

TRICHOTOMOUS THERAPY: A PROPOSED PASTORAL PARADIGM

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Psychology has exploded across the academic and popular landscape in the last hundred years. All of this has been of interest (and sometimes of concern) to Christians because of the importance we place on a correct understanding of human nature. Thus the question arises: How do we relate our cherished Christian beliefs about people to what secular versions of psychology tell us.

Against this background the researcher endeavored to examine the relationship between theology and psychology under the leadership, guidance and encouragement of Prof. Dr. George Lotter. My sincere thanks to him for accepting me as a student in spite of my limited theological academic background.

To my wife, Gretha, my children, Niël, Meyer and Carlinke : Thank you for your love, sacrifices and support.

My thanks also to my secretary, Irene for the long hours she put in to type and retype the thesis.

My association with pastoral therapy always stands in the light of Fill 4:13. Therefore my thanks to God the Father in the name of Jesus Christ who strengthens me to be able to do all things through Him.

Pieter Joubert

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SUMMARY AND KEY TERMS

TRICHOTOMOUS THERAPY : A PROPOSED PASTORAL PARADIGM

The relationship between Psychology and Theology has become an issue of increasing concern in recent years for the Christian community. With the growing complexities of cultural differences, the moral decline of society and its drift away from a Christian worldview, the pastoral ministry seems to be as challenging as ever.

The problem about the relationship between theology and psychology is that there is growing confusion in today's Christian community about the best way to help people overcome their personal problems of living. In this regard some scholars believe that Christians should only submit to Biblical counseling, while others support psychotherapy, as long as it is integrated with Biblical principles and has a firm Scriptural foundation.

In researching the literature on the subject, it was found that various theoretical models have been defined and described as attempts to scientifically justify the union of the above mentioned two points of view.

In this thesis the viewpoints of four prominent groups of scholars about the subject are described and analyzed in order to determine to what extent will it be possible to identify common denominators amongst their different models and to eventually establish if it is possible to formulate a synthesis about the commonalities so defined.

The integration models of the following four prominent groups of authors about the subject were analyzed : (1) Larry Crabb (1977); (2) William T. Kirwan (1993), (3) John D.

Carter & Bruce Narramore (1979) and (4) Eric L. Johnson & Stanton L. Jones, *eds.*, (2000). These scholar's contributions were chosen for analysis because, from the research about the subject, it was found that these 4 groups of authors made some of the most significant scientific contributions about the integration of theology with psychology.

Before attempting to formulate a pastoral paradigm out of a synthesis of the contributions of the aforementioned scholars, it was fundamentally important to distinguish between the 3 prominent views of man. Some scholars argue that man is a monistic being, while others defend a dichotomous view of man as consisting of a body and a soul. A third significant view describes man as consisting of three significant parts, namely a body, a soul and a spirit.

In this thesis it was argued that the trichotomous view of man was the most correct way of defining the fundamental composition of man.

According to the researcher an understanding of the trichotomous nature of man is important as it serves as a theological basis for pastoral counseling in order to clearly communicate the precise truths of the believer's union with Christ.

In the last part of the thesis a practical pastoral paradigm was proposed based on the trichotomous view of man in which psychology and theology can be harmoniously integrated by means of a meta-systemic approach. The first phase of the paradigm focused on a model within which Psychotherapy can be applied while the second phase described Spirituotherapy as a model within which pastoral counseling can be applied.

KEY TERMS

- Client
- Counselee
- Counseling
- Counselor
- Dichotomous
- Monism
- Paradigm
- Pastoral
- Patient
- Psychology
- Theology
- Therapy
- Trichotomous

OPSOMMING EN SLEUTELTERME

TRICHOTOMIESE TERAPIE : 'N VOORGESTELDE PASTORALE PARADIGMA

Christene het gedurende die afgelope paar jaar die aard van die verwantskap tussen die Sielkunde en die Teologie met toenemende kommer gade geslaan. As gevolg van die groeiende kompleksiteit van kultuurverskille, die morele verval van die samelewing en 'n gepaardgaande losmaking van die waardes onderliggend aan 'n Christelike lewens- en wêreldbeskouing, is die uitdagings vir 'n pastorale berader groter as ooit.

Die probleem onderliggend aan die verwantskap tussen teologie en sielkunde is dat daar toenemende verwarring bestaan oor wat dan die beste manier sou wees om mense te help om hulle persoonlike lewensprobleme op te los. In dié verband glo sommige Christenberaders dat die toepassing van Bybelse beradingsbeginsels die enigste metode is om Christene met hulle persoonlike- en lewensprobleme te help, terwyl ander Christen terapeute van mening is dat psigoterapie 'n wesenlike rol te speel het in die oplossing van mense se probleme, met dié voorwaarde dat die sodanige psigoterapeutiese tegnieke versoenbaar is met Bybelse grondbeginsels en waarhede.

Vanuit bestaande navorsing oor die onderwerp is gevind dat daar reeds 'n hele aantal verskillende modelle geformuleer is wat poog om die integrasie van die teologie en die psigologie wetenskaplik te regverdig.

Die integrasie modelle van die volgende vier groepe navorsers oor die onderwerp is vir die doeleindes van hierdie proefskrif ontleed: (1) Larry Crabb (1977); (2) William T. Kirwan

(1993), (3) John D. Carter & Bruce Narramore (1979) and (4) Eric L. Johnson & Stanton L. Jones, eds., (2000).

Daar is op dié outeurs se bydraes besluit omdat - vanuit die bestaande nagevorste literatuur oor die onderwerp - hulle van die mees prominente wetenskaplike bydraes gelewer het rakende die formulering van integrasiemodelle van die teologie met die psigologie.

Alvorens gepoog is om 'n pastorale paradigma vanuit 'n sintese van die betrokke bydraes van die voormelde outeurs te formuleer en te omskryf, was dit eers nodig om die beskouings rakende die samestelling van 'n mens van mekaar te onderskei. Sommige navorsers beskryf die mens as 'n bestaande uit 'n enkelvoudig saamgestelde monistiese wese, terwyl ander argumenteer dat die mens 'n tweeledige dichotomiese wese is - bestaande uit 'n siel en 'n liggaam. 'n Derde betekenisvolle siening is dat die mens drieledig saamgestel is as 'n trichotomiese wese wat uit 'n gees, siel en 'n liggaam bestaan.

In hierdie proefskrif word geargumenteer dat die trichotomiese beskouing van die mens die mees korrekte siening is rakende sy/haar fundamentele samestelling.

Volgens die navorser is die siening dat die mens 'n trichotomiese wese is, betekenisvol, aangesien hierdie siening van menswees dien as 'n teologiese begroning vir pastorale berading ten einde die presiese waarhede van die gelowige se eenheid in Christus te kommunikeer.

In die laaste gedeelte van die proefskrif word 'n praktiese pastorale paradigma voorgestel wat op die trichotomiese siening van die mens gefundeer is. Die voorgestelde pastorale

paradigma het ten doel om die teologie en die psigologie vanuit 'n meta-sistemiese raamwerk harmonieus te integreer.

Die eerste fase van die voorgestelde paradigma fokus op 'n model waardeur psigoterapie toegepas kan word terwyl die tweede fase geesvervulde terapie (*spirituotherapy*) voorhou as 'n model waardeur pastorale berading toegepas kan word.

SLEUTELTERME

- Berader
- Berading
- Dichotomies
- Kliënt
- Monisme
- Paradigma
- Pastoraal
- Pasiënt
- Psigologie
- Teologie
- Terapie
- Trichotomies

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CHAPTER ONE: INTRODUCTION : PROBLEM STATEMENT AND AIMS

1. BACKGROUND AND PROBLEM STATEMENT

1.1 BACKGROUND

With the growing complexities of cultural differences, the moral decline of society and its drift away from a Christian worldview, the pastoral ministry seems to be as challenging as ever. There is a tendency amongst pastoral counselors to regard counseling as a specialized responsibility they would rather avoid. It would be simple to refer parishioners who are disturbed by so called *psychological problems* to a psychologist or psychiatrist. Although there may be occasions where referral is sometimes necessary (such as for organic issues), pastoral ministry is usually recognized as an integral part of their mandates (Hamilton, 1972:15; Johnson & Jones, eds, 2000:36-37).

