

A Christian Psychology Approach

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LEARNING OBJECTIVES

- Describe how the priority of representing the character of Christ guides the practice of the therapist and the overall helping relationship.
- Analyze how clinical research and the three-phase model for working with victims of trauma are used in treatment aimed to enhance Jake's Christian faith.
- Ponder the admonition that the Spirit of God and his Word must be vibrant and operational on both sides of the helping relationship for the helping to be therapeutic.

In formulating a response to the case of Jake, it seemed advisable to lay out a couple of presuppositions that are not explicitly stated in most Christian psychology writings. In *Psychology & Christianity: Five Views*, Roberts and Watson (2010) state, "All Christians who work as professionals in psychology should at least be as well versed in the thought of some great Christian psychologist as they are in their own corner of establishment psychology" (p. 174). Recently, McMinn, Staley, Webb and Seegobin (2010), referring to Christian psychologists (members of the Society for Christian Psychology [SCP]), observed: "SCP members seek to uncover the psychology implicit in historic Christian writings, including the Bible. . . . SCP members are interested in psychology, albeit mainly the psychology of the Bible and other Christian historical sources" (p. 394).

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Christian psychologists seek to draw their understanding more from these uniquely Christian categories than from modern psychology, though valuing the latter and its methods. The focus is on the philosophy, theory, research, and clinical skills and techniques that constitute a Christian psychology. These are, in fact, all vital components of a Christian psychology. But there is an additional arena worthy of focus and that is the person who is doing the work of a mental health professional (MHP)—a concept I believe to be distinctively Christian and also quite central to the development of a Christian psychology. This holds true whether the MHP is building a theory, formulating a research problem, teaching students or entering into a therapeutic relationship. The therapist is the human tool in the counseling relationship, and it is paramount that the tool be deeply rooted in both God and his Word so that the character demonstrated in the counseling dyad reflects him well.

It is also true that, when engaged in the work of therapy, not only does the person of the therapist assume a central place, but the model that therapist holds of health and wholeness becomes a significant factor in the ensuing interactions. I believe that a true *Christian* psychology is based ultimately on the knowledge and understanding of the personality of the Son of Man, Jesus Christ. We have, in the study of Christ, a rich picture of a whole and healthy human person. We have a study of humans as they are meant to be in this world. My understanding of the human beings who enter my office must be informed by my study of the person of the Son of Man. And if I have studied rightly, then that study should also result in an ongoing transformation into that likeness in me and be evidenced in the actual work of counseling.

One factor involved in this that is so germane to the work of therapy is self-awareness, or truth about oneself. What is seen and known about the self must be daily brought into submission to the person and work of Christ. He alone is truth, wisdom, kindness, patience, justice and mercy. It would be an oxymoron to call oneself a *Christian* psychologist if these characteristics were not developing and seen in the therapist over time. Christian psychologists ought to bear in their person a representation of the character of Christ, and that character must shape the therapist, the client and the relationship between them. Such character traits are fed by such things as worship, study and prayer (for elaboration see Langberg, 1997, especially chapters 24 and 25).

These factors, central to a Christian psychology and its clinical applications, mean first of all that any Christian clinician should be steeped in the knowledge of the Word of God, both written and made flesh in Jesus Christ. He is not only the model of what we are to be; he is also God in the flesh ministering to wounded humanity. Saturation in this eternally living Person, his Word and his life—so that who he is, is worked out into the character, thoughts and life of the clinician—is vital if therapy is to be fully Christian. That Christian psychologist then carefully gleans from secular theories, techniques and skills. That psychologist reads the historic Christian literature and engages in research. That Christian psychologist enters into a therapeutic alliance, listening, waiting, sifting, discerning, asking and responding. That Christian psychologist brings the mind of Christ to bear first on one's own self and subsequently on the client in the consulting room, on his or her life story and its difficult places, and the way forward in growth, healing and hopefully an ongoing likeness to Christ. And from this foundation, we turn now to its application in the case of Jake.

Introduction

The primary focus in the beginning of therapy with a new patient is to form an alliance. As I have previously observed (Langberg, 1997, p. 31), "Therapy is first and foremost a relationship." Without that alliance the client is not attached to either the therapist or the therapy process and will probably not stay engaged when things get difficult or feel overwhelming. Forming a relational alliance requires initially hearing the narrative of the client and actively searching for ways to enter into the life and mind of the one before you in an understanding, empathic way. At the outset, therapy is not about diagnosis of difficulties or sin, or simply giving directives for stated problems and expecting the client to come to you actively engaged in dealing with the issues they most want to avoid or eliminate. The therapist must "go in" and sit with and connect with the client so the alliance is experienced as a team of two people on the client's side, facing the issues and finding constructive ways of understanding them and then dealing with them. It is, frankly, incarnational work.

