

CHRISTIAN SPIRITUALITY AND PSYCHOTHERAPY

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1.0 Introduction

1.1 Historical Christian Spiritual Foundations of Counseling.

Christians trace their founding to Jesus Christ, by His sending (decent) of the Holy Spirit at Pentecost on His apostles and disciples. Following St. Paul, we know that the teachings of Jesus were understood by Christians by them being sanctified by this same Holy Spirit. St. Paul did much to spread the teachings of Jesus throughout the Roman world. To one group he wrote: "To this he called you through our gospel, so that you may obtain the glory of our Lord Jesus Christ. So then, brethren, stand firm and hold to the traditions which you were taught by us, either by word of mouth or by letter." [2 Thessalonians 2: 13-15] These teachings of Jesus passed in tradition to His Church: "I commend you because you remember me in everything and maintain the traditions

even as I have delivered them to you.” [1 Corinthians 11:2] St Paul told the Ephesians “you are fellow citizens with the saints and members of the household of God, built upon the foundation of the apostles and prophets, Christ Jesus himself being the cornerstone...” (2: 19, 30) St Luke told his readers: “Take heed to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to care for the church of God which he obtained with the blood of his own Son. [Acts 20:28] Following St. Paul, these traditions, oral first and then written, were passed from the apostles to their successors, the bishops and priests.

Christianity is known therefore through the oral tradition and practice of the church and through the written scriptures. The written scriptures compiled by St. Athanasious [Old Testament] the Great in c. 328 A.D., and New Testament Synod of Laodicaea (381 A.D.) and both ratified by the Sixth Ecumenical Council (3rd Constantinople) in 680 A.D. by the same overseers (episkopi) whom the Holy Spirit inspired to care for the church by maintaining the “traditions.” This is important because the synergy of Christian spirituality and psychology must be both true to Christian teaching in tradition, practice and scripture and modern scientific psychology.

Reference will be made to the “Church Fathers” who were not teaching anything new but merely discovering what Jesus had taught and passed on to the apostles and their successors the bishops as inspired by the Holy Spirit. McGuckin (2004) has expressed this very succinctly: “the perceived duty of those attending the councils [overseers, as in St. Luke (Acts 20:) above] was to ‘recognize’, by comparison with past precedent, the faith of the church, and having recognized it acclaim it in the spirit.” For a Christian, spiritual life is a dynamic journey in which he or she is born ill and is cleansed by baptism. After baptism, while on earth his or her life becomes a journey of continual purification and healing. Christ is the physician and psychotherapist and the Church is the hospital. The teachings of the Church Fathers, prayer, the sacraments, (Confession, the Eucharist etc.) combined with scientific psychology are the medicine.

1.2 Christianity and Psychotherapy

For the Christian, psychotherapy is one component of the healing process of healing ‘body, mind and spirit’. An early example of Christian physicians of the ‘body,’ would be the brother physicians, Sts. Cosmos and Damian. They were known as the “unmercenary physicians” and wonderworkers who took no money for their healing. They were born in Rome and grew up Christian, both showing gifts of healing and the ability to encourage others in their Christian journey. Persecuted for their faith, they were brought before the Emperor Galerius, who demanded them to deny Christ to save their lives. Instead, they preached Christianity to the Emperor urging him to turn to the Living God and the true faith. While preaching to him, they healed him of a serious illness. Emperor Galerius declared himself a Christian and released the two brothers. They lived to continue working until their fame elicited envy in another physician who had them stoned to death in 284 A.D.

The healing of 'spirit' may be exemplified by St. Gregory of Nyssa, who said that curing the spirit is acquired by Godliness by those who gaze upon the Cross of Jesus, as the Israelites gazed on the staff of Moses: "There is one antidote for these evil passions [*spiritual illnesses*] (italics mine): the purification of our souls which takes place through the mystery of godliness. The chief act of faith in the "mystery of godliness" is to look to Him who suffered the passion for us. The person who looks to the One lifted up on the wood [the Cross] rejects passion, diluting the poison with the fear of the commandment as with a medicine. The voice of the Lord teaches clearly that the serpent lifted up in the desert is a symbol of the mystery of the cross when he says: "The Son of Man must be lifted up as Moses lifted up the serpent in the desert". (St. Gregory of Nyssa in Malherbe & Ferguson, 1978). This healing takes place as mentioned above, by being fully united to the Church, in prayer and sacraments.