The relationship between psychology and theology has become an issue of increasing concern in recent years for the Christian community. Twenty-five years ago there was only a small trickle of books and articles published on this topic. Since then the trickle has become a steady stream. It continues to expand; reinforced by the *Journal of Psychology and Theology*, the *Journal of Psychology and Christianity* and the *Christian Association for Psychological Studies*.

1.2 PROBLEM STATEMENT

1.2.1 The relationship: Theology and psychology

The problem about the relationship between theology and psychology is that there is growing confusion in today's Christian community about the best way to help people overcome their personal problems of living. In this regard some scholars about the subject believe that Christians should submit only to Biblical counseling (Adams, 1970, 1973, 1980; MacArthur 1991; Bulkey, 1993; MacArthur & Mack, 1994; Kilpatric, 1999), while others (Crabb, 1977; Grant, 2001; Kirwan, 1993; Siang-Yang Tan, 2001; Conn, 1987; Carter & Narramore, 1979; Johnson & Jones, 2000) support psychological therapy as long as it is intergrated with Biblical principles and has a firm Scriptural foundation.

With regard to the possibilities of integration between psychotherapy and the fundamental principles of Scripture various models have been suggested and formulated as attempts to objectively and scientifically justify the *union* of the two points of view.

In this thesis the viewpoints of the following four groups of scholars about the subject will be described and analysed in order to determine if it is possible to identify common denominators amongst their formulations and, eventually, to establish if it is possible formulate a synthesis regarding the counseling paradigms so identified: (1) Larry Crabb (1977); (2) William T. Kirwan (1993); (3) John D. Carter & Bruce Narramore, (1979); and (4) Eric L. Johnson & Stanton L. Jones, *eds*, (2000).

Larry Crabb (1977) has attempted to show how to integrate psychotherapy with Scriptural principles; without compromising the Bible's message. He proposed four options of integrating psychology and biblical teaching: the *Separate but Equal* approach, which rejects the relevance of the Scriptures in addressing psychological problems; the *Tossed Salad* approach, which mixes psychology and Christian beliefs; the *Nothing Buttery* approach, which disregards psychology altogether; and lastly the *Spoiling the Egyptians* approach which Crabb advocates as a legitimate integration model.

Crabb (1977) advocates the fourth option - the title of which alludes to Exodus 11:2,3 and 12:35,36 - because he advocates accepting and using psychological insights which are deemed compatible with Biblical teaching and presuppositions. He illustrated this kind of approach by observing that: *Man is responsible (Glasser) to believe truth which will result in responsible behavior (Ellis) that will provide him with meaning, hope (Frankl), and love (Fromm), and will serve as a guide (Adler) to effective living with others as a self-and other-accepting person (Harris), who understands himself (Freud), who appropriately expends himself (Perls), and who knows how to control himself (Skinner)* (Crabb, 1977, 33-50). (The people referred to in brackets in the previous quotation are scholars who made significant contributions in the discipline of psychology and related psychotherapy).

In their book *The Integration of psychology and theology* (1979), John D. Carter and Bruce Narramore - like Crabb (1977) - also define four views of interaction between theology and psychology : *The Against viewpoint, The Of viewpoint, The Parallels viewpoint and the Integrates viewpoint*. The Against viewpoint is built on

the assumption that psychology and Christianity are essentially incompatible and that there is no real possibility for integration. According to Carter and Narramore (1979:73): *Proponents of this model frequently set psychology and theology against each other in ways that suggest that they are mortal enemies.* Rather than seeing irreconcilable differences between psychology and theology as is the case among those counselors who support the *Against viewpoint*, proponents of the *Of viewpoint* maintain that there is a great deal of common ground between psychology and religion that should be examined (Carter and Narramore, 1979:81). The third model of Carter and Narramore (1979:9) is called the *Parallels viewpoint* because they argue that proponents of this viewpoint treat the concepts of psychology and theology in ways that parallel each other but rarely truly leads to the integration of the two viewpoints. The fourth approach is called the *Integrates viewpoint* because, according to Carter and Narramore, (1979:103) it *...is a truly comprehensive integration of psychology and theology.*

Johnson and Jones, eds (2000) distinguishes between a *Biblical Counseling Model* (of which Jay Adams's *Competent to counsel* [1970] is seen as the foundational work of this approach), the so-called *Levels-of-Expectation Model*, which separates psychology and theology (Jeeves, 1976; Mackay, 1979), the *Integration Model*, which focuses on the commonalities of each discipline and, lastly, the *Christian Psychology Model* which argues for a psychology of human nature derived from a Christian view of man rather than taking modern psychology as it is.

William, T. Kirwan (1993) also defines four basic counseling positions : *The un-Christian viewpoint* which makes the basic epistemological assumption that human reason - and not God - is the ultimate source of truth and approaches counseling as

such. Secondly, *the Spiritualized viewpoint* which holds that revelation supersedes reason and may be contrary to reason. In the third place the *Parallel view* accepts both reason and revelation as relevant in counseling. Yet these counselors keep Scripture and psychology separate (Kirwan, 1993:30). The basic epistemological assumption here is that since God is the author of both revelation and reason, all truth is ultimately part of a unified or integrated whole (cf. also Carter, 1977:204).

One reason for the lack of quality in the research of substantive integrations of theology and psychology has been the failure of especially theologians to participate in this task. In arguing that Counseling needs a *reformation*, Lotter (2001:317) writes : *Since Wilhelm Wundt started the 'study of the mind' in 1879, William James and Sigmund Freud followed and secular psychology gradually has developed to take the 'front seat'; hence moving Biblical counseling, which has been practiced since the times of the New Testament, to the back burner.*

As a practicing Christian psychologist, the researcher believes that Scripture and theology can be effectively integrated with the disciplines of psychology and counseling to bring about a proposed pastoral counseling paradigm; it is possible to formulate and describe a paradigm based on Biblical presuppositions but that one can also draw critically from a wide background of modern psychology theory and therapies.

1.2.2 Monism/Dichotomy/Trichotomy

As a fundamental background to the formulation of a pastoral therapeutic paradigm, it is important to formulate whether man can be described as

compromising of a single entity, as a two-dimensional entity (body and soul) or as a tripartite being (body, soul and spirit).

Monism is the theological model that considers man as having only one part. Monism insists that man is not to be thought of in any sense composed of parts or separate entities, but rather as a radical unity. In the monistic understanding, the Bible does not view man as body, soul and spirit, but simply as a self. The terms sometimes used to distinguish parts of man are actually to be taken as basically synonymous. (Erickson, 1983:524; MacArthur, 1991:55-77; Slater, 1997).

According to the monistic view of man, soul and spirit are identified as aspects of human nature but they do not consist in separable parts of man. Monism opposes both dichotomy and trichotomy, the usual evangelical models of man. Philip Hefner (1984:334) contends, *Contemporary understanding of the human being and the human personality structure do not allow either a dichotomous or a trichotomous view, except metaphorically*. Monism has been the trend in academic circles in the previous century. Liberal theologians as well as neo-orthodox scholars have been advocating it (Milne, 1982:209).

Dichotomy as a view of human nature sees man's constituent elements as two: the physical and the spiritual. The term *dichotomy* derives two Greek roots : *diche*, meaning *twofold* or *into two* and *temnein*, meaning *to cut* and is supported by theologians such as Berkhof (1939), Buswell (1962) and Clark (1984).

The **Trichotomous** nature of man is the third view motivated by some scholars : Paul Enns (1989:307) defines trichotomy as follows : *Trichotomy comes from the Greek tricha, three, and temno, to cut. Hence, man is a three part being, consisting of*

body, soul and spirit. The soul and spirit are said to be different both in function and substance. The distinction of soul and spirit, however, does not require an emphasis on disunity of the human constitution (cf. also Smith, 2000:21-22).

