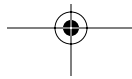
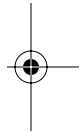


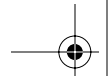
PREFACE



*T*his book has been a work in progress since the mid-1990s, when the *Diagnostic and Statistical Manual* of the American Psychiatric Association was published in its fourth edition. It was at that time that the three of us came together in initial discussions about what it means to think as Christians about psychopathology. One of our favorite discussions took place, memorably, during a kayak trip to Door County, Wisconsin. We wrote this book to sort out our convictions about integration of faith in the study of psychopathology, desiring to engage other Christians in a dialogue about ways of thinking about diagnosis and psychopathology *through the eyes of faith*. Rather than creating a radically new approach to the study of psychopathology, we draw attention to the resources already present in historic pastoral care, including an understanding of sin and its relation to contemporary categories of psychopathology.

To do this, we took several steps. The first was to consider ways in which the church has historically approached symptoms of psychological and spiritual concerns that are in some ways evident in contemporary nosologies. The next step was to clearly explain what we know about psychopathology from the best scientific studies conducted to date. We attempted to summarize existing explanatory frameworks—ways in which professionals today tend to make sense





of symptoms of psychopathology. An additional step involved reflecting on these explanatory frameworks in an intentional manner—to be truly and thoroughly Christian in our analysis of contemporary psychopathology, and to do so in a way that would help other Christians in the field move forward in the task of integration.

This book is intended for a broad audience that includes students and clinicians in the mental health fields (e.g., psychology, counseling, social work, marriage and family therapy, and so on), pastors and ministers of pastoral care.

OVERVIEW OF THE BOOK

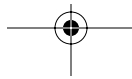
The book is divided into four parts. In part one (chapters one through four), we set the stage for the discussion of the major symptom presentations as organized by the *DSM*. Chapter one is a discussion of pastoral care and disordered desires. We begin with a review of ways in which the Christian community has historically approached various psychological and spiritual concerns. In chapter two, “Biological and Sociocultural Foundations of Mental Illness,” we examine various models of psychopathology and express our commitment to a multifaceted perspective. Chapter three is concerned with classifying mental disorders. In this chapter we look at the various ways mental disorders have been classified, as well as the current debates in the classification system reflected in the *DSM*. The last chapter in part one (chapter four, “Sin and Psychopathology”) is our effort to unpack the implications of sin in the study of psychopathology from a Christian perspective.

Part two of the book (chapters five through eleven) devotes one chapter to each of the major symptom presentations discussed in contemporary psychopathology (e.g., problems of mood). Each chapter contains a brief discussion of pastoral approaches to the topics covered in the book, followed by an overview of the disorders in contemporary classification, followed by research on etiology, treatment and prevention. We then discuss themes in integration, tying the discussion back to the foundational chapters from part one of the book.

Part four (chapter fourteen) reflects our desire to cast a vision for the church and for Christian mental health professionals. We want to bring together the best resources from the church and the best understandings from science and clinical practice.

ACKNOWLEDGMENTS

All three of us contributed to the content and reflections found in





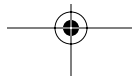
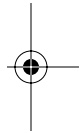
each chapter, but we each had primary responsibilities for specific chapters. Mark was the primary author of chapters four, seven, eleven and thirteen. Richard was the primary author of chapters two, five, six, nine and ten. Barrett was the primary author of chapters one, three, eight and twelve. Mark and Barrett were the primary coauthors of chapter fourteen.

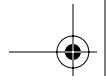
We feel very fortunate to have worked together on this project and to have seen our friendships strengthened over the years. We have been blessed by stimulating conversations with students and colleagues for many years now. In particular we want to thank the students who took psychopathology courses over the past few years from Mark at Regent University and over many more years from Richard at Wheaton College. Your insights, narratives and questions have influenced us more than you may ever know.

We would like to thank the many people who read and critiqued various chapters of this book. Mark wishes to thank his research team members, including Erica Tan, Lisa Pawlowski, Stephen Russell, Heather Brooke, Lori Burkett, Robin Seymore, Edye Garcia, Lynette Bogey and Adam Hunter. He would also like to thank the Christian education class at Galilee Church for their thoughtful consideration of many of these issues as he taught Pursuing Emotional Wholeness in Christ.

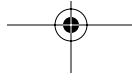
Richard would like to acknowledge his research and teaching assistants: David Hoover, Ariel Oleari, Brian McLaughlin, Luke DeMater, June Stroner, Amy Prescott, Justin O'Rourke and Alex Johnson. Thanks also to colleagues for their feedback, including Bob and Terri Watson, Michael Mangis, Derek McNeil, Pamela Trice, Sandy Johnston Kruse, Victor Argo, Georgina Panting, Javier Sierra, Jairo Sarmiento, Guillermo Jimenez, Stanton Jones, Ward Kriegbaum, Dorothy Chappell, Randy Sorenson, Helen DeVries, Mark McMinn, Robert Gregory, Jack and Barb Van Vesse, Chip Edgar, Don Pruessler, Tim Brown, Alexandra Tsang, Don Bosch, Brent Stenberg, Newt Malony, Walt Wright, Steve Sittig and Don Dwyer.