The scientific method was not a field of study until almost 1500 years after Christ and the early church could know nothing of its methods. However, two factors tie Christianity with psychology as we know today. One is the tradition of spiritual direction and the other is the view that being made in God's image. Christians are to use their intelligence and free will in their interacting with the world. The tradition of spiritual direction and spiritual fatherhood is laid out by St. Paul in his first letter to the Corinthians: "Though you have countless guides in Christ, you do not have many fathers, For I became your father in Christ through the Gospel." (4:15). As Bishop Kallistos Ware tells us: "[A spiritual father, such as St. Clement] ...was also a spiritual guide to his pupils, a living model and exemplar, providing them not only with information but with an all embracing personal relationship." (p. ix) Bishop Kallistos went on to say that in the early church, the spiritual father was seen in five ways: doctor, counselor, intercessor, mediator and sponsor. In his counselor role, the spiritual father heals by 'words, advice and council.' Confession, used by the spiritual fathers and priests is viewed as going to a 'hospital' rather than a court of law. Penance imposed after confession of sins is viewed as a tonic to assist in recovery, not as a punishment. The second factor making Christianity open to modern psychotherapy is that mankind is made in God's image. The 'image' of God in man has been mainly viewed by the Church Fathers as follows: our intelligence and free will, which can be used to become more "like" Him [God]. The use of modern scientific psychotherapy, which is the result of the use of our intelligence, becomes therefore a necessity for the serious Christian in his or her purification and healing and in his/her journey to be "like God."

1.3 Important Figures in Christian Spirituality

Jesus Christ 3-6 BC to 27-30 AD (God becoming flesh "of one essence with the Father before all things were made" Council of Nicea, 325)

St Paul 3-6 BC to 66 AD [approx] (a Greek-Jew, former Pharisee and persecutor of Christians, after conversion to Christianity, one of the greatest Apostles)

St. Luke 20 AD to 90 AD [approx] (born in Antioch, a physician, a gentile converted to Christianity, worked with St. Paul, wrote the 3rd Gospel)

St. Clement of Alexandria 160 AD to 215 AD (Bishop and father of speculative theology)

Sts. Cosmos and Damian 230 AD to 287 AD [approx] (born in Rome, unmercenary physicians and preachers of the Gospel and martyrs for Christ)

St. Anthony the Great 250 AD to 355 AD [approx] (from Middle Egypt, the Father of Christian monasticism)

St. Athanasius 296 AD to 393 AD (Patriarch of Alexandria, great teacher and biographer of St. Anthony)

St. Gregory of Nyssa 335 AD to 394 AD (from Cappadocia, great teacher, writer and mystical theologian)

Abba Evagrius the Monk 350 AD to 399 AD [approx] (monk, ascetic writer)

St. John Cassian 360 AD to 435 AD (monk, summarized the traditions of the Desert Fathers for the Western Church)

St. Cyril of Alexandria 375 AD to 444 AD (Patriarch of Alexandria, defended Christ possessed both the Nature of God and the Nature of Man)

St. Nilus the Ascetic 390 AD to 450 AD [approx] (Abbot of a Monastery in Turkey, wrote especially on the relationship between the spiritual father and his disciples)

St. Hesychius the Priest 400 AD to 450 AD [approx] (monk and spiritual writer)

St. Dorotheus of Gaza 525 AD to 575 AD [approx] (monk and spiritual writer, wrote especially that real knowledge is inseparable from love of God)

St. Maximus the Confessor 580 AD to 662 AD (monk, ascetic, wrote especially on love and virtue)

St. John of Karpathos 625 AD to 675 AD [approx] (monk, wrote on the senses, thoughts and virtue)

St. Gregory Palamas 1296 AD to 1359 AD (Bishop, mystic, theologian, wrote extensively on prayer and union with God)

St. Seraphim of Sarov 1759 AD to 1833 AD (monk, mystic taught the main aim of the Christian life is to acquire for oneself the Spirit of God)

Bishop Kallistos Ware 1934 AD (Professor at Oxford University, recognized scholar of the Church Fathers and theology)

1.4 The Development of Christian Churches



This image shows the development of Christian churches since Christianity began.

2.0 Bio-Cultural Elements

2.1 Emotion and Neural Processes

Studies from various areas in psychology, suggest cognition, emotion and behavior interact with each other in complex ways (Weitan 1995). There are currently various psychological models to explain this interaction. One model based on Darwinian evolutionary theory is that emotion develops as an adaptive value to a stimulus. The different laboratories of Izard (1984), Tomkins (1991) and Plutchik (1984) come remarkably similar findings on the presence of primary emotions shortly after birth. These researchers agree on six emotions (fear, anger, joy, disgust, interest and surprise) out of about eight or ten primary emotions. Phylogenetically these emotions occur before the brain structures supporting cognition initiate development. That is, subcortical brain areas such as the hypothalamus and the limbic system develop before the cerebral cortex.

Researches have shown that emotional responding in lower animals appears to be an innate reaction to certain stimulus. In human brain architecture the limbic system and hypothalamus are connected by neural structures to these, later developing cortical structures allowing communication between these two areas. Research on neurophysiological processes and psychopharmacological processes summarized by Izard suggests that these areas serve as the possible neural architecture (sub cortical and cortical) pathways of emotion. Early Christians knew nothing of the taxonomy and biological substrates that are understood today. They were limited to the understanding of their times. The word passion is the term most closely used by the Church Fathers in describing what today by scientific investigation are called emotions.

