.g., nation, class, or period). However, with its subjective flavor, it becomes enmeshed in the problems of historical relativism.

New elements were introduced by the later Wittgenstein and Foucault. Wittgenstein (1953/1968) emphasized the role of language. *Language games* are sets of linguistic signs and rules that explain each other without being controllable from outside. They enable us to structure the

world around us that we cannot know directly. By the introduction of language as a determinant, the social character of worldviews is emphasized, because they are shared by all who use the same language system. In this way, Wittgenstein wished to bring an end to the age of the world picture in the subject-object sense that has been identified by Jaspers and denounced by Heidegger (1950/2002) as Cartesian thought. Foucault (1971/1972) added the notion that human discourse puts violence to things or, at least, imposes a practice upon them. Thus, a worldview is an effort to secure power for oneself or the community of people who affirm it.

The concept of worldview has eagerly been adopted by Dutch and English speaking orthodox Protestants. The Dutch neo-Calvinist Abraham Kuyper (1898) posited life and thought, including theoretical thought in science, as the products of an underlying worldview. Initially, the founding father of Reformational Philosophy, Herman Dooyeweerd, favored this approach; later on he began to question this function assigned to worldviews. Instead he preferred to turn to deeper spiritual and religious factors as the drives for our life and thought and, indeed, also for our worldviews: the so-called *ground motives* (Dooyeweerd, 1953; Klapwijk, 1989). Naugle (2002, p. 29) argues that any line of demarcation between ground motives and the content of basic worldviews is "razor thin." However, as *motive* and *view* they belong to different categories, and therefore should be distinguished. Yet, they are very close to each other, as soon as we recognize that *ultimate beliefs* are basic for a worldview. This is what we observe in the definition quoted below. Ultimate beliefs can be taken as a present-day term for religious ground motive.

A final development is the fragmentation of worldviews. In the workplace other worldview principles prevail than in the family, and when participating in traffic it is another story than when attending a church service. Our fractured existence is reflected in postmodern unbelief in unity of life, favoring pragmatism. Here we can hardly speak of worldviews anymore; perhaps we should call them world segment views.

A rather comprehensive and dynamic definition of worldview, including the proximity and the different roles of ultimate belief and vision, has been presented by Olthuis (1989). It does not yet allow for the notion of postmodern fragmentation, however.

> A worldview (or vision of life) is a framework or set of fundamental beliefs through which we view the world and our calling and future in it. This vision need not be fully articulated: it may be so internalized that it goes largely

> unquestioned; it may not be explicitly developed into a systematic conception of life; it may not be theoretically deepened into a philosophy; it may not even be codified into a creedal form; it may be greatly refined through cultural-historical development. Nevertheless, this vision is a channel for the ultimate beliefs which give direction and meaning to life. It is the integrative and interpretative framework by which order and disorder are judged; it is the standard by which reality is managed and pursued; it is the set of hinges on which all our everyday thinking and doing turns. (p. 29)

Salient features of worldviews are combined in this definition. First, there is a cluster of characteristics that move around basic convictions and existential orientation: beliefs, calling, future, giving direction and meaning to life. This cluster has to do with expectations and purposes, and also with values. With the help of a worldview we try to make sense of our lives, or, dependent on the content of our worldview, we try to find the true sense of our lives.

This leads to a second cluster of indications, about the practical function of worldviews. A worldview is directive for our cognitions, judgments, attitudes and behavior; it is an integrative and interpretive framework, judging order and disorder, the set of hinges on which all our everyday thinking and doing turns. Here again, values play a part; values are conditional for making judgments and choices.

In line with these practical functions, a worldview has, third, an ultimate function of managing and mastering life: reality is managed and pursued, as Olthuis's definition says. This reminds us of the power factor that is emphasized by Foucault.

A fourth cluster of characterizations indicate the implicit and unself-critical nature worldviews can have: being not fully articulated, being internalized, largely unquestioned, being not explicitly developed, and not codified.

A fifth trait of worldviews in Olthuis's definition is their cultural-historical character. They are shared by groups of people who live in a culture that is shaped by a common history.

Worldviews, then, are basic, existential, functional, normative, domineering, largely implicit and unquestioned, and shared. Having so many and such influential relationships, worldviews can be regarded as all-inclusive. As Klapwijk (1989) indicates, they operate as a global

pre-understanding (German: *Vorverständnis*) that all people deploy to make sense of their experiences.[2]

About the largely implicit character of worldviews there is some dispute, however. Let us have a closer look at this difference. Griffioen (2012) argues that worldview implies a consciously taken stance, and includes something of a plan of action for reaching a certain goal. He distinguishes it from *world picture* (German: *Weltbild*), the latter denoting a representation held unconsciously but yet guiding action. He suggests the term *embedded worldview* to indicate a hybrid and less consciously held worldview, like a world picture, and considers it a worldview in decay. In contrast, Olthuis (2012) increasingly emphasizes the implicit component of worldviews. He appeals to the neuropsychological insight that much knowledge is implicit and sub-symbolic, being processed subconsciously by the right brain hemisphere, and to the attachment theory which assumes that someone's early developed attachment style to the primary caregiver affects his or her world and life-view ('working models') in later years.

This difference of understanding seems to be more than a matter of definition. It affects normativity. Griffioen favors the explicit, while Olthuis sees the implicit as the standard along which people manage their lives. Olthuis's psychological arguments for the implicit side are convincing. Moreover, this implicit side of worldviews is important for this inquiry. I am interested in the influence of worldview dynamics that may remain largely implicit and held unawares, and need to be made explicit in order to notice their influence. Therefore I advocate a concept of worldview that includes the implicit side. I realize that the envisaged explication can only be partial, because we cannot distance ourselves fully from the pre-understanding that guides our explicating analysis.

At the same time, Griffioen's emphasis on the explicit side of worldviews is relevant, too. In worldviews several levels of functioning can be distinguished. There is the internal, and often implicit and sub-conscious level in people's dealing with the world around; there is the internalized

[2] Park, Edmonton, and Mills's (2010) concept of *global meaning* seems to come close to this conceptualization. They state: "Global meaning refers to individual's core beliefs and goals. Global *beliefs* are basic internal cognitive structures that individuals construct about the nature of the world. These core beliefs guide individuals throughout the lifespan by informing their ongoing construal of reality, including their understanding of themselves, the world, and themselves in relation to the world" (p. 486).

theoretical level of conscious philosophy and views, held and defended by the owner of them; and there is the institutional side of worldviews, the official accounts and doctrines held by institutions of work or faith in which people participate, accounts and doctrines that are partly internalized, and partly adhered to as external guidelines by the members of these institutions.

Before being able to work with the concept of worldview, however, we should demarcate it from neurotic distortions of the perception of life, especially because we prefer to use its more implicit version. In doing so, three distinctive features may suffice. Neurosis has an individualistic bent, while a worldview is usually shared by a group of people; neurosis functions to ward off inner conflicts stemming from negative self-assessments, while worldview is linked to ultimate value to give meaning to life; and neurosis involves a negative emotional state, while worldview is emotion-neutral. Therefore, neurotic views should be subject to psychotherapeutic treatment, but worldviews should be respected in therapy. These distinctions are not watertight, I admit, and give rise to critical questions. Can't there be collective neuroses, like mass hysteria? Then, do worldviews not serve to ward off unbearable inner conflicts? And is not something like defeatism a kind of worldview linked to negative emotions? I would respond that collective neuroses tend to be temporary; mental protections against negative self-assessments need not be neurotic; and if a worldview is loaded with a negative emotional charge, then that emotional part could grow into a neurotic distortion. True, the demarcation line is not sharp but for our purpose it will do.

