THEORETICAL ARTICLE

Christian Psychology and Addiction: God's Divine Intervention in the Lives of the Powerless

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ABSTRACT

This article discusses chapters 12 to 15 of Eric L. Johnson's *God and Soul Care* (2017). The most important questions are 1. Is Johnson's integrative model useful for the broad Christian mental health care and addiction care system? 2. Is this model suitable for doubting and non-believing clients? To support our argument, we present a summary of the care vision of 'de Hoop ggz'. In addition to recognition and appreciation for Johnsons integrative vision, we have the queries about the complex relationship between grace and surrender. We also question the absence of a boundary between normal pastoral questions and psychopathology, and we miss an elaboration on the doubting client.

KEYWORDS addiction, surrender, Christianity, spirituality, religion, Christian therapy

INTRODUCTION

The relationship between Christian faith and psychology has been the subject of an ongoing debate for many years. There is a wide range of views on this subject (Johnson, Myers, Stanton, et al., 2010), ranging from the view that Bible and science are two completely separate worlds, to the idea that the Bible in itself is sufficient for dealing with the pastoral and psychological needs people may have. The latter view implies that academic psychology and psychotherapy have no added value for Christians.

Within this spectrum, psychologist Eric Johnson posits an integrative model of Christian faith and psychology, recently advanced his theory anew in his latest publication *God and Soul Care*. In this approach, in addition to focusing on clinical diagnosis and on the recovery of mental disorders and suffering in human life, the restoration of the relationship with God takes centre stage. The basic premises of this integrative model and the clear description of how psychological and theological models can interact and complement each other, still give rise to many questions (Entwistle, 2015). Various attempts have been made by those working with this model to give a specific definition of this model and make it applicable in mental healthcare. For example, McMinn and Campbell (2017) offer a manual for psychotherapy from an integrative model with many practical details and instructions.

In his most recent impressive work, Johnson endeav-

ors to provide a comprehensive and broad description of an integrative model of psychology and soul care. Starting from the basic premise that the story of Jesus – 'the true and real human' – should be 'foundational for all psychology and psychotherapy and counseling', Johnson delineates, in the fourth part of this book, how the union of a Christian with Christ can render this story relevant to what he calls 'the healing of souls'.

In this review, the authors raise two main questions: 1. Are Johnson's ideas able to sustain a truly integrative model of psychiatry, psychotherapy and addiction care within a mental health care setting? To answer this question special attention will be given to addiction in relationship to the concept of surrender. 2. Which aspects are overlooked by Johnson for the further development of a Christian psychology in mental health care? A particular concern of this subject is the issue of patients who doubt their faith and who aren't certain whether religion and spirituality should be involved in therapy.

The story of Jesus should be foundational for all psychology and psychotherapy and counseling

This article begins with a short summary of the fourth part of the book. In order to be able to answer these questions in the context of Dutch Christian Mental Health care Johnson's work will be discussed in relation to De Hoop's Christian care vision. Finally, the authors share some further considerations for an ongoing development of an integrative Christian psychology.

JOHNSON'S VIEW ON RECOVERY: THE DIVINE INTERVENTION CHAPTER 12-15

Johnson states that through the story of Christ believers are able to understand others, God and themselves. Christ's life, death, resurrection, and exaltation is God's divine intervention to help mankind to recover from psychopathology.

> Christ's story, then, is supposed to become the basis for a significant reorganization and integration of the believer's thoughts, emotions, desires, memories, imaginings, needs, motives, loves and hates, goals and agendas, choices, actions, and relational structures, leading to new ways of living that better foster their wellbeing and fulfillment. This, in turn, leads to an increasing correspondence of their minds, hearts, and lives to Christ's, who himself perfectly corresponds to the agency in communion of the triune God. (p. 331)

Union with Christ enables patients (1) to be a Testimony of Christ, (2) to develop the characteristics of Christ, (3) to act like Christ, (4) to feel fulfillment by being part of the triune God, (5) to experience meaning in life by merging their own story in the story of Christ and (6) to live in unique relationships with others through the body of Christ. For Johnson, the image of Christ is reflected in a recovery that is based on biopsychosocial and ethical, spiritual criteria.

