

CHRISTIAN PSYCHOTHERAPY AND CRIMINAL REHABILITATION

*An Integration of Psychology and Theology for
Criminal Rehabilitative Effectiveness*

Dr. James Slobodzien



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Christian Psychotherapy & Criminal Rehabilitation

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Introduction

President George W. Bush in his 2004 State of the Union Address, proposed a four-year, \$300 million initiative to reduce recidivism and the societal costs of reincarceration by harnessing the resources and experience of faith-based and community organizations. In 2003, President Bush created the nation's first White House Office of Faith-based and Community initiatives designed to send as much as \$10 billion a year to these institutions to perform social services.

Chuck Colson, who was White House counsel under President Nixon and spent seven months in prison for his part in the Watergate affair, launched the Inner Change Freedom Initiative in 1997 at a Texas prison, with close enthusiastic support from President Bush, then the state's governor. The program is now offered at prisons in Kansas, Minnesota and Iowa, and has also expanded into federal penitentiaries. A two-year study, conducted by the University of Pennsylvania (peer-reviewed at Harvard and Princeton) between 2000 and 2002, showed that Inner Change graduates, when compared with a similar group of released inmates—controlled for race, age and offense type—who met program criteria but did not enter the program, were 50% less likely to be arrested and 60% less likely to be re-incarcerated.

The primary focus of this book is not to study any one particular faith-based program, but to search for answers to the following questions:

1. To what extent can the integration of psychological science and Christian faith be utilized to ameliorate criminal rehabilitative effectiveness?
2. How does psychological research relate to the Bible's ancient principles for coping with emotional crises and the development of Christian Psychotherapy?
3. What effect does Christian conversion have on self-image and self-esteem, and faith-based prison programs?

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In this violent age of rampant crime, dangerous communities, and over-crowded prisons, a search for knowledge leading to valid conclusions in the area of positive personality change is imperative.

Research studies have revealed that secular efforts at rehabilitation have been unsuccessful in preventing recidivism. Not one of the various approaches to psychological counseling has been able to demonstrate success statistically in helping inmates rehabilitate. Among nearly 300,000 prisoners released in 15 states in 1994, 67.5% were re-arrested within 3-years. A study of 1983 releases estimated 62.5% (Langan and Levin, Bureau of Justice Statistics, June 2002).²

Historically, this has been true according to the publication of *The Effectiveness of Correctional Treatment* (Lipton, Martinson, & Wilks, 1975), which highlighted the controversy as to whether correctional treatment reduces recidivism. This review examined a variety of treatments (e.g., individual and group psychotherapy and counseling, intensive casework, and skill development) and reported the results on a number of different outcome criteria (e.g., adjustment to prison life, vocational success, recidivism rate). The relationship between any single treatment or combination of programs and recidivism rate was far from being convincing. In a review of the Lipton study, Martinson concluded that “with few isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism.”³

This has been true in the counseling of offenders as illustrated by Herman Schwartz, in “The Myth of Rehabilitation,” and Stuart Adams’ “Evaluative Research in Corrections.”⁴ In general then, there is little evidence that any secular method of penal treatment is superior to others, as measured by the number of repeat offenders. No convincing proof of rehabilitative effectiveness has been produced.

Psychotherapy has proven to be effective with most populations. *Consumer Reports* (Seligman, 1995) published an article which concluded that patients benefited very substantially from psychotherapy, that long-term treatment did considerably better than short-term treatment, and that psychotherapy alone did not differ in effectiveness from medication plus psychotherapy.

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Furthermore, no specific modality of psychotherapy did better than any other for any disorder; psychologists, psychiatrists, and social workers did not differ in their effectiveness as treaters; and all did better than marriage counselors and long-term family doctoring. Patients whose length of therapy or choice of therapist was limited by insurance or managed care did worse.⁵

So the question remains: Why have psychotherapeutic efforts been unsuccessful in reducing recidivism rates within the prison population? It is more than likely possible that the “psychotherapy” previously mentioned has not been made accessible or affordable to the prison population. It is also probable that this type of psychotherapy is not meeting this populations social, emotional, intellectual, and spiritual needs.