Two main characteristics of worldviews are of special interest for our inquiry, namely, their seeming self-evidence and their pervasive influence. Due to the self-evident appearance of one's worldview, particularities in it can easily be overlooked. However, if all aspects of life are affected by worldviews, then psychotherapy is, too. And if theorists and therapists fail to acknowledge this all-intruding influence, this tends to mold psychotherapy in an uncontrolled way. And if worldviews are shared mental frameworks, does this not lead to prejudices and exclusion of those who do not share the common framework? If nobody feels the urge to question his or her own worldview when confronted with a different worldview held by someone else, the automatic reaction will be to disqualify that other worldview as inferior. This proclivity needs to be faced and resisted. In order to succeed in that, worldviews, as well as

their influence upon psychotherapeutic theory and practice, need to be made as explicit as possible.

Psychotherapy

The other term in the title is psychotherapy, and now gets our attention. When Sigmund Freud began to employ psychotherapy at the end of the 19th century, to him psychoanalytical therapy and psychotherapy were one and the same thing. As a matter of fact, his colleague Josef Breuer had been drawn into this kind of therapy when treating Miss Anna O. for hysteria, i.e., somatic malfunctioning apparently caused by mental problems, with the help of current hypnotic therapy. She happened to fall spontaneously into trance-like states (autohypnosis) during which she was able to explain her daytime fantasies and other experiences, and felt relieved afterwards. She gave it the appropriate name "talking cure" (Breuer and Freud, 1895/1937). Later, Freud (1917/1920) described his psychoanalytic therapy as follows:

> Analytic therapy attacks the illness closer to its sources (sc. than hypnotic therapy; BL), namely in the conflicts out of which the symptoms have emerged, it makes use of suggestion to change the solution of these conflicts… Analytic treatment places upon the physician, as well as upon the patient, a difficult responsibility; the inner resistance of the patient must be abolished. The psychic life of the patient is permanently changed by overcoming these resistances, it is lifted upon a higher plane of development and remains protected against new possibilities of disease. The work of overcoming resistance is the fundamental task of the analytic cure. The patient, however, must take it on himself to accomplish this, while the physician, with the aid of suggestion, makes it possible for him to do so. The suggestion works in the nature of an *education.* We are therefore justified in saying that analytic treatment is a sort of after-education. (p. 390)

In this account, two kinds of qualifications are striking. On the one hand, Freud describes his psychotherapy in medical terms, using words like illness, symptoms, treatment, physician, patient, disease, and cure. On the other, however, he characterizes the enterprise as a kind of education, which is not a medical but pedagogical category. This ambivalence is characteristic for the way psychotherapy is understood from its beginnings up to now. Medical care, education, counseling, and support are some of the categories to which psychotherapy is linked. This has consequences for the different ways psychotherapy is defined. I distinguish

four main approaches, to wit, the medical, the psychological, the cultural anthropological, and the interpersonal.

In the medical variant, words like treatment, patient, symptoms and disorder occur, as in the definitions by Wolberg (1977) and *Stedman's Medical Dictionary* (2006). Wolberg (p. 3) puts it as follows:

> Psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of (1) removing, modifying, or retarding existing symptoms, (2) mediating disturbed patterns of behavior, and (3) promoting positive personality growth and development.

Stedman's Medical Dictionary (2006) presents the next definition of psychotherapy:

> treatment of emotional, behavioral, personality, and psychiatric disorders based primarily upon verbal or nonverbal communication and interventions with the patient, in contrast to treatments utilizing chemical and physical measures.

Different from the medical view, the psychological approach dismisses these medical terms, but still retains the expert model in the relationship between the therapist and the aid demanding individual. A well-known example is the definition by Niezel, Bernstein, and Milich (1998), who avoid terms like treatment, symptom, disorder, and patient, and state:

> Psychotherapy consists of a relationship between at least two participants, one of whom has special training and expertise in handling psychological problems and one of whom is experiencing a problem in adjustment and has entered the relationship to alleviate this problem. The psychotherapeutic relationship is a nurturant but purposeful alliance in which varying methods of a psychological nature are employed to bring about the changes desired by the client. (pp. 240-241)

The third approach sees psychotherapy in line with age-old practices in all cultures aiming at recovery from emotional and behavioral difficulties. In this perspective, Frank (1973) suggests the following broad definition.

> We shall consider as psychotherapy only those types of influence characterized by:
>
> 1. a trained, socially sanctioned healer, whose healing powers are accepted by the sufferer and by his social group or an important segment of it
> 2. a sufferer who seeks relief from the healer
> 3. a circumscribed, more or less structured series of contacts between the healer and the sufferer, through which the healer, often with the aid of a group, tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior. All concerned believe these changes will help him. Although physical and chemical adjuncts may be used, the healing influence is primarily exercised by words, acts, and rituals in which the sufferer, healer, and – if there is one – group, participate jointly. (pp. 2-3)

The author adds that these features are common not only to what we usually consider psychotherapy but also to methods of primitive healing, religious conversion, and even brainwashing (cf. for the same approach, Orlinsky and Howard, 1995).

Medical terms are absent here but the expert role of the therapist as a socially recognized official is pivotal, though not necessarily described in psychological terms. To a considerable degree the treatment success is dependent on the expectation that is derived from the healer's recognized position in a given cultural context.

A fourth effort of defining psychotherapy avoids not only medical terms, but also the unequal relationship of expert and helped person. Psychotherapy is described more loosely and broadly as a helping relationship between two individuals, each with his and/or her own role. In her characterization of the aim of psychotherapy Van Deurzen (2002) provides an example of this:

> The aim of existential counselling and psychotherapy is to clarify, reflect upon and understand life. Problems in living are confronted and life's possibilities and boundaries are explored. The existential approach does not set out to cure people in the tradition of the medical model. Clients are considered to be not ill but sick of life or clumsy at living. When people are confused and lost the last thing they need is to be treated as ill or incompetent. What they need is some assistance in surveying the terrain and in deciding on the right route so that they can again find their way. (p. 18)

In this description neither the expert role of the therapist is reckoned essential, nor the focus on mental problems. Unequal expert models are even rejected.

Because of our intention to face the existing practice, it is preferable to keep the concept of psychotherapy as broad as possible. This means that the only restrictive terms consist of, first, the occurrence of "problems in living" (Van Deurzen), including mental and behavioral problems; second, professionalism, that is, a generally accepted minimal standard of competence and professional ethos; third, conversation as the main means of handling the problem. For this reason some hesitation may arise about the third presentation, that is, Frank's definition that subsumes our Western interpretation of psychotherapy among a much wider umbrella of all kinds of culturally determined practices. This procedure impedes a distinct view of therapeutic professionalism as it is accepted in our cultural context. A psychotherapist is not a primitive healer (*shaman*), or an exorcist. Admittedly, psychotherapy as we know it may be part of a prolonged practicing of all kinds of respected healing efforts over time but current psychotherapy has its own character. Within the genus of healing practices I am interested in the species of professional psychotherapy.