Whatever a patient's psychopathology, the coming of Jesus resembles God's desire for his well-being. Johnson states that Christ's life is not a model that patients can emulate by their own strength, but has to be viewed and appropriated vicariously as their own. Christ's deeds in the Gospels can be read as if they were one's own. A patient's experience of his new identity in Christ is empowered through expressing feelings of shame and guilt towards God. Therapists should use mental imagery, planning and role playing techniques to help patients to mold their life as an analogy to the life of Christ.

Kenosis is for Johnson the most significant way that patients can imitate Christ. It is a process of emptying oneself by turning away from one's own immediate satisfaction, rights, benefits, or goods while procuring the welfare of the other. Johnson mentions the importance of structures of balanced personality to resist the tendencies toward self-destructive behavior seemingly for the sake of others, like 'co-dependent' behavior. But merging the patient's story in Christ's story can solve the problem of depletion due to misguided self-giving. Over time, the patient can acquire the habit of a healthy kenosis. For Johnson, the death of Christ helps patients to learn how to receive divine peace and forgiveness. Feelings of shame and guilt can be treated

by internalizing peace with God in the patient's memory. Therapist have to communicate the reconciliation with God. All suffering, sins and biopsychosocial damage has been dealt with in the death of Christ. The Cross resembles the promise that all suffering will one day end. It helps patients to realize that psychopathology will pass away and lose its power. Furthermore,

Therapist have to communicate the reconciliation with God

for Johnson a patient's (and therapist's) unconscious self-deceptive dynamic of being good independently from God, and imitating Christ 'on one's own', while consciously relying on God and His grace needs to be addressed. This dynamic cannot be easily changed and its influence needs to be recognized and discussed during recovery. It is part of the last stage in Johnsons three stages model of the Already/Not-Yet dynamic of the Christian life. Not all healing is yet realized. Firstly, healing in believers occurs in the stage of initial regeneration. This first stage is followed by an ongoing process of 'Christiformity' which will culminate, in the third stage, in its perfection in eternity.

The resurrection of Christ is connected with reconciliation and the new creation. The restored relationship with God is also the basis for the recovery in other relations. The forming of the new self is made possible through the resurrection of Christ. This forming of a new self, is a process that can only be partially realized in this life as our physical body is not yet redeemed. At the same time, the new life in Christ is a process of vivification. In this process believers receive new beliefs, values, imaginings, actions and relational patterns as well as a new narrative concerning one's conversion. The elements of this process are all aspects of the new self. The already/not-yet reality is hopeful but also realistic about one's limitations. Christian therapy with Christian patients comes down to a process of forming new neural networks, emotional and behavioral patterns, desires and goals that are in growing accordance with how humans are meant to be, in Christ.

Through his ascension, Christ has a decisive influence on the earth. Through his Holy Spirit He works in his followers and helps them to become new people. The believers were buried in Christ through baptism but also resurrected with Him through His resurrection. From heaven, Christ has sent his Spirit who is now near to people, comforts them, teaches them and connects them to each other and to Christ. The distinction between 'false Self' and 'true Self' is elaborated upon by Johnson via the analogy of the old person and the new person. In the 'false Self', the negative feelings and beliefs are based on neglect, abuse, one-sided emphasis on performance, parentification and other destructive influences. In the 'true Self', according to Johnson, humans can see who they are in Christ and how He sees them: their new identity. In many modern psychological and therapeutic movements, the true self is seen as the positive core of man, which therapy should release. This liberation leads to restoration of vitality, creativity and finding one's destiny. Free from alienation that the Self experiences on the basis of neglect and the criticizing outside approach, the 'actual self', as Johnson calls it, arises. In the actual self the person shows who he really is, what he feels, what his capabilities are, etc. Strengthening this part can, however, lead to a strengthening of narcissism in a socially acceptable form. Therefore, the Christian therapist's purpose is to promote 'true Self' as described in the Bible in the passages regarding the new man in Christ. It is important as a therapist to differentiate between the 'true Self' and 'false Self'. This differentiation becomes the foundation necessary to study the existential choices that have been made by the patient. The process of discovery of the 'actual Self' and the transformation of the 'actual Self' to the 'new Self' is often accompanied with shame and guilt, leading to resistance in the patient. Patience, empathy and a tactful underlining of who patients are in Christ due to His resurrection and ascension, is necessary.

