

## **WITHOUT A VISION**

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The religion and psychiatry committee of the American Psychiatric Association inquired about the nature of Christian psychiatry. Their request brought into sharp focus a problem that we Christian physicians have never collectively addressed: What makes us different? In trying to come up with an answer, I found I had none. Certainly we Christians in the field of psychiatry seem as fragmented in what we believe and practice as our non-Christian colleagues.

Psychiatry does, however, have a body of knowledge that is considered fundamental to the practice of the specialty no matter what modifier is applied. This knowledge is used as a basis for determining whether a person has adequate knowledge to practice the specialty. The American Board of Psychiatry and Neurology is charged with the task of evaluating and certifying proficiency.

In contrast, Christianity has, but seldom uses, the standards given by its Author to certify that a person is proficient in the faith. Christians are, as a result, divided into all kinds of parties and groups with widely disparate belief systems that make definition nearly impossible.

In defining a Christian, modifiers have to be added. First we have to determine whether we are defining cultural, nominal or biblical Christians. If a person is a biblical Christian, it must be determined whether he/she is a fundamentalist, evangelical or charismatic (Pentecostal). Continuing in our inquiry, we need to determine whether this Christian is dispensationalist, for a person can be fundamental or evangelical dispensationalist, but not a charismatic (Pentecostal) dispensationalist. Finally, when we get down to the finer differences, we must determine whether he/she is a member of any one of the hundreds of denominations found in our world. Sometimes we will find that the Christian=s denomination can, to some extent, select what descriptive modifiers define him/her, but not always.

Logic tells us that with so many variables it is unlikely we will ever be able to define Christian psychiatry. But Christianity is not a logical faith (1 Corinthians 1:17), therefore, it

may be possible to find in its "foolish message" some common knowledge that will help us to define what we are and what we do. I believe that some of us who call ourselves Christian psychiatrists have found this common ground so I would like to share briefly what I consider the similarities.

I have not always been a Christian psychiatrist. In my first 22 years of life I was a nominal Christian. During the 22 year of my university education, training and early years as an academician I was a pagan, although I would have qualified as a cultural Christian. For the last 21 years I have been what I consider a biblically defined Christian.

When I became a Christian I did not do so willingly. I knew how the leaders of psychiatry felt about religion. These were not views that they published. However, I had heard them expound their views on many occasions, both in personal conversation and in-group discussion. As a result, I knew what these men could privately think of me when I publicly professed my faith. But when God calls, we have only two alternatives. One of these is to ignore the call and the other is to respond to it. I chose to respond and did the only thing I knew to do – I went back to church. Fortunately not many psychiatrists go to church, so I felt safe.

The church I went back to had not changed much during the 22 years that I had been away. Most of the people there when I left still occupied the same pews. There was though, a small group of people who seemed to have an active faith. They not only appeared to be filled with joy and love, but also applied their faith in every aspect of their lives. I wanted to do the same. Sadly, I was so ignorant about spiritual things that they had to spend the next three years teaching me about my faith before I was mature enough to consider integrating it into my personal life and medical practice. It was also during these years that I met many people who once could have been my patients, but had been cured by appropriating God's healing power. These observations convinced me that there was healing power in my faith, and I had to learn how to use it. I was surprised later to learn that the Group for the Advancement of Psychiatry made a similar statement in one of their reports.<sup>1</sup>

I approached the time when I would apply my faith in my medical practice with fear and trembling. I knew after taking the first step I could not turn back. In the fullness of

time, the Holy Spirit sent me the right patient and gave me the right words to say so that he could heal her. Once the first step was taken, and I had corroborating evidence that God could and would use me to heal. As result I knew I had to restructure my entire body of knowledge to incorporate the truths that God had revealed and was to reveal to me in the future. I would never have accomplished this if I had not established the Program for the Study of Christianity and medicine at Duke University at the request and suggestion of a Christian medical student. It was the 108 students and more than 50 residents in psychiatry and family medicine who subsequently studied in this program that stimulated me to reformulate my understanding of Christian medicine and psychiatry.

In order to restructure my psychiatric knowledge, I knew I had to have some source of truth that would allow me to evaluate the validity of the knowledge I had accumulated in the secular world. Also, if I was to integrate my faith into my practice, I needed a structural framework on which to build a new approach to psychiatry. Fortunately, my evangelical friends had led me to 2 Timothy 3:16, 17 where I learned that the scriptures were useful for teaching the truth, rebuking error, correcting faults, and giving instruction for right living, so that the person who serves God can be fully equipped to do every kind of good deed. Therefore, I started in the Word of God.