Connections between Worldview and Psychotherapy: Theories and Methods

Along which lines can worldview and psychotherapy be connected? There are three possibilities, as far as I see, all of which may be actual routes from worldview to psychotherapy.

The first route goes via implicit assumptions behind the psychological theories and methods founded in them. International associations of psychotherapists set a high value on scientific theory as basic for recognized practice. The *Strasbourg Declaration on Psychotherapy*, published by the European Association for Psychotherapy (EAP), states in its 1990 version:

> 1. Psychotherapy is an independent scientific discipline, the practice of which amounts to an independent and free profession.
> 2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
> . . .
> 5. Access to training is through various preliminary qualifications, in particular in human and social sciences.

The conditions this association places upon providing a *European Certificate for Psychotherapy* (2009, most recent update) contain the following stipulations:

> 3.1 The method of psychotherapy used (hereafter, modality) must be well defined and distinguishable from other psychotherapy modalities and have a clear theoretical basis in human sciences.
> 3.2 The theory must be integrated with the practice, be applicable to a broad range of problems, and have been demonstrated to be effective.

These texts show a close relationship of psychotherapy with scientific theories and methods that are evidence based.

One of the classical claims of modern science is the pretension of neutral, value-free research with universally valid results. This claim has been challenged, however, by the philosophy of science perspective of among others Thomas Kuhn (1970; Van den Brink, 2004/2009). His introduction of paradigm shifts as the principle of scientific progress, draws attention to the role of unquestioned presuppositions. The basis of scientific theories does not consist of evident research data but consists of assumptions and worldviews that function as a preliminary framework for interpretation. If this is the case with theorizing in the natural sciences, then it is all the more applicable to the human sciences that work with less hard data, as Polkinghorne (1983) argues. All observation is theory laden, and theories are affected by worldviews (cf. Glas, 1995).

Connections between Worldview and Psychotherapy: Therapeutic Relationship

A second possible route from worldview to psychotherapy is the therapeutic relationship. This relationship can be broadly defined as "the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed" (Gelso and Carter, 1994, p. 297). It comprises affective, attitudinal, and behavioral aspects, in two directions. What interests us here is that the personal worldviews of practitioners might have influence on their feelings and attitudes toward their clients or patients, on how they weigh the problems, and on the way they try to have them changed. A practitioner's value system may have a manipulative impact on a client's or patient's behavior, because these values remain hidden and are not made explicit. So, the autonomy of patients or clients may be violated. This need not be a conscious process: therapists may be unaware of it.

Already in 1936 Rosenzweig (1936/2002) argued that theories describing principles of change in psychotherapy explain only a part of the positive outcome of treatment, because all existing therapies of his days had similar results. This observation has become known as the Dodo Bird Verdict, appealing to the memorable words of a dodo bird in *Alice in Wonderland* after a race without clear rules; "*Everybody* has won, and *all* must have prizes." Besides the specific factors non-specific or common factors are to be assumed. Rosenzweig's hypotheses have been adopted and confirmed by Frank (1973, 1982). The contribution of specific factors has been established at only 20%, falling far short of the large rate attributed to common factors (Luborski et al., 2002).

One of these common factors is the psychotherapeutic relationship. Based on meta-analytic inquiry, Wampold (2001) estimates the therapist's effect on therapy outcome at more than 70%. The therapist's effect consists of allegiance and skill. Allegiance is the interesting factor in this context, because it contributes to the therapeutic relationship. Although these conclusions have been criticized for methodical shortcomings (Chambless, 2002; Beutler & Harwood, 2002), the percentages make a significant portion of common factors in general, and of the therapist's factor in particular, plausible at least. Others (Lambert & Barley, 2001) present a result of 30% of the variance in client outcome for common factors, including the client–therapist relationship, which is still a substantial figure. If the therapeutic relationship is so influential, it may be assumed that the worldviews that the therapist and the patient hold affect the conversations and that the therapist should be aware of his or her own share in this respect.

This assumption is supported by findings about the effect of the therapist's unconscious approving and disapproving responses to what the patient puts forward, namely, that the patient's utterances were strongly influenced by this implicit approval or disapproval. Statements in categories disapproved by the therapist fell from 45% of the total number of statements in the second hour to 5% in the eighth, while over about the same period statements in approved categories rose from 1% to 45% (Murray & Jacobson, 1971; Frank, 1973). These influences have been measured in – of all places – the person centered humanistic therapy by Carl Rogers that pretended to be non-directional. As we may safely assume that unconscious valuations of the client come about in the context of personal values that characterize one's worldview, here the obvious influence of the therapist's worldview is exemplified.

Another argument for the worldview content of the therapeutic relationship is the concept of self-relatedness given prominence by Glas (2003, 2006, 2009b, 2012). This insight involves that neither do patients coincide with their complaints, nor do therapists coincide with their professional role; rather, patients relate to their illness, and therapists to their role. In relating to their distress or role respectively, both patients and therapists often subconsciously evaluate their parts of the process. In this implicit evaluation worldview notions automatically enter the scene, because worldviews supply the indispensable frame of reference for valuation and evaluation.

Connections between Worldview and Psychotherapy: Institutional Structures

Besides the assumptions behind theories and methods, and the personal values the therapist unconsciously imposes on the therapeutic relationship, there is a third perspective on worldview issues influencing the process, namely, the institutional structures in which the psychotherapeutic practice takes place. A range of factors play their part here, such as the kind of practice, public or private, and, annex, the possibility of reimbursement by insurance companies; then, the composition of the treatment team; and furthermore, the ethos of the organization or the corporate identity, which answers the question of what kind of caregivers they want to be. These are no mere opinions and decisions made up by the individual therapist, but structures already existing before the individual therapist joins the organization.

A private practice attracting patients that can afford long term treatments financially, may focus on patient centered treatments including all life experiences that have shaped the patient's psychological functioning. Here a holistic model is likely to prevail. A public practice, on the other hand, being dependent on reimbursement by insurance, tends to prefer short-term treatments with the highest rates of measurable improvements of the diagnosed symptoms. Here the economic model ruled by efficiency is more likely to dominate the scene. A professional may get pulled into different directions because of conflicting interests. These directions represent different worldview orientations. Patients are viewed from their inner needs or from the economic profit of their complaints.

The way the treatment team is composed may affect the way patients or clients are viewed because the distinct caregivers may be inclined to

have their own interpretations of psychological problems. The psychiatrist may favor a biological interpretation and opt for drug therapy, the psychologist may identify a psychotrauma and recommend eye movement desensitization and reprocessing (EMDR) therapy. The social-psychiatric nurse, however, may prefer a systems approach in which the social connections of the patient are included in the diagnosis and the treatment. Discipline related biases, then, may affect the way patients are viewed: neurobiologically, relationally, or socially. The final choice is determined not only by negotiation, but also by the expertise that is available at the moment. Such a supply oriented approach sometimes seems inevitable.

Finally, the ethos of the organization may be decisive for the chosen approach. Is it patient oriented or symptom oriented; holistic and inclusive or fragmentary and distinctive; characterized by benevolence or efficiency; focused on participation or on the expert role? All presuppose a view of humanity that the organization has incorporated, and the staff members have to adopt.