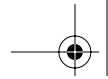
Barrett would like to acknowledge his research assistants Lucas Bossard and Andy Jack. He would also like to thank the colleagues and mentors whose wisdom and guidance have laid the foundation for his contribution to the views of pastoral care expressed in this book: John McRay, Mark McMinn, Rich Butman, Jim Cassens, Jerry Root, Fran White, Mark Yarhouse, Terri Watson, Stew Morton, Mike Marcey, Ed Dunkelblau and Peter Bouman.





We would all like to acknowledge our formal reviewers, Al Dueck and Randy Sanders, who provided us with constructive feedback that helped us in the fine-tuning.





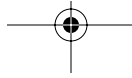
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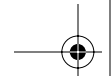
SIN AND PSYCHOPATHOLOGY



*T*he field of psychology has slowly grown in appreciation of some of the benefits of religion. Several works on religion and psychotherapy, religious coping, and religion and meaning making have been published by the American Psychological Association and other prominent publishers (e.g., Emmons, 1999; Pargament, 1997; Shafranske, 1996). These doors may have opened in part thanks to increased awareness of ways in which religious affiliation and practice promotes physical health and psychological well-being. For example, religious affiliation is associated with lower blood pressure (Levin and Vanderpool, 1989), lower risk of cardiovascular disease (Hummer, Rogers, Nam and Ellison, 1999) and lower risk of cancer (Jarvis and Northcott, 1987). To some these correlations have suggested that religious affiliation may lead to longer life, as suggested by a recent meta-analysis (McCullough et al., 2000), while to others the associations are suggestive but inconclusive.

Christians are well aware that the field of psychology has not always shown much interest in religion. And within psychology, psychopathology has been one of a few focused areas of study that have been slow to recognize religion as an important primary variable in promoting well-being. Religion is often portrayed as a phenomenon

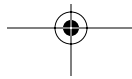
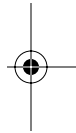


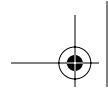


that has shaped human understanding of mental illness in negative ways. In mainstream psychopathology textbooks, mention of religion is limited to historical footnotes regarding ways religion has shaped various cultures' views of normal and abnormal behavior, often in "restrictive" or "judgmental" ways. For example, in one undergraduate abnormal psychology text (Barlow and Durand, 2002), religion is subsumed under the "supernatural tradition" as a historical footnote on abnormal behavior. The reader is left with a truncated view of Christianity, which is placed alongside practices of turning to the moon and stars for insights into abnormal behavior. Discussing the belief that unusual behavior reflects "the battle between good and evil," Barlow and Durand note: "One strong current of opinion puts the causes and treatment of psychological disorders squarely in the realm of the supernatural. During the last quarter of the 14th century, religious and lay authorities supported these popular superstitions, and society as a whole began to believe in the reality and power of demons and witches" (2002, p. 8). The authors note that this tradition is "alive and well" though "relegated . . . to small religious sects in this country and to nontechnological cultures elsewhere" (2002, p. 10).

We can see evidence of this tradition in the history of pastoral care. Some pastoral writers believed in spiritual and demonic forces in the etiology of many of what we refer to today as mental health concerns. For example, Origen speaks of the challenges facing those who would cure people suffering from "lunacy":

First let us inquire how he who has been cast into darkness and repressed by an impure and deaf and dumb spirit is said to be a "lunatic," and for what reason the expression to be a "lunatic" derives its name from the great light in heaven which is next to the sun, which God appointed "to rule over the night." Let physicians then, discuss the physiology of the matter; inasmuch as they think that there is no impure spirit in the case, but a bodily disorder, and inquiring into the nature of things let them say, that the moist humours which are in the head are moved by a certain sympathy which they have with the light of the moon, which has a moist nature. . . . It is evident that this disorder is very difficult to cure, so that those who have the power to cure demoniacs sometimes fail in respect of this, and sometimes with fastings and supplications and more toils, succeed. (Origen *Commentary on Matthew*, quoted in Oden, 1987, p. 263)





Christians must acknowledge that the church has contributed to what we witness today as the bifurcation between sin and mental illness. Still, it may be difficult for Christians to know how to think through these issues if they do not see a full engagement of their faith in the study of psychopathology. They may conclude that a religious perspective has no place in the study of abnormal behavior.

Of course there are kernels of truth in the historical analyses exemplified by Barlow and Durand. At times psychopathology has been demonized, ignored, hidden and shamed by the church. But when religion is referenced only briefly and negatively in texts, there appears to be an implicit bias against religion in the scientific study of psychopathology.

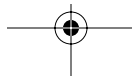
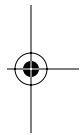
In discussions of substance use disorders, most psychopathology texts refer to several models of alcoholism, including the "moral model," the view that moral weakness leads to the misuse of alcohol. That is, alcohol represents a temptation, and those who succumb to it lack the character to do otherwise. The moral model has its adherents both within the church and in the broader mental health community, and some would argue that there are benefits to it, at least with low-severity alcohol abusers (see Babor, 1994). But such text references hardly constitute a full and sympathetic engagement of religion as a primary variable.