JOHNSON'S VIEW OF ADDICTION

For Johnson, addiction is a telling example and metaphor for human's bondage to sin. It is manifested whenever patients do what they do not wish to do, and are unable to do what they really want to do. It is part of the 'false Self' and 'old Self', with damaged neu-

rological and psychological dynamic structures. Only Christ can set them free. Through His blood, believers have been set free from their imprisonment and can change their story into the story of Christ. The repeated failures of agency can lead to deterministic and fatalistic self-attributions. The story of Christ can give patients new hope by reframing their life and changing their pattern of self-defeating beliefs and habits. A radical shift in the patient's life story can undermine the influence of unresolved guilt and shame. Conversion to the new way of life in Christ can help patients to distance themselves from actions in the past, which in turn can prevent relapse in the future.

THE CARE MODEL OF THE HOPE

The care vision of De Hoop (The Hope), the institute where the authors of this article work, is based on a biopsychosocial*spiritual* perspective of life and man.

Addiction is a telling example and metaphor for human's bondage to sin

Within a biopsychosocialspiritual model, man can be characterized as a relational being that functions in different relationships: in relationship to himself, in relationship to the other, in relationship to creation and in relationship to a Last Ground (God). At creation, man was equipped with freedom and responsibility, through which he could function in harmony in these relations as the image bearer of God. After the Fall, mankind lost these capabilities and consequently had to live under the curse of God, resulting in suffering, sickness and death. It is precisely in mental illnesses and addictions that freedom, responsibility and healthy relationships disappear. The significance of this curse cannot be underestimated and it continues to be active in this world. Paul's Letter to the Romans describes the creation that groans in the pains of childbirth (chapter 8). Therapists also observe this groaning in the suffering and brokenness of their patients, but it is also noticeable in the inherent limitations of interventions and medication. Alienation is the result: (1) alienation from God, (2) from each other, (3) from one's self and (4) from creation. Van den Brink and van der Kooij describe sin as 'alienation': 'People become strangers to each other because they violate the relational solidarity in which God created them. Thus, they fall apart as perpetrators and victims of evil' (2012, p. 283). Disorders therefore have a relational meaning and are often multi-layered in their nature and origin.

In the course of history, God has shown humankind that restoration and redemption in Christ has been made possible. The Old Testament states that this restoration includes both our sickness and brokenness as well as our sins and guilt towards God. This does not mean that all sickness and brokenness are a direct result of personal sins (cf. John 9). Through the development of science, man has gained insight into, and knowledge of treatments and methods of healing that can be gratefully used by therapists to fight existential brokenness. Recovery, healing, conversion and redemption are all aspects that can improve functioning in the different relationships mentioned above. In the care vision of De Hoop, these different sources of recovery are not seen as opposites but as complementary. At De Hoop, there is no hierarchy in the recovery in these relationships. One approach within the mental health care of recovery is not possible without the other and restoration in one relationship affects the other relationships, the same way as brokenness in one relationship affects all other relationships human beings are capable of. At the same time, recovery in this life remains limited and incomplete. In human life, one has to deal with death as the last enemy. Human beings are longing for what is coming, but at the same time they are already in possession of what has been acquired for every believer in Christ, even when being subjected to the brokenness of this present existence. This stimulates to keep on looking forward to growth and redemption. With all these considerations in mind, the aim of treatment at De Hoop can be formulated: restoring man's functioning in all relationships in the way God originally intended. This recovery in relationships is a primary goal of the staff, where each worker contributes to this process in his or her professional capacity. At the same time, attempts are being made to integrate the different recovery contexts. For example, the approach of a psychotherapist is different from the approach of the

addiction physician, the nurse or the pastoral counselor, but each professional has to be aware of the total context, i.e. all four relationships of the patient, to help him on his way to a new life. The following treatment and recovery goals are made concerning the four relationships of the patient:

Recovery in this life remains limited and incomplete

1. Relationship with a Last Ground (God)
In the care vision of De Hoop, therapist are supportive of the patient's relationship to God. He (God) sees the patients (and therapist) as they really are. Instead of hiding one's face from God in fear of punishment and shame, patients can change their old behavior patterns by connecting with God. Because the relationship is reciprocal, one may also expect recovery through the ministrations of the Holy Spirit in people's lives. In addition, it is important to allow room for the miracle that God can do in people's lives through surrender and prayer. Conversion is part of the miracle, enduring suffering and loss as well.

2. Relationship with the other
In restoring the relationship with the other, patients can experience their neighbor, God's beloved creatures, to be able to sympathize and take care of them. Patients learn to open their hearts, take responsibility and to endure the limitations of the other.

3. Relationship with one self
Patients need to learn to face themselves as they really are. They have to know their capabilities as well as their limitations. But most importantly, during this confrontation with themselves, patients have to see themselves as beloved human beings, and to accept and appreciate who they are. This contradicts Luther's image of man as being *incurvatus in se*, 'curved inward on oneself': man who tries to save himself and is disconnected. One can learn to tolerate frustrations and feelings of emptiness and abandonment on the basis of a more mature image of who he or she is and of what significance one can be in this world. The elimination of delusions, the deliverance from fear and panic, can also be seen as improving the relationship with oneself, although aspects of the other relationships often play a role here as well.

4. Relationship with creation
Man is called to be a steward of Creation and enjoy it's blessings, instead of exploiting and exhausting it. Stewardship of Creation, stewardship of resources, approaching life with care, are core principles. For example, in the case of addiction this includes stopping substance abuse and dependency, restoring biological systems such as the hyper-arousal or hypo-arousal and breaking the hyperactivity of the reward system in the brain as a result of long-term drugs and/or alcohol abuse. Overcoming craving fits well with the concept of restoring the relationship with oneself and also partly the relationship with Creation. It is an example of how some aspects of addiction relate to multiple relationships. Life is a complex whole. The physical and the biological form the substratum for man's psychological and spiritual experience.

DISCUSSION

Johnson's book can be seen as an extensive attempt to create foundations for a Christian integrative model for psychiatry and psychotherapy. The most important agreement between Johnson and De Hoop is that both are looking for an integration of faith, psychology and psychiatry. Both approaches do not restrict the concept of a patient's recovery to only his biopsychosocial health but also include the restoration of the relationship with God. Secondly, there are some aspects which are overlooked, which, when addressed, might contribute to further improving the development of a Christian psychology in mental health and addiction treatment.

In his book, Johnson furnishes a lot of useful implications for new Christ-centered approaches in the treatment of mental health care problems and addiction. (I) The story of Christ is helpful to reinterpret the stressors in a patient's life. It could foster the subjective experience of significance ('Is my life valuable?'), purpose ('Where is my life heading?') and coherence ('Why do I live?'), related to meaning in life (George

& Park, 2016; Martela & Steger, 2016). (II) Aspects of kenosis fit well in the new lifestyle which is necessary for a successful treatment. Like Johnson, the authors think that the development of personality constitutes an important factor in preventing unhealthy and excessive sacrifices, purely for the benefit of others ('co-dependency'). It corresponds with the goal of responsible, open, and trustworthy relationships between patients and others, as mentioned in the care vision of De Hoop. During recovery, patients learn the importance of acquiring the ability of mastering delayed gratification, as well as heeding the call to be responsible in this world. (III) Furthermore, the reflection on Christ's death could help patients in changing paralyzing feelings of shame and guilt (which, for example, is often a struggle during the treatment of addiction) towards an intrinsic motivation to change. This could perhaps provide a basis for a Christian version of the Acceptance and Commitment Therapy (ACT). (IV) The tension of the already/not-yet dynamic of the Christian life mentioned by Johnson, is important to be addressed in therapy. This will remind patients to maintain an active attitude regarding their recovery and the surrender to God.