2.2 Cognition, Emotion, and Psychospiritual Perspectives

The research literature demonstrating the cognitive elicitation of emotion is ubiquitous. Appraisals, anticipations, attributions, beliefs, construals, inferences, judgments and memories of stimulus situations all fall in the cognitive domain. In one early pivotal study out of Richard Lazarus' laboratory (1991), appraisal strategies of subjects were manipulated before they viewed a film depicting an aboriginal male puberty rite. Subjects in a neutral or "intellectualized" condition displayed significantly less emotion as measured by self-report and physiological monitoring than subjects in the "sensitized" condition. Other studies in this area are use variations of this paradigm. In recent years a substantial body of information has been collected on cognitive-emotion interaction. (Bandura, 1986; Erwin, 1980; Galanter, E. 1962; Kahneman, D. 1973; Marmor, J. 1962; Posner & Snyder, 1975; Shrifren, 1988). Cognition has also been extended to the behavioral processes of parenting, (Patterson, 1976).

The question that arises for the use of psychospiritual intervention to address emotional disorders is to what extent cognition plays a role in initiation, sustaining and possible attenuation of emotional responding? If one were to maintain that emotions can be

triggered even in humans by sub-cortical processes, would cognitive processes have any role in their modulation? This is not a trivial question, because it is at the foundation of the various Cognitive therapies and it goes to the heart of the moral and spiritual teachings of the church fathers.

Fundamentally the question is: "To what extent can we control our emotions or what the church fathers refer as our "passions"? Is it true that emotions generated at more basic systems such as sub cortical or neural processes are less cognitively controllable than cortical (cognitive) processes? To what extent do individual differences play in such control processes? In other words are some individuals able to control the various systems of emotional activation over others? In as much as we do not have a comprehensive individual difference model of emotion activation, we must proceed with caution and at best heuristically. Each person should be evaluated individually as to what emotion systems are influencing an emotional reaction and the person's ability to have cognitive control of these systems.

Some patients with lower levels of cognitive control may benefit from interventions targeting the neural sensori-motor or affective systems directly (i.e. psychotropic treatment, environmental change) as the primary treatment. Patients with higher levels of cognitive control may benefit from more focused cognitive treatment programs (i.e. Beck's [1995] Cognitive Therapy). It has been my clinical observation however, that even patients with limited cognitive resources however (with the exception for example of low functioning cognitively impaired individuals) benefit from some cognitive interventions. This makes neurophysiological sense if it is remembered that in humans the brain subcortical pathway (emotion) and cortical (cognitive) pathways are connected. These findings in no way contradict the teachings of the Church Fathers. They point out man, created in God's image has "free will". However as the Fathers tell us any number of factors may diminish the capacity of voluntary-involuntary acts (St. Clement of Alexandria, Stromata, Book II).

2.3 Factors Affecting Human Behavior

Such Church Fathers, St. John of the Ladder and St. Gregory Palamas, indicate that continual sin becomes habitual. [Thereby making behavioral patterns less voluntary.] Habits can "darken the spirit", [habits] work by "darkening our minds, which guides us, pushes people to do things only the mad would think of." (Philokalia, 1984-93) The Church Fathers suggest on reducing the strength of the habits by removing sensory factors and stopping memories [thoughts] as they begin. With repetition, these new techniques become stronger. This is not unlike 'thought stopping' techniques proposed by Cognitive-behavioral therapists. For the Christian, putting these techniques, in a spiritual perspective, suggested by the Church Fathers provides added motivation and rationale for the treatment.

2.4 Cultural Values in Psychospiritual Therapy

Cultural (and to a lesser extent spiritual) factors have received increased emphasis in understanding mental disorders and psychological treatment (DSM IV, American Psychiatric Association, 1994; McGoldrick, et.al. 1996). It would be unthinkable for Christians not to include spiritual factors in the understanding and treatment (healing) of mental disorders. The Christian spiritual tradition, including the prayers and practice the church, scripture and the writings of the spiritual fathers lends itself to an elegant integration with the Cognitive therapy methods noted above. While non-religious clinicians will not of course employ prayer for and/or with their patients, ethically they are required to include the religious values of their patients, even merely as a tool for understanding and treatment as suggested by McGoldrick, et.al. (1996). Christians are committed to do all in Christ's name. Jesus told His followers: 26. "For whoever is ashamed of me and of my words, of him will the Son of man be ashamed when he comes in his glory and the glory of the Father and of the holy angels." (Lk 9: 26) St Paul told the Corinthians: "knowing that in the Lord your labor is not in vain." (1 Cor 15: 58) Thus following the advice of McGoldrick et.al., it behooves the clinician to interweave the treatment with the patients spiritual value system.

A clinical example follows: One of my patients had discontinued regular psychotherapy due to a terminal illness. Her initial presenting problems and treatment focus involved family problems. Being a deeply religious woman, I made clinical-pastoral visits to her during up to her death in a hospital. The nature of her treatment shifted from family issues to the acceptance of her impending death. Because of her deep commitment to Christian teaching, the concept of her spirituality was integrated into exploring and addressing the "meaning of her life". It was great comfort to her to know she had brought Christ to her family and that He would continue to care for them spiritually after she would be dwelling with Jesus, after her physical death. By addressing her cultural value of being a devout Christian and intergrating this into her psychotherapy, she became fulfilled spiritually and could die in peace.