The study of religion in criminology on the other hand is now receiving national and scholarly attention. Evans et al. (1995), found that participation in religious activities was a persistent and non-contingent inhibitor of adult crime.⁶

Johnson, Larson, and Pitts, (1997), after examining the impact of religious programs on institutional adjustment and recidivism rates in two matched groups of inmates from four adult male prisons in New York State, found that inmates involvement in “Prison Fellowship-sponsored programs who were most active in Bible studies were significantly less likely to be arrested during the follow-up period.”⁷

They also suggested that if religion can inhibit delinquent and criminal activity, why might it not facilitate the process as well as the outcomes of prison rehabilitation? Aside from complex and difficult theological discussion about the possible spiritual roles of religion, as well as the evidence demonstrating the mental and physical health benefits of religion (Bergin 1983, 1991; Gartner et al. 1991; Larson, Sherrill, and Lyons 1994; Levin and Vanderpool 1987, 1989), there are scientific reasons to predict that religion might effect behavioral and social change. Religion targets antisocial values, emphasizes accountability and responsibility, changes cognitive approaches to conflict, and provides social support and social skills through interaction with religious people and communities (Bergin 1991; Levin and Vanderpool 1987; Martin and Carlson 1988).

Such emphases seem to be consistent with what many rehabilitation workers would call principles of effective treatment.⁸ Religious programs for inmates are among the most common forms of rehabilitative programs found in correctional facilities today as confirmed by the U.S. Department of Justice (1993), which reports representative data on America's prison populations. Religious activities attracted the most participation: 32 percent of the sampled inmates reported involvement in religious activities such as Bible studies and church services, 20 percent reported taking part in self-improvement programs, and 17 percent in counseling.

These percentages are quite revealing, as nearly one inmate in three is involved in religious programs. Yet despite these figures, only a handful of published studies (Cleare et al. 1992a, 1992b; B. Johnson 1984, 1987a, 1987b) have examined the influence of religion and religious beliefs or practices on key prison predictor and outcome measures such as inmates' adjustment and recidivism.⁹ The scarcity of research about prisoners and the influence of religious variables on inmates' adjustment and recidivism can be attributed to potential problematic biases held by both religious workers and scientific researchers (Larson et al. 1986; Larson et al. 1995; Larson, Sherrill, and Lyons 1994; Post 1995). Many chaplains, ministers, and religious volunteers who work in religious programs have been reluctant or have lacked the skills to undertake publishable research. This reluctance had been fueled by a broader historical skepticism about the relevance of religion held by many in higher education, and at best by university researchers' ambivalence in studying spirituality or religion (Jones 1994, Larson et al. 1994).¹⁰

Likewise, pastoral counseling has yet to demonstrate itself effective when subjected to rigorous statistical analysis of results among its counselees and suitable *control* groups. This is especially so of CPE training as noted by J. Y. Hammett: "Clinical pastoral education, under the influence of pragmatism and liberalism, emphasized from its inception scientific or empirical method, but not theological content." Hammett goes on to state, "Although CPE went through the era of a developing neoorthodoxy-orthodoxy and a developing existentialism, it

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appears not to have changed its basic liberal orientation of scientific method over the theological content.”¹¹

Even a limited examination of literature of pastoral counseling reveals that many liberal writers:

1. Do not possess an evangelical view of the Bible or of the spiritual requirements placed by the Bible upon everyone called of God to the Christian ministry;
2. Give little attention to the work of the Holy Spirit within the counselee;
3. Do not discuss in a significant way the role of prayer in the counseling process;
4. Fail to address the therapeutic impact of obedience to biblical injunction such as found in James 5:14,15.

Thus, there has been little recent research conducted studying the effects of true biblical counseling and Christian faith on personality change. Psychologists of religion, however, since the 1800’s have been aware of the positive influences of religious conversion.