The recovery from addiction is a mystery

The authors have some reservations as to the malleability of recovery through the effort of the patient to view the deeds of Christ as his own. For Johnson, the life of Christ is not a model which patients can apply by themselves. He recognizes the problem of imitating Christ 'on one's own', while in the assumption of relying on God and His grace. But the complex interaction between the patient's commitment to treatment and the dependency on grace remains unclear in Johnson's work and the model of De Hoop. May (1988) states that it is impossible to describe how grace and one's own efforts interact. The recovery from addiction is a mystery. Grace empowers in the most powerless situation in choosing surrender to God. It can be defined as an active, rather than passive, giving up of one's desires and actions to do what is believed to be God's will (Wong-McDonald, & Gorsuch, 2000). Often, addiction treatment programs in the Netherlands emphasize the rehabilitation of internal control without involving the patient's experience of a personal relationship to God. Unfortunately, this could implicitly strengthen a self-directive religious coping, which correlates positively with symptoms of psychopathology (Ross et al., 2008) and negatively with surrender to God (Wong-McDonald & Gorsuch, 2000). Also, it could neglect the spiritual struggles during treatment, which could cause symptoms of depression (Pirutinsky, Rosmarin, Pargament, et al., 2011) or addiction (Faigin, Pargament & Abu-Raiya, 2014). At De Hoop, scientist-practitioners seek to unravel the paradoxical path to control by giving up control (Cole & Pargament, 1999). By measuring different factors of surrender to God, therapist seek to give patients tools for self-examination and reflection.

The authors often see the emptiness that arises when patients are able to overcome their addiction and distance themselves from its influence. This emptiness is all the stronger when trauma and emotional neglect have been causes of the addiction. The lack of a bond with God and the inability to give meaning to life becomes sharply visible in the lives of addicted people. Like Johnson, the authors have to conclude that their patients are not able to overcome their addiction only by secular/neutral treatment methods. They need a new purpose in life. Frequently, Kierkegaard's 'despair' pops up as an implicit elephant in the room. It reflects an unconscious sense that the therapist and patient by far fall short of that for which they were originally created. Facing the brokenness of addiction, therapist are hiding behind overgeneralized protocols instead of searching for the sacred in the path of recovery. Pascal concludes that '…this infinite abyss can be filled only with an infinite immutable object; in other words by God himself' (1966, p. 75). This matches well with the opinion of May (1988) in which he states that 'To be alive is to be addicted, and to be alive and addicted is to stand in need of grace'. The authors think that the recovery of addiction and suffering can be seen as a guide to sincere surrender to God.

The view that addiction, psychopathology and sin are (partly) related to a lack of surrender to God, could

be in conflict with the aim of a secular mental health system. The motivation for treatment in the Netherlands is psychopathology. For Johnson, regular pastoral problems and psychopathology seem to be aligned and there is no clear distinction between disbelief and sin, and psychopathology. The first two problems are no reason for treatment in secular mental health care. In Johnson's view everyone who does not fully surrender to God seems to have a form of psychopathology.

Patients do not want to involve Christian faith in dealing with their problems

Often, patients have all kinds of patterns that have been formed on the basis of early life experiences. For every sin related to desires, emotions and thinking, a psychological explanation can be given. But does this mean that all sin comes from a disorder?

Related to this view, Johnson seems to state that the psychotherapeutic trained pastor is responsible for all the aspects of the recovery process, with a great emphasis on restoring the relationship with God through repentance, surrender and restoration of trust and renewal of identity through the growth of the new self. At De Hoop, the value of making use of the expertise of separate professional categories, is more fully emphasized, as each can contribute to the whole main goal from its own perspective. The question is whether the personal skills of professionals, one's own domain of knowledge and skills within a mental health care environment, are sufficiently appreciated in Johnson's vision. In addition, the authors believe that every small piece of recovery in one relationship can have a positive effect on the other relationship(s). But like Johnson, the authors believe in the mystery of conversion and the importance of the work of the Holy Spirit.