The different levels of kinds of practice, treatment teams, and organizational ethos may function separately, but may also interfere. The kind of practice affects the ethos of experts. The main point is that these factors are supra-personal. The co-workers have to adapt their personal views and integrate the organizational approach of patients or clients in order to fit in the system and to participate in the professional practice. This is the institutional side of the relationship of worldview and psychotherapy.

1.3 History of the Christian Integration Debate

In order to deal with the question of how the relationship between worldview and psychotherapy takes shape in a Christian context, we now turn to what I name the Christian integration debate. I first introduce the Christian integration movement by giving some highlights of its history. After that I outline the various positions advocated in the debate by a concise analysis of the introductory book *Psychology & Christianity: Five views,* edited by Eric Johnson (2010a). On the basis of this outline the salient issues at stake can be identified. That helps us to make the concept of worldview more tangible. After that we can focus our inquiry on the central question and infer sub-questions and hypotheses.

During the first half of the 20th century there is not much evidence of conservative Christians thinking distinctively about psychology (Johnson & Jones, 2000b). As to the first part of the second half, Worthington (1994) mentions two works that he regards as preparatory for the rise of interdisciplinary integration of psychology and theology, namely, the collected papers of a Lutheran symposium under the direction of the well-known psychologist and former president of the American Psychological Association Paul E. Meehl from 1958, under the title *What, Then, Is Man?,* and the translated book by the Swiss physician and self-taught psychotherapist Paul Tournier, *To Resist or to Surrender?,* from 1964. He characterizes these contributions as unsystematic and rudimentary. One of the pioneers of the Christian integration movement, Gary R. Collins (2000) mentions the name of Clyde M. Narramore with *The Psychology of Counseling* from 1960. He recalls that Narramore, though not a scholar writing professional publications, became the first to make psychology respectable in the evangelical Christian community. The importance of Tournier and Narramore in fostering an evangelical perspective on the helping professions is underlined by Johnson and Jones (2000b), and Johnson (2010b).

An important stimulus to the emancipation of a self-confident movement of Christian psychologists is the founding in 1956 of the Christian Association for Psychological Studies (CAPS), a platform for Christian psychologists to share their concerns. Initiated by conservative Christians of the Dutch Reformed persuasion, in the early 1970s it had been developed into a broad evangelical organization (Serrano, 2006). The association would become a major player in the exchange of thoughts. Another significant initiative with great impact was the establishment of a training center for Christian psychologists at Fuller Theological Seminary in the early 1960s. Over the years it has been the combination of training in clinical psychology with training in theology which was characteristic for its curriculum. The goal of the program has been to educate psychologists who integrate the Christian faith with psychology in theory, practice, and research (Vande Kemp, 1984).

From 1970 onwards the developments progressed quickly. Before this time there were only occasional signs of attention for the integration issue, with only two initiatives showing a more structural feature, namely CAPS and Fuller. But then among evangelicals a radical opposition against secular psychotherapy emerged, following a secular anti-psychiatry sentiment. Mowrer (1961), for instance, lashed out at the

tendency in current psychotherapy, mostly psychoanalytical, to victimize the persons asking for help. He contended that continued wrong-doing was at the heart of a gradual impairment of self-respect, and that this gradual decline of self-respect might lead to a sudden emotional imbalance or breakdown, comparable to the sudden swing of a seesaw as soon as one end outweighs the other. Therefore the balance could only be restored by reinforcing the troubled person's virtue at the expense of their evil deeds. By omitting to make sufferers responsible for their own well-being, therapy would fail. Inspired by this criticism the evangelical Jay E. Adams (1970) rejected current psychotherapy and developed the so-called nouthetic (warning, admonishing) counseling that was restricted to biblical counseling. He assumed that any mental disorder either had a physical-medical cause or was the consequence of sin. In the former case sufferers should go to the general practitioner, in the latter to the pastoral or nouthetic counselor.

Many Christian psychologists rejected this approach as doing injustice to psychology's merits. So the question of how to employ psychological understandings without denying biblical notions was put forward with a new vigor. Publications and conferences were supported by new professional organizations. After the establishment of an integrated program for psychology and theology at Fuller, the Rosemead Graduate School of Psychology at Biola University saw the light and enrolled the first Ph.D. students in 1970. In later years other evangelical doctoral institutions followed: Western Baptist Seminary, Wheaton College, Regent University, Seattle Pacific University and Azusa Pacific University. As Johnson & McMinn (2003) note, the mission statements of these integrative programs emphasize the blending of faith with professional training and equipping Christian psychologists with unique skills in the provision of service to religious communities.

Another notable development is the foundation of two peer-reviewed professional journals, the *Journal of Psychology and Theology* (JPT), that was started in 1973 by the Rosemead Graduate School, and is published under its responsibility, and the *Journal of Psychology and Christianity* (JPC), published by the CAPS from 1982 onward, and presented as a continuation in a new format of *The Bulletin - Christian Association for Psychological Studies* that appeared in seven volumes from 1975–1981. Both journals are meant as a platform for debate. The colophon of the former journal's cover states:

> The purpose of the *Journal of Psychology and Theology* is to communicate recent scholarly thinking on the interrelationships of psychological and theological concepts and to consider the application of these concepts to a variety of professional settings.

Its companion journal chooses similar wordings at the same place:

> The *Journal of Psychology and Christianity* is designed to provide current scholarly interchange among Christian professionals in the Helping Professions . . . The *Journal of Psychology and Christianity* is designed to be a forum of discussion and exchange.

From these editors' mission statements we can conclude that the purposes and pursued functions are formulated quite broadly, be it that the front page of JPT characterizes the journal as "an Evangelical Forum for the Integration of Psychology and Theology." Still, neither of the two journals intends to tie itself down to specific integration views. The most determining unifying conviction seems to be that separating Christian theological convictions from psychological insights is an impracticable job.

Finally, the foundation of the American Association of Christian Counselors (AACC), a more conservative peer of CAPS, deserves mentioning. Internal debates about homosexuality and male references to God among CAPS members led to this initiative in 1991. Since then, the AACC has grown out to be the largest evangelical organization for professional counselors with more than 25000 members (Johnson & Jones, 2000b; Johnson, 2010).

1.4 Worldview Topics under Discussion

It Is All about Integration

Let us now try to sort out the worldview issues that are prominent in the Christian integration debate. We undertake this by analyzing the various positions argued for in the publication of the second edition by Johnson (2010) of *Psychology & Christianity: Five Views.* The choice of this introductory volume has several reasons. The design allows for a clear synopsis of the various approaches, and it offers a recent account of the actual state of affairs, including a fifth view that was not yet included in the first edition (Johnson & Jones, 2000a). Leading representatives of each

approach present their own view, and after each presentation the representatives of the other four views give their comments. This creates a lively picture, revealing the issues that are at stake. Then, the book has been widely used in psychology classes at colleges in the United States with a Christian background.

