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A Holistic Psychology of Persons: Implications for Theory and Practice

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A Christian worldview that takes seriously the idea of personhood as a holistic unity presents an ideal perspective from which to explore human behavior as an expression of biological, psychological, and social influences (the "biopsychosocial" perspective now common in psychology) as well as an expression of spiritual realities that, while often expressed through biopsychosocial media, are not simply 'explained away' by them. A Christian worldview that holds that human beings are a unity of biological, psychological, social, and spiritual realities creates an opportunity for theoretical integration and holistic practice, but it also creates practical tensions regarding how to discern the root causes of behavior (e.g., biological, psychological, social, or spiritual etiology) and attempting to discover the best way to intervene when impairment of functioning is noted (e.g., whether biological therapy, psychotherapy, social intervention, or religiously-based interventions are called for). Additionally, there are ethical and legal issues that must be taken into consideration by Christians who are licensed mental health practitioners, especially when hypothesized causes or proposed interventions stand somewhere between recognized secular interventions and specifically religious interventions. In this article, these topics are addressed both as theoretical issues about how best to conceptualize human behavior and the causes of impairment, as well as practically in regard to how to proceed in evaluating and using religiously-based interventions.

Many perspectives about what role spirituality may play in mental and physical health and illness have been offered throughout history, ranging from the view that religious belief inevitably leads to mental illness, on one extreme, to the view which claims that there are only religious solutions for psychological or medical problems on the opposite extreme. The perspective that sees religion and psychological health as incompatible was common in psychology several decades ago, as illustrated by the following quotations from Albert Ellis, one from early in his career and one shortly before his death:

> In most respects religion seriously sabotages mental health. (Ellis, 1980, p. 5) Try to avoid a doctrinal system through which you are dogmatically convinced that you absolutely must devote yourself to the one, only, right, and unerring deity…. Otherwise, in my view as a psychotherapist, you most probably are headed for emotional trouble. (Ellis, 2002, p. 365)

Although Ellis modified his perspective somewhat in later years, his comments are prototypical of what might be called *naturalistic metaphysical extremism.* Naturalistic metaphysical extremism assumes that human nature—indeed all of nature—is a purely naturalistic system and that any reliance on religious systems is likely to be damaging psychologically. While many psychologists adopt naturalistic assumptions, it is probably fair to say that few of them occupy the extreme position that sees religion and mental health as incompatible. For the purpose of the present discussion, it is the assumption that religious belief is pathological that is being labeled *extremism* rather than the quest for naturalistic explanations per se. An opposing extreme casts suspicion on natural explanations and interventions because of what might be called *spiritualistic metaphysical extremism.*

The perspective that views mental and physical health as having only religious cures is sadly illustrated by the death of 15-month-old Ava Worthington, whose parents were members of a small sect called the Followers of Christ. Ava, who had pneumonia and a secondary blood infection, was treated solely with prayer in accordance with her parents' religious beliefs; she would almost certainly have been saved with a course of antibiotics (Faith Healing, 2008). This was not an isolated incident; a decade earlier, a newspaper reporter investigated the deaths of 78 minors that occurred during the previous 30 years among the small Followers of Christ sect, and concluded that over a quarter of the deceased children would have survived with

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simple medical treatment (Von Biema, 1998). Cases such as the death of Ava Worthington garner intense media attention because they are both rare and tragic. To a lesser degree, most medical doctors have experienced cases in which individuals rejected medical care in favor of spiritual remedies. Likewise, most mental health practitioners can recount stories of individuals who refused medication or psychotherapy because of religious beliefs, sometimes with tragic consequences.

Most people—including most psychologists, one would suspect—do not follow the extremes of Ellis or the Followers of Christ, but these two prototypes illustrate what Entwistle (2004a) called an Enemies Paradigm in which the "adherents of these models see each other as enemies, and either reject or neglect one of the two books of God: His word or His works" (p. 203). Adherents of the secular version of this paradigm view religious beliefs as inherently illogical and dangerous. Adherents of the sacred version of this paradigm view personal belief or practice that is based on science or logic as a dangerous departure from religious fidelity.