Now the first thing that the Bible asserts is that there is a God. This is *sine qua non*. If He does not exist then we are deluded, and our faith is of no use to us as individuals or as physicians (1 Corinthians 15:17). In the same way, Jesus Christ asserts that he is the Son of the living God (John 14:9b). To make such a claim he either had to be who he said he is, or he has to be a madman.<sup>2</sup> A careful examination of his teachings and his life convinced me that he certainly is not mad. I also do not know any dead madmen who have the beneficial effects he has on individuals and the world. He has to be who he said he is. Gamaliel sensed this, and proved to be right in his evaluation of Jesus and the faith that he authored (Acts 5:34-39).

Believing that there is a God and that Jesus is his son, we must also believe that until we have faith in him, our nature is incomplete and we are lost in our sins (Ephesians 2:8). We are lost because we cannot obey God's law (Romans 8:7, 8), and are separated from him. Only by faith in Jesus Christ can we be regenerated and made whole. With

regeneration we receive God=s Spirit and become a new person (2 Corinthians 5:17). With regeneration we receive power (Acts 1:8). This power gives us the power to heal and be healed (Luke 9:1), to access God=s truth, knowledge and wisdom (John 15:26, James 1:5), to obey God=s law and to bear the fruits of the Spirit (Galatians 5:22, 23).<sup>3</sup> There is, though, one condition. Our relationship with God is contingent on our continuing obedience to Christ=s commandments (John 5:10). These commands are that we love God, our neighbor, ourselves (Mark 12:28-31), one another as he has loved us (John 13:34, 35), that we do love (Matthew 25:34-40), that we witness for him (Acts 1:8), and that we go into all the world and proclaim the gospel, heal the sick, cast out demons and raise the dead (Matthew 28:19, 20; Luke 9:1).

It is my opinion that one cannot practice Christian medicine and/or psychiatry without being prepared to accept these as essentials and act on them. All of us know the price this entails. Jesus promised us abundant life and eternal life if we follow him, but he interposed the undesirable reward of persecution between these two (Mark 10:29-31). If we are not prepared to suffer persecution, to be rejected, and to be set apart and different, then we cannot be His disciples. I am afraid that many of us have not been willing to give up everything to follow him (Mark 10:28). These beliefs and attitudes are the first things that differentiate us from secular psychiatry, but there are many more.

Since I wanted to incorporate the truths I had learned since becoming a Christian, another of my first efforts was to search the literature to determine whether anything was available to help restructure my knowledge. As I read, I was dismayed to learn that most people who wrote about religion and psychiatry or psychology had tried to jam Christian knowledge into a secular framework. I recognized from the very beginning that this cannot work because no matter what secular theoretical system one tries to use, there is the stumbling block of determinism. Determinism is so pervasive in science generally and in psychology and psychiatry specifically, that it immediately becomes apparent that integration of these theories into Christianity is impossible. F. W. Furlong<sup>4</sup> has examined all of the theoretical positions of modern psychiatry to determine how they have been influenced by determinism. He observed that Absolute determinism is a concept so thoroughly ingrained in the theories (of the nature of man) that it is difficult to recognize the

hidden assumption for what it is. As much as any individual feels himself capable of some choice (as to how he will behave), there seems to be no basis for taking this (ability to make choices) seriously with twentieth century scientific assumptions.® It is apparent that despite their denial, the biblical concept of free will is contrary to, or omitted from, the scientific dogmas espoused by psychiatrists whether they be dynamicists, existentialists, or behaviorists. Otto Rank<sup>5</sup> is one of the few who has recognized the concept of will and its importance in psychiatry, but he has been ignored.

A second reason why it is impossible to integrate Christian knowledge into secular systems is that any approach to psychiatry, and especially psychotherapy, is determined by one=s view of the nature of man. Karasu<sup>6</sup> made this observation in his excellent paper on psychotherapy. If man=s nature does not include a spiritual dimension, it is incomplete. This incompleteness affects theories of personality development so much that they are inadequate to describe normal personality structure. An incomplete concept of normal personality structure will affect the accuracy of diagnosis and the appropriateness of treatment. Just as biological and psychological man is subject to biological and psychological disease, so is spiritual man subject to spiritual disease. Man is a unity, so when he is sick in any area of his being, he is sick in all areas. It follows then that if man has a spiritual dimension to his nature, he can have primary and secondary spiritual disease. Spiritual disease can only be treated with spiritual interventions. The use of biological and psychological interventions for primary and some secondary spiritual disease will be futile exercises.

What is primary spiritual disease? There are four conditions that we can say unequivocally are spiritual disease. The first and most debilitating is to be unregenerate. This condition gives rise to what the psychiatric world calls existential despair. Most psychiatrists have ignored the existentialists<sup>7</sup> and relegated them to a fringe group whose ideas seem to have merit, but cannot be integrated into the predominately Freudian theoretical system that dominates psychiatric thoughts. The existentialists observed that there is an emotion of emptiness that becomes pathological and gives rise to three varieties of despair. Evans<sup>8</sup> in his interesting little book, *Despair: A Moment or a Way of Life*, has observed that these are the despairs of **meaning**, **morality**, and **death**. Frankl<sup>9</sup> says that

only an encounter with a something or someone can bring relief from the despair of meaning. Christianity asserts that only an encounter with Jesus Christ can bring permanent relief from all of them.