Charles Solomon (1982:99-100) observed : Because most Christians see no practical relevance in holding to strong conclusions about their immaterial makeup, the discussion of dichotomy and trichotomy is viewed as theological hairsplitting. But if Christians can be shown that a clear understanding of the soul's relationship to the spirit of man can clarify and solve practical problems that face him everyday, the distinction may be worth understanding ... Because we have seen the strong interdependency of identity and acceptance in man, we need to examine both models of man to see which better accommodates an explanation of the cause and solution to these needs and which of the two is more consistent with biblical language. Finding a spiritual model of man will aid the believer in understanding his interpersonal functioning and his standing before God.

Not only is understanding of trichotomy important in the philosophical and theological basis for effective pastoral counseling, but the researcher believes that it is an important facet of communicating Biblical truths to a patient or client as indicated by the following quote from Scripture: *Now may the God of peace Himself sanctify you completely; and may your whole spirit, soul, and body be preserved blameless at the coming of our Lord Jesus Christ. (1 Thess 5:23,24; emphasis added).*

A Christ-centered counseling theory or approach must be anchored and be congruent with a model of man which leads to a Scriptural definition of the spiritual

life as summarized in Galatians 2:20: *I have been crucified with Christ; it is no longer I who live, but Christ lives in me; and the life which I now live in the flesh I live by faith in the Son of God, who loved me and gave Himself for me.*

From the above background information it follows that the following research question can be formulated : *Is it possible to integrate theology and psychology into a practical pastoral paradigm by using the trichotomous view of man as defined by Scripture?*

2. AIM AND OBJECTIVES

The aim of this PhD-research is to propose a meaningful integration of Scripture and psychology based on the trichotomous view of man as spirit, soul and body. The researcher believes that the trichotomous understanding of man is crucial to clearly communicate the precise truths of the believer's union with Christ.

The specific objectives of this research are the following:

2.1 Motivating a trichotomous view of man (as set apart from a monistic or dichotomous view) from Scripture that will enable a Christian therapist and a pastoral counselor to help a patient/counselee in understanding both his/her intrapersonal and interpersonal functioning as well as his/her relationship and standing before God.

2.2 To explain and comment on the theoretical perspectives regarding the relationship between theology and psychology.

2.3 To propose a practical pastoral paradigm based on the trichotomous view of man in which psychology and theology can be harmoniously integrated.

3. CENTRAL THEORETICAL ARGUMENT

The central theoretical argument of this study, is that it is possible to formulate a pastoral therapeutic paradigm based on the trichotomous view of man consisting of a body, soul and spirit.

4. METHOD OF RESEARCH

To achieve the objectives listed above, the following research methods will be used:

4.1 An analysis of the trichotomous view of man (spirit, soul and body) as defined in Scripture.

4.2 A theoretical examination of the major works and research in both theology and psychology to explain how Christianity relates to psychology.

4.3 A synthesis of the guidelines found in the research results in points 4.1 and 4.2 above to propose a pastoral paradigm based on the trichotomous view of man which can be used in therapy.

5. CHAPTER OUTLINES

CHAPTER ONE : INTRODUCTION

CHAPTER TWO: A TRICHOTOMOUS VIEW OF MAN FROM A REFORMED CHRISTIAN PERSPECTIVE

CHAPTER THREE: THEORETICAL PERSPECTIVES ON THE RELATIONSHIP BETWEEN THEOLOGY AND PSYCHOLOGY

CHAPTER FOUR: TRICHOTOMOUS THERAPY: A PROPOSED PASTORAL PARADIGM

CHAPTER FIVE: FINAL CONCLUSIONS AND SUGGESTIONS FOR FURTHER RESEARCH

6. SCHEMATIC REPRESENTATION

PROBLEM STATEMENT	AIM AND OBJECTIVES	METHODOLOGY
<p>What is the relationship between theology and the scientific discipline of psychology?</p>	<p>To formulate a trichotomous scriptural model of man that will explain both his interpersonal and intrapersonal functioning as well as his relationship with God, according to the trichotomy view of man as defined by 1 Thess 5:23,24.</p>	<p>Theoretical research to determine the legitimacy of the trichotomous view of man.</p>
<p>Is it possible to define a trichotomous (as set apart from a monistic or dichotomous) scriptural model of man that will enable a counselor to help a counselee in understanding his/her intrapersonal functioning, his/her interpersonal functioning and his/her standing before God, with specific reference to 1 Thess 5:23, 24?</p>	<p>To explain how Christianity (theology) relates to psychology as a science.</p>	<p>Theoretical research to determine to what extent Theology and Psychology is interrelated.</p>
<p>Is it possible to integrate a trichotomous Scriptural model of man with the scientific discipline of psychology in a practical paradigm for pastoral counseling?</p>	<p>To formulate an integrated pastoral counseling paradigm which encompasses a Scriptural trichotomous model of man with the scientific discipline of psychology.</p>	<p>The result of the above-mentioned research will be utilized to formulate a valid counseling paradigm that can be used both by Christian psychologists and pastoral counselors.</p>

CHAPTER TWO: A TRICHOTOMOUS VIEW OF MAN FROM A REFORMED CHRISTIAN PERSPECTIVE

2.1 INTRODUCTION

To distinguish the parts of man is not a mere academic exercise over insignificant terminology, nor is it a pointless polemic among theologians. Whether man consists of one part only or of two parts - soul and body, or of three - spirit, soul and body - has enormous implications for both interpretation of Scripture and the believer's Christian walk (cf. Verhoef, 2000:59-62; Venter, 1987:6-8). For example, if soul and spirit are synonymous, then verses such as John 3:6, *That which is born of the Spirit is spirit*, can also be interpreted *that which is born of the Spirit is soul*. Other verses, such as, ... *the mind set on the spirit is life* ... (Rom 8:6), are brought into sharp focus by the tripartite view but are confusingly vague to a dichotomous view. Given all of the above, it is vital that Christian psychologists as believers have an accurate understanding of themselves and their patients/clients as God created beings.

Three distinct theological models of man can be distinguished from each other, namely the monistic view, the dichotomous view and the trichotomous perspective.

It needs to be noted that throughout this thesis both older and more recent sources have been referred to about the explanation and defense of man as either being monistic, dichotomous or trichotomous in nature as well as about the relationship between theology and psychology. This was done to prove that the ideas and view about the aforementioned subjects have already been argued and embedded over a long period.

2.2 THEOLOGICAL MODELS OF MAN

2.2.1 Monism

Monism is the theological model that considers man as having only one part (Fowler, 1991:3; Berkouwer, 1957:212-214). According to this view of man, although soul and spirit are identified as aspects of human nature, they do not consist in separable parts of man. Monism opposes both dichotomy and trichotomy, the usual theological models of man (cf. Cooper, 1989:26-34). According to this view a contemporary understanding of the human being and the human personality structure do not allow either a dichotomous or a trichotomous view, except metaphorically (Hefner, 1984:15-16).

Scholars who support the monistic view insist that man is not to be thought of in any sense as being composed of parts or separate entities, but rather as a radical unity of body and soul. In the monistic understanding, the Bible does not describe man as consisting of a body, soul, and spirit, but simply as a *self*. The terms sometimes used to distinguish parts of man are actually to be taken as basically synonymous. According to Robinson (in Erickson, 1983:525), man is never treated in the Bible as a dualistic being (cf. also Cooper, 1989:36).

Monism has been the leading trend in academic circles during the twentieth century (Fowler, 1991:17). According to Wayne Ward (cf. Harrison, *ed*, 1960:530-531) liberal theologians as well as neo-orthodox scholars have been advocating it. He motivates as follows (in Harrison, *ed*, 1960:531) *Present theological and psychological emphasis is almost altogether upon the fundamental wholeness or*

unity of man's being. This monistic perspective is also held by Milne (1982:97) :
Today the dichotomy/trichotomy issue has been largely superseded by an emphasis on the unity of the person. According to Scripture I do not consist of composite 'parts', whether two or three; I am a psycho-somatic unity (cf. Cooper, 1989:106-111).