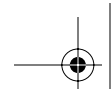
But mention of the moral model does raise the question of the proper relation between sin and psychopathology. In the case of alcoholism and other substance use disorders, Christians may be tempted to fall back on simplistic understandings in an attempt to honor God by framing the issue in moral terms. However, by making a simplistic conceptualization we do a disservice to the reality of the experience and to the God of that reality.

We have yet to see a full and sympathetic engagement of religion as a primary variable in the meaning structures and behaviors of persons who contend with symptoms of psychopathology. In the study of psychopathology, a full and sympathetic engagement with Christianity would entail a discussion of the relationship between sin and psychopathology.

SIN, SICKNESS OR CRIME?

In *Whatever Became of Sin?* Karl Menninger observes that the language of sin had been replaced by language of either crime or sickness. We talk of criminal behavior and mental illness far more than





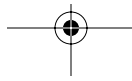
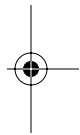
we talk of sinful behavior or sin as a state or condition. Menninger observes a “transfer of authority” from churches and homes to the state that has resulted in the legislation of rules for behavior (1973, p. 25). The fallout was more than mere legislation; it also included new explanatory frameworks (“criminal activity” or “mental illness”) that made “the designation of sin increasingly pointless from a practical standpoint” (*ibid.*). Sin departed from the public arena, and ultimately “sin as sin became a strictly personal matter” (*ibid.*).

As this shift was happening, the emerging field of “mental health” provided an alternative explanatory framework for understanding certain behaviors. As Menninger puts it, the construct of sin was soon displaced by “a new social philosophy and a new code of morality” (*ibid.*, p. 38). This new social philosophy was reflected by hypnosis, psychoanalysis, behaviorism, psychopharmacology and scientific methodology. For the first time the question was asked whether a particular behavior was a “sin or a symptom” (*ibid.*, p. 47). Implicit in the question is a move away from confession, repentance and forgiveness toward interventions that would bring about “improved functioning.”

Although “crime” and “sickness” displaced “sin,” Menninger observes a shift in which crimes were even being thought of as illnesses: “Some of the ‘sins’ . . . were increasingly seen as really not sinful, nor immoral, nor wrong. The general conclusion seemed to be that if behavior is really wrong, it is a crime—unless it is a disease” (*ibid.*, p. 45). In fact, the language and explanatory framework of mental illness has largely replaced both the language of sin and the language of criminal conduct. We have become a culture of ubiquitous pathology. We see mental illness everywhere.

There is no one person who is responsible for this shift. However, O. Hobart Mowrer identifies Sigmund Freud as a key figure in the shift away from “sin” toward a language of “sickness.” Neurotic expressions of mental illness, according to Freud, can be traced back to one’s over-involved superego, “which is the product of too strenuous socialization of the individual at the hands of harsh, unloving parents and an intolerant society” (1960, p. 301). In this explanatory framework, “repression” rather than “sin” lies at the heart of “neurotic” behavior.

Stirring as Mowrer’s analysis of sin and sickness is, it still falls far short of a Christian critique, because Mowrer reduces sin to behaviors that lead to mental illness. For Mowrer, sin is not an expression of a fallen humanity; it has nothing to do with transgressions against a moral law, nor is sin in any way tied to transcendent reality: “Hell is



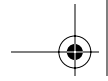


still very much with us in those states of mind and body which we call neurosis and psychosis; and I have come increasingly, at least in my own mind, to identify anything that carries us toward these forms of perdition as *sin*" (ibid.). What Mowrer wants is a discussion of sin that allows for moral responsibility, even if he has to fundamentally change the concept and definition of sin.

McMinn has articulated several valuable ideas in his book *Why Sin Matters: The Surprising Relationship Between Our Sin and God's Grace* (2004). He would join Menninger (and to a lesser extent Mowrer), we believe, in lamenting the sweeping denial in our society of the reality of sin and of a language to communicate that reality. He would want us to pay more attention to a language of sin. As McMinn observes, "Some people are sick, and some are criminals, but we all are sinners" (2004, p. 90). Rather than seeing mental illness as a common denominator or common construct for language and communication, we would do well to return to a shared understanding of our fallen condition and the behaviors and consequences of acting out of that fallen state. In other words, we may pay a price for using "permissive" and "widely inclusive" notions of grace and acceptance that may be seen in "love without limits" or "affirmation without accountability" approaches.

Taking a different approach from Menninger, Mowrer and McMinn, Dueck (2002) prefers to conceptualize the differences in language between sin and psychopathology as having to do with the shift away from a modern society to a postmodern society. The language of sin and the language of psychopathology have become increasingly constricted over time, he says, so that neither speaks to the other in any meaningful way. The problem, according to Dueck, is that we are assuming that language is essentially referential:

There are those who think that if a problem is perceived as physical, it must naturally be a medical issue; if emotional, it must be a psychological concern; or, if spiritual, a religious matter. It is assumed that each language describes a different objective reality and each domain demands experts in the language that describes it. . . . It may well be that the syntax of our inherited Western language allows us to carve up the human being in such a way in the first place. . . . The language of religion remains private and the language of medicine and psychology determines the public definitions of illness. (2002, p. 22)

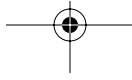


Dueck is not the only contemporary Christian scholar to consider the role language plays in shaping human experience and constructs of mental health and pathology. Roberts (1993), for example, describes human beings as *verbivores*. He believes we are word eaters, that we eat and digest words and these words come to characterize us as persons over time. Roberts sees the modern psychotherapies as essentially offering people words to live by, words found in the theories of health and abnormality within each school of psychotherapy. These words, while they vary from theory to theory, hold in common an ability to shape our experience of ourselves and of who we become in terms of our character.

