

# CHRISTIANITY AND PSYCHOLOGICAL HEALTH: Neurosis or Coping?

## Questions for discussion/personal reflection

The following questions have been designed to aid group discussion or personal reflection. Although an attempt has been made to place these in a logical sequence, the order may be varied or questions may be omitted depending on groups'/individuals' preferences or needs. There are not right or wrong answers. The intention is to provoke thought and ultimately perhaps some degree of personal (if not consensual) resolution having considered the issues in some detail.

1. Has being a Christian affected your psychological well-being in any way?  
(a) for the better?  
(b) for the worse?

Write your answers to (a) and (b) on separate pieces of paper, specifying in each case what aspect of being a Christian made a difference and the psychological effect of this. You will be invited to hand these anonymously to the facilitators if you wish to. Themes arising from participants' responses will be presented to the group later without identifying individuals.

2. Divide into two groups, each discuss a different theory, then feed back to the larger group.

Consider the positions towards Christianity taken by Freud and/or Ellis (see handout). How would reply to their views? You may wish to identify aspects with which you agree and as well as considering how you might defend Christianity.

Consider the following case:

Sarah has obsessive compulsive disorder (OCD). Her compulsive rituals are triggered by having the thought 'I wish that baby would die', which occurs whenever she sees a baby. This thought is accompanied by extreme anxiety and guilt, which her rituals serve to neutralise. Sarah's distress is increased by her belief that wrong thoughts are as sinful as acting them out.

How would you approach this problem bearing in mind Matthew 5:21, 22

"You have heard that it was said long ago, 'Do not murder, and anyone who murders will be subject to judgement.' But I tell you that anyone who is angry with his brother will be subject to judgement. Again, anyone who says to his brother, 'Raca,') is answerable to the Sanhedrin but anyone who says 'You fool!' will be in danger of the fire of hell."

and Philippians 4:8

"... whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable if anything is excellent or praiseworthy – think about such things."

3. How might the following aspects of Christianity affect psychological health
- (a) for the better?
  - (b) for the worse?

- experiences of God/the Holy Spirit
- the Bible
- your concept/image of God and relationship with him
- understanding of God the Father
- Jesus' death and resurrection
- prayer
- worship
- belief in heaven and hell

You may wish to focus on just a few of these.

4. Read the following vignettes.

- (a) Would you identify pathology in any of the following vignettes? If so, what particularly is pathological?
- (b) In what ways might the church function as a greenhouse in which this pathology is cultivated?
- (c) In what circumstances would you regard these processes *not* to be pathological?

*Vignette A*

Robin has done well academically but has stayed in the same mundane job for the past 5 years. The job does not provide any challenge and he has been talking about leaving for over 3 ½ years. He has had various ideas about alternative jobs. These include working for YWAM in India and following his childhood wish to be a lawyer, but he has not pursued any of these. He says he hasn't heard clearly from God about any of the options and thinks that right now God wants him to spend time dwelling in Him.

*Vignette B*

Unless she had a crisis, Sarah attended home group regularly. She made good use of the support given by home group leaders, often calling them during the week. Sometimes this was a strain as the conversations could be lengthy and advice given was interpreted as criticism or rejection. Arguments and upset sometimes ensued. Initially the leaders regarded coping with such relational disagreements as fundamental to learning to live as a church community. However, after several months of difficult interactions, they decided her participation in the home group was too disruptive and prevented other vulnerable, quieter members from receiving the support they needed. It was suggested to Sarah that she move to a different home group.

*Vignette C*

Judith and Tony are well respected, prominent leaders in their church. They are strict parents and their children are serious and on edge. There have recently been some rumours at the firm where Tony works that he is having an affair with his secretary.

*Vignette D*

Sarah is a very sweet woman who always tries to please. People sometimes take advantage of her but she swallows any discomfort, knowing Jesus taught forgiveness and told us to turn the other cheek.

*Vignette E*

John's mother was dying of cancer. He refused to listen to his mother's funeral plans because he was certain that God was going to heal her. He felt he was obeying the command to 'believe and not doubt, because he who doubts is like a wave of the sea, blown and tossed by the wind' (James 1:6).

5. Try to identify different types of guilt.
  - (a) How can we distinguish between healthy and pathological guilt?
  - (b) How might Christianity / the church propagate both healthy and pathological guilt?
  - (c) A questions for clinicians: Do you think clinicians might fail to identify healthy guilt? If so, what might the consequences of this be?