At the same time the book gives rise to a question about the use of the term integration. Only one of the five views bears the name of *Integration View*, although in the present study the whole debate is labeled *Christian Integration Debate.* From inside and outside much criticism has been raised against the term integration, as though two supposedly separate bodies of knowledge, psychology and theology, should be fused afterward into one system.[3] This has not been the intention of the pioneers of the Christian integration movement like Collins (1977) and Carter and (Bruce) Narramore (1979), however. They looked for the best way to integrate their psychological knowledge and their faith into a Christian professional view of human existence. The discussions they elicited have been crystallizing into at least three of the five positions put forward in the present volume, that is, the Integration View, the Christian Psychology View and the Transformational Psychology View. The two remaining views are at the opposite ends: the Levels of Explanation View borders on the dominant division between scientific and religious knowledge, and the Biblical Counseling View is inspired by the criticism raised against secular psychotherapy from secular circles. This does not alter the fact that all five approaches formulate their answer to the question of how Christians can integrate psychology in their own Christian view of human life. Even in the biblical counseling position there are some traces of the integration drive, because it can accept diagnostic description and it adopts the general format of psychotherapy: one-to-one conversations, clinics, appointments, fees, licensure, the counseling process, and specialized training. These are not borrowed from Scripture, but from the treatment practice (Beck, 2003). Moreover, psychological data is not rejected completely, especially when the data is used to illustrate and describe rather than explain (Powlison, 1984, 2010; Welch & Powlison, 1997). So, the Biblical Counseling View can be seen as an alternative for the typical integration position but working within the same coordinate

[3] Cf. Ellens (1980); De Graaff (1980); Van Belle (1998); Roberts (2010a); Evans (2012).

system, and participating in the debate on the need for possibilities and limits of integrating Psychology and Christianity.

Let us now analyze the five views and the mutual discussions between their representatives about integration in order to extract the main topics that dominate the influence of Christian worldview issues on the conceptualization of psychology and psychotherapy.

The Levels of Explanation View

Myers (2010a) defends the position that psychology and Christian faith are two different levels of explaining human mentality and behavior. This distinction runs parallel with the distinction between God's natural revelation and his special revelation in the Bible. Properly speaking, there are more levels of explaining human nature, each exploring different aspects of its functioning. In an increasing degree of integrative potential a physical, chemical, biological, psychological, sociological, philosophical, and theological level can be distinguished. In general, psychology and Christian faith fit together nicely. Science is characterized by curiosity and humility. Scientists continuously submit their conclusions to the judgment of their fellow researchers and subject them to the force of new research findings. This attitude is compatible with a humble faith in God and awareness of human fallibility. Further, in general they are mutually supportive. For example, people experience life through a self-centered filter. Attribution theories and the phenomenon of self-serving bias account for that. This echoes the religious idea of the fundamental sin of self-protective pride. Sometimes, however, discoveries of psychology do challenge some traditional Christian understandings. This can be illustrated by psychological evidence suggesting that homosexuality is not a choice but a condition determined by biological factors. The categorical condemnation of homosexuality that has been current in historical Christianity is unsettled by this and is challenged to be reexamined. But isn't it true that personal values guide theory and research? To be sure, we all follow our biases and cultural bent. But as we believe that there is a real world out there, we should pursue pure objectivity as an ideal, although it may be unattainable.

In his reply, Jones (2010a) exposes Myers's ambiguous admission that belief guides perception. By suggesting that his approach to psychological research leans in the value-free direction, Myers underestimates the overall influence of assumptions. Value-free facts do not exist. Accordingly, the ideal should not be to overcome all assumptions but to

choose the right assumptions. Watson (2010a) gives a substantiation of this comment by defining psychology not only as a science that studies behavior and mental processes, as Myers does, but as a science that studies the behavior and mental processes *of persons*. However, every understanding of persons is a cultural construct. Hence the definition of psychology for Christian psychologists should be: psychology is a science that studies the behavior and mental processes of persons as understood in Christian texts and traditions of interpretation. Furthermore, Watson doubts the supposed humility of secular science. To this, Powlison (2010a) adds that persons should not only be interpreted by nature and nurture variables, but first and foremost by their final cause: their goal and destiny. Coe and Hall (2010a) introduce another point of criticism. They argue that by excluding values modern psychology has never been able to provide a clear justification, in line with its own scientific standards, of what is going on in psychotherapy, which inevitably addresses issues of values, at least about health and its opposite.

These discussions reveal three issues concerning worldview. The first is epistemological: is it possible and desirable to know humans apart from value assumptions derived from pre-scientific understandings such as religious understanding? The second issue is about the object of knowledge: human nature, and the way in which its definition expresses one's worldview. Here anthropology is at stake. And third, the topic of the relationship between psychology and psychotherapy is raised, that is, of how psychotherapy should be informed by psychological values.

The Integration View

Admitting that the term integration can be criticized legitimately, Jones (2010b) presents the following working definition of integration:

> Integration of Christianity and psychology (or any area of "secular thought") is our living out – in this particular area – of the lordship of Christ over all of existence by our giving his special revelation – God's true Word – its appropriate place of authority in determining our fundamental beliefs about and practices toward all of reality and toward our academic subject matter in particular. (p. 102)

Jones favors the term Christianity over Bible or Christian theology, because he intends to focus on the personal faith convictions and commitments that shape the psychologist's scientific and professional work, rather than focus on any abstract discipline or body of knowledge,

remote from the psychologist and his or her work. The psychologist's faith deals with values and with facts, for God has intervened in our empirical reality. At the same time, psychological inquiry is an indispensable source of knowledge, because the Scriptures do not always teach us about human nature with precision, cf. the exact meaning of the *imago Dei* (humans being created in the image of God), and the constituent elements of human nature (body; body and soul; body, soul and spirit). Psychological science should not be conceived, however, in a positivistic sense, as happens too often, by accepting only brute facts and scientific hypotheses and theories that are derived from these facts. In opposition to this concept of science Jones stresses four key points that have emerged in contemporary philosophy of science: all data is theory laden; scientific theories are underdetermined by facts; science itself is a cultural and human phenomenon; science's progress is not due to the accumulation of bare facts, but to refinement of theories and theory-laden facts, which are themselves embedded in broader conceptual webs. This is true of all psychological theories, and should be understood as an invitation to a Christian implementation. The integrative approach is characterized by being anchored in biblical truth, especially in the understanding of persons, by a methodically rigorous conduct of science and, in cases of unresolvable tension, by standing for biblical truth, as in approaching homosexual behavior. As to the practice of psychotherapy, this goes far beyond the limits of scientific theory because of the complex human relationships psychotherapists have with their clients.

In his response Myers (2010b) contends that Jones underestimates the fallible human character of biblical interpretation. Roberts (2010a) calls the concept of integration dualistic, for it binds two things together that previously stood apart: psychology on the one hand and Christianity on the other. Psychology should start with the wisdom stored in the Bible and the Christian tradition. Coe and Hall (2010b) assert that the Integration View lacks a clear methodology, that it adopts an inadequate model for the science of the person, and that these shortcomings render it unsuitable to scientifically ground the insights of various forms of psychotherapy. In line with this criticism Powlison (2010b) charges the Integration View with obscurity about the connection between psychological science and psychotherapy. It merges incompatible things: describing persons and changing them, and it does so by dubiously explaining their behavior with the help of secular personality theories.

Here too the debate touches upon the same three themes: secular and biblical knowledge (epistemology), understanding of persons (anthropology), and the relationship of psychological theory and psychotherapeutic practice. The discussion makes clear that they all are considered to function on the worldview level.