William James, defined the conversion experience through numerous case examples. He declared that: “To be converted, to be regenerated, to receive grace, to experience religion, to gain assurance, are so many phrases which denote the process, gradual or sudden, by which a self hitherto divided, and consciously wrong inferior and unhappy, becomes unified and consciously right, superior and happy, in consequence of its firmer hold upon religious realities. This, at least, is what conversion signifies in general terms, whether or not we believe that a direct divine operation is needed to bring such a moral change about.”¹²

Abraham Maslow accepted William James’ criteria in which individuals report experiencing God, particularly of experiences called the “mystical state.” He then isolated sixteen after-effects of what he termed a peak experience. The person who has undergone a peak experience feels:

1. More integrated, whole, and unified;
2. More at one with the world;
3. As if he were at the peak of his powers, more fully himself;

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4. Graceful, without strain, effortless;
5. Creative, active, responsible, self-controlled;
6. Free of inhibitions, blocks, doubts, self-criticisms;
7. Spontaneous, expressive, innocent;
8. Creative, self-confident, flexible;
9. Unique, individualistic;
10. Free of past and future limits
11. Free of the world, free to be;
12. Undriven, unmotivated, nonwishing, beyond needs;
13. Rhapsodic, poetic;
14. Consumed, finished, closed, complete, subjectively final;
15. Playful, good-humored, childlike;
16. Lucky, fortunate, grateful¹³

The claims of great numbers of people confessing a personal relationship with the God of the Universe through His Son, Jesus Christ, are amazingly similar regardless of place, time, environment, or background. They confirm that Christ satisfies the deepest mental and spiritual needs of all intellects, ages, races and nationalities. This relationship carries an influence through time and into eternity. Recently, there has been a growing interest in biblically based approaches to counseling by spirit filled evangelical scholars and counseling psychologists. They are integrating the research of psychology and religion particularly the Christian Faith, for rehabilitative efforts.

Since a review of a number of recidivism studies in various states and in the Federal prison system leads to the conclusion that roughly two-thirds of the offenders released from prison will be reimprisoned, usually for committing new offenses, within a 3-year period, there is a great need for change in our correctional counseling philosophies. When we consider that a large percentage of the inmates that go to jail and prison return to the community unchanged, it can paint a pretty frightening picture of how unsafe our communities really are. Therefore, I believe that it is the church's responsibility to provide an extensive voluntary counseling ministry to willing and motivated prisoners through the

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transformation by the power of Jesus in regeneration and the use of biblical psychological research.

This book will focus on the past and present psychological research which has enhanced the integration of psychology and religion. Sweeping generalizations and testimonies of success, unsupported by factual data, will not be presented. Articles supporting the idea that Christian conversion is a valid experience in the development of a positive identity will be provided. In addition, an examination of prisoner mental states will be recognized and responded to from a biblical counseling perspective.

The design of this investigation will be based upon evaluating certain fundamental Christian behavior characteristics of the conversion experience with the process of personal identity formation. The central theme throughout this book will purport that “Christian Psychotherapy” can play a vital role in the correctional process of an inmate’s social adjustment and reintegration into the community.

This writer is assuming that the reader has a fundamental knowledge of psychological concepts and a general theological background. As a protestant evangelical writing for readers who tend to share my theological positions, I have attempted to utilize only scientific psychological means to formulate conclusions for evangelistic purposes without including the exegesis of every scripture referred to in this book.

Endnotes

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Historical Perspective

This chapter has been developed with the dual purpose of helping you acquire a brief knowledge of the history of the psychology of religion with the hope of establishing some commonalities for an understanding of the Christian conversion experience and the process of Christian Psychotherapy. This analysis of definitions will also help you to think more constructively about the significance of the major developments concerning the integration of psychology and Christian experience with the history of institutionalized rehabilitation within corrections.

Early studies of religious conversion had their beginnings with G. Stanley Hall. As early as 1881, he shocked a Boston audience by suggesting adolescence was the typical age for conversion.¹

His basic definition stated that conversion was a fundamental redirection of life, a process necessary to maturity and growing out of earlier stages of development. That redirection involved basic changes from egoism to altruism, from a pantheism to a transcendence, and in these changes each individual recapitulates the history of the race in its advance from animism to ethical lives. This definition draws heavily upon Hall's basic concepts of genetic psychology. And, "In its most fundamental sense, conversion is a natural, normal, universal, and necessary process at the stage when life pivots over from the autocentric to a heterocentric basis."²

Then Edwin D. Starbuck subsequently published "Psychology of Religion." Starbuck defines conversion by its cause rather than specifically delineating the experience. Conversion is "a process of struggling away from sin rather than of striving towards righteousness." It is primarily an "un-selfing." He stressed the suddenness of the experience in his definitions as well, by characterizing it as more or less sudden changes of character from evil to goodness, from sinfulness to righteousness, and from indifference to spiritual insight and activity.³ Thus for Starbuck, religious conversion was a growth process, and he wished to study all of the psychological manifestations which preceded, accompanied, and followed this experience. His definitions of conversion,

however, reflected a new typology that was to form a basis for other studies on conversion. He found conversion to be of two types:

1. Volitional, which he described as a spontaneous awakening and sense of the divine, and also,
2. Intermediate form described as self-surrendering. This insight was new and aroused much questioning regarding conversion.⁴

As mentioned in the introduction, William James' "Varieties of Religious Experiences," has played a major role in the development of the psychology of religion. In addition to his previous definition of conversion, he further defines it by saying, "to say that a man is converted" means, in these terms, that religious ideas, previously peripheral in his consciousness, now take a central place, and that religious aims form the habitual center of his energy."⁵

James' definition, therefore, stresses unification of the self and is defined by the nature of the experience and the causes of it,⁶

James' contribution center in four areas:

1. Emphasis on the role of experience and its results;
2. A unique concern for the individual in religion;
3. The use in mass of individual cases for the study of experiences;
4. A respect for the role of the *unconscious*.⁷

George Albert Coe, a theorist around the 1900's reported that the conversion experience was not always sudden and crisis oriented. His stress was on the religious nurture of youth, and he added that if individuals who worked with youth especially would play down the conflict nature, the storm and stress of religious decision, and concentrate on the normal nurture of youth, they would have a more normal and fruitful type of religious development.⁸

George Coe saw then six senses in religious conversion that aid in its definition:

1. Conversion is a voluntary turning about or change of attitude. This sense reflects the biblical understanding of conversion.
2. It may be defined as the renunciation of one's religion and the beginning to follow another kind, or similarly a change of one branch of religious belief to another.

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3. It is the means of individual salvation according to the evangelical “plan of salvation.”
4. It is becoming consciously or voluntarily religious as distinguished from merely conforming to the religious mores of the family.
5. It is a quality of life of the Christian (“he is converted,” etc.).
6. It is any abrupt transfer, particularly a rapid transfer, from one standpoint to another. This transformation is usually from one form of living to a higher one in an ethical sense.⁹ His definition is fairly complete in that it provides various definitions to cover the myriad aspects of religious change.

George Jackson in the “Cole Lectures” for 1908, given before Vanderbilt University in the area of the psychology of conversion and later published in his book, “The Fact of Conversion, defines religious conversion rather vaguely and reflects the mystique surrounding the fact itself.” He says, “For one man conversion means that slaying of the beast within him; in another it brings the calm of conviction to an unquiet mind; for a third it is the entrance into a large liberty and a more abundant life; and yet again it is the gathering into one, the forces of the soul at war within itself.”¹⁰

As we have seen so far, this early research established conversion as a fact of the Christian life and in many case studies it was revealed to be an actual form of entry into the Christian life.

William James, quoting the New England Puritan, Joseph Allein, point to the symbolic nature of conversion by saying it is “not the putting in a patch of holiness; but with the true convert holiness is woven into all his powers, principles, and practice. The sincere Christian is quite a new fabric, from the foundation to the top stone. He is a new man, a new creature.”¹¹

By the 1920s, there was a more generalized acceptance of the concepts of psychoanalysis. Sigmund Freud himself dealt with religious conversion only briefly in a short paper in 1927. A young physician had written to Freud about a religious experience of his that had happened shortly after he had seen an old woman on a dissecting table. Because of this, the young man was temporarily thrown into a religious disbelief, conflict, then strong belief. He is

analyzed as undergoing a stimulated Oedipal jealousy and anger which had been directed at the father for the sadistic, sexualized degradation of the mother, which was represented by the old woman. Freud theorized that because the man's understanding of God and father were basically interrelated, the anger and rebellion that was experienced were expressed in atheistic form. But for fear of the omnipotence of God, he was forced to a sudden return to faith, which was experienced as a moment called conversion.¹²

Along with this new acceptance of Freud's theories came the school of thought that classified the conversion experience as a phenomenon of psychopathology. Oskar Pfister and later Leon Salyman, both adopted in part, this concept of conversion. Carl Christensen, in "Religious conversion in Adolescence," suggests "since psychiatry is concerned with mental disorders, much of the psychiatric contributions to the understanding of religious belief have emphasized psychopathology. Sometimes psychiatrists tend to forget that religion is a normal part of man's individual and cultural life."¹³