In the same vain Hoekema (1986:208) avoids the use of the terms *dichotomy* or *trichotomy* because - according to him - they de-emphasize man's essential unity. He argues : *We must reject the term "dichotomy" as such, since it is not an accurate description of the biblical view of man. The word itself is objectionable ... It therefore suggests that the human person can be cut into two "parts". But man in this present life cannot be so cut ... The Bible describes the human person as a totality, a whole, a unitary being (Hoekema, 1986:209-210; c.f. Cooper, 1989:106).*

Both Milne (1982) and Hoekema (1986) concede that man's immaterial part separates at the time of physical death, thus they actually hold to a form of dichotomy. Physical monism, however, requires the belief that the soul does not survive the death of the body.

Some theologians advocate spiritual monism (Cooper, 1989:49 and 110; Price, 2002:247-248). Instead of seeing the body and soul as an individual physical monad, these see man as an indivisible spiritual monad. Thus, the body is regarded as an illusion, as *maya* in Hinduism. The strong influence of eastern religions in the west has found *Christian* counterparts : e.g. Christian Science, Process Theology, and Gnosticism (Hoekema, 1986:211).

Roman Catholic tradition also supports a monistic view of man. Although Thomas Aquinas advocated a middle position between the dualism of Plato and the monism view of Aristotle he did write that man is composed of a spiritual and of a corporeal substance, and that the soul survives death. But Catholic anthropology tend to regard the survival of the soul after physical death as a mystery; man is regarded as an ontological unity (Hoekema, 1986:212-213).

Sometimes monism is advocated on scientific grounds. Seerveld (1981:74) urges evangelicals to discard the belief that man consists of a body, soul, and a spirit. He bases man's identity on what he calls ... *the structured thrust of the whole* ... which he considers indivisible. This bias against the distinctive soul of man may be explained by the immaterial quality of the soul. In the same vain Jennings (1967:7-11) noted that this contemporary preference by social scientists, anthropologists, and psychologists to abandon the concept of the soul is due to their inability to study the soul experimentally. Boyd (1995:161-170) described the trend in the Evangelical Theological Society as using *spirit* as a replacement for the term *soul*, with a monistic emphasis on man's nature. He concluded that many theologians confess that they have not thought enough about the soul, therefore theological anthropology is an underdeveloped and neglected aspect of evangelical theology.

John A.T Robinson defends monism by arguing that a sharp distinction exists between Greek and Hebrew thought on the subject (cf. Erickson, 1983:526). He agreed with the Hebrew idea of personality - man as an animated body, not an incarnated soul. So Robinson (in Erickson, 1983:526) affirmed, *Man is a unity, and this unity is the body as a complex of parts, drawing their life and activity from a breath soul, which has no existence apart from the body.*

Without going into further detail in responding to monism, it should suffice to examine biblical passages which refute this position. A basic testimony against monism is the indication that man's spirit continues to live after the body dies; this necessitates the doctrine of the soul or/and spirit as elements distinct from the physical body. The Old Testament refers to this when Rachel's spirit departed (Gen 35:18), and Ecclesiastes speaks of man's spirit as returning to God after death (Eccl 3:21). In the New Testament, Christ promised the thief on the cross that they would be in Paradise that very day (Luke 23:43). This would sharply contrast the condition and location of their crucified bodies. The apostle Paul testified: *For I am hard pressed between the two [whether to prefer longer physical life of martyrdom] having a desire to depart and be with Christ, which is far better. Nevertheless to remain in the flesh is more needful for you* (cf. also Phil 1:23,24; cf. 2 Cor 5:8; Heb 12:23; Rev 6:9).

Other references also indicate the distinction between soul and/or spirit and body. Daniel testified that his spirit was grieved in the midst of his body (Dan 7:15). Jesus warned His disciples not to fear human persecutors. *And do not fear those who kill the body but cannot kill the soul* (Matt 10:28). Here a clear distinction is drawn between man's material and immaterial parts. Delitzsch (1867:104-105) refuted monism when he wrote: *If ... the conclusion be drawn that there subsists no essential distinction between soul and body, Scripture is diametrically opposed to this; for it bids us from the first page to look upon the kosmos dualistically, so also it bids us look at man ... for the spirit ... is something essentially different in its nature from matter. According to its representation, man is the synthesis of two absolutely distinct elements* (cf. also Cooper, 1989:104-105).

From the above, it is thus clear that although the Scriptures value man's unity as a person, there is a definite distinction of parts in his being (3 John 2). Further arguments against monism come from some of the biblical arguments in favour of the dichotomous view of man.

2.2.2 Dichotomy

This view of human nature sees man's constituent elements as two - the physical and the spiritual (Van Wyk, 1993:10). *Dichotomy* is a term that is derived from two Greek roots : *diche* meaning *twofold* or *into two* and *temnein*, meaning *to cut*. Strong (1953:485) argues that human beings has a twofold nature, namely a material- and an immaterial nature. He states that man ... *consists of body, and of spirit or soul. That there are two, and only two, elements in man's being, is a fact to which consciousness testifies. This testimony is confirmed by Scripture, in which the prevailing representation of man's being is that of dichotomy* (cf. also Smith, 2000:22; Cooper, 1989:131).

Just as there are two varieties of monism (physical and spiritual), there are two varieties of dualism (Platonic and holistic). Plato's teaching is representative of Greek dualism in the sense that Plato saw man as two separable parts, body and soul. According to him, at death the soul was liberated, the divine spark in man passing from its shadowy bodily captured life to the real world beyond physical dissolution (Milne, 1982:97; cf. also Collins, 1993:91).

It thus follows why Greek philosophers regarded the body as intrinsically bad, in

contrast to the soul. (This negative attitude toward the body is seen in the criticism of the doctrine of the resurrection by the philosophers of the Areopagus in Acts 17:32). In the same vain Descartes's form of dualism also emphasized the separation of body and soul (Milne, 1982:97-98).

Holistic dualism maintains the distinction in man's constitution while emphasizing his unity (Van Wyk, 1993:10). This view goes by a variety of titles such as *minimal dualism, interactive dualism, conditional unity* or *psychosomatic unity* (Erickson, 1983 and Hoekema 1986). According To Lewis and Demarest (1990:148-149) ... *the whole person is a complex unity composed of two distinct entities, soul and body, intimately interacting with one another ... an interacting dichotomy*. They further explain how this dualistic view of man differs from that of Plato: *The body is not the blameworthy cause of human evil, the inner self is. The existence of the naked spirit after death is an intermediate and incomplete state, not the eternal state. In the eternal state humans are not immortal souls only, but spirits united with resurrection bodies ... [The body] is not the prison house of the soul but its instrument. The body is not less real than the soul* (Lewis and Demarest, 1990:148-149; cf. also Van Wyk, 1993:19).

In summary it can thus be argued that where Plato sees the joining of body and soul as negative, supporters of holistic dualism see such a unification of the two elements positively (Wendel, 1978:173; Faber, 1990:248).

Strong (1953:485) indicates that there are 4 distinct observations in the Bible that supports the dichotomous view of man (cf. Venter, 1988:36; Price, 2002:161-162). In the first place he noted that when Adam was created by God in Gen 2:7, there

was an inbreathing of the divine Spirit of God into Adam. According to Strong (1953:485), that is an indication that Adam's body became possessed and vitalized by a single principle: the living soul.

In the second place Strong (1953:486) identified texts in which soul is distinguished, both from the divine Spirit - from whom it proceeded - and from the body which it inhabits (Num 16:22; 12:1; 1 Cor 2:11). In the same regard the following texts also distinguish the soul of man from the body : 1 Kgs 17:21; Gen 35:18; James 2:26.

Thirdly , Strong (1953:486) argued that according to his observance, the terms *soul* and *spirit* are interchangeable : they both are used to refer to emotions (Gen 41:8; Psalm 42:6), Jesus giving of his life (Matt 20:28; 27:50), and the intermediate state of man (Heb 12:23; Rev 6:9; cf. Smith, 2000:22; Cooper, 1989:174).