2.5 Cognitive Distortions

Keeping in mind the caveats above the cognitive-behavioral model of emotional dysfunction (Beck, Rush, Shaw and Emery, 1979; Ellis, 1962) has been shown to be effective in dealing with dysfunctional emotions, decreasing inappropriate behavior and increasing appropriate behavior. According to this model basic dysfunctional emotions such as anger, anxiety, depression and mania as well as more complex emotions such as anticipation, awe, jealousy and remorse (Plutchik, (1984) are produced by distorted or irrational appraisals, attitudes, beliefs and/or cognitions. Situations (something that someone has said or done or events that have happened) do not produce or cause the emotional reaction. Rather we upset ourselves over people and events by our cognitive processing of these situations. If our thinking is clear, rational and non-distorted we have normal feelings like annoyance, concern and disappointment.

Even opening this model to a less strict position, (allowing for sub cortical activation of emotion) it would be maintained that some control over emotions initiated by these sub cortical centers could be had by cognitive (cortical) methods. In Beck's model,

individuals have automatic thoughts (which are similar to primed cognitions investigated by Loftus, 1980) about activating events. These include *selective abstraction* (drawing conclusions unwarranted by the facts), *personalization* (attributing neutral events to be referred to you), *polarization* (viewing events in all or nothing terms), *generalization* (the tendency to conclude events will never change or always remain the same), *demanding expectations* ([Ellis, 1962], the belief that there are laws or rules that must or should be obeyed) and *catastrophizing* ([Ellis, 1962], the perception that something is more than 100% bad, awful or terrible).

Another cognitive model with clinical utility is attribution theory (Weiner, 1974; Abramson, Seligman & Teasdale, 1978). In this model explanations of events as due to combinations of internal or external and unstable (temporary) or stable (permanent) factors influence felt emotion and subsequent behavior. After rapport, diagnosis and treatment goals have been established the Cognitive-behavioral treatment strategies usually involve some form of didactic presentation of the cognitive model. Bibliotherapy is often used adjunctively. [Some recommended, books include, Beck, A.T. (1988), *Love is Never Enough*; Burns, D. (1980), *Feeling Good*; Ellis, A. (Ellis and Harper, 1975) *A Guide to Rational Living*] The patient is then helped to recognize, pinpoint and identify his/her cognitive distortions. The patient learns to challenge and restructure the irrational distorted cognitions that are initiating or sustaining the dysfunctional emotions to more accurate non-distorted cognitions. Use of notes and charts in the treatment session and outside the office is encouraged to facilitate the patient's integration of these concepts.

3.0 Psychological-Spiritual Interventions

3.1 Christian-Based Clinical Interventions

The Passions

The power of the scriptures and the spiritual tradition of the Church conjunctively with cognitive therapy are crucial in the treatment plan for the committed Christian patient or counselee. Since earliest Christian times, the Holy Fathers have written on and studied the *passions*, [strong emotions] (italics mine). For example in the presentation of the treatment rationale, the patient can be given readings from St. Dorotheus of Gaza:

“Disturbance is the movement and stirring of *thoughts*, which arouse and irritate the heart” (Philokalia, 1984-93)(italics mine).

What the fathers of the church call “movement and stirring of thoughts which arouse the heart” can be easily understood by the clinician to be very related to the automatic thoughts and the triggering of emotions discussed by cognitive-behavioral clinicians. Thus as the Christian patient goes through the “Cognitive treatment” identifying distorted cognitions and restructuring them, they are at the same time performing a “spiritual act.” This process would be likely motivational for the Christian patient.

Falsehoods

“There are three different kinds of *falsehood* [distortions]: There is the man who *lies in his mind* [cognitions]; the man who lies in *word* [behavior]. The man who lies in mind is given to *conjecture* [distorted cognition] (Philokalia, et al. 1984-93)(italics mine). This leads the clinician to describe cognitive distortions using spiritual terminology. Despondency, often discussed by the church fathers, may be more meaningful than the psychological term “depression.” A similar utilization would be the use of the term “agitation” instead of anxiety. This helps patients view the world using a spiritual perspective as well as serve to help the patients distinguish subtle differences in meaning of cognitive perspectives.

Cognitive Distortions

St Paul’s words may also be helpful to the patient: “When I was a child, I spoke like a child, I thought like a child, I reasoned like a child; when I became a man, I gave up childish ways.” (1 Cor 13:11 RSV). This saying addresses the use of cognitive distortions. Children are likely to use cognitive distortions in their response to the world. The Christian patient learns that identifying and restructuring his or her cognitive distortions is a Christian act.

The teachings of St Anthony the Great focus on the cause of evil that today we would consider to be a cognitive process: “The cause of all evil is delusion, *self deception* [cognitive distortions], and ignorance of God” (Philokalia, 1984-93) (italics mine). Once again clinicians will find St. Anthony’s counsels helpful in providing a spiritual rationale for the patient identifying and restructuring cognitive distortions.