A most intriguing definition of conversion, almost secular, was also presented in the 1930s by L. W. Grensted, who stated that religious conversion is simply the building up a sense of wholeness of being. This stress on the function of conversion in its definition became a new trend. His conviction that the central issue in conversion was wholeness allowed him to see man as a total unit and to see conversion as a positive aid in the unity of man. His definition was very broad. He would even include any change in any sphere that tended toward wholeness as conversion, but classified those changes in a religious setting as holiness or sanctity, "the outcome of the process of sanctification."¹⁴

From a context of mental illness, both personal and theoretical, Anton T. Boisen formulated in 1936 a theory of conversion as an alternative to schizophrenia or schizoid states in the resolution of personal problems. When he added his author's note to the 1952 edition of his book, "The Exploration of the Inner World," he resubstantiated his earlier viewpoint that religious conversion is the more or less sudden change of character from sinfulness to righteousness or from indifference to spiritual awakening arising out of problem solving of mental tasks.

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Religious conversion is then defined as an attempt at repair or elimination and is experienced as a reorganization of his entire mental structure and a reevaluation of values. Boisen refers to Starbuck's concepts as he equates his understanding with them.

It is important to bear in mind that such acute disturbances are closely related to the religious conversion experience. According to Starbuck's findings such conversion experiences are likewise an eruptive breaking up of evil habits and abnormal tastes and the turning of vital forces along new channels. In mental disorders of this type, we, therefore, have a manifestation of the power that makes for health just as truly as we do in the religious conversion experience.¹⁵

In 1962, Orlo Strunk, Jr., writing about the psychology of religion, includes a major emphasis regarding religious conversion. His position includes in his definition a modern aspect of psychology. He suggests that the process active in conversion is a "binding" which is perhaps conversion's fundamental dynamic and leads to an organization and completion of man's various dimensions. Strunk equates the religious conversion experience with that of "actualization," that process which helps to stabilize, interiorize, and motivate man. Conversion is defined by effect then, and is the process in which man realizes himself.¹⁶

Other contributors to the literature of conversion include William Barclay, who sees religious conversion in the biblical sense as a "change" and considers "the most serious mistake . . . is to standardize the experience of conversion, and to (invite) the inevitable result . . . that the normal conversion experience must be sudden shattering, and complete . . . there will be no one standardized conversion experience; but the experience of conversion will be as infinitely varied as human experience itself."¹⁷

Finally, Seward Hiltner, a theologian, presents a variation to the usual definition of religious conversion when he suggests that it is to be defined as a "movement" rather than a "once-for-all completed fact." Secondly, it is to be considered a common compelling growth experience to those in their thirties rather than as just an adolescent experience; it is as well a function of the

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church through education and pastoral care, and is truly to be defined as the decisive joining of a fellowship to those who, “though sinners, yet saved, reach out in evangelism, in missions, and in social service and reform to share the treasure that God’s grace in Jesus Christ has brought to them.”¹⁸

Other validating reports by religious psychologists have not been included due to the brevity of this report. Even so, this short history behind the Christian conversion experience validates the totality of research that clearly indicates the significant role that it plays in the construction of positive identity formation.

This early research which has relied heavily upon questionnaire and case study information, served to establish the fact that conversion through faith in Christ is a life integrating, growth oriented, and actualizing process in the life of a believer.

Now we will take a look at the history of rehabilitation within corrections and its relationship to the psychology of religion. Prior to the 1790s the primary “treatment” for criminal behavior in this country and in most parts of the world was corporal or capital punishment. At about that time, the Quakers in Pennsylvania instituted a revolutionary trend in penal practice: They eliminated the practice of corporal punishment and replaced it with a “rehabilitation” program for inmates in their care. Although an improvement on the penal practices of the time, their approach to corrections would undoubtedly be considered “cruel and unusual” by today’s standards. Prisoners were required to spend long periods in solitary confinement and total silence in order to reflect on their criminal ways. It was hoped that through this process prisoners would raise themselves to a higher moral position. Penology in the 1800s borrowed heavily from this concept. The state prison in Auburn, New York instituted what became known as the “Auburn Model,” and became the most influential prison system of its era. This model required strict obedience to institutional rules, and although remaining basically punitive in nature did have some rehabilitative intent by requiring prisoners to spend long periods in reflective meditation.¹⁹