As psychology emerged from philosophy in the late nineteenth century, it sought to establish itself as a science. In doing so it adopted *methodological naturalism*, that is, "it seeks natural explanations for the phenomena it investigates" and it embraced the scientific method as the means by which those explanations are sought (Entwistle, 2004a, p. 135). Gradually this became codified as the biopsychosocial approach, meaning that psychology seeks to understand behavior as it is mediated by biological, psychological, and social forces. The biopsychosocial approach has been enormously successful, leading to medications for mental illness, interventions based on intrapsychic phenomena (from cognitive behaviorism to psychoanalysis), and awareness of how membership in groups or the presence of others influences behavior (social psychology). Psychology, as a science, is constrained to study religious and spiritual matters as biological, psychological, and social processes. Notice, however, that even if this approach is adopted, it does not mean that spiritual beliefs are necessarily illogical or pathological, nor does not mean that there are not spiritual realities; it just means that psychology—as a science—cannot study spiritual realities directly.

While psychology as a science adopted *methodological naturalism*, many psychologists took a further step by embracing *metaphysical naturalism*, the belief that there is nothing other than the physical world. From this perspective, human behavior can only be seen as a product of material forces and as bounded by physical life: death is the end of existence. Individuals who subscribe to metaphysical naturalism typically view belief in supernatural phenomena as an impediment to science and as an expression of primitive, illogical beliefs. It is from this perspective that individuals like Ellis condemn religious belief.

Against this backdrop, a dominant strand of orthodox Christian theology views personhood as a holistic unity.[1] An orthodox Christian worldview affirms that there are spiritual realities (e.g., the existence of God and the activity of God within the created realm) and that we inhabit a physical, created world which we share with other created beings. Thus Christian theology affirms the existence of spiritual, psychological, physical, and social realities. Christian theology does not give us an explicit theory about how these realities operate, but it affirms the essential unity of personhood. Furthermore, it affirms that creation is "very good" (Gen. 1:31) and that we owe our existence to God. The natural realm of creation operates by fixed, discernible rules made by God, which make scientific and rational inquiry possible (Lewis, 1947/1996). A holistic view of human personhood that emerges from a Christian worldview has important implications for how best to conceptualize psychological phenomena.

Implications of a Holistic View of Personhood for Psychological Theory

A Christian conceptualization of human personhood as a holistic unity allows us to respect biopsychosocial and spiritual realities, and moreover, to see them as unified rather than bifurcated. The most important implications of this perspective are that it recognizes the legitimacy and boundaries of naturalistic science while simultaneously affirming the fundamentally spiritual nature of human beings and the truths that God proclaims about human beings. This being the case, theology and psychology can work together to inform our understanding of human nature and functioning.

A holistic view of human personhood also allows us to see how spiritual realities might be mediated through biopsychosocial media. For instance, imagine that a woman is feeling lonely, depressed, and isolated. Her prayer for divine

help might well be answered through the social connections that she has with others in her church family. In fact, a host of research on religious coping suggests that meaning, purpose, social connection, and other tangible benefits may be directly attributable to the religious beliefs and practices of religiously committed individuals (e.g., Koenig, 2004). The belief that spiritual realities may be expressed through natural media does not explain away their supernatural origins or reduce them to physical phenomena. Affirming both natural and spiritual realities allows us to avoid a dualistic split between the sacred and the secular and to provide holistic care. A holistic view of personhood will thus have implications for clinical practice from a Christian perspective.

Implications for Psychological Practice

For Christians who work in the mental health field, this conceptualization of the relationship of the supernatural and the natural opens a door into a patient's religious life beyond merely seeing it as an expression of biological, psychological, and social factors. However, this conceptualization brings with it ethical issues about how to work with patients when their religious beliefs could be a matter of clinical concern or psychological beneficence. Religious and non-religious people can agree that religious beliefs may help or hinder physical or psychological health. However, Christians are committed to the belief that there are spiritual realities; they are not content with pragmatically using faith as a utilitarian coping mechanism. Furthermore, religious belief can be accurate or inaccurate, helpful or—as in the case of Ava Worthington—harmful. This being the case, theology cannot be seen as unimportant to well-being.

