

Position Paper #2

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Discussion

Claiming Psychopathology for Christ & Christian Terminology

Eric Johnson's (FOCLOnline, 2018) endeavor to claim "psychopathology" for Christ connects with the concept and practice of cruciformity. Bird (2016) describes cruciformity as a state of being for Christians in both the private and the public worlds. The act of figuratively dying to oneself daily parallels the practice of resilience in building new coping skills and overcoming trauma. To live in a way that is congruent and authentic with one's beliefs in all areas, I think, is a concept and a personal practice that I strive for in my life. Johnson (FOCLOnline, 2018) shares that the Egyptian word 'psyche' meant soul; thus, "psychopathology" is the study of the disorders of the soul, connecting to the Christian worldview that humans have a soul. This formation of "brain-soul" is a term that aligns with my worldview of people as having physical and metaphysical attributes.

"I am who I am only as I am in Christ Jesus" (Holeman, 2012). Today, I see more clearly that my beliefs of who Jesus is, who I am, and what my purpose is in this world are reflected in my practice as a clinician. Who I am cannot be separated. I don't think that would be considered crossing overstepping or loosening boundaries. I want my character in my private and public worlds to remain consistent. I believe that Jesus did the same in how He conducted Himself, and imposing Himself was never the method He chose. I resonate with N.T. Wright's (Center for Faith & Work, 2012) idea of small actions compounding into thoughts and behaviors that shape one's character because it alters the course of how one relates to others and their situations. Therefore, I think that Christian counselors can be highly effective because cruciformity creates a natural, genuine second-nature response toward our clients to demonstrate attributes like kindness, care, respect, love, patience, gentleness, and humility.

Eric Johnson (FOCLOnline, 2018) discussed how to begin perceiving psychopathology and utilizing language that reflects Christian values. This choice to be cognizant and intentional in using terms to reflect God-glorifying behaviors and thinking is the practice of social holiness. Yet, I am still determining his approach to eliminating clinical terms. Eric Johnson (FOCLOnline, 2018) provides “self-actualization” as an example that does not fit in God-centered language because he does not believe that we can actualize without God’s intervention. I would question words or phrases like self-compassion, self-control, and intrinsic motivation. We often encourage clients to engage in thinking and behaviors that promote self-control and self-compassion. We often ask clients about their motivation levels, what motivates them, and how to determine where motivation comes from. I understand God as the source of everything, tangible and intangible. I do not think I would limit my language simply because there is a fear that it’ll diminish God’s authority, that somehow I take away His glory in utilizing the word without incessantly giving Him credit. He has authority no matter what I say. I do not view the word “self-actualization” as a “stumbling block.” I believe in conducting myself in such a manner that reflects this concept of “social holiness” however, I think Johnson’s idea was presented as more of an opinion rather than a biblically-based fact to support our practice as clinicians. I can see Johnson’s intention to be in a constant posture of worship, yet I question whether the choice of words determines worship and obedience. I believe that assisting our clients in making sense of their patterns, identifying their issues, and learning new concepts, requires a level of sensitivity to their cognitive functions and cultural backgrounds.

Additionally, being mindful that God is God and He is in control does not mean everything is permissible, but I can support my clients without making it more difficult for them to grasp something. If a client wonders about the beginnings of actualization, that is a journey I

hope can be sparked. Is it my responsibility to push for them to attribute realization to God? I do not think it is. Johnson's approach in removing terminology is not helpful as I see it causing more spiritual anxiety than supporting my spiritual integration and awareness of my worldview in my practice. However, I am open to being wrong and exploring this more.

Biopsychosocial Damage - Origin of Sin

Eric Johnson (FOCLOnline, 2018) conceptualizes the weakness of the flesh and sin under biopsychosocial damage. He separates weakness and sin-- placing humans as not responsible for weakness and sin as being created by humans (Johnson, 2018). Harrison's (1973) view is that sin is an abstract concept without application until a creature who acts upon it demonstrates sin. He shares that God created humans to be very good and be in His likeness; therefore, having free will opens an opportunity for sin's "inevitable result" (Harrison, 1973). God the Creator is reflected in us by allowing free choice. This implies that sin was an option that has always been and will always be available as long as God allows us, the creation, to maintain our free will. However, this does not mean that humans *created* sin. I believe sin existed as the antithesis of God long before humans arrived, and Satan is an example that fits this idea—freedom and choice without God's influence cause sin (Harrison, 1973). Therefore, identifying the origin of sin, beginning with humans, misaligns with my worldview. I believe that sin was ushered in by Adam and Eve. I would compare sin to the existence of gravity as a theory. When we fall off a chair, we experience the sensation of falling and then the pain of hitting the ground. This realization of a dropping feeling in our stomach and physical pain brings to our awareness an acknowledgment of a force that "pulls" us to the ground when we are not stably sitting in a chair. Therefore, I disagree with Johnson's statement that humans created sin, as I think sin's origin is earlier than our existence due to God's initiation of creating beings that have free will.

Biopsychosocial Damage - Weakness & Suicide

Johnson states that personal sin tends to increase suffering, and not all suffering is due to sin (FOCLOnline, 2018). His idea that God values weakness is supported by Holeman's (2012) reflection of God siding with the poor, oppressed, and marginalized. I appreciated this explanation as I have experienced Christian people trying to label people's suffering or world disasters as "God's judgment" on them, and it never sat right with me. Often, when mental health, faith, and culture collide, conversations surrounding suicide raise the topic of whether it is a weakness or an attempt/completed suicide is a sin. If Christians accept that due to the fall of creation, there is biological damage (death, decay, illness, etc.), then would suicide be viewed as a part of the biological malfunction of the brain chemicals that cause low mood and other maladaptive thought patterns? I would hope that suicide would be viewed as part of the weakness of the flesh in the human experience and won't be tied to shame as it would under the lens of sin. I understand that not all brains are created equally, and my view of weakness of the flesh includes psychological and emotional distress. However, St. Augustine viewed suicide as an unforgivable sin due to a violation of the fifth commandment of God (Dods 1950:45 as cited in Hundzukani & Wonke, 2021). The Bible does not say it is unforgivable, and the story of Samson could be interpreted as a known suicide war tactic (Judges 16:29-30). The fear that surrounds completed suicide and possible interpretations of people losing control to mental illness, voices, or spiritual forces and the shame that surrounds this issue, I think, are detrimental to the work of decreasing the statistics for suicide. I believe that the weaknesses of the human flesh are due to the nature of sin limiting our capacities and the fact that we are created and are therefore limited. When dealing with mental illnesses, I prefer to approach a person's suffering as being categorized under weakness until I am shown otherwise. Therefore, I see myself taking

a more personal approach to understanding what causes suffering in a person's life. This supports my curiosity in learning about what I can utilize to reach their way of thinking, viewing people as suffering due to their weakness if they don't have an awareness of their sin and mirroring care that was taught to me through Jesus' story in my own life.

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