The second spiritual disease affecting man is sin. MacKay<sup>10</sup> wrote that sin is a disease characterized by hopelessness, moral paralysis and despair of morality. Moshe Spero<sup>11</sup> elaborated on this theme and pointed out that sin is neurosis and neurosis is sin. Thus sin can be a primary or secondary spiritual disease. Neurosis is psychologically determined and becomes sin because neurotics become preoccupied with self and thus cannot give God first place in their lives. Sin is fundamentally the refusal to honor God and make him the Lord of our lives.

The third spiritual disease is called demonization. Satan has convinced the world that he does not exist so that no one pays any attention to his activities. This arises out of the idea that there is no supernatural dimension to existence. In the Western world statistics bear this out especially among intellectuals. Most people believe in heaven but more than half do not believe Satan exists and that there is a hell. Unfortunately The Bible makes it plain that Satan is real and that he has minions called demons who do his will. These demons can possess people, oppress people and obsess people. They can be healed with deliverance administered by mature Christians.

Finally there is the problem of fanaticism. We have seen all kinds of fanatics in our day. They can be mentally diseased but these comprise only a small part of the genre. We saw them in WW II among the Japanese, and are encountering them now among the Muslim Jihadists, Hindu activists and communists. We do not get a chance to treat them since they do not present themselves for treatment. If they do I would look for demonic obsession.

Having pointed out the defects in secular psychiatric thought, it behooves us to return to the statement we made earlier about truth being present in secular theory, and briefly enumerate the truths that we find. To begin we should recognize that, through the prophets and the Lord Jesus Christ, God always has us confronting reality. In like manner, he makes us responsible for our behavior. Glasser<sup>12</sup> has based a whole system of psychotherapy on these two concepts. There is, then, truth in his concepts.

It is also true that God not only gives us new thoughts, but he expects us to change our pattern of thinking substituting his truth for the world's erroneous ideas. Jesus told us that his teachings would make us clean. My interpretation of this is that we will have the right thoughts, and as a result, will behave rightly (John 15:3). Paul the apostle adjured us to change our thinking (Romans 12:2). Cognitive therapy, a technique that was around long before Beck<sup>13</sup> wrote about it, is designed to do just that. Backus<sup>14</sup> has recently put cognitive therapy into a Christian context.

Behavioral therapy<sup>15</sup> is also part of our Judeo-Christian heritage. Behavioral norms are established in the laws of God. God uses both operant and aversive conditioning to bring changes in the behavior of his people. The Bible is replete with stories of rewards for obedience and punishment for disobedience to his behavioral norms.

Although we do not consider transactional analysis<sup>16</sup> and gestalt therapy<sup>17</sup> of great importance, we believe that the concept of an inner child of the past is found in transactional analysis. This is a useful concept that can be used in both dynamic and Christian theoretical systems. Gestalt therapy also has some useful techniques that are applicable in Christian psychotherapy.

Lastly, we come to dynamic theory in psychotherapy.<sup>18</sup> It is important that we include some concepts for it was a Christian who first suggested that the unconscious existed. J. Marias<sup>19</sup> has observed that we live in the present through the past in anticipation of the future. Our past, whether we can consciously remember it or not, profoundly influences our everyday behavior and our anticipation of the future. It is necessary then that we deal with that past. Understanding the dynamics of an illness is important in the process of healing. Only if we can deal with the damaging emotions that have accumulated in the past, can we become more normal.

I realize that I have not discussed the teachings of Jung, Adler, Rank, Tournier and many others who have provided us with truths that are useful in our formulation of a truly Christian approach to the mental problems of man, but it is impossible to include them all. I have, therefore, tried to address the four major areas listed by Karasu.

Having made inquiry into our secular interventions, let us now review the spiritual interventions available to us. The first and most important intervention is evangelization. It

is impossible to dispel the despairs of meaning, morality or death if we do not evangelize. No something or human someone can fully dispel the despair of meaning that man suffers, and almost nothing can be done to dispel the despairs of morality and death. I have already enumerated the changes that take place with conversion, and they are essential if the person is to be changed. Another concomitant of conversion is that access to the unconscious is facilitated by conversion. God knows all about us and will bring into consciousness those things that have traumatized us in the past if we ask him.

Once they have been brought into consciousness, God also helps us to confess the memories and their cathected emotions and then assess our responsibility. If we are culpable of wrongdoing, either primarily or secondarily, we can repent by his power and be forgiven. When we are forgiven or have forgiven, we decathect the damaging emotions stored in our emotional museums.