In recent decades, clinical psychology has retreated from the perspective that religion is bound to contribute to psychopathology. In large part, this movement has resulted from empirical data that clearly show benefits of religious belief and practice (see Koenig, 2004, for an overview). As a result of this shift, many psychologists now consider how spirituality should be addressed in therapy, whether through taking a spiritual history, through incorporating isolated spiritual practices into therapy, or by offering exclusively, religiously-based therapies. How to address religious beliefs in therapy ethically is a significant matter.

Ethical Boundaries of Practice

Psychologists—and other mental health professionals—are licensed or certified to provide psychotherapy and other services that fall within the "boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA Code of Ethics, Section 2.01). In normal usage, the boundaries of competence apply to "recognized techniques and procedures," and special guidelines are called for if a psychologist provides services that employ techniques or procedures that are beyond the scope of the "generally recognized techniques and procedures" of the profession (APA Code of Ethics, Section 10.01-b). In summary, these guidelines are quite clear—a psychologist is licensed to provide "generally recognized techniques" of psychotherapy that she is competent to provide based on "education, training, and supervised experience."

A secular materialist may deal with the spiritual as a mere expression of biological, psychological, and sociological phenomena, but the Christian sees spiritual phenomena as reflecting more than material reality. The secular materialist and the Christian may agree that it is important to take spirituality into account in psychotherapy, especially as it regards the client's phenomenological perspective. While it may be important to understand the client's spiritual framework, to go beyond this and make use of spirituality therapeutically must be done with great caution. A psychologist who considers using religiously-based interventions needs to consider several issues: how to use religiously-based interventions ethically; how to be sensitive to the client's belief system; the inherent vulnerability of the client due to the inequality of the therapeutic power structure; and the dangers of reducing religious belief to a therapeutic enterprise.

Using religiously-based interventions ethically

A myriad of therapeutic techniques based on spiritual or religious beliefs and practices have been developed by Christians who believe that these techniques offer therapeutic benefits for patients who have mental health problems (e.g., Anderson, Zuehlke, & Zuehlke, 2000). Religiously-based interventions may include common religious practices such as prayer, meditation, or scripture reading; many of these interventions are used adjunctively to standard forms of psychotherapy. Other religiously-based interventions may combine elements of a standard form of

psychotherapy with spirituality, such as exploring dysfunctional religious beliefs from a cognitive-behavioral framework. Some religiously-based interventions may involve systematic techniques derived from a particular theological perspective. Religiously-based interventions that are adjunctive in nature may pose few ethical issues when the primary treatment modality is a recognized form of psychotherapy, although informed consent and other issues must be addressed. However, religiously-based interventions that are used as the primary treatment modality, because they fall outside of the realm of "generally recognized techniques and procedures," must be used with caution, especially if they are portrayed to clients as "psychological" interventions.[2]

Religiously-based interventions that are utilized as a primary treatment modality and billed for as psychological services raise several ethical concerns (see also Hunter & Yarhouse, 2009). First, religiously-based interventions should not be used unless the psychologist has demonstrated competence in the use of the technique (APA Ethical Principles, 2.01 - a & e). Second, they should not be used without first obtaining explicit informed consent from the client. In cases where the proposed technique is not "generally recognized," it is incumbent upon the psychologist to inform the client "of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation" (APA Ethical Principles, 10.01 – b). The following scenario illustrates how these principles are sometimes violated.

In 2002 I received an e-mail solicitation to attend a three day course on "Clinical Diagnosis and Treatment of Demonic Oppression." The "course" was designed to teach "Christian counselors" to "diagnose and treat demonic influences." The seminar outline did not include any mention of ethics. It included the presenter's claim that when she "diagnosed" and "treated" demonic oppression in her clients she observed that they "spent far less time in therapy and became functional faster." This case is instructive in three ways. First, it demonstrates a flagrant confusion of professional psychotherapy and a narrow religious practice; demonic deliverance is not a "generally recognized technique" in mental health treatment; using such a technique and calling it counseling or psychotherapy (much less billing for it as such) would be irresponsible, unethical, and illegal.[3] Second, the advertisement for the seminar did not seem to reflect an adequate recognition of the oversight of licensing boards and ethical guidelines. This case shows a clear failure to attend to the ethical issues involved, whether in the use of a technique that is not recognized as part of professional psychology or in securing informed consent. Third, there is a troubling claim that this "therapy" is somehow superior to and faster than other therapies, absent any empirical evidence to substantiate such a claim, and with no attention to possible harm that could come about as a result of this "intervention." The ethical codes of most helping professions explicitly condemn making unsubstantiated claims that a particular method is superior to others, especially if such claims are used for solicitation. For instance:

> Psychologists do not make false, deceptive, or fraudulent statements concerning… the scientific or clinical basis for, or results or degree of success of, their services…. (APA Ethical Principles, 5.01-b)
>
> We do not make public statements which contain… a statement intended or likely to create false or unjustified expectations of favorable results, a statement implying unusual, unique, or one-of-a-kind abilities, including misrepresentation through sensationalism, exaggeration or superficiality, … a statement concerning the comparative desirability of offered services. (American Association of Pastoral Counselors Code of Ethics, Principle 7-D, 1, 5, & 7)

It is worth noting that the person who offered the aforementioned "course" is no longer a licensed mental health professional.

While the foregoing may be an extreme example, it illustrates a number of key concerns. First, there are some techniques that simply fall so far outside of the practice of the profession of psychology that they cannot be ethically incorporated into psychotherapy. Second, even with techniques that are within the mainstream of most religious practices (such as scriptural meditation or prayer) it is important to inform clients that the use of such techniques is not considered to be a standard treatment, and it is essential for the therapist to secure informed consent. Third, a promise of superior results should always be a red flag, especially when it is presented without empirical support. Finally, the potential for harm

is something that should not be overlooked or underestimated.

Sensitivity to the client's belief system and inherent vulnerability

Psychotherapy inevitably involves a power differential: one person, the client, is seeking help for some type of distress or disability, from another person who is recognized legally and by social standing as having some form of expertise for which remuneration is received (Zur, 2007). Some clients, such as minors and individuals with mental retardation, are particularly vulnerable and, as such, it is incumbent upon professionals to make special efforts to protect their well-being (APA Ethical Principles, Principle E and 3.10 – b). Furthermore, the professional code of psychology requires that "Psychologists are aware of and respect cultural, individual, and role differences, including those based on… religion…" (APA Ethical Principles, Principle E). In the event that a Christian client seeks out a particular psychologist because she is a Christian, discussion of religious beliefs or the use of religious practices that may have psychological benefits may well be appropriate if the client has been made aware of the nature and limitations of those techniques and informed consent has been obtained. Even here, however, caution must be taken because of the inherent power imbalance of the situation. Imagine that an individual tends to defer to religious authorities and may hide religious misgivings out of fear of condemnation. If a psychologist were to promote the use of religious interventions in such a case, she might well miss the opportunity to explore the client's religious misgivings and interpersonal dynamics. This is not to say that such interventions are never appropriate, but it is intended to highlight the fact that religiously-based interventions should not be undertaken lightly. Where a client and therapist do not share a common religious framework, religious interventions that proceed from the stance of the therapist's religious viewpoint are particularly problematic.

A further issue may be encountered in a situation in which a psychologist judges her client's religious belief to be in error and damaging to mental health. For instance, had the parents of Ava Worthington made a psychologist aware of their decision to treat their daughter only with prayer, the psychologist could well incur a responsibility to contact authorities to protect the child's safety and welfare. In a less serious situation, one might face the difficulty of trying to assess the adequacy of a client's religious belief system. If therapy involves an attempt to "correct" "faulty religious thinking," or to use an explicit religious practice therapeutically, the therapist encounters a predicament: how should she determine that a religious belief is maladaptive or that a religious practice might be beneficially prescribed? Suppose that a client believes that God is punishing him for his sins through a physical infirmity. If his therapist concludes that there is no logical connection between the client's supposed sins and his physical infirmity, she may well conclude that there is a connection between the client's bad theology and his less than optimal state of mind. In such instances, it may be appropriate and therapeutic for the client's cognitive religious distortions to be a focus of treatment, but this must be done carefully, humbly, and ethically.

Exploring the client's religious experience may be an important part of understanding how he frames his current situation and the resources and supports at his disposal. Furthermore, focusing on religious beliefs may be a necessary component of psychotherapy if those beliefs negatively impact well-being.