In daily practice, therapist at De Hoop encounter many patients who doubt the existence of God or doubt his love and wonder whether these apply to them. Often, these questions and doubts intertwine with treatment. Regularly, patients do not want to involve Christian faith or the Bible in dealing with their problems. Even where symptoms of patients are related to religious struggles, without explicit permission of the patient therapist have to show restraint in explicitly following Johnson's integrative model. Therapist sometimes need to confine themselves to expressing Christ's love and mercy purely through their behavior and through their involvement in therapy. The authors have missed a discussion by Johnson to handle patients that are reluctant to involve religious and spiritual aspects. Often, in clinical practice it is possible to implicate existential questions and the feelings of blame and shame, but the possibility for explicitly connecting these themes with the Christian faith is limited. Be that as it may, the Christian therapist can (and must) always represent Christ through his or her commitment and by being trustworthy. In this way, the therapist resembles another reality that the patient cannot or does not want to see.

In one instance, after a long and intensive treatment, a certain patient mentioned that she was so happy that she had regained her faith. The therapist had mentioned a bible verse, though without giving it thorough thought. Immediately, the patient refused to continue the conversation. After that observation, the therapist became very careful in bringing up Christian themes in therapy. At the end of treatment the therapist was surprised about her rediscovered faith since they had spoken very little about spiritual and religious matters during sessions. The patient responded that it was that restriction that had given her the space she needed to re-establish her relationship with God. She had been raised in a strict religious family and religion was enforced upon her. In her experience, during therapy there had been important religious moments that hinted to God, though without the therapist being consciously aware of them. For the patient these crucial moments were essential in finding solutions for her problems.

This is an example that shows the struggle of Christian therapists working on restoration in the four relationships mentioned by the model of De Hoop. The relationship with God is of great importance, but it is not always possible to involve explicitly religion-related aspects. There is a need for sensitivity from Christian therapists to differentiate whether there is a possibility to point to Christ: a ray of light in the form of real sympathy, comfort, space for grief, making the story

understandable, and hints on mercy, love and forgiveness. Although the focus on Scripture is of great importance, the authors have the impression that the work of Johnson has too little interaction with general secular theories and treatments. In his earlier work Johnson (2007) explains the great need of the distinction between Creation grace (or common grace) and antithesis. Creation grace involves the grace that is common to all humanity, which in turn gives the possibility to a non-Christian scientist to discover helpful treatments like cognitive behavior therapy (CBT), acceptance and commitment therapy (ACT) and community reinforcement approach (CRA). The antithesis states that non-Christian therapies can in its essence be alien from God and can operate in ways that are fundamentally opposed to a Christian psychology. A discussion of these concepts could clarify possible limitations of these examples of therapies for Christian mental health care. For example, the focus on self-control in CBT in addiction treatment helps the patient to take responsibility for his recovery. But at the same time, CBT could support the impression that the Christian patient has to recover by himself without dependency on God. Also, ACT has some ties with Buddhism (Hayes, 2002; Kenneth, 2015) which could conflict with the Christian perspective. Maybe the focus of CRA on happiness in life without drugs and alcohol could foster a more hedonistic approach, which is in contradiction with the struggles of a Christian lifestyle.

In conclusion, the most valuable thing about Johnson's book (2017) is the elaboration on the question what the restoration of the relationship with God entails. Johnson's work gives direction for Christians to continue the development of the 'new Self'. He paints the view of a broken person who is on his way to come home. Psychotherapy can be supportive in helping patients to formulate their own existential answers. It adds the element of responsibility to someone's life. And it seems to give room to meet God with more clarity. This process hints on the notion of Calvin that knowledge of oneself correlates with the knowledge of God (Johnson, 2007, p. 430), a correlation that is worth further consideration in the context of addiction care.

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