Forgiveness is one of the most important spiritual interventions that Christians possess. Forgiveness is the act of giving up anger (resentment, hate) held against some person for some hurt inflicted by that person. Many other words such as exculpate, acquit, excuse, pardon, absolve or exonerate have a similar meaning. When carefully examined we note that forgiveness by man is characterized by the removal of the emotional memory aroused by a past offense against the person. The memory of the event is not removed. Even when an offense has been adjudicated in the courts and a pardon has been given, a record of the offense still exists. In both instances, the significance of the forgiveness rests on justice being done and the authority of the person offering the forgiveness. Because the Lord Jesus took our punishment, justice is done and the debt is paid. Also since he is the final judicial authority, forgiveness from him is the most significant. Even more important, God forgets our sins if he has forgiven them. The record is cleared of any evidence of our wrongdoing. Consider the significance of this process when we examine the negative effects of anger, resentment, hate or shame in our own lives or the lives of others. We as Christians have been deputized to pass on the forgiveness of God to repentant men and women. This is not something that secular psychiatrists can do. They do not have the authority. What a difference we can make in the lives of our patients by forgiving them and having them forgive others.

Another of the spiritual interventions we have available to us is discipleship training. Kuhne<sup>20</sup> has defined discipleship as "the spiritual work of developing spiritual maturity and spiritual reproductiveness in the life of a Christian." When researching this subject we found that our Christian patients and a control group of normal church members are woefully immature and unproductive in their Christian lives.<sup>21</sup> Instruction in how to pray, how to study the Bible, how to know and do God's will, the work and person of the Holy Spirit, and how to witness are things that all Christians should receive. Discipleship training increases their maturity and reproductiveness and facilitates the use of their faith in the process of their healing.

Inner healing is another intervention, uniquely Christian, that was first described by Agnes Sanford.<sup>22</sup> Although it has been widely accepted and used by some Christian therapists, it has recently come under attack by Hunt and McMahon.<sup>23</sup> Jesus is the Lord of time; therefore it is possible to use this technique to heal the past. David Seamands<sup>24</sup> in his excellent book, *Healing of Memories*, has lucidly described the technique, so I will not elaborate on it further. I do want to emphasize that its use has profoundly enhanced my psychotherapeutic effectiveness.

Prayer is the most useful technique that I use in treating my patients. None of the spiritual interventions, other than discipleship training, can be carried out without it. Once again brevity makes it impossible to elaborate on its application in the therapeutic situation, but one cannot practice Christian psychiatry without it.

Another intervention is exhortation. Most psychiatric patients are discouraged and need exhortation (encouragement). There are so many areas where people need encouragement that it is impossible to name them all, but I would cite people with depression who need it most. Since we are in a position of authority our encouragement based on our knowledge of the prognosis of their disease can facilitate treatment. In the same way we must encourage patients to change the way they think and behave. If we are to cognitively restructure their thinking we have to be encouraging to get them to accept the truth when they believe lies.

Finally, we must add deliverance as a technique to be included in one's therapeutic armamentarium.<sup>25</sup> Satan and his minions did not disappear at the end of the third century

A.D. If one believes in the supernatural, he cannot believe that Satan does not exist. There is evidence that he exists and that we as Christians have to deal with him every day. Demon possession and oppression, while not common in our country, are prevalent in almost every other part of the world. With the increase in Satan worship and witchcraft in our society, we will see more and more demon possession and oppression.

#### SUMMARY

If our Christianity is biblical and if it is integrated into our total body of knowledge, it is clear that there are major differences between secular and Christian psychiatrists. We cannot expect psychiatrists of other faiths or non-biblical Christians to understand it. One only understands spiritual things by the Spirit (1 Corinthians 2:14). It is, then, desirable that we as Christian psychiatrists admit that we have not been the leaven that our Lord called us to be. Fragmented and divided, often unwilling to identify ourselves as Christian to our colleagues, we are an impotent group. We are a people without a vision, and are likely to perish (Proverbs 29:18). What is needed is the solution proposed by John Stott in his recent book, *Issues Facing Christians Today*.<sup>26</sup> A True humility will lead us to sit patiently under the revelation of God and to affirm by faith that he can bring us to a substantially common mind. How can we believe in the Word and Spirit of God, and deny this? What is needed is a more conscientious group study in which (1) we learn to pray together, (2) we listen attentively to each other's positions, and to the deep concerns which lie behind them, and (3) we help each other discern the cultural prejudices which make us reluctant and even unable to open our minds to alternative viewpoints. This kind of discipline is painful, but Christian integrity demands it. As a result, we shall refuse to acquiesce to superficial polarizations, for the truth is always more subtle and sophisticated than that. Instead, we shall undertake some careful map work, plotting (and emphasizing) areas of agreement, and clarifying residual disagreements with which we will continue to wrestle.

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