The Christian Psychology View

In the exposition of their Christian Psychology View, Roberts and Watson (2010a) refer to the policy of positive psychology to draw on ancient wisdom and to stress the inseparability of psychological and moral functioning. They argue that psychic well-being is dependent on metaphysical, moral and religious commitments. Unfortunately, positive psychology fails to differentiate among religious traditions. Roberts and Watson admit the charge of parochialism when advocating affiliation with the distinct Christian tradition. They wish to develop a psychology that accurately describes the psychological nature of humans as understood according to historic Christianity. The Sermon on the Mount, for instance, is about character and thus about the form of persons. After retrieving Christian psychology from the age-old tradition, the Christian tradition should be operationalized in empirical research designs. This starts with the awareness that psychology is essentially a normative discipline. Psychological research into persons-as-they-should-be cannot avoid operating within the normative framework of a worldview. This research can lead to different results. The outcome can be a seemingly valid disconfirmation of the claims of the tradition. In that case there is a good reason for Christian psychologists to suspect their interpretations of Christian psychology and to return to the Bible and the tradition for a better understanding. Another possible outcome is the evidence of a bias in secular research against Christian views, for instance, by classifying prayer under avoidance behavior and thus interpreting sincere Christian commitments as expressions of anxiety.

In his reaction Myers (2010c) emphasizes the limited scope of psychological questions. We should not equate psychology with philosophy. Jones (2010c) sees as his core disagreement with the authors a different taxation of how much we can gather from the Bible and the tradition to construct a unitary systematic psychology. According to Coe and Hall (2010c), Roberts and Watson fail to thoroughly critique the current empirical model and they, too, confine themselves to quantitative methodologies, without employing less quantifiable experiential sources of

knowledge. Powlison's (2010c) main concern is that Christian Psychology fails to support face-to-face ministry.

Here again the three discussed worldview themes turn up: the sources and conditions of knowledge (epistemology), research into persons-as-they-should-be (anthropology), and the relationship between psychology and psychotherapy or counseling.

The Transformational Psychology View

Transformational psychology made its debut in the Christian integration movement fairly recently and with an ambitious agenda, indeed. As Coe and Hall (2010d) argue, in opposition to the existing tradition of naturalistic and reductionist science, psychology should transform into a premodern activity, sensitive to spiritual and nonphysical phenomena, as well as to the ethical values of health that psychotherapy must work with. Psychology should be done within the Christian tradition. The emphasis should be on the person of the psychologist, however. The spiritual-emotional development of the psychologist is foundational to the process of understanding human nature. Christian notions should not function as mere theoretical presuppositions but as experienced realities that condition and ground our knowledge. The Old Testament sage is a biblical prototype for doing psychology and psychotherapy, and his wisdom proverbs are indicative for the "natural oughts" or values that are discovered by observation and reflection, and not simply derived from Scripture or created by human opinions and desires. Scripture should function as an authoritative, God-authored interpretation of certain dimensions of reality. Doing transformational psychology is a means to the goal of love through union with the Holy Spirit, as humans are fundamentally relational in nature, created to the ultimate end of loving God and neighbor. From this understanding there is a logical move from theory to praxis, from conceptualizing human nature to helping people. The ultimate goal of the psychological undertaking, and of human nature as discovered and experienced by this psychology, and of psychotherapy is one and the same: to show love. This goal of showing love entails a relational paradigm for doing psychology and psychotherapy, and provides a contemporary, scientific view of transformational change and growth.

In Myers's (2010d) opinion, Coe and Hall transform psychology into religion, denying the agreed-upon meaning of psychology. Jones (2010d) criticizes the spiritually individualistic bent of their presentation. In line with this, Powlison (2010c) is bothered by the orientation toward the

tradition of contemplative spirituality, which tends toward an elite, strenuous and privatized spirituality that is impracticable in everyday circumstances. Roberts (2010b) reads their paper as a supplement to Christian theology, in that it deals with one aspect of the epistemology of that kind of psychology, namely with knowledge as acquaintance or experience, leaving propositional knowledge and understanding out of consideration.

It is clear that Coe and Hall present a coherent system of epistemology, anthropology and psychotherapy: experiential knowledge inspired by Scripture, in opposition to modern science, leads to a relational view of human nature that results in a love-inspired psychotherapeutic relationship. Apart from Roberts's broadening of epistemology, the responses do not add much to this picture. The three themes identified earlier are conspicuously present.

The Biblical Counseling View

Powlison (2010d) sets the tone of his contribution by stating: Christian faith *is* a psychology, Christian ministry *is* a psychotherapy. Christian faith understands psychology and psychotherapy as elaboration of the God-centered conviction that the Lord is our maker, our judge, and our redeemer. Put differently, through these qualifications the key characteristics of human nature are indicated. Powlison marks six segments in the psychological industry: (1) our psychology in the pre-theoretical human subject, such as being stuck in a traffic jam on the way to an important appointment; (2) organized knowledge, as practiced through science; (3) the competing theories of human personality; (4) psychotherapy; (5) professional and institutional arrangements; and (6) a mass ethos, the air we breathe, the popular culture or the world. The Christian articulation in these segments are: (1) Christian faith; (2) close observations and systematic descriptions of the Bible, of the own sins and sufferings, of other people, of good arts, from literature to music and painting, of history and culture studies, and, lastly, the critical processing of thoughtful writers in psychology and psychiatry; (3) theology; (4) cure of souls; (5) the church; and (6) a counterculture of biblical wisdom. Finally, he presents a case study about a Christian medical doctor who feels depressed, has marital problems and resorts to heavy drinking and pornography.

Myers's (2010e) comment is identical to that on Christian psychology and transformational psychology: the word psychology is used in a

different sense. Jones (2010e) wants to stress more forcefully the interest of scientific and professional psychology to supplement and complement Christian perspectives. Watson (2010b) holds Powlison liable for letting biblical counseling downplay the work of science, instead of articulating formal, professional methods of inquiry and discernment in the very interest of counseling. And he wonders on what grounds Powlison takes the unity among biblical counselors for granted, in view of the diversity of perspectives that result from the favored interpretive methods. Finally, Coe and Hall (2010e) contend that biblical counseling fails to adequately critique the modernist approach to science and psychology for adopting a methodology that is purely quantitative and descriptive. Coe and Hall as well as Jones fault the case study because it lacks specific psychological complications.

Here again, knowledge (epistemology), human nature (anthropology) and the psychological support – if and how – of psychotherapy are the main topics under discussion. For Powlison, they are decisive for advocating his distinct biblical counseling concept and practice.

Conclusion

My first concluding observation is that the debate on the five views is somewhat out of balance, because with Myers the center of gravity is on psychological research, but the others focus more on clinical psychology. It is important to notice this because different practices have different standards. Scientific research and clinical psychology or psychotherapy are different practices. Earlier (section 1.2) I identified social structures as a constituent factor of the prevailing worldviews. This aspect of the issue remains underexposed.

Three topics proved to dominate the debate; these are the topics of epistemology, anthropology, and the relationship between anthropology/psychology and psychotherapy. Epistemology touches on the inevitable research bias, the legitimacy of Christian presuppositions in psychological research, and the compatibility of the Bible with scientific psychological methodology as an authoritative source of knowledge. Anthropological issues relate to the origin, freedom and ultimate goal of human nature, and thus include moral values. The relationship between psychology and psychotherapy deals with the way in which implicit or explicit psychological presuppositions about human nature affect the therapeutic practice.