In the fourth place Strong (1953:486) observed that the mention of body and soul (or spirit) together constituted the whole person (3 John 2; 1 Cor 5:3; Matt 10:28).

Berkhof (1996:192-195) gives an historical survey of this doctrinal view and then endorses dichotomy. He points to the biblical emphasis on the unity of man's person by stating that although man is complex in its nature, the Bible ... *never represents this as resulting in a twofold subject in man. Every act of man is seen as an act of the whole man. It is not the soul but man that sins; it is not the body but man that dies; and it is not merely the soul, but man, body and soul, that is redeemed by Christ* (Berkhof 1996:192). Berkhof (1996:195) calls his view of dichotomy ... *realistic dualism : ... body and soul are distinct substances which do interact, though*

their mode of interaction escapes human scrutiny and remains a mystery for us (cf. Berghash & Jillson, 1998:318-319).

To substantiate the dichotomous view of man over the trichotomous view, the soul and spirit are defined as denoting the *same* immaterial part of man, yet with distinct connotations (Van der Walt, 1995:22). Dichotomist theologians have different ways of clarifying this distinction. Gordon Clark (1984:35-37) is representative of those which identify *soul* as the combination of body and spirit. Commenting on Genesis 2:7 he writes, ... *God constructed man out of two elements: the dust of the ground and his own breath, The combination is nephesh ... In the Old Testament the term "soul" designates the combination as a whole, not just one of the components* (Clark, 1984:37).

Strong (1953:486) defines *soul* as the immaterial part of man, viewed as an individual and conscious life, capable of possessing and animating a physical organism. *Spirit* is then described as this same immaterial part *viewed as a rational and moral agent, susceptible of divine influence and indwelling* (Strong, 1953:486). He further points out that *The pneuma, then, is man's nature looking Godward, and capable of receiving and manifesting the pneuma hagian; the psuche is man's nature looking earthward, and touching the world of sense ... [man's] immaterial part, while possessing duality of powers, has unity of substance* (Strong, 1953:486; cf. also Calvin, 1982:119-158). Buswell (1962:240) also argues in favour of dichotomy when he writes : *As "soul" designates the non-material personal being, usually when there is some reference to his body or his earthly connections ... so the word "spirit" designates a personal being in those circumstances in which reference to earthly connections and ordinary human function is absent* (cf. also Van der Walt,

1990:10-11).

The understanding of spirit as the higher aspect of man's immaterial being is a consistent feature of dichotomist theologians; they reject, however, the ontological distinction between *soul* and *spirit* which is the acclaimed view of trichotomous theologians.

2.2.3 Trichotomy

Trichotomy is a view of man that argues for a tripartite, namely that man consists of a spirit (as seen apart from the soul) a soul and a body (Nee, 1977; Solomon, 1982; Brown, 1991; Kirwan, 1993).

Paul Enns (1989:307) gives a clear definition of trichotomy: *Trichotomy comes from the Greek tricha, three, and temno, to cut. Hence, man is a three part being, consisting of body, soul and spirit. The soul and spirit are said to be different both in function and substance.* The distinction of soul and spirit, however, does not require an emphasis on disunity of the human constitution (cf. also Collins, 1993:91).

JB Heard (1875) emphasized the balance of the three constituent parts of the trichotomous view of man when wrote: *We may distinguish in idea, as we shall presently see Scripture does, between body, soul, and spirit; but to suppose that either can act without the other, or to suppose, for instance, that the unsouled body, or the disembodied soul, or lastly, the unsouled spirit, can act by itself, is to assume something which neither reason nor revelation warrants ... The facts of consciousness are all against such a trichotomy as would divide as well as distinguish the natures in man* (Heard, 1875:116,120; cf. also Meier and Minirth, 1994:45-49).

From the above quotation it follows clearly that a tripartite view of humanity does not contradict the unity and uniqueness of personhood. It is furthermore noteworthy that trichotomy agrees with the majority of biblical propositions of dichotomous theologians. Holdcroft (1990:20) acknowledges this common ground as follows: *The trichotomist divides the non-material element of the human into two parts, so that with the body, he views humans as three-part or tripartite beings. In the traditional language, the trichotomist usually speaks of : body, soul and spirit. In most cases, the trichotomist freely accepts the dichotomists Scriptures [interpretations] and probably most of his arguments. The two view points agree that man is both material and non-material, and therefore the trichotomist does not so much object to what has been done [by dichotomists], but rather simply seeks to proceed a step further.*

Charles Solomon (1982:99-100) emphasized the importance of a practical understanding and application of the tripartite view of man when he wrote the following: *Because most Christians see no practical relevance in holding to strong conclusions about their immaterial makeup, the discussion of dichotomy and trichotomy is viewed as theological hairsplitting.* He argues further that if Christians can be shown that a clear understanding of the soul's relationship to the spirit of man can clarify and solve practical problems that face him everyday, the distinction may be worth understanding. According to him ... *Finding a spiritual model of man will aid the believer in understanding his interpersonal functioning and his standing before God* (Solomon, 1982:99-100).

Although recent scholarship favors a monistic view of man, evangelical scholarship is usually dichotomist (cf. Cooper, 1989:208; Van der Walt, 1995:13; Venter, 1987:2; Fowler, 1991:17-18). Nevertheless trichotomy has been popular among more fundamental Bible teachers since its resurgence in the previous century. One example of this view is the following note from the *Scofield Reference Bible*. Commenting on 1 Thes 5:13 it states, *Man is a trinity. That the human soul and spirit are not identical is proved by the facts that they are divisible (Heb 4:12), and that the soul and spirit are sharply distinguished in the burial and resurrection of the body ... (1 Cor 15:44).*

GH Pember (1942:77) wrote the following about the distinctive functions of man's three parts: *Now the body we may term the sense-consciousness, the soul the self-consciousness, and the spirit the God-consciousness. For the body gives us the five senses; the soul comprises the intellect which aids us in the present state of existence, and the emotions which proceed from the senses; while the spirit is our noblest part, which came directly from God, and by which alone we are able to apprehend and worship Him.*

Some scholars have postulated that the spirit of man is that part of him which distinguishes him from animals (not just qualitatively, but substantively). According to Cambron (1954:158) the soul is the seat of the emotions and appetites. Plants, animal and man have bodies. Only animals and man have a soul; but only man has a spirit. He argues that there is a difference between the souls of man and the souls of animals : The soul of an animal dies with the animal, but man's soul never dies. Furthermore he is of the opinion that the spirit of man is the seat of his intelligence (1 Cor 2:11) and that animals do not possess intelligence.

Some theologians who hold to a trichotomist view are not dogmatic; they state that the Scriptures can be interpreted to support both trichotomy and dichotomy (O'Grady, 1976:18). According to Chafer (1947:181) ... *The Bible supports both dichotomy and trichotomy. The distinction between soul and spirit is as incomprehensible as life itself, and the efforts of men to frame definitions must always be unsatisfactory.* When it appears that Chafer will be non-committal, he goes on to note, ... *many have assumed that the Bible teaches only a dichotomy. Over against this is the truth that oftentimes these terms cannot be used interchangeably. At this point it may be observed that there is the closest relation between the human spirit and the Holy Spirit - so close, indeed, that it is not always certain to which a references made in the sacred text ... The Holy Spirit works in and through the human spirit, but is not said of the human soul. The Spirit itself beareth witness with our spirit. (Rom 8:16). A soul may be lost, but this is not declared of the spirit (Matt 16:26; Chafer, 1947:181; cf. also O'Grady, 1975:133).*

Subsequently attention will be given to the Biblical concepts in connection with the constituent parts of man.