Potential harm and religiously-based interventions

The first rule of good treatment can be traced to the Hippocratic Oath: "primum non nocere—first, do no harm" (Lilienfeld, 2007). The bulk of psychotherapy research has focused on psychotherapy efficacy, but it is also notable that under certain circumstances, psychotherapy can be harmful. Lilienfeld identified two types of *potentially harmful therapies* (PHTs): those that probably produce harm in some individuals (Level I) and those that have potential to produce harm in some individuals (Level II). Level I PHTs include Recovered Memory Techniques (RMT) and Dissociative Identity Disorder (DID) oriented psychotherapy. The use of techniques that may be similar to RMT and DID oriented psychotherapy was a major focus of Entwistle's (2004b) critique of Theophostic Ministry (TPM), in which DID, Satanic Ritual Abuse (SRA), and RMT are commonplace. Some religiously-based interventions, especially those that reflect a "healing of memories" approach, may have an increased risk of producing harm in some individuals. It is important to note that any therapeutic intervention can have adverse effects, and

that some techniques increase these risks. Given the centrality and importance of religious belief for many individuals, a religiously-based intervention that was harmful to a client or that damaged the religious belief systems of a client could have long-term adverse effects. Furthermore, as we will see, religious systems themselves can suffer when religion is valued merely for its instrumental effects.

Religious belief as more than therapeutic

An often overlooked problem in the use of religiously-based therapeutic techniques is the risk of reducing religious beliefs to their pragmatic value as a source of morality and comfort. Sociology of religion researcher Smith (2005) referred to this type of religious pragmatism as "moralistic therapeutic Deism." However, Christianity (and most other major religions) are not *primarily* designed to bring about personal satisfaction and fulfillment. Rather, the focus of Christianity (and most other major religions) is on transforming people into the kinds of persons and communities that the religious system says they should be. This, in turn, may have significant personal and interpersonal benefit, but such benefit is not the overarching *aim* of the religious system. In his extensive research of the religious views of American adolescents, Smith found that—for the majority of religious adolescents—religion was viewed instrumentally for its benefits to the individual.

> What we heard from most teens is essentially that religion makes them feel good, that it helps them make good choices, that it helps resolve problems and troubles, that it serves their felt needs. What we hardly ever heard from teens was that religion is about significantly transforming people into, not what they feel like being, but what they are supposed to be, what God or their ethical tradition wants them to be. (Smith, pp. 148-149)

The risk of treating religious faith primarily as a means to happiness and satisfaction is very significant when spiritual beliefs and practices are used as therapeutic interventions: we need to be very cautious, or in the name of "integration" we may actually propagate moralistic therapeutic Deism.

C. S. Lewis (1943/1952) highlighted this concern far before modern sociologists or psychologists saw the risk of reducing Christianity to a therapeutic technique. As he wrote in *Mere Christianity*:

> Aim at Heaven and you will get earth 'thrown in': aim at earth and you will get neither. It seems a strange rule, but something like it can be seen at work in other matters. Health is a great blessing, but the moment you make health one of your main, direct objects you start becoming a crank and imagining there is something wrong with you. You are only likely to get health provided you want other things more—food, games, work, fun, open air. (pp. 118-119)

Harold Koenig (2004) echoed this sentiment: "If health is your top priority, and religion is viewed only as a means to that end, you are apt to be very disappointed. Research has found no healing connection to this sort of utilitarian use of religion…." (p. 163).

To this point it might seem that there is a rather doubtful tenor to exploring connections between faith and health, but this is not what I want to convey. Religious beliefs, for many people, convey a worldview that is an orienting force in their lives. It is therefore important for clinicians to understand the things that give their clients meaning, value, purpose, and direction. Good theology, it should be expected, generally leads to better adjustment, and bad theology to poor adjustment. A holistic psychology of persons allows the clinician to explore spirituality not simply as a utilitarian force for personal betterment, but as a legitimate encounter between persons, religious communities, and God, while simultaneously recognizing the biological, psychological, and sociological forces that are the bread and butter of psychology. In fact, the relationship between therapist and client can be legitimately seen as a spiritual encounter (Buber, 1970). Additionally, it is clear that certain religious beliefs and practices have beneficial consequences for mental and physical health, and other religious beliefs and practices have negative consequences (Koenig, 2004; Pargament, Ensing, Falgout, Olsen, et al., 1990; Pargament, Olsen, Reilly, Falgout, et al., 1992). There is a place for dealing with spirituality in psychotherapy, but doing so with a cavalier attitude is dangerous for faith as well as for clients.