The founding of the American Correctional Association in 1870 has been cited as a turning point away from a generally punitive approach toward a rehabilitative model of corrections (Menninger,

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1969). The founders of that organization, most of whom were prison administrators and personnel, set down a “Statement of 22 Principles, among which was the assertion that “reformation, not vindictive suffering, should be the purpose of penal treatment” (President’s commission on Law Enforcement and the Administration of Justice, 1967, p. 3). For the next 50 years (1870–1920) there was high hope for the rehabilitative effectiveness of correctional programs, which concentrated on the general education of prison populations, religious instruction, and plain hard work. Reformatories rather than prisons were in vogue. By the end of World War I, however, there was a growing concern that this approach was not doing the job. The next 30 years (1920–1950) gave rise to both vocational and medical models of prisoner rehabilitation (Bennet et al., 1978). Psychiatry and the vocational guidance movement started to make inroads into prison systems, using the “sickness” model of behavior change that held sway in most institutions. Individual and group therapy became a prevalent, and even “necessary” part of a rehabilitative program.

The period from (1950–1980) witnessed the use of a wide variety of approaches to changing criminal behavior, helping inmates increase personal and job related skills, and aiding prisoners both to adjust to incarceration and return to free society.²⁰

In correlating the historical theories of Christian conversions and the rehabilitative efforts made in corrections, it is interesting to note that a Christian group in the 1790’s were the first to eliminate the practice of corporal punishment. They replaced it with a rehabilitation program which involved periods in reflective meditation (prayer), a practice currently used by Christian psychologists today. As stated earlier the “Auburn Model” borrowed this concept of “prayer” and obedience and became the most influential prison system of its era.

From 1870–1920 we saw that the American Correctional Association was used to incorporate a rehabilitative model for prisons nationwide. This is the same period that the early religious psychologists such as Hall, Starbuck and James revealed their research of conversion being a fundamental redirection of life for maturity and growth.

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The next 30 years from 1920–1950 were heavily influenced by the general acceptance of psychoanalysis and the medical models of prisoner rehabilitation. Freud’s conception of conversion being a psychopathology discredited the religious movement for rehabilitation and ultimately put the prisoner in a position of being “sick” and irresponsible for his criminal behavior.

Dr. Paul Tournier has stated: “Freud and his followers concluded that religion often caused neurosis.” This was especially so, the Freudians concluded, when religious people criticized the sex instinct and tried to pretend that it didn’t exist. The analysts agreed, further, that religion was an enslaving and repressive power which did far more harm than good. In books like “The Future of an Illusion,” Freud presented *psychological* theories which “explained away” religion and rejected theological values. What Freud and numerous contemporary therapists have failed to recognize, however, is that their view of religion is distorted. People with problems are not likely to present a picture of sane and authentic Christianity. Instead, these troubled individuals show a perverted form of belief which the counselor observes and incorrectly assumes to be typical of all believers. From this, the therapist concludes that all religion is harmful and psychologically unhealthy.²¹

Within the last 50 years, we have seen a conglomeration of counseling approaches which have basically been ineffective in their fight against recidivism, as stated in the introduction. It is this writers belief that there has been a direct historical positive correlation between the Christian Psychotherapy process and rehabilitative effectiveness. The following chapters will analyze the integration of this relationship with psychological research.

Endnotes

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Integration Process

Within recent years there has been a reborn interest in the use of Christian Psychotherapy to resolve emotional problems. Along with this Christian movement, came the difficulty of integrating contemporary psychological principles with biblical truth. This chapter will provide some guidelines for choosing a biblical method of integration and then will select a model for analysis.

There are three basic positions that individuals take when discussing the integration of psychology and theology. First, there are those who are rigidly opposed toward any type of unity. These Christian believers often distrust psychology with its sometimes contradictory theories and observations. Other believers do not see the value of a biblical psychology and perceive this integration of the secular with the sacred as blasphemous. Also, there are those psychologists and their followers who are highly critical of religion in general. They believe that it arouses harmful guilt in people or enslaves men in rigid and repressive moral systems. This first group, therefore, believes that the two disciplines should remain separate for individual usage.