2.3 THE CONSTITUENT PARTS OF MAN

Just like all people (consciously or unconsciously) has a certain life and world view, so also every human being implicitly or explicitly has a certain descriptive look on man as a human being. This vision on human beings often becomes apparent from the way we speak. We speak of the soul and body of human beings, of the human

spirit and a being having a body, and sometimes man's thoughts or reasons are set over against his body. In this way many believers tend to speak about faith as a matter which only has to do with the so-called *spiritual* life of a human being. It is clear that this whole spectrum of concepts (soul, spirit, reason and *spiritual* life) denotes some or other side of human life which is then taken as standing apart from the bodily part (cf. Van Wyk, 1993:18-19; Fowler, 1991:3-6; O'Grady, 1976:16)

Many Christians have made this way of speaking the normal one and because many of these concepts also occur in the Bible, a certain concept of the human being were gradually sanctioned as a Christian view. However, it is important to take note that it is no simple matter to deduce a clear description of Christian anthropology from the Scriptures.

Scholars have been emphatic about the limitations of the Bible as a source book for a system of biblical psychology (Collins, 1993:41; Kirwan, 1993:20-21; Crabb, 1977:31-32). C Berkouwer, as translated by Anthony Hoekema (1986:203) writes as follows in this regard: *In the general judgement [of theologians] is that the Bible gives us no scientific teaching about man, no "anthropology" that would or could be in competition with a scientific investigation of man in the various aspects of his existence or with philosophical anthropology.*

The Scriptures do not use scientific language; essential words about man's makeup are used somewhat interchangeably. While sharing this reluctance to define a formal system of biblical psychology, conservative scholars acknowledge that the Bible's teaching is authoritative in clarifying every topic, including this one (cf. Adams, 1975:19-20; Bobgan, 1979:149; Sproul, 1974:73-74). Although the Bible

does not purport to be a science textbook, the nature of verbal plenary inspiration requires the believing scholar to accept its teaching as authoritative; this includes both scientific and religious areas (Kirwan, 1993:25).

In the process of investigating Scriptural teaching on topics such as the makeup of human beings, the discipline of biblical word studies is foundational. William Barclay (1958:9) wrote in this regard: *The more I study words, the more I am convinced of their basic and fundamental importance. On the meaning of words everything depends. No one can build up a theology [or psychology] without a clear definition of the terms which are to be used in it ... Christian belief and Christian action both depend upon a clear understanding of the meaning of words.*

This study of essential vocabulary will depend upon the material in Hebrew and Greek lexicons and concordances. Etymology of ancient words is helpful, but usage is just as important in determining accurate definitions.

2.3.1 The Body

The primary word for the physical body of living things in the Old Testament is *basar* (Louw & Nida, 1988:93-103). It occurs over 250 times in the Hebrew Bible and is almost always translated *flesh*. *Basar* is used of the body of man corporately and individually (Deut 5:26; Num 8:7). When God created Eve, he used part of Adam's *flesh* (Gen 2.21), and their sexual relationship was described as being one's *flesh*. *Basar* sometimes refers to kindred relationships, as when Joseph's brothers decided not to kill him since he was their brother, i.e their *flesh* (Gen 37:27). In Gen 6:3 God announced *My Spirit shall not strive with man forever, for he is indeed*

flesh; yet his days shall be one hundred and twenty years. Such contents implies mankind as frail, having a tendency to stray from God (Gen 6:12). The Psalmist contrasted the limitations of man's attacks (against his enemy's flesh) with the sufficiency of God's strength (Ps 56:4; cf. also Anderson, *et. al*, 2000:100-102; Sarano, 1966:2-6).

The body of flesh was sometimes differentiated from man's mortal life. Job anticipated his bodily resurrection: *And after my skin is destroyed, this I know, that in my flesh I shall see God* (Job 19:26; cf Venter, 1987:6). God contrasts His nature with that of *basar* in Isa 31:33: *Now the Egyptians are men and not God; and their horses are flesh, and not spirit ...* In Num 16:22, the Lord is called ... *the God of the spirits of all flesh.* Thus the physical body of man is often referred to in the Old Testament, yet without limiting him to a material nature. Additional terms used less frequently in the Old Testament could be mentioned, but since there are about 80 different Hebrew terms for the body and its members, the above word studies will suffice (Douglas, 1962:124).

The most basic term in the New Testament for the body is *soma*, which occurs some 146 times (Möller, 1998:69). *Soma* can also be used of plant, animal, or celestial bodies (Heb 13:11; 1 Cor 15:37, 40). Metaphorically, it can describe the spiritual union of true believers as ... *the body of Christ* (Rom 12:5). It is also used of the elements of the bread and wine in the Lord's Supper, when Christ called them *My Body* (Matt 26:26; cf. also Ladd, 1974:458; Louw & Nida. 1988:93-95).

The use of *soma* indicates that the body is an integral part of man, yet distinct from his immaterial part. In Rev 18:13 body and soul together describe man. Jesus

affirmed the contrast of these two elements in Matt 10:28 : *And do not fear those who kill the body but cannot kill the soul. But rather fear Him who is able to destroy both soul and body in hell.* In 2 Cor 12:2,3, Paul distinguished these parts of man as separable and distinct. *I know a man in Christ who fourteen years ago - whether in the body I do not know, or whether out of the body I do not know, God knows- such a one was caught up to the third heaven. And I know such a man - whether in the body or out of the body I do not know, God knows ...* In the same vein James notes that faith without work is dead even as the physical body without the spirit is dead (Jas 2:26; cf. O'Grady, 1975:131-133).

The other major word used in the New Testament to describe the human body is *sarx* (Louw & Nida eds. 1988:95). Appearing about 150 times in the text, its primary meaning is *flesh*; approximating the meaning of the Hebrew word *basar* (Ladd, 1974:467). It is used to denote the flesh of animals and man (1 Cor 15:39). *Sarx* can be ethically neutral, referring to man's material nature, or of social status (1 Cor 1:26; Eph 6:5). It is also used to denote heredity (Rom 9:3), Christ's incarnation (1 Tim 3:16; Heb 5:7), and the believer's life in the body (Gal 2:20). As a part of man, it is sometimes used to represent the whole of him (Acts 2:17). *Sarx* is sometimes used to distinguish man's material body from his immaterial self (Louw & Nida, 1988:94). When Jesus evangelized Nicodemus, He emphasized the imperative of the new birth: *That which is born of the flesh is flesh, and that which is born of the Spirit is spirit* (John 3:6). Christ further contrasted flesh and spirit in describing the nature of His redeeming work: *It is the Spirit who gives life; the flesh profits nothing. The words that I speak to you are spirit, and they are life* (John 6:63).

The New Testament further specifies the natural state of those unregenerated as ... *in the flesh* (Rom 7:5), who characteristically ... *walk after the flesh* (2 Pet 2:10). Those who are redeemed by Christ are not exempt from the ongoing effects of the flesh as a negative influence. The ethical use of *sarx* is typically evil, indicating selfish autonomy instead of godliness (O'Grady, 1976:125-126; cf. also Venter, 1987:6). Paul uses *sarx* this way in Rom 7:18 : *For I know that in me (that is, in my flesh) nothing good dwells*

2.3.1.1 The body's role in the three theological models of man

The material part of man is the one most easily identified and described. Since it can be examined empirically, the nature of the body can be described in the science of anatomy (which is beyond the scope of this study). In addition to scientific knowledge about the physical part of man, we have many references to it in Scripture, some of which were described above (Louw & Nida, 1988:93-95).

Dichotomists and trichotomists agree on the nature of the body as man's *material* part; together they disagree with monism which does not distinguish the soul as an element distinct from the body (Sarano, 1966:4-6; O'Grady, 1976:131; Fowler, 1991:17-18; Price, 2002:254).

Holdcroft (1990:21) defines the body as a house or vehicle in which man lives and through which he performs activities on earth. He also notes some distinctive features of man's body, including the brain's capabilities, an opposable thumb, and an upright posture. The body will decompose at death: ... *For out of it you were taken; for dust you are, and to dust you shall return* (Gen 3:19). At death the

believer's spirit go to heaven to be with God (Phil 1:23; 2 Cor 5:6-10; cf. Louw & Nida, 1988:93-95).