General Intellectual Capabilities

St Maximos the Confessor tells us what is the outcome of faulty thinking: “When our intelligence is stupefied, the incensive power precipitate and desire mindless, and when ignorance, a domineering spirit and licentiousness govern the soul and then sin becomes a habit...” (Philokalia, 1984-93) This intervention serves to motivate the patient to work at using his or her intelligence and to think as clearly as possible to develop the healing process.

This increased functionality would also be the consequence of the words of St Hesychios the Priest: “...our inmost *intelligence* [non-distorted cognitions] will direct the *passions* [emotions] in a way that accords with God’s will, for we shall have set it in charge of them. The brother of the Lord declares: ‘He who does not lapse in his inmost *intelligence* is a perfect man, able also to bridle the *body* [behavior].’” (Philokalia, 1984-93)(italics mine)

Spiritual and Psychological Growth

Spiritual and psychological growth becomes a motivating force for the committed Christian in psychotherapy. The observation of St Maximos the Confessor this time may aid the patient in the reason to initiate change: "We accomplish things actively in so far as our *intelligence* [meaning non-distorted cognitions], whose natural task is to accomplish the virtues is active in us." (Philokalia, 1984-93) (*italics mine*) This will lead the patient to be more personally, socially, occupationally and spiritually functioning.

3.2 Using Psycho-spiritual Interventions to Challenge Cognitive Distortions

The clinician can help patient to challenge the distorted cognitions related to his or her dysfunctional emotional reactions. There are three challenging questions that lead to restructured cognitions: What is the evidence supporting the patient's cognitive distortions? Is there any other way to consider the event? And is it as bad as the patient believes the situation is? Once again, for the committed Christian, interweaving a spiritual dimension along with the traditional psychological approach from the Christian perspective, enables the Holy Spirit to work within the individual and helps ensure that the totality of the person, body, mind, and spirit participate in the healing process.

For example, in treating anger, the clinician should be aware that the cognitive theme accompanying the distorted cognitions is significant intrusion. That is the patient considers his person or extensions of himself (loved ones, property etc.) to have been violated. Effective psychological treatment techniques include anger inoculation and management (Novaco, 1977, Tarvis, 1984), assertiveness (Rathus, 1973), and the "mental ruler" technique (Burns, 1980). Once again integration of a spiritual factor with the traditional methods can be effective for the committed Christian patient. Typically, clinicians can help patients to accept that anger has several effects including creating additional problems for the patient and his or her family. Anger also diminishes the patient's own effectiveness in dealing with the original issue. From a Christian psychospiritual perspective, the clinician would consider using some of the following Christian verses in providing psychotherapy or counseling.

3.3 Christian Scriptural Verses and Their General Use

The following passages from the Old or New Testament can help the clinician demonstrate to the Christian patient that the dysfunctional emotions are a barrier to spiritual growth and thus attenuating them may not only aid in spiritual growth but aid in the development of the patient's personal and interpersonal functioning.

"He who is slow to anger has great understanding, but he who has a hasty temper exalts folly." (Prov 14:29)

This proverb addresses emotional reactivity versus emotional response.

"A man of wrath stirs up strife, and a man given to anger causes much Transgression." (Prov. 29:22)

“A hot tempered man stirs up strife, but he who is slow to anger quiets Contention.” (Prov. 15:18)

These scriptural texts address the collateral damage caused by anger as an expression of emotional reactivity.

The following Scriptural passages may help the Christian patient consider the added effects of both personal and spiritual growth and thus they would be an aid in motivating cognitive-behavioral change. The Apostles echo the teachings of Jesus and tell us what is required as Christians through the use of the following passages:

“For the anger of man does not work the righteousness of God” (Ja 1:19)

St. Paul tells the Ephesians: “Let all bitterness and wrath and anger and clamor and slander be put away from you...” (Eph 4:31)

The spiritual fathers have developed this theme. Abba Evagrius the Monk tells us about the effects of anger which may once again help in motivating the committed Christian patient: “Anger and hatred increase the excitation of the heart and mercy and meekness extinguish it.” (Philokalia, 1984-93)

3.4 Christian Verses and Their Use With Anxiety

The dominant theme in anxiety is a perceived threat. The patient determines that some event or person will produce some harm to him/herself or to people and/or things he or she values. Even when the threat is realistic, often the anxiety-ridden patient will have unrealistic perception about factors related to the threatening event. For example, a patient who may be realistic about the threat of failing an exam may have unrealistic thoughts and images about the consequences to the failure (e.g. will never be able to get a job, he will not be appreciated by others, etc.). Helping the committed Christian patient understand and integrate the scriptures and the teachings of the church fathers into his or her schema may be of healing value when addressing anxiety related disorders.

A clinician may ask: Jesus say: “Therefore I tell you, do not be anxious about your life, what you shall eat or what you shall drink, nor about your body, what you shall put on. Is not life more that food, and the body more than clothing.” (Mat 6:25) Thus, inviting the patient to have confidence in Jesus can be used to replace anxiety with Christian serenity. For the Christian patient, this may be termed ‘Jesus efficacy.’”