Roberts (1993) sees each of the modern psychotherapies as having something to say about mental illness, because each prescribes a healthy life and a way to get there. When we fall short of that life, we can look to the particular psychotherapy to tell us why we are off base and how to get back on track.

Whether the transfer of authority is due to language and legislation, a shift from modernity to postmodernity, the role words play in shaping our character or all of the above, what keeps Christians in the mental health field from drawing on the language and explanatory framework of sin? One reason Christians may be reluctant to discuss sin is that we want to distance ourselves from “moralistic bullyboys,” though they, as Menninger states, are more concerned with “legality and vengeance” than with sin (1973, p. 47). Christians do seem to fear that if they reference sin they will be associated with those who essentially use the explanatory framework to bully others. They may want to avoid seeming more concerned with morality than with facilitating people’s mental health and well-being. Of course we must consider the reasoning behind this assumption: it may well be that an accurate understanding and working through of sin may facilitate greater well-being in the long run than a denial of the reality of sin.

Another concern of Christian practitioners may be that their secular peers will view them as unscientific. They may believe that if they reference sin in their explanatory framework, they will be dismissed by the broader scientific community of which they hope to be a part and which they hope to influence. As Mowrer (1960) observed, the concept of sin has fallen out of favor in *both science and theology*. If the language of sin is avoided in theology, how much more so in the field of psychology? In any case, if the concept of sin is *passé*, then the person who references it will not be welcomed to the table of





those who are making decisions that affect the mental health field.

There is a double-edged sword here. One may feel pressure to be sufficiently respected to have a place at the table of scientific discourse—and that only those at the table will influence the field. So with the best of intentions, one may avoid discussing sin for the very purpose of eventually influencing the field. But what is brought to the table once essential dimensions of a Christian explanatory framework, such as sin, have been jettisoned?

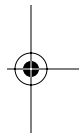
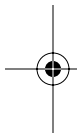
The other edge to the sword is that those who engage in in-depth discussion of sin and other aspects of a Christian explanatory framework risk removing themselves from broader discussions in the field and, consequently, any hope of transforming the broader culture. We can lose our sphere of influence if we end up speaking only to other Christians within an evangelical ghetto. We may very well edify other believers, but we will not transform the structures of society within the mental health establishment.

Before considering how to bring the concepts of sin and psychopathology into a meaningful relationship, let's unpack the meaning of "explanatory framework" and consider how explanatory frameworks help us make sense of symptom clusters in psychopathology.

EXPLANATORY FRAMEWORKS

There are several competing and potentially complementary explanatory models in the study of what we refer to as psychopathology. Freud, for example, offered an explanatory framework for understanding "neurotic" behavior: such behavior is the result of an over-active superego, which can lead to the repression of impulses.

Freud's theory is an example of a broader, global explanatory framework. But there are also more specific explanatory models. Barash (2003) uses the example of Asperger's syndrome to help us understand how various frameworks come into existence and provide us with a sense of understanding. According to Barash, Asperger's syndrome was simply "unavailable to mental health professionals until 1944, and has only been widely recognized since the 1990s" (2003, p. B11). Today many professionals diagnose Asperger's, and many services have been developed for clients and their families. Asperger's may very well be a real thing—a real syndrome—but according to Barash, it can be seen only because we now have an explanatory model, a kind of "seeing" that is facilitated by the existence of an explanatory model." He discusses the relationships among disease,





normality and anomaly: “A disease syndrome is by definition an anomaly (with normality being the default condition), and once again, anomalies tend to be ignored unless and until they can be retro-recognized within a grander interpretive framework” (ibid.).

As Barash observes, diagnoses of psychopathology is more subjective than say, a broken arm or leg, and “they are notoriously difficult to verify.” This is “a matter of recognizing and taking seriously what genuinely exists but had not previously been acknowledged” (ibid.).

To apply this reasoning to the present discussion of sin and psychopathology: Before we labeled mental illness, people experienced and suffered from (in many cases) comparable clusters of symptoms, and other attributions were made to explain those symptoms. The question is, how ought we make sense of a cluster of symptoms so that we can see the syndrome for what it is? A Christian psychology and psychopathology that accounts for sin would have to be a “new,” alternative, comprehensive explanatory model. Anything short of that will look as if it is merely explaining anomalies, which will be largely ignored by the broader mental health community.

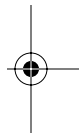
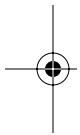
This critique allows for the possibility that a Christian perspective might provide a more accurate explanatory framework. But it also raises the question whether any of what we refer to as “mental illnesses” exist at all or whether they are just social constructions (Barash, 2003). What Christians do not have is an adequate alternative explanatory framework. We will see mental illness because of our training; we are acculturated into a way of seeing symptoms as indicators of pathology, and many Christian mental health professionals may not feel equipped to see sin because it has typically not been part of their training.