Man is designed to use the body as a servant to his immaterial nature. In fallen man the body craves its own gratification, so self-discipline is required. As Paul testified, *but I discipline my body and bring it into subjection, lest, when I have preached to others, I myself should become disqualified*' (1 Cor 9:27). In contrast to Platonic trichotomy, the material body was created as good (Gen 1:31; cf. Holdcroft, 1990:22; Pannenberg, 1977:16-17). Sexual relations of a husband and wife are an important aspect of marriage (Gen 1:28; 1 Cor 7:3-5); and food is to be received with thanksgiving (1 Tim 4:3). The Christian is responsible to use his body as an instrument of righteousness (Rom 6:12,13), which is an essential aspect of progressive sanctification (1 Thes 4:3-5; cf. Donceel, 1965:424-436).

2.3.2 The Soul

The Hebrew term for soul is *nephesh*, occurring about 750 times in the Old Testament. The root idea of *nephesh* and related cognate words in Akkadian and Ugaritic is *throat* or *breath*. Brown, Driver, and Briggs' lexicon classifies ten shades of meaning for this word, including *soul*, *life*, *creature*, *person* and *mind* (Brown, *et al*, 1957:659; O'Grady, 1976:127). *Nephesh* identifies that which breathes. It can be distinct from the body (Isa 10:8), yet is closely associated with it (Job 14:23). *Nephesh* leaves the man's body at death, and if it returns supernaturally, the body's life is restored (cf. 1 Kgs 17:21; Gen 35:18; cf. Price, 2002:251-254).

Living creatures exist due to the creative acts of God. Animals were created and designated as having *nephesh* (Gen 2:19,30). (Man's creation was distinct from animals by virtue of his higher status; he was made in the image of God - Gen 1:26; 2:7). Life is identified with a creature's blood; this forms the basis of the value of substitutionary sacrifice of animals. In Lev 17:11 God states: *For the life [nephesh] of the flesh is in the blood, and I have given it to you upon the altar to make atonement for your souls [nephesh]; for it is the blood that makes atonement for the soul [nephesh].*

The latter two occurrences (*your soul*) seem to point to the person's spiritual life. According to Harris, *et. al.*, (1960:590; cf. Louw & Nida, *eds.*, 1988:145) however, in the first occurrence, *nephesh* refers to *vitality, the passionate existence of an individual.*

Since *nephesh* conveys the idea of individual life, it can stand for the man himself (without distinguishing his immaterial side) (Engel, 1988: 42-44). It identifies people in the poetic literature (Ps 25:12), as well as the historical literature (Num 30:14). It is used in numbering people (Josh 10:28), and can refer to individuals or groups (Deut 4:9, Is 46:2). By a peculiar figure of speech, *nephesh* is used of dead bodies in Num 5:2; 6:6. Waltke (in Harris, *et.al*, 1960:590) explains that when *nephesh* is applied to a dead person, it is used to emphasize their identity as persons who have died, not to equate *nephesh* with the body.

Other uses of the term *soul* cover areas related to man's appetites, will, emotions and thoughts. *Nephesh* can indicate man's appetites such as hunger (Deut 23:24), thirst (Ps 107:9), and the sexual drive (Jer 2:24). Man's soul can express volition

towards an enemy (Ex 15:9), or extending political rule (2 Sam 3:21). The soul's capacity to love is mentioned in the Cant 1:7; 3:1-4. *Nephesh* can extend love in friendship (1 Sam 20:17), or its opposite - hatred (2 Sam 5:8). The soul can express a variety of emotions, such as joy or sorrow (Ps 86:4; Job 27:2) and personal thoughts (Prov 23:17; Engel, 1988:44-47).

Nephesh is usually associated with the physical nature of man since it conveys the idea of breathing. However, this emphasis in Hebrew thought must not ignore the texts cited above which indicate that the soul is distinct and separable from the body. This distinctive aspect of soul becomes more pronounced in the equivalent term in the New Testament, *psuche* (Verhoef, 2000:51).

This word for soul occurs about 100 times in the New Testament. It is derived from the verb *psucho*, *to breathe* (Jeeves, 1997:113-114).

In classical Greek, *psuche* originally had an impersonal connotation; *thumos* was more apt to refer to the conscious soul. Eventually the meaning of *psuche* broadened to include both life and consciousness, which is expressed in the Koine Greek of the New Testament (Brown, *ed*, 1975:677; cf. also De Villiers, 1999).

According to Thayer (1977:677) the basic usage of *psuche* implies the idea of ... *the vital force which animates the body and shows itself in breathing*. It is used in that sense regarding people (Acts 20:10) and animals (rev 8:9). This natural life of the body is used to affirm the humanity Christ (Matt 2:20). In His ministry Jesus counseled, *Therefore I say to you, do not worry about your life [psuche], what you will eat; nor about the body, what you will put on* (Luke 12:22). In Sacrificial love, Jesus laid down his life [*psuche*] for His sheep (John 10:11). Since the soul

animates the body, these two aspects of man are interrelated. Soul can be used to denote the person or organism which has life (1 Cor 15:45); *every soul* can mean *every one* (Acts 2:43; 3:23). Likewise, in enumeration, people can be identified as *souls* (Acts 2:41; cf. Berghash & Jillson, 1998:314).

Another meaning of *psuche* is to denote man's inner self. The inner functions of soul include emotions such as sorrow (Matt 26:38), discouragement (Heb 12:3), vexation (2 Pet 2:8), joy (Luke 1:46), zeal (Col 3:23), and love (Matt 22:37). The will and desire are also functions of the soul (Eph 6:6; Rev 18:14). These responses necessarily involve perception (Acts 3:23; Heb 4:12). These faculties describe the individual's personality. *Psuche means the inner life of man, equivalent to the ego, person, or personality, with the various powers of the soul* (Brown, ed., 1975:683). Paul and his co-workers lovingly imparted, as it were, their very souls to the Thessalonian church (1 Thes 2:8). Christ offered peace and rest of soul to those who come to Him (Matt 11:29; cf. Reinecke, 2003:23).

An important issue for this study on the constituent parts of man is the question: Is the *psuche* an immaterial, invisible part of man, or simply an aspect of the living, physical body? While not retaining the Greek idea of the innate immortality of the soul, the New Testament usage indicates it is a distinct and separable part of man : *And do not fear those who kill the body but cannot kill the soul ...* (Matt 10:28). This soul is the ... *essence which differs from the body and is not dissolved at death* (Thayer, 1977:677; cf. also De Villiers, 1999:37-38). Salvation involves saving the soul unto eternal life (Heb 10:38; 1 Pet 1:3-9).

Brown (1975:685) writes in the same vein : *Jas 1:21 and 5:20 speak of the salvation of the soul which is in danger. The death from which it is said that the soul will be*

saved is eternal death, exclusion from eternal life ... The soul, is the part of us which believes and is sanctified and is destined to an inheritance in God's future kingdom (cf. also Collins, 1993:91).

This salvation requires purification by God's grace (1 Pet 1:22). Spiritual life has greater value than mere physical life, for it continues after death (John 12:25; cf. also Phil 1:23). The soul is identified as a distinct part of man when it is contrasted to the physical part : *Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers* (3 John 2). Although the concepts of this separation of the soul from the body is found in Greek literature, the historian Josephus, and Philo of Alexandria, the biblical doctrine is based on exegesis of the text of the New Testament (Wolters, 1985:56-59; Brown, 1975:681). The intermediate state of the believer between death and resurrection involves the conscious soul: *... I saw under the altar the souls of those who had been slain for the word of God and for the testimony which they held. And they cried with a loud voice, saying, How long, O Lord, holy and true, until You judge and avenge our blood on those who dwell on the earth?* (Rev 6:9,10; cf. 20:4). Although this quotation comes from apocalyptic literature, the intermediate state is also evident in historical passages. On the Mount of Transfiguration Jesus spoke with Moses and Elijah after their physical death (Matt 17:3).