For other patients, it may be helpful to point out to him or her how wasteful and useless anxiety can be. Beck and Ellis usually accomplish this by pointing out to patients the added problems they have when anxiety complicates their lives. St. Matthew tells us the words of Jesus pointing out that anxiety adds nothing of value to our lives. He points out a spiritual component that may also make up the rationale for anxiety treatment: “And which of you by being anxious can add one cubit to his span of life”

(Mat 6:27)

In the cognitive treatment of anxiety, the patient is helped to work at changing those behaviors that can be changed while accepting those he or she cannot change. This is brought out in words of Jesus: "Therefore do not be anxious about tomorrow, for tomorrow will be anxious for itself. Let the day's own trouble be sufficient for the day." (Mat 6:34)

The Church Fathers also echo Jesus' words. St Nilos the Ascetic tells us: "It is ungodly to pass one's whole life worrying about bodily things" (Philokalia, 1984-93)

St John of Karpathos states: "We should of no account wear ourselves out with anxiety over body needs. With our whole soul let us trust in God...:(Philokalia, 1984-93). He invites us to use faith in addition to our own human efforts to restructure the irrational cognitions producing anxiety, which should be of special help to the Christian patient.

I had a conversation with a former monk and seminarian whose anxiety was at times unmanageable and who was very concerned that "cognitive-behavior therapy" was too secular and was not "Christian". After exposure to the passages of the Old and New Testaments and the teachings of the Church Fathers that did not contradict, but supported cognitive interventions, he felt much more at ease in treatment and the treatment process proceeded more efficaciously.

3.5 Christian Sayings and Their Use With Depression

Depression is an extremely debilitating mental disorder. It's general theme of significant loss and the negative view of the self prevents the patient from creating a complete union with God. Hopelessness tends to be followed by suicide and is often accompanied by severe depression. The sense of abandonment, which often felt by the depressed person, broadcasts isolation from mankind and from God as well. Feeling this vacuum, depressed individuals become particularly susceptible to despair, which according to Christian tradition is an unforgivable sin: that they are beyond salvation even by the Holy Spirit. Once again the spiritual dimension can be an integral part of healing for the Christian patient. The torments and suffering of Job, may help the Christian patient remember that when it appears that God may have abandoned us, so we too may cry out:

"My eye has grown dim from *grief* [depression], it grows weak because of all my foes" (Job 17:7)(italics mine)

We may also remember what the prophet Jeremiah said: "I will set my eyes upon them for good, and I will bring them back to this land. I will build them up, and not tear them down; I will plant them, and not uproot them. I will give them a heart to know that I am the Lord; and they shall be my people and I will be their God, for they shall return to me with their whole heart." (24: 6,7)

Christian can identify their problems with the trials and tribulations of Job and Jeremiah. Though seemingly abandoned by God, He is with them. This can be of great comfort to the Christian patient.

St. John Cassian tells us that before we can be united to God we must first overcome depression: "But first we must struggle with the demon of *dejection* [depression] who casts the soul into despair. We must drive him from our hearts". (Philokalia, 1984-93)(italics mine)

St John is well aware of the devastating effects of depression. He goes on: "It was this demon that did not allow Cain to repent after he had killed his brother, or Judas after he had betrayed his Master." (Philokalia, 1984-93)

Typically, a clinician will listen to the patient's unfortunate life experiences as these relate to their painful experience of depression. Doing so allows the patient to be more receptive to other favorable options or possibilities (Beck, 1976). Here, the clinician can add the spiritual dimension as a powerful tool to help address enhance the treatment of depression for committed Christians. The clinician can help the patient adopt the outlook of St Paul: "We are afflicted in every way, but we are not crushed; perplexed, but not driven to despair" (2 Cor 4:8)

The clinician and the patient can pray the prayer of the psalmist: "The Lord is my rock, and my fortress, and my deliverer, my God, my rock, in whom I take refuge, my shield, and the horn of my salvation, my stronghold." (Ps 18:2)

The Church Fathers recognize depression as a problem that must be resolved and they have trust that God will be their "rock". Adding this spiritual outlook to the psychological efforts of the patients helps them to see that their efforts become integrated into the will of God and he will deliver them from the despair of depression. Once again Christian patients are motivated to avoid despair and to persevere with their treatment.

4.0 Clinical Vignette

4.1 Clinical Vignette - Laying Down the Structural Foundation

Imagine a 31 year-old unmarried female, currently living with her parents and suffering financial difficulty. She relates her presenting complaint to the clinician as follows: "I am miserable. My living situation is becoming totally unbearable. There is constant turmoil between my parents and I usually end up being put in the middle of it. I have so many troubles of my own that I can't deal with life. I don't handle stress well anyway, and I have plenty of that with school and my "toxic" family. I have no money and no income, and therefore no way of moving out. I'm in school trying to create a career that will fit with my physical capacity. I just can't seem to find a job I'm qualified for that doesn't involve lifting, prolonged standing, or prolonged sitting. I have pinched nerves in my lower back as well as spinal arthritis. I just feel completely overwhelmed because I have no escape from either school stress or turmoil at home. To top it off, I'm having some trouble with my relationship with God"

Where would a clinician begin? First, the clinician would perform psychometric assessment such as the Beck Depression Inventory (BDI), Suicidal Ideation Scale (SIS), Beck Anxiety Inventory (BAI), and Novaco Anger Scale NAS to establish a baseline current and future reference. For this patient, her scores for the BDI are in the clinical depression range and clinical anxiety range of the BAI.