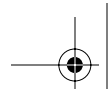
So bringing a Christian perspective to bear on the study of psychopathology is a challenge. What it would mean to bring the concepts of sin and psychopathology into a meaningful relationship?

WHAT A CHRISTIAN EXPLANATORY FRAMEWORK BRINGS TO PSYCHOLOGY

The Christian perspective is that God created this world, and all of what he created he declared “good.” This theme of the good of creation is witnessed in the Old Testament, and we see a corresponding affirmation of creation in the New Testament.

Christians also understand that we are all fallen creatures. Although we bear the image of God, we are tainted by the Fall, and all





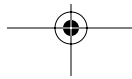
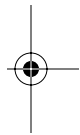
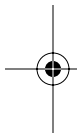
aspects of who we are and of this world reflect this fallen condition. So it should come as no surprise that behavioral, emotional and cognitive dimensions of human experience are in some way affected by the Fall. These various dimensions of human experience fail to perform as originally intended. They both reflect our fallen condition and are expressions of that condition through the decisions we make as incomplete and fallen persons.

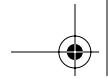
Each of us struggles with unique expressions of our fallenness, and mental health is the stage on which many of us express that drama. The best question to ask, then, is not, Does sin affect mental health and psychopathology? but, In what ways does sin affect mental health and well-being? Our mental health functions as a kind of barometer of our experience in a fallen and incomplete environment (which includes our own fallen behavioral, emotional and cognitive faculties). There are challenges that all of us face in parent-child relationships and disordered family life, sometimes exacerbated by divorce, loss of life, financial struggles and other major stressful experiences. There is also a tendency to think in ways that undermine our mental health. There is a tendency to seek short-term gratification and to fragment others so that we can relate to them as mere objects for our own interests instead of people created in the image of God to be respected and valued.

But God does not leave humanity in its fallen condition. A proper understanding of redemption and glorification is essential to a Christian approach to sin and psychopathology. God steps into our fallen world through the incarnation, through the person of Jesus, and he fully intends to redeem believers, to sanctify or make them holy, to set them apart for his purposes.

So we want to view human mental health and well-being in the context of God's redemptive plan. Some struggle with anger. Others struggle with lust to the point of sexual addiction. Still others struggle to delight in their relationship with their spouse, their children, or their neighbors and coworkers. These exemplify how our mental health is not what God intends for us. They are expressions of our fallenness. Yet Christians hold out hope that God is at work redeeming these experiences and that we glimpse something of our future glory with him when we see gains made in our mental health and well-being.

From this brief sketch of a Christian understanding of the biblical drama, we see that it involves an affirmation of the *inherent goodness of creation*. A Christian perspective also affirms that creation is *tainted and incomplete*. So each of us is created in the image and likeness of God,





and therefore of infinite worth. But we are marred by the Fall—we are broken, incomplete, deceitful persons. However, redemption and the hope of resurrection tell us never to give up; God's grace is sufficient to cover all our wrongs if we are in a right relationship with God.

In addition, a Christian understanding of sin and psychopathology should be based on a holistic view of the person in relation to self, other, God and one's physical surroundings. The Hebrew word for this is *shalom*, which connotes justice and peace in relationships to the point of delight in them (Wolterstorff, 1983).

An explanatory framework that takes account of sin brings an increased awareness of personal responsibility. As we have seen, a Christian understanding of sin is far more than an awareness of personal responsibility, but it is certainly not less. Menninger, who wanted to avoid being perceived as a "moralistic bullyboy," nevertheless "pursued the possible usefulness of reviving the use of the word 'sin'—not for the word's sake, but for the reintroduction of the concepts of guilt and moral responsibility" (1973, p. 48). Menninger later makes the following observation:

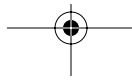
We would condemn clergymen for offering only pastoral counsel as therapy to a man suffering from syphilis or "schizophrenia." Would we withhold all censure from a psychiatrist who is giving psychotherapy for "neurotic" symptoms of sleeplessness or sexual inhibition to a man involved in rascality and wickedness of notable degree? (*ibid.*, p. 49)

Throughout Scripture and Christian theology, people are considered responsible for what they do with what they have been given. These are concepts that have been all but lost in contemporary discussions of psychopathology, as symptom reduction rather than personal responsibility has become the primary focus of intervention.

In addition to increased awareness of personal responsibility, an explanatory framework that takes sin seriously will increase our awareness of *corporate responsibility*. Not only does sin affect individual choices and their consequences (McMinn, 2004), but sin pervades the very structures of society (Wolterstorff, 1983).

WAYS TO INCORPORATE A CHRISTIAN EXPLANATORY FRAMEWORK

The field of psychopathology, it seems, could benefit from gaining an understanding of sin within a broader Christian explanatory frame-





work. The question of how to incorporate this understanding into actual work being done in the field of psychopathology presents a challenge. Mowrer (1960) rejects the Freudian notion that the person suffering from neurosis is best helped by relaxing the grip of the superego. Instead, Mowrer argues that the path to health is through acknowledging one's sin (recall that Mowrer defines sin as acts that bring one closer to mental illness), coming to terms with it:

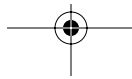
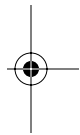
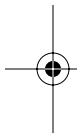
But the moment he (with or without "assistance") begins to accept his guilt and his sinfulness, the possibility of radical reformation opens up; and with this, the individual may legitimately, though not without pain and effort, pass from deep pervasive self-rejection and self-torture to a new freedom, of self-respect and peace. (ibid., p. 304)

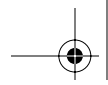
Even these strong claims fall far short of a Christian perspective on sin and psychopathology. For Mowrer, sin has nothing to do with a living and transcendent God.