Each of these three themes affects worldview concerns. Apparently, the most obvious connection of worldview with the identified topics is the one with anthropology, which refers to our view of humanity. But also epistemology, as the source of specific anthropologies, has a worldview component of itself. It relates to our view of the sources and character of reliable knowledge. Maybe we should admit that psychotherapy has no worldview component of its own. The differences in therapeutic method can be traced back to differences in anthropology, as can be indicated by identifying a mechanistic, materialistic, culture-dependent, and autonomous-relational view of human nature, as the possible anthropological backgrounds of the four successive conceptions of psychotherapy mentioned in section 1.2.

For most of the five views the three identified topics mark the differences with secular psychology and psychotherapy, but at the same time mutual differences in preconceptions lead to different outcomes among the five models. Therefore, in the inquiry into the interplay between worldview and psychotherapy within the Christian integration movement these are the issues on which we focus.

The chapters below, then, concentrate on the worldview issues of epistemology, anthropology, and the relationship of anthropology/psychology and psychotherapy.

We should realize, however, that the debate may be impeded somewhat by the institutional level of worldviews. This level of worldview input is underexposed in the debate. Only Powlison (2010d) mentioned it as one of the six segments in the psychological industry. Yet, we have seen in section 1.2 that the institutional level is one of the relevant factors in worldview issues determining the direction of treatment. In the present debate institutional interests play their hidden part, for the defended positions have the function, be it unintentionally, to legitimize the specific practice of training and treatment centers based on the own Christian orientation. After all, much money and many jobs are involved here. This may be an obstacle for convincing other participants of the debate. But this does not prevent an independent, disinterested investigator from analyzing the debate on a conceptual level.

1.5 Focus of the Inquiry

Central Question

After our orientation in the main worldview topics of the discussions about the interplay between psychology and Christianity, we return to our starting point with respect to the issue of worldview and psychotherapy in general, in order to formulate our central question. In section 1.2 we found that worldviews affect psychotherapy through psychological theory and psychotherapeutic method, the therapeutic relationship, and the institutional embedment. Because of all these routes of influence, which may be mutual on the relationship level, and the permeating nature of worldviews, I assume an intrinsic interaction of worldviews and psychotherapy. On this interaction the inquiry is focused. The overarching central question is twofold and can be formulated as follows:

> *What are the mutual relationships between worldviews and psychotherapy?*
>
> *What do these interrelationships imply for conceptions of psychotherapeutic professionalism?*

For clarity, I note that the former question is particularly descriptive, and the latter mainly philosophical. In order of priority, the philosophical question precedes issues investigated by psychology of religion and spirituality. It is about the legitimacy of worldview influences, whether religious, spiritual, or other, in psychology and psychotherapy, and not about how religion and spirituality can be described, explained, and employed psychologically, as is dealt with in psychology of religion and spirituality. From two sides the legitimacy is challenged. From a specific worldview the presuppositions of professional psychotherapy may be questioned; conversely, professional psychotherapy may question the input of certain worldviews by the client. This kind of questions is not dealt with in psychology of religion and spirituality. There is an interface, however, in the reflection on the usefulness of religion and/or spirituality in psychotherapy. The question of usefulness balances on the edge of empirics, as investigated by psychology of religion, and normativity, as reflected on by philosophy. But it remains that the primary focus is not on how basic beliefs operate psychologically and can be utilized in a therapeutic context, but about the compatibility of psychotherapeutic interventions with all kinds of worldviews.

Sub-questions and Hypotheses

The Christian integration debate will be analyzed as a case study of how worldviews and their influences can be distinguished and should function within psychology and psychotherapeutic practice. This choice for the Christian integration debate presupposes the expectation that this debate has yielded observations and recommendations for the relationship between worldviews and psychotherapy. Hence, the first sub-question for our inquiry is:

> *What do the analyses by participants in the Christian integration debate yield on the interrelationship between worldview and psychotherapy?*

The first hypothesis formulates the expected answer to that question.

First hypothesis

The Christian integration debate demonstrates the dependence of psychotherapy on worldviews, and delineates the implications for psychotherapeutic professionalism.

The second hypothesis is hinted at in sections 1.1 and 1.4. It starts from the observation that in spite of analyses the debate did not result in unifying conclusions. Several solutions have been proposed that partly criticize each other without settling the cause or opening up promising new perspectives. We have already seen that the institutional factor unintentionally favors a process of entrenchment in the own position. But this is not the whole story. Not only in the elaborations but already on the basic presuppositional level the participants diverge in their ways. Apparently, within the Christian integration movement, different presuppositions play a part and nourish the different options. This leads to the second sub-question of our inquiry:

> *Why are the positions taken in this debate, or some of them, not capable of carrying the discussions any further?*

Answering this question demands a fresh analysis on the basic level of the integration of Christian worldview and psychotherapy. We are looking for a suitable tool that helps us to evaluate the present state of affairs. A proper candidate for this enterprise might be Reformational Philosophy with its newly developed Normative Practices Model (Glas, 2009b; 2009c; Jochemsen & Glas, 1997; Jochemsen, 2006a). It is introduced as an instrument for distinguishing between practices that differ from each other but at the same time have overlapping activities. In our case these

practices relate to psychological research and theorizing, psychotherapeutic treatment, and pastoral care.

The Normative Practices Model discerns several constitutive factors for a practice. These are (1) the qualifying factor, that is, what the practice is about – in this every practice has its normative task; (2) the founding factors, referring to the indispensable tools, competences and knowledge; (3) conditioning factors, like social, juridical, and economic ones. By identifying the conditioning factors, the Normative Practices Model is able to account for the institutional side of the worldview-psychotherapy issue.

In addition to the constitutive side, every practice has a regulative side, that is, the dynamics by which and the direction into which it is developing. The feature of this approach is, that it does not think in terms of territories and boundaries, but in terms of objectives and normative purposes. The advantage of this is that it keeps the debate free from spasmodic quarrels about competence, and at the same time provides clear concepts needed to distinguish religious faith, psychological science, psychotherapy, and pastoral care from each other.

The most decisive aspect of the model, in this context, is the qualifying factor. Qualifying for science is analytical disclosure of the reality we experience, different from faith knowledge we recognize in a religious context. Science arrives at rationally justifiable inferences from careful and controllable observations. Psychotherapy is another kind of practice, qualified by giving help in order to deal with problems in living, usually psychological ones. As soon as psychotherapy makes appeals to spirituality and religion, the interface with pastoral care comes to the fore. Pastoral care is a spiritual practice, directed toward growing in devotion to higher purposes. The model is supposed to be able to determine in what way and to what extent worldviews – in this case Christian worldviews – should be related to scientific theories, methods, and psychotherapeutic relationships. These provisional insights lead to the following phrasing:

Second hypothesis
The Christian integration debate arrived at unsolved disagreements that can be traced back to (1) epistemic confusion about the practice of psychological research and theorizing in relation to faith knowledge derived from the Bible, and (2) conceptual confusion about the distinctions between the psychological, psychotherapeutic, and pastoral practices.

Provided that this second hypothesis will be confirmed, the third sub-question of our investigation is focused on the cause of these confusions, and the way to deal with it. Brief and to the point, the question reads:

How can the debate be reinvigorated in order to make some progress in achieving a kind of integration between psychotherapy and Christianity?