2.3.2.1 The Soul's role in the three theological models of man

The soul is described by the data of the biblical word studies which bring out its distinctive functions. The Scofield Reference Bible defined the human soul as the *... seat of the affections, desires, and so of the emotions, and of the active will, the*

self. T. Austin-Sparks, a British pastor who assisted Watchman Nee (when Nee visited England), described the soul as ... *the plane or organ of human life and communication Thus, what is received by the spirit alone with its peculiar faculties is translated for practical purposes, firstly to the recipient himself, and then to other humans, by means of the soul. This may be an enlightened mind for truth (reason); a filled heart, with joy or love, etc., for comfort and uplift (emotion); or energized will for action or execution (volition)* (Austin-Sparks: Sa: 38; cf. Zilboorg, G., 1962:4; De Villiers, 1999:65).

Heard (1875:351) affirmed the soul's faculty of free will when he writes: *Soul, or self-consciousness as the union point between spirit and body, was created free to choose to which of these two opposite poles [the flesh or the spirit] it would be attracted ...* (cf. also O'Grady, 1976:126).

Jessie Penn Lewis (1992:13) quoted Tertullian, Pember, and Andrew Murray in support of trichotomy. She summarized the functions of the soul as follows: *We see that all these writers practically define the "soul" as the seat of the personality, consisting of the will and the intellect or mind; a personal entity standing between the "spirit" and the "body" - open to the outer world of nature and sense; the soul having power of choice as to which world shall dominate the entire man.*

(Penn-Lewis', (1992) writing followed Watchman Nee's (1977) which elaborated on these themes primarily for the believers in China).

Some trichotomists like Watchman Nee (1977:22) identify the soul as the phenomenon of the union of man's body and spirit. K. Liu (1966:58) wrote in the same vein: *The Soul is the totality of the being, while the spirit is the immaterial vitality of the soul. The soul lives so long as the body is in contact with the spirit. The soul dies and is thus temporal while the spirit is never said to die and hence it must be immortal.*

This view is based primarily on the exegesis of Gen 2:7 which describe the creation of man (Wenin in Boureux & Theobald, eds, 2004:41-42). However, this position encounters difficulty reconciling texts which describe the soul of man existing after death, but prior to the resurrection (Rev 6:9; 20:4; Matt 10:28) - although some have postulated that man is given an intermediate body (Matt 17:3; Luke 16:24).

The faculty of man's affections seems equally applied to the soul and the spirit (O'Grady, 1976:126-127). This combination seems to correspond to the Biblical usage of the *heart* when used metaphorically (Louw & Nida, 1988:321). (The biblical data do not warrant seeing the heart as a constituent element in man, distinct from the soul of spirit). Affections relate to one's values and are expressed through the moral imperative of love. Man is not to love the world system (in its opposition to God), but to love God and people. Love for God is to be with all of one's heart (Mark 12:30).

2.3.3 The Spirit

The word typically translated for *spirit* in the Old Testament is *ruach* which occurs about 380 times. *Ruach* is related to the root meaning *to breathe*. Its basic meanings include the words *wind, breath, mind* and *spirit* (Louw & Nida, 1988:142). It is the noun of the Hebrew verb *riah*, meaning *to smell, accept*. In its concrete usage, *ruach* signifies the breath of living creatures (Job 15:50; 16:3), and is so used of people as well as animals (Isa 42:5; Ps 104:25,29) (Payne, in Harris, *et.al.*, 1960:2:837; O'Grady, 1976:126; Venter, 1987:7-8).

As hard breathing in the nostrils *ruach* is used figuratively to denote emotions such as anger in man or (poetically) in God (Isa 25:4; Ex 15:8). This kind of quick breathing can convey various other dispositions of the inner self: vigor (1 Sam 30:12), courage (Josh 5:1), impatience (Micah 2:7), bitterness (Is 54:6), jealousy (Hos 4:12), and motivation (Ezra 1:1,5). When the Queen of Sheba was overwhelmed by Solomon's attainments, she had no more *ruach*, i.e. was *breathless* (1 Kgs 10:5). A person's *ruach* may be contrite (Isa 57:15), or sad (1 Kgs 21:5). Spirit can likewise refer to one's character such as being wise (Deut 34:9), unfaithful (Hos 4:12), proud (Eccl 7:8), or jealous (Num 5:14) (Nee, 1977: 153; Payne, in Harris, *et.al.*, 1960:2:837-838). In its use as atmospheric wind, *ruach* describes storm winds (Isa 25:4), directional winds, the four winds (Ex 10:13; Prov 25:23; Jer 49:36), or wind from heaven (Gen 8:1). Metaphorically, *ruach* can mean something vain or empty: *Remember that my life is a breath [ruach]! My eye will never again see good* (Job 7:7). This derivation of wind makes *ruach* more abstract from man than the basic meaning of *nephesh* (which was originally associated with the throat).

One of the main uses of this word is to describe God. Payne (in Harris, *et.al.*, 1960:2:837) summarizes Old Testament references to the activity of the Spirit of God: *The work of God's Spirit may be cosmic, whether in creation (Job 26:13) or in continuing providence (Job 33:4; Ps 104:30); redemptive, in regeneration (Ezek 11:19; 36:26,27); indwelling, to uphold and guide the believer (Neh 9:20; Ps 143:10; Hag 2:5), or infilling, for leadership (Num 11:25; Jud 6:34; 1 Sam 16:13), service (Num 11:17; Mic 3:8; Zech 7:12), or future empowering of the Messiah (Is 11:2; 42:1; 61:1), and his people (Joel 2:28; Is 32:15).*

These activities and attributes point to God's Spirit being more than an impersonal influence; He is a person (Stefanidakis, 2004:1). This doctrine of the Holy Spirit as a co-equal, distinct person of the Godhead is made explicit in the New Testament (Lotter, 1993:3-4). Since the same Hebrew word for spirit is used in referring to God and man, the context is important in determining the exact usage. The same commonality occurs in the New Testament's use of *pneuma*. Angels are other personal spiritual beings identified by *ruach* (1 Sam 16:23; Zech 1:9) (Nee; 1977: 154-155; cf. also Stefanidakis, 2004:2).

As already pointed out earlier in this dissertation, some scholars interpret *ruach* as an impersonal life-principle which cannot exist apart from the body. Old Testament data supports the essential dualism of man as having distinct material and immaterial parts. Eccl 12:7 describes the outcome of man's physical death: *Then the dust will return to the earth as it was, And the spirit [ruach] will return to God who gave it.* Both *nephesh* and *ruach* are said to leave the body at death and exist separately from it (Gen 35:18; Ps 86:13). The Hebrew emphasis on wholeness does not negate these observations (Berghash and Jillson, 1998:313-314).

Pneuma is the New Testament equivalent of *ruach* (Louw & Nida, 1988:142-143). Occurring over 350 times, its essential definition is *wind* or *spirit*. The root *pneu* is indicative of the movement of air. The related words convey the ideas of blowing (of the wind, or playing a musical instrument), breathing, emitting a fragrance, giving off heat, etc. (Brown, ed., 1975:3:689). The verb form is always used of blowing wind in the New Testament (Matt 7:25,2), unless John 3:8 is interpreted as referring to the Holy Spirit's activity.

Although the noun *pneuma* can retain the literal idea of wind (Heb 1:7), it usually refers to spiritual beings, entities, or qualities. As the Old Testament usage of *nephesh* and *ruach* overlap, so also does the use of *psuche* and *pneuma*. F Foulkes (in Tenney, ed., 1990:5:505) writes: *Many things can be said to describe the action of man's spirit as his functioning in his essential being*. In an abstract sense, *pneuma* can also refer to one's purpose (2 Cor 12:18; Phil 1:27) or character (Luke 1:17; Rom 1:4). Moral qualities are spoken of in terms of spirit. Bad qualities include a spirit of bondage (Rom 8:15), stupor (Rom 11:8), or timidity (2 Tim 1:7); good qualities of spirit include faith (2 Cor 4:13), meekness (1 Cor 4:21), liberty (Rom 8:15), and quietness (1 Pet 3:4). Contextual clues are needed to determine when spirit is used in an abstract way. *Pneuma* frequently also refers to noncorporeal beings such as angels. Good angels are identified in passages such as Heb 1:14: *Are they not all ministering spirits