So what would it mean to incorporate a Christian explanatory framework in psychopathology, including an understanding of human incompleteness, the effects of others' sin on a person, the effects of one's own sin on one's struggles with psychopathology, the ways sin affects the structures of society, and the role of grace? We are not talking about looking at different things, but about *looking at things differently, through the eyes of faith*.

Human nature. A Christian explanatory framework includes an understanding of human nature. According to Roberts, the question is this: "What are we made for, what would our most fundamental yearnings and interests be if they were fully wise and self-conscious, fully in accord with our essential nature as persons?" (1997, p. 76). As noted already, human beings were made for delight in relationship with God, themselves, each other and the rest of creation. In other words, for a human being to flourish, he or she must address these most fundamental yearnings, and these associations are tied in to essential aspects of what it means to function properly as human beings.

How, then, do human beings move to reach their full potential? Roberts (ibid.) suggests several ways human beings are structured to actualize our potential. Two of these basic structures most closely associated with a Christian understanding of sin: *human agency* and *inwardness*. Concerning human agency, Roberts notes that we have a





limited freedom which allows us to express and shape our character over time. God gives us increasing access to the possibility to choose even greater freedom:

The word of God enables us to see possibilities, without the seeing of which we would lack the real options needed for our freedom. We are liberated from our bondage to sin by a word of grace that declares we have been made righteous in Christ. And thereby actions become open to us that would otherwise have remained in the dark night of pure potentiality. (ibid., p. 82)

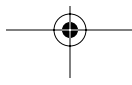
As Roberts observes, we are more than the sum of our behaviors. Our heart and mind are shaped by what we come to care about, what we think about and plan for:

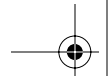
Proper personhood as actualized in the Christian virtues, by consequence, is not merely a set of dispositions to behave properly, but above all a rightly qualified inwardness—patterns of thought, wish, concern, emotion, and intention shaped by the Christian story and the truths about God, ourselves, and the world, that follow from that story. (ibid., p. 84)

Human beings have wishes, desires and longings, and a Christian understanding notes that our thoughts and motivations reveal who we really are and what we really care about.

Human incompleteness. As noted in chapter one, sin can be thought of as specific acts and as a state or condition. When we refer to sin as an act, we are saying that a thought or behavior (or lack of behavior) misses the mark of God's standard of morality. As a state or condition, sin is ubiquitous: the human condition is affected by the Fall and tainted by sin. McMinn's image of white noise is apt for the background experience of sin we live with daily. We assume that sin is like a light switch: either it is on or off—we sin or we do not sin. But the reality is that "the white noise is always on" (McMinn, 2004, p. 29).

The *DSM* is not a catalog of sin but a kind of catalog of the state and consequences of sin. The mass-media news, says McMinn, is in effect a "daily damage report" of the state and consequences of sin (2004, p. 47). Further, we see descriptions of the Fall in a casual perusal of an introductory psychology textbook (let alone a text on psychopathology): "you are likely to encounter descriptions of how serotonin deficits contribute to clinical depression, and how dopamine excesses are implicated in schizophrenia" (ibid., p. 13). In a prefallen





state, these neurotransmitters would be properly balanced, along with the other structures and functions of the body, “but in a fallen world we live in imperfect bodies, which we take care of imperfectly and end up with all manner of maladies and ailments” (ibid.).

Kenny was a promising college athlete. However, in his junior year he began to display unusual behavior and increased paranoia. He was eventually diagnosed as suffering from paranoid schizophrenia. Although he occasionally responded well to different medications, his experience of schizophrenia, like most, ran a chronic course, and he never fully recovered from this mental illness.

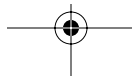
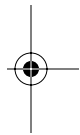
Does seeing Kenny’s deficits as more than just decreased levels of serotonin mean anything in psychopathology? We think it does. Seeing decreased levels of serotonin as reflections of our fallen existence normalizes them to some degree. An increased awareness of the reality of the Fall thus helps us put in perspective the challenges and constraints that we and others face in this life. This helps us rebut the notion that actualizing our potential in humanistic terms is the pinnacle of existence, that self-actualization is what we are owed, what we must all strive toward.

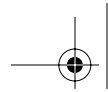
The effects of others’ sin. The idea of identifying the effects of the sins of others on our clients is perhaps a little more accessible. For the most part therapy is an individualistic exercise, and as we work with an individual, we tend to privilege their account of the harm done to them by others.

Janice entered the college counseling center in tears. She told the on-call counselor that she had met a young man the previous week and began dating, but things went further than she wanted last night. Despite her protests, she was raped, and she is now having a difficult time sleeping and concentrating on her studies. Clearly Janice’s acute post-traumatic stress is the direct result of sin done to her—a sexual assault.