Beyond Albert Ellis and Ava Worthington

While we may, artificially and for convenience sake, focus on isolated biological, psychological, social, or spiritual aspects of human functioning, the reality is that we function as whole beings. A holistic view of human personhood thus acknowledges that biological, psychological, social, and spiritual influences affect health and behavior. As such, it is important to evaluate biological, psychological, social, and spiritual dimensions, because each of these areas can be a cause of health or dysfunction. A holistic view of personhood, though, calls us to a non-reductive anthropology that acknowledges spiritual and biopsychosocial dimensions while maintaining a view of the fundamental unity of human personhood.[4]

The extreme positions that were considered at the beginning of this article, those of Albert Ellis and those that led to the death of Ava Worthington, do not leave much room for a holistic understanding of human behavior. In Ellis' view the individual is treated as a soul-less body. Ava died because her parents' beliefs led them to neglect her physical healing in the quest for a spiritual cure. The situation is much different if human personhood is understood as a holistic unity. First and foremost, a Christian theology of personhood means that every human being has value because each person reflects the divine image, the *imago Dei.* As a corollary, we have a responsibility to care for one another, and psychotherapy may, under this view, be seen as a sacred calling to care intimately about the welfare of others. Furthermore, if we take seriously the idea that spiritual realities have a supernatural origin, then things such as God's revelation, transcendent morality, and the worth and value of every created being drive us to look at the purposes for which we were created. It would stand to reason, then, that when we align ourselves with these purposes, we are more likely to function as we should (cf. Bergin, 1980). Conversely, when we try to live our lives counter to these purposes, we are more likely to function poorly. Thus spiritual truths have real, tangible consequences for how we live. This can be seen quite clearly by exploring the implications of some basic Christian doctrines such as that humans are created in the image of God, that we are sinful, and that God calls us to repentance (change our direction). These doctrines put us in our proper place. Likewise, many Christian teachings and practices orient us towards proper living by shaping character and mind. In this context, prayer, scriptural meditation, and a wide variety of religious practices may have significant physical or psychological benefits. However, it is important to keep in mind that religious practices are intended primarily to orient and redeem human life, not to be used as isolated therapeutic techniques.

While clinicians should not ignore the spiritual dimension, they also need to be aware of the myriad issues that are involved when this dimension is a focus of clinical attention. The use of spiritual practices or techniques in psychotherapy may be beneficial for some clients, but spirituality ought not to be viewed merely through the lens of pragmatic utilitarianism. For those clinicians who choose to make use of religiously-based interventions, it is imperative that they ensure that these interventions are consonant with established psychological techniques, grounded in sound theology, and applied ethically and with great attention to their potential for misuse and for harmful consequences.

Notes

1. In an earlier draft of this manuscript I sought to describe this unity by using the term "the embodied soul." However, I soon became convinced that this term, which can be traced to Aristotle and later to Plontinus, carries too much of a Cartesian dualism that works against my thesis. I am not here assuming a particular philosophical view of the relationship of soul to body, nor am I suggesting that the soul is the force that animates the body. My point is simply to emphasize the idea that spirituality arises within the stuff of the material and social world, but cannot be reduced to mere physical substance.

2. The remainder of the discussion is limited to the use of religiously-based interventions that are portrayed as psychological interventions, e.g., services that are portrayed, provided, and/or billed for as psychotherapy. There is considerably more latitude for pastoral or lay counselors who are not portraying themselves as providing professional mental health services. However, even here there are important ethical considerations. See Tan (1991) for a helpful discussion of lay counseling, including ethical considerations.

3. Different branches of Christianity disagree on whether demonic influences should be understood literally or figuratively. At present I am not expressing a position on this issue. I am simply stating that, regardless of one's personal beliefs on this issue, incorporating it into a professional service is blatantly inappropriate, potentially dangerous, and likely to violate several ethical and legal guidelines.

4. There are various theories about the nature of the connection between biological, psychological, social, and spiritual dimensions, but considerations of that sort are well beyond the scope of the present article.

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