Psychotherapeutic Objectives consisted in helping the patient accept that her cognitive interpretations of life events were actively triggering her emotional reactions. Furthermore, a series of interlocking scenarios were preventing her from considering other choices. Helping her restructuring her distorted perceptions could lead to more functional emotional reactions and realistic choices, which would likely establish functional behavior. Her treatment also included a program of bibliotherapy, focusing on the reading of D. Burns's *Feeling Good*.

As her treatment progressed, she began to note favorable changes in her perception and behavior as exemplified in the following quote: "Things on the home front are going okay for now: no major blow-ups. I'm still working on what to do about my financial situation, as well as the addressing with my past school transcripts"

The patient, being very religious, wanted her life centered on God. At the same time she was dealing with the previously discussed issues, she was troubled with her current relationship with God. Psychospiritual clinical interventions would provide her with the necessary steps to address this problem and she could begin using her spiritual commitment to enhance her Cognitive-behavioral treatment.

Clinically, one of my responses to her was: "I am happy about the lack of "blowups." As children of God, can decide to bring peace to those around us. One way is to make a conviction that no matter what anyone around us says or does, we say to ourselves: "I will not get angry." I reminded her of what St Seraphim of Sarov said: "Acquire the spirit of peace and a thousand souls will be saved around you, for this is truly the peace of Christ, which you can immediately bring into your family."

4.2 Clinical Vignette – Treatment Plan

Crisis Issues

Goals

- Rule out harm to self or others

Objectives

- Complete all necessary assessments
- Obtain medical and psychiatric consultations as needed

Beginning Phase

Goals

- Establish therapeutic relationship
- Provide bibliotherapy

Objectives

- Normalize treatment process
- Begin reading assignments
- Educate about psychospiritual issues

Middle Phase**Goals**

- Reduce negative symptoms
- Enhance spiritual meaning with self/family
- Strengthen relationship with God

Objectives

- Explore dysfunctional passions
- Use Christian verses to challenge cognitive distortions
- Process cognitive distortions
- Strengthen sense of spiritual self
- Strengthen relationship with family
- Process psychospiritual connection with God
- Address and process spiritual meaning of life enjoyment

Ending Phase**Goals**

- Prepare for termination
- Model a healthy goodbye

Objectives

- Explore and process feelings related to termination
- Extend visits as necessary
- Leave option open for future treatment

4.3 Clinical Vignette – Psychospiritual Focus

The patient made a profound statement typifying her challenge in the spiritual domain: “Father, I'm having some trouble with my relationship with God. I'm mostly having trouble reconciling these three things: First, that God loves me, second, that Christ defeated the power of sin and death, and third, that we cannot know if we will be saved in the end. Despite all our best efforts to serve God, He may very well label me a goat and send me to hell at the Judgment.”

Her struggle was deep and profound. We began addressing the fact that God loves her. I reminded her that Jesus revealed to us so much more about God: "God is Love" He said. The three persons of the blessed Trinity relate together in Love. Jesus came to this world to save sinners. He wants all to love God. He wants all to love each other as He has loved us. He is the Good Shepherd. He is the one who forgave the adulterous woman. He is the one who called the children to Him. He is the one who cured, healed and forgave sin. He is the one who gave us the parable of the Prodigal Son. I invited her to process the following: "If you think of it, it is only to the unrepentant hypocrites He chastises. Yet a repentant Pharisee: Joseph of Aramithea became a saint. Remember that he was one of the greatest Pharisees and persecutors of Christians. Saul became Paul, one of the greatest of all saints. I reminded her: "Be a spiritual child, strengthen your trust in God, and say the greatest prayer of all. Lord Jesus Christ, have mercy on me a sinner." Act as St. Gregory Palamas did when he trusted God, not in presumption of salvation, but in trust of a merciful Lord.

My psychospiritual interventions could be summarized in the teaching that Jesus gave to His Church and passed down to us from the Apostles and Church Fathers. We can summarize these as follows:

If we go to confession and sincerely confess our sins, desire not to sin again and then receive the prayer of absolution, we are guaranteed forgiveness and salvation. We are reminded of this in the prayer I invoke: "May Our Lord Jesus Christ forgive you your sins and transgressions, and I, an unworthy priest, absolve you from your sins in the name of the Father and of the Son and of the Holy Spirit." This is one of Christ's great gifts to His Church, one of the "pearls of great price." This is a great assurance to every Christian. Even if we remember immediately after confession and absolution a specific sin we forgot to mention, it does not matter to Jesus. He has forgiven us by the priest, His unworthy instrument. He honors His warranties to us!