Fay came for help with parenting skills. She was having difficulty setting limits for her ten-year-old daughter, in part because in her own growing-up years Fay had been a victim of verbal abuse. Now, every time she tried to set firm limits, the extreme and vicious words of her own father rang in her ears. As a result, she allowed her daughter to negotiate every decision and to essentially set the rules and expectations in the home.

Not only did the experience of verbal abuse have a devastating impact on Fay, but it traced down through another generation, affecting the upbringing of Fay’s daughter, who would benefit from boundaries





and limits, if they could be set clearly and consistently.

The effects of a client's own sin. What may be more challenging is to identify the effects of the sins of our clients on their difficulties. Most Christian mental health professionals are not trained to make such a connection, and few Christians would want to discuss a client's sin because of the fear of being viewed as judgmental.

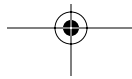
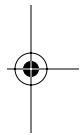
We know of countless men who have been diagnosed with antisocial personality disorder and have committed serious crimes, including taking lives and destroying families. But many sin issues are much more subtle. *People of the Lie*, by M. Scott Peck, is about the reality of evil. It is one of only a handful of books on the topic of sin and human evil, and it is worth reading. When we identify evil in a person, we can run the risk of keeping sin at arm's length. *Sin is located in another person who acts in certain ways*, we might say to ourselves, and thus keep ourselves from acknowledging the painful reality of sin in our own life.

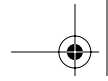
McMinn observes the *noetic* effects of sin; that is, "sin blunts our intellect and even our ability to discern sin," and thus "the fact that we discern sin so rarely is itself a symptom of sin" (2004, p. 14). We need to press beyond our natural inclination to compartmentalize sin as particularly evil deeds committed by a very small percentage of people.

Let's return to Fay, who was a victim of verbal abuse as a child and is now struggling with setting limits for her own child. It will not be so important to point out her acts of sin as to note that as she progresses in understanding how she came to struggle with setting limits, she will face decisions about whether to continue down a path toward forgiveness of her father and coming to terms with her own history, so that she can properly parent her daughter, who needs limit-setting.

One factor that helps distinguish among sin, crime and sickness, according to Menninger, is the degree of voluntariness associated with the behavior. "A crime, as with a sin, even when serving the same dynamic psychological function as a symptom, is assumed to be largely a voluntary act. As the symptom of an illness, on the other hand, the act must be largely *involuntary*" (1973, p. 75). Unfortunately, degree of voluntariness is very difficult to determine with precision, and such a standard presumes that these are either-or categories rather than behaviors that might be influenced by multiple factors.

Johnson distinguishes between the biblical concepts of sin and weakness. He noted that sin is "considered to be a power not created by God but by the sinner," and so "sin is something for which the sin-



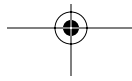


ner is held responsible” (1987, p. 218). In contrast, weakness “is a *given* limitation upon a normal or natural human ability or condition” (ibid.). A Christian understanding of moral fault encompasses both sin and weakness and notes that they combine in ways that are idiosyncratic and person specific. In its application to contemporary psychopathology, Johnson provides several examples, including alcohol dependence: some people may have a genetic predisposition to alcohol dependence (weakness), but for them active alcohol misuse clearly falls short of God’s will (sin; see 1 Cor 6:10).

There will be points of conflict between Christian and secular societal views of psychopathology: “While recognizing that personal discomfort and societal norms both contribute to a consideration of what is normal, the Christian would see both these dimensions as flowing out of God’s law as manifested in human consciousness (a revelation sometimes flawed by sin)” (Johnson, 1987, pp. 223-24). At the same time, Christians should expect to experience disagreement regarding what is sin and what is normal (Johnson’s examples include homosexuality, pride and materialism), just as society can pathologize behaviors that reflect spiritual insight and maturity, such as sacrificial living.

Sin’s effects on the structures of society. Sin is not reflected only in emotional or psychological disturbance, of course. There is a praxis-oriented dimension to a Christian explanatory framework that seeks to transform the structures of society. As noted in chapter two, psychopathology and its categories can be related to the structures of society. A Christian vision for society would then have implications for how we view various pathologies, as well as whether we “see” certain pathologies. A Christian explanatory framework reflects on the current social situation and seeks to be instrumental in its transformation. Applying this to the modern psychopathologies, the Christian will want to reflect on the care being provided to those who suffer from symptoms of psychopathology, as well as the ways society and the mental health community conceptualize mental illnesses and provide care for those in need. For example, might institutional sexism be related to some expressions of depression? Are some expressions of depression socially shaped, since twice as many women as men are depressed in our society? Is there a relationship between power and some expressions of depression?

Similarly, we mentioned in chapter two that anorexia nervosa and bulimia nervosa are two of the more recent “socioculturally weighted”





psychopathologies. That is, they appear to have been constructed in part by American (Western) social values regarding what is beautiful at the expense of what is healthy. In the cases of depression and the eating disorders, as well as all the other contemporary psychopathologies to one extent or another, Christian integration must consider seriously what a Christian social reality might look like and how distortions of that ideal begin to construct what a society categorizes as psychopathology.