The cause of the confusions should be sought deeper than simply attributing them to the limitations of Christian theorists' minds. It seems plausible to assume an intrinsic characteristic of psychotherapy that is refractory toward some Christian notions, so that Christian theorists either fully reject psychotherapy (the Biblical Counseling View) or instinctively try to push it in a more convenient direction, shifting psychotherapy away from the context in which it belongs. In this second approach psychotherapy becomes something other than the practice as professionally understood. It is turned into a kind of pastoral care or spiritual guidance. If Christian theorists want to preserve psychotherapy as a respected practice of proven merit they should resist both strategies. Reflection should start from the intrinsic nature of psychotherapy, and then consider in what way the employment of Christian notions can do justice to both the specific practice and Christian faith. This enterprise is only meaningful if we suppose that such a combination or integration is possible without hurting either the norms of psychotherapeutic professionalism or the special character of Christian faith. This leads to the formulation of the third hypothesis.

Third hypothesis
It is possible to integrate psychotherapy and Christian faith, and at the same time preserve both psychotherapeutic professionalism and the specific nature of Christian faith.

The fourth and last hypothesis is about generalizing the findings to the realms of other worldviews, both the more religious ones such as found in Judaism, Islam, and Buddhism, and more secular ones, as in Asian and African cultures. It gives an answer to the fourth sub-question of our investigation which reads as follows:

Can conclusions be drawn with regard to the relationship between psychotherapy and worldview in general? If so, what inferences can be made for any ideal interrelationship between them?

It is reasonable to assume that the findings can only be generalized to those worldviews in which similar frictions as in Christianity show up when coming together with psychotherapy. The reason is that sound generalizations about one issue can only be made if the other conditions mutually more or less correspond. We attempt to make generalizations on the issue of worldviews, assuming that their relationship with psychotherapy is similar. The fourth hypothesis is about generalizing the interaction between psychotherapy and Christian faith while retaining the specific character of each.

Fourth hypothesis
A new perspective on the integration of psychotherapy and Christian faith (see third hypothesis) can be generalized to all those worldviews that are subject to tensions similar to those between psychotherapy and Christian faith.

1.6 Field, Method, and Outline of the Inquiry

The Research Field
The research field is a body of literature that will be examined in order to describe the integration debate, consisting of the two Christian integration journals from their first appearance until 2012, the *Journal of Psychology and Theology* (1973–) and the *Journal of Psychology and Christianity* (1982–), while the latter's forerunner *CAPS Bulletin* (1975–1981) is included as much as possible.[4] There will be some limitations and some extensions, though.

The limitations refer to the articles that will be selected from the mentioned journals. This study will be focused on the basic form of psychotherapy, that is, individual therapy with adults. Therefore, articles about marriage counseling, family therapy, child therapy, and group therapy are left aside. It could be countered that especially Christian therapy will focus on relationships and systems in which clients and patients participate, for in a Christian view people are not considered as independent

[4] The opportunity has been offered me kindly to consult *The Bulletin of CAPS* in the library of the Southern Baptist Theological Seminary, Louisville, KY. However, some issues were lacking, to wit, three issues of 1975, all four issues of 1976, and two issues of 1977. It was impossible for me to consult these issues elsewhere.

individuals, but as persons-in-relation. In spite of this true observation, the incorporation of these forms of therapy will complicate the subject matter too much. Of course, the results of this basic analysis may be applied to other kinds of psychotherapy or counseling.[5] Further, we address psychology and psychotherapy in general rather than articles on a specific subject such as alcohol abuse, missionary kids, or Christian integration training programs.

Besides these limitations there are some extensions as well. I will not limit myself to articles in the two named journals, but also consult pivotal publications referred to there. In addition, for the sake of clarification and completeness I will appeal to other publications by the authors of the journals' articles.

Method

In dealing with the first sub-question of inquiry the method will be descriptive. The basis is an overall inventory and scanning of articles that in any way deal with worldviews in psychology and psychotherapy. The following step was a sorting of these articles by what they put forward about epistemology, anthropology, and their relationship with psychotherapy, respectively. Then, quantitative analyses were carried out of formal characteristics, like the numbers of articles about epistemology, anthropology, and their impact on psychotherapy, respectively, the ratio of theoretical and research articles, the expertise of the authors – psychological, theological, or philosophical – and the distribution over the two journals. Thereafter, qualitative investigations of the subject-matter on the respective topics were carried out, partly topically, and partly chronologically. Within the topics analyzing becomes chronological as soon as developments can be discerned that shed light on the reason why certain positions are held. Generally, debates have some progress, so the chronological dimension should not be overlooked. Nevertheless, for the sake of clarity, in the analysis the various themes are discussed separately as much as possible. So, in the topical analyses, the chronological approach is incorporated. In the end, it is analyzed to what extent the five approaches identified in section 1.4 are reflected in the journals' contributions to the debate.

[5] Later on in our analyses the different terminology of psychotherapy and counseling will be reviewed, cf. section 5.4.

As to the second sub-question, about explaining the differences in the defended positions and the problems of getting any further, the inquiry will mainly be philosophical, because of the philosophical, meta-theoretical level of the analysis. Additional theological reasoning is indispensable, however, because in the debate the participants put forward their faith as a normative worldview component, and feel the need to warrant Christian worldview elements by appealing to biblical and theological notions.

Answering the third sub-question, about developing new perspectives in the integration of worldview and psychotherapy, demands a full-scale philosophical argument. Specific theological input is justified by the normative character of the notion of worldview that is adopted in the debate. Here theoretical considerations lead to practical implementations.

In sum, the study is primarily philosophical in character, with an indispensable descriptive basis, and theological contributions where appropriate. These types of theoretical analysis are intended to result in practical directives.

Outline

The subject matter of this examination consists of writings in the mentioned journals on the issues of epistemology, anthropology, and the relationship of both with psychotherapy. These three themes were distilled from our provisional review of the integration debate in section 1.4. In three subsequent chapters, that is, the chapters 2, 3, and 4, the various positions about these issues are brought forward and the internal debates highlighted. Also, certain questions in the margin will prepare the reader for the critical evaluations in the subsequent chapters.

The chapters 5 and 6 offer these critical reviews. Chapter 5 includes an internal critique, that is to say, a critique from the presuppositions held by (a part of) the participants in the debate. By this internal critique I try to test the first and second hypotheses. Chapter 6 comprises an external critique, that is, a critique starting from an external viewpoint that enables us to review the debate from a greater distance in order to identify the causes of the ambiguities and to formulate proposals to eliminate them, and thus demonstrate the plausibility of hypothesis 3.

In chapter 7 an attempt is made to formulate a general format of mental functioning that is sensitive to worldview issues. This outline pretends to offer a handhold to therapists to introduce and deal with worldview items in the psychotherapeutic process, respecting both the

status of professional psychotherapy and the distinctive features of the overall Christian worldview. In chapter 8, the appropriateness of this outline is tested by applying it to several kinds of worldviews. It is an effort to examine the generalizability of the outcomes, herewith testing the claim of hypothesis 4. In chapter 9 the usefulness of the design is tested in even more detail, by analyzing the three case descriptions from the second sub-section of the present chapter with the help of the outline.

The final chapter summarizes the results, and draws some conclusions.