**brief presentation on:**

- the intrinsic/extrinsic faith distinction
- intrinsic/extrinsic research findings relating to psychological well-being
- Pargament's religious problem-solving findings
- Pargament's religious coping research

7. Do these research findings concur with the ideas generated by the group (in response to questions 1 and 4)? *Responses to question 1 will be read out.*
8. What can/should we do with this knowledge (i.e. the research findings presented) – as students, clinicians, researchers, teachers, church members, Christians, etc.?

## Resources

### *Scripture*

Romans 5:3-5; Isaiah 61: 1-3; Isaiah 32:17; 1 Peter 5:7

### *Professional Guidance*

Professional Practice Guidelines. Division of Clinical Psychology, BPS 1995.

*-especially section 2.1.1 "Power differentials and the misuse of power" and 3.1 "Values in interventions with clients".*

### *Publications*

Hurding, R. (1985). *Roots and Shoots – A guide to counselling and psychotherapy*. London: Hodder & Stoughton.

*A 'scholarly guide' to and Christian critique of behaviourism, psychoanalysis, personalism, transpersonalism and the 'new therapies' (e.g. CBT, family therapy, Gestalt therapy). This is followed by discussion of Christian responses to secular therapies.*

Jones, S.L. & Butman, R.E. (1991). *Modern Psychotherapies – A Comprehensive Christian Appraisal*. IL, USA: IVP.

*An excellent outline and Christian critique of behavioural, dynamic, humanistic and family systems therapies, with final chapters presenting possible Christian integrationist approaches.*

Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J. & Jones, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion* **27**:90-104.

*Identifies three styles of problem solving (deferring, collaborative and self-directing), each associated with a different relationship with God are identified and found to be associated with different levels of competence.*

Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K. and Warren, R. (1990). God help me (I): Religious coping efforts as predictors of the outcomes to significant negative life events. *American Journal of Community Psychology* **18**:793-825.

*Identifies religious coping strategies and reports on findings that these account for positive outcomes over and above non-religious coping strategies.*

Shafranske, E.P. (1997). *Religion and the Clinical Practice of Psychology*. Washington DC: APA.

*The most comprehensive collection of essays addressing religion as a factor in mental health and psychological treatment, written by the most prominent authors in this field (of course all - except one Canadian - are American).*

Further references are available on request.

# HANDOUT FOR CHRISTIANITY AS NEUROSIS OR COPING PRIMER

Perspectives of religion taken by theories of psychological therapies.

## Freud (founder of psychoanalysis)

Psychoanalysis is essentially an agnostic or atheistic system, since religions are treated as an illusion. ... Freud's argument is that the religious believer in adolescence or adulthood comes face to face with a cold, ambiguous and threatening universe in which annihilation, isolation or meaninglessness are seen as likely options. This creates overwhelming anxiety. In a primitive, self-protecting gesture, we create for ourselves a comforting illusion with which to shield ourselves. The illusion we embrace stems from real or distorted memories of our childhood years, when as weak and vulnerable persons we felt nurtured and protected by what we perceived to be omnipotent, omniscient and loving parents, specifically a father.

In a desperate attempt to maintain that sense of security and well-being and meet our adult needs and wants, we embrace some form of religion, creating an imaginary deity, a divine father-figure. ... Indeed the illusions we create for ourselves can also serve as a symbolic means to meet unfulfilled childhood longings as well. From the psychoanalytic perspective religion is seen as a kind of universal neurosis that civilisation substitutes for a more authentic personal reality based on scientific knowledge.

Jones & Butman (1991, p.77)

(See Jones & Butman's (1991) *Modern Psychotherapies* pp. 77-79 for an excellent reply to Freud.)

## Ellis (founder of Rational Emotive Therapy)

Ellis is an unabashed hedonist, humanist and atheist. He and Bernard (1985, pp. 5-6) [argue that] "rational thoughts ... are defined in RET as those thoughts that help people to live longer and happier, particularly by ... choosing for themselves certain happiness-producing values, purposes, goals".

In humanism, the rational individual is the source of wisdom, not the almighty God. God is not needed. In RET people are the only real measure of people; 'God is irrelevant to the human outlook.' (Walen et al., 1980, p.11). Thus, Ellis might well dismiss a Christian's feeling that he has disappointed God by saying that that reaction is interfering with enjoying life now. He might also regard a Christian's desire to obey Biblical teaching when this may increase distress (e.g. a homosexual's decision to remain celibate) as irrational.

RET hypothesises that "devout belief ... tends to foster human dependency and increase emotional disturbance" (Ellis and Bernard, 1985, p.22), and hence, too much religion is necessarily bad.

Jones & Butman (1991, pp.174, 175, 190, 191)