There is no doubt that at times, God has been portrayed as an angry God. I remember in my school days a poem by Jonathan Edwards "Sinners in the Hands of an Angry God." Many church fathers have pointed out that our God revealed Himself to mankind in specific ways at different times. In the Old Testament, His wrath could be devastating, but even Lot could negotiate with God to find a single righteous man to assuage His anger. It can be said that in the early history of mankind when punishment was the main controller of behavior, God's anger could be mitigated by love and mercy.

Interwoven in the psychospiritual treatment were conventional Cognitive-Behavioral interventions, including thought stopping, picking a specific time to review thoughts and asking and reviewing other ways of "perceiving or looking" at them.

As a reminder of the work we did together, I asked this patient to consider the following in a letter I wrote:

Glory to Jesus Christ! I want to follow up on three more items you're your consideration. Yesterday, we talked about how to overcome your anxiety. Now, I would like you to consider how to be in Our Lord's bosom:

1. We must be spiritual children with complete trust in God, just as a child has complete confidence in their parent. We have to give ourselves over to Our Lord in complete trust. "Truly, I say to you, unless you turn and become like children, you will never enter the kingdom of heaven. "Whoever humbles himself like this child, he is the greatest in the kingdom of heaven. (Mat 18)
2. Our Father feed us. St. Luke in Chapter 12 (24-32) tells us what Our Lord said: "Consider the ravens: they neither sow nor reap, they have neither storehouse nor barn, and yet God feeds them. Of how much more valuable are you than the birds! And which of you, by being anxious, can add a cubit to his span of life? If then you are not able to do as small a thing as that, why are you anxious about the rest?"
3. Consider the lilies, how they grow; they neither toil nor spin; yet I tell you, even Solomon in all his glory was not arrayed like one of these. But if God so clothes the grass which is alive in the field today and tomorrow is thrown into the oven, how much more will he clothe you, O men of little faith!
4. And do not seek what you are to eat and what you are to drink, nor be of anxious mind. For all the nations of the world seek these things; and your Father knows that you need them. Instead, seek his kingdom, and these things shall be yours as well. "Fear not, little flock, for it is your Father's good pleasure to give you the kingdom.
5. How much is it the "Father's good pleasure to give us the kingdom of heaven?" Consider, the statement made by the "good thief" next to Jesus on the cross: just a simple acknowledgment of his unworthiness. He is the only person canonized a saint by Jesus Himself. Consider how little he said and Jesus' response to him: "Do you not fear God, since you are under the same sentence of condemnation? And we indeed justly; for we are receiving the due reward of our deeds; but this man has done nothing wrong." And the "good thief" said to Jesus: "Jesus, remember me when you come into your kingdom." And Jesus said to him, "Truly, I say to you, today you will be with me in Paradise." (Luke 23: 40-43).

So child-like spiritual trust and complete abandonment to God's will vanquishes anxiety, go in peace, faith, trust, hope and love.

In Christ, his unworthy priest,

Fr. George.

5.0 Conclusion

In summary we can note that the believing Christian clinician need not be limited merely to scientifically supported treatment models. Our own surety in the vivifying power of

God's grace coupled with the sincere faith, prayer and sacramental incorporation into the Body of Christ and His Church can be of great aid in healing of the patient suffering from dysfunctional emotions and family problems. (Morelli, 1987, 1988, 1997; Muse, 1997) It should be noted that the scientific community has recently become more receptive to the healing potential of faith systems (e.g. Benson, 1975). In DSM IV this is listed under "Ethnic and Cultural Considerations". Clinicians are instructed to consider "belief, or experience that are particular to the individual's culture" in diagnosis and treatment. This allows non-Christian clinicians to use their patient's conviction system both for understanding and treatment. More importantly, it allows the Christian clinician to actively incorporate the patient's spirituality in the healing process. The patient's knowledge that his or her clinician shares his or her spiritual orientation as well as a willingness to use prayer can be a powerful therapeutic tool.

In one clinical situation, right before ending a therapy session with one patient, I said: "G please pray for me." He said to me "Father, I have never had a priest ask me to pray for him before. Why do you need prayer?" I replied: "G, all of us are in need of God's help. We are all struggling with our own problems and need salvation." He frequently made reference to this exchange in subsequent sessions. Apparently, it helped him focus even more on the spiritual dimension of treatment.

Beginning in 1994, DSM IV, (APA, 1994) has adopted a code for the treatment of spiritual and religious problems. As clinicians, learn about the laws of neuropsychological and emotional functioning through continuing scientific research, the Christian clinician can view this as fulfilling the charge God gave when He created us in His image. He gave us the responsibility to use our intellect to have dominion over the world, (Gen 1:28). In this way, body, mind and spirit as a unit are used to become closer toward God. (St. Maximus the Confessor).

5.0 Resources

5.1 References

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5.2E-mail Questions and Answers

As a “value added” factor for this continuing education course I am willing to entertain e mail questions and attempt to answer them promptly. This may help personalize the learning experience and make it truly “interactive” My e mail is: gmorelli@fdu.edu.