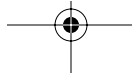
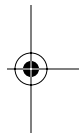
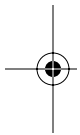
This critique can be extended beyond specific symptom clusters. Following Wolterstorff (1984), Christians need to ask whether a given system is functioning properly. Take the mental health care system. As Wolterstorff puts it, “We owe it to God and to our fellow human being to see to it that our society’s array of institutions adequately serves the life of its members—that they serve the cause of justice and shalom” (ibid., p. 62).

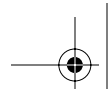
Does the mental health care system work well? Would the functions assigned to the mental health care system be better addressed by other systems? What role ought the church play in serving those suffering from psychopathology? What is the place of prevention? How much of what is done in the mental health community is to turn a profit rather than meet needs? Is the familiar treatment model of the fifty-minute hour a just and effective model? What would it mean to think creatively about alternative approaches, including preventive efforts?

A proper understanding of the effects of sin on the structures of society has profound implications for the Christian interested in the integration of faith and the scientific study of psychopathology. But Christian integration extends beyond sin and incorporates an understanding of grace.

Appreciation of grace. If we commit ourselves to properly understanding sin and psychopathology, we have to be willing to look at new approaches to healing that incorporate grace and redemption. As McMinn observes, “Good therapy works because it is a place that emulates grace” (2004, p. 37). If this is true, then Christians in the field need to unpack the implications and applications of such a claim. In his closing thoughts on sin, Mowrer seeks some “new source of strength” (1960, p. 304) to endure the discussion of moral responsibility, but he does not have a language for that source of strength. The Christian community does have such a language: grace.

Though underdeveloped at this time, a Christian understanding of





grace and its thoughtful application to the field should have far-reaching implications that help guide practitioners toward what is being referred to as positive psychology, a move away from focusing exclusively on pathology and toward an emphasis on strengths and resilience. In health psychology and neuropsychology, experts are discussing salutogenic mechanisms of the brain, that is, functional contributions to health that are tied to brain function and neuropathways (Smith, 2002).¹ Even in neuropsychology, then, we are witnessing an increased appreciation for ways our bodies can contribute to health-promoting functions that reflect and facilitate greater resilience and well-being.

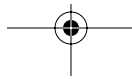
Perhaps a place to begin is to return to Roberts's discussion of what it means to be a human being. He says that we are word eaters—"verbivores." We eat and digest words, assimilating them into "the construction of the self":

In being verbivorous, humans are unique among the earth's creatures. We have a different kind of life than nonverbal animals, a kind of life that we can call generically "spiritual." Since we become what we are by virtue of the stories, the categories, the metaphors and explanations in terms of which we construe ourselves, we can become spiritual Marxians by thinking of ourselves in Marxian terms, spiritual Jungians if we construe ourselves in Jungian terms, and so forth. It is because we are verbivores that the psychologies have this "edifying" effect on us . . . : They provide diagnostic schemata, metaphors, ideals for use to feed upon in our hearts, in terms of which our personalities may be shaped into one kind of maturity or another. (Roberts, 1997, p. 81)

CONCLUSION

Are there costs associated with using the language of sin in psychology? There certainly may be, both large and small. For example, psychologists may not receive reimbursement if their incorporation of an understanding of sin in their case conceptualization and treatment planning is viewed as nonscientific and thus does not meet the standards of mental health services based on scientific foundations. So Christians have to do their homework. They may have to research the

¹We would like to thank our colleague Scott Sautter for introducing us to the concept of salutogenic mechanisms of the brain.





construct of sin and its various dimensions. They may have to make a case for the incorporation of the language and construct of sin. Does this make Christians beholden to empiricism? No, but if Christians want to transform the field, they must be conversant in the primary language of behavioral sciences being spoken today.

The costs might also be more sweeping. What if a Christian view of society leads Christians in psychopathology to establish their own classification system? What if, over time, a growing number of Christians find that the evolving American social reality—which shapes expressions of psychopathology and limits our understanding of what constitutes psychopathology—has an incomplete construction of what is pathological? There may be a time when Christians feel that they must provide a more religiously congruent, complementary nosology, one that takes seriously a Christian understanding of sin in its varied meanings.

RECOMMENDED READING

McMinn, M. R. (2004). *Why sin matters: The surprising relationship between our sin and God's grace*. Wheaton, IL: Tyndale House. This is a helpful resource. It is very accessible to the layperson and a wonderful source for personal reflection.

Peck, M. S. (1983). *People of the lie: The hope for healing human evil*. New York: Simon & Schuster. This is one of very few resources that explicitly discusses evil. It is a good starting point for the Christian psychologist.

Plantinga, C., Jr. (1995). *Not the way it's supposed to be: A breviary of sin*. Grand Rapids, MI: Eerdmans. A challenging book by one of the most thoughtful Christian scholars writing today.

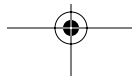
Roberts, R. C., and Talbot, M. R. (1993). *Limning the psyche: Explorations in Christian psychology*. Grand Rapids, MI: Eerdmans. This is a terrific edited volume from scholars in psychology, philosophy and theology.

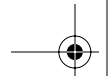
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