The Word made flesh is God in a body on the ground. He became like us. That is how we know he understands, and that is how we begin to grasp the truths he came to teach us. That is also the beginning point of

all therapy. The sitting down with, the listening so as to understand one both like and different from ourselves, the forming hour by hour of a safe and trustworthy relationship is absolutely foundational to the often difficult work of counseling. Without that, we become simply a stranger with academic degrees, knowledge and some level of skill who instructs another human being in how he or she might change. Like our pursuing God, we pursue through listening, through empathy and deep understanding of the person before us. We enter into the client's suffering in a manner similar to Jesus' entering the life and suffering of humanity.

In consulting with the counselor in Jake's case, we note that early on an assumption was made ("a simple case of adjustment to college life"), but there were many clues given from the outset that this was not so simple. It is my experience that young therapists often fail to ask sufficient questions and tend to assume they understand. However, words can be used to camouflage or cloud issues. Clients often want to hide things from themselves. A client may say they feel sad, but without gentle exploration we might never come to understand that "sad" really indicates significant, mind-numbing grief and depression. We need to discover what the words mean experientially to the person using them, and so we ask things like, "What is sadness like for you?"

In considering the counseling relationship with Jake, we see that from the very beginning he is informing us about himself and what we might expect from him. He let us know in the initial session that the stated intention—seeking assistance in getting assignments completed—is in fact not likely to be the central issue, as we shall soon see. In fact, the presenting problem is rarely the central issue in counseling, but merely what the client is comfortable saying out loud to a yet unknown person. Let us look at the important information Jake gave us in his first few sessions.

Initial Impressions

First, Jake made his original appointment with reluctance, so we know from the outset that we have an ambivalent client. We also note ambivalence in the gap between his stated issue and his hints at other issues, such as the cause of a medical discharge and a "history that is messed up." A strong alliance will be critical lest the therapist get caught in the crossfire of his ambivalence. The push-pull of the client will stall treatment as the

Summary and Conclusion

There is obviously much that cannot be said about the specifics of Jake's counseling. When and how to speak with Jake about his grief, his choices, his sin or his sorrows; where to show gentleness and where to be firm; where repetition is necessary; when to confront him with the truths of Scripture and when to simply live them out—these are all questions that must be answered as treatment progresses and Jake responds. Such variables are an invitation to the therapist to dialogue with and rely on the Spirit of God as the work proceeds. It is he who is the true Comforter (John 15), the one who leads us into truth and is the indwelling Wonderful Counselor (Isaiah 9:6). The difficulties and challenges of a complex case will result in growth and deepening faith for the counselor, which will in fact be part of Jake's legacy to future counselees!

Jake's treatment is a three-phase plan, with the first being safety and stabilization; the second, trauma processing; and the third, a connection with his world and his future that is based now on a more solid foundation and hope for a more godly and productive life. Elasticity of movement back and forth between the phases is important in working with trauma. It is also important to note that Jake's case is complex and involves many needs and difficulties and will therefore certainly not be a linear process. This case requires an understanding of the trauma literature, good clinical skills, a grasp of the research bearing on these matters, a wise involvement of the Christian community for support and a vibrant faith, clear understanding of the Scriptures, and reliance on the Spirit of God—all of which constitute the facets of a Christian psychologist.

In conclusion, if the work of therapy is done in a manner consistent with the two presuppositions mentioned at the beginning of the chapter, the outcome of that work will be visible redemptive work in two lives, not just one. The eternal pursuit of our God is always that of making us like his Son. In the initial stages of counseling, that work is often being intensively done in the life of the counselor in contending with denial, deception, resistance, confusion, fear, relapses and outright opposition. The discernment, wisdom, patience, gentleness, mercy and compassion that are needed are only found in the person of Jesus Christ and his work in a human life. That means that in the early stages of this Christian psychology approach, the evidence of Christ in the room and in the rela-

tionship is seen (or should be seen) in the responses, both verbal and non-verbal, of the therapist. Wherever the therapist comes up short in responding to a difficulty with the client, that is the place where, rather than pushing on the client to change, the therapist must continually go before God and his Word for his perspective and his character to be worked out in the counselor's person. Over time, the living, visible presence of the character of God in the flesh will begin to bring about hunger for change and then change itself, until in the later stages that character begins to be visible in small choices and behaviors in the client. It is my experience that God is always working both sides of the equation and most frequently begins in the life and character of the therapist rather than the stated client. For those who adopt a Christian psychology approach to counseling, this is not surprising. God-dependence is a therapeutic requirement for the therapist before the client even enters the office. Modeling this is a vital part of the counseling process.

This is a work that is a great privilege to do. It is a call to immerse oneself in the life and person of Jesus Christ, become his disciple in the school of Christlikeness, and then watch his remarkable redemptive power restore a broken and wounded life to one that begins to reflect his image out into the world.

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