A second attitude often taken by some Christian therapists, is to accept all revealed truth in psychology and theology as equal. Since truth represents that synthesis of all competing ideas, relevant concepts from Scripture are mixed with helpful techniques from psychology to find out what works best for the individual. This baptizing of psychology with scriptural texts is used to correlate the points of convergence wherever possible. Rather than concerning themselves with absolute truth based on Scripture, they use whatever procedure seems right according to the pragmatic criterion "Does it work?"

The third approach that most biblically minded Christian therapists take view the integration of psychological science and biblical principles as acceptable but not necessary. Whenever the findings of psychological research are screened for *contradictions* in Scripture, isolated for further study of presuppositions and reshaped to conform to a biblical perspective, integration is incorporated into

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the counseling process. Christians can profit from psychological truth, but must carefully sort out and reject the concepts which depend upon humanistic presuppositions. This third position is the most demanding spiritually and intellectually because it requires the greatest amount of thoughtful consideration.

As an overview, we can therefore categorize the three positions as being (1) non-integrative, (2) total-integrative, and (3) partial-integrative.

By evaluating the positions, we can select a view that will value the Scriptures as the ultimate source of truth about man without failing to recognize and discover God's truth through scientific data which will ultimately correlate with the Bible. The first position of non-integration recognizes the irreconcilable differences and incompatible beliefs of people who distrust psychology or criticize religion.

Dr. Paul Tournier states that: "To some extent the psychologists rejection of religion stems from the fact that the basic values of science appear to be contradicted by the values of Christianity, like most scientists and other people in our society, the therapist believes in the importance of self-assertion, personal aggressiveness, and the defense of one's own rights. He sees Christianity as a system which advocates self-denial, and repression of all that is pleasurable. God appears to be a brake that restricts life and enslaves men. Because he has never seen the real power of Christ in a life, the secular psychologist or psychiatrist has no awareness that Christianity is in reality a liberating force which can bring new joy and meaning to individual believers. Tournier does not deny that Christianity imposes some limits on people. Just as vines are pruned by the farmer, so are we cut back at times; but in both cases the ultimate result is fuller growth and greater fruitfulness. Like the secular therapists with their patients, Christ wants His followers to flourish and assert themselves. But the Christian believes that this blossoming of life is most effective when we are growing in accordance with the purposes of God. The goals or values of the Christian and the psychologist may seem to be different, but in Tournier's opinion they are not so divergent after all."¹

On the opposite side of this debate stand the believers who oppose or at least distrust psychology. To some extent this may be

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the result of jealousy. Many Christians like to think that they alone have the answer to men's problems; so it is threatening to have competition from psychologists, especially when the psychologists are sometimes more successful than the church in helping people. In Tourniers' view, however, the real causes of friction are deeper. Religious people often fear that psychology contains a dangerous threat to true faith. Psychologists appear to deny sin or guilt, to undermine Christian morals, and to explain religious experience as being due to psychic impulses rather than to the divine influence of God. In addition, there is fear that psychology preaches a doctrine of human salvation—a view that men can solve all their problems without any need to depend on the power of Jesus Christ.

Since this first group insists that their opposing disciplines have nothing to offer each other, they have solved their problem by remaining separate. This, however, does not change the fact that much psychological truth has been discovered and integrated into biblical counseling which in no way violates the truth which God has propositionally revealed.

Analyzing the second position of total-integration, we must take a biblical approach to knowledge which is firmly rooted in the logical law of antithesis (if A is true, non-A is false). This law absolutely refuses to accept concepts which are in any way inconsistent with each other regardless of their apparent value. Therefore, all such integration can only accurately begin at the presuppositional level.

In an article, Ross S. Banister wrote that many Christian counselors have sought to . . . find psychology in the Bible. This pursuit has often led to a simplistic psychology which then develops into a rigid system. We must remember that the Scriptures are not a complete textbook on psychology (or history). However, the Bible will verify or validate psychology (or history) wherever they converge. Coming to Scripture with inconsistent presuppositions drawn from psychology in order to find proof-texts is not a valid approach. Unfortunately many Christian counselors begin here. Having been introduced to secular models in their training, these counselors take their solely secular presuppositions to Scripture and seek conforming evidence. Anything can be proven" by this method—thus the conglomeration of counseling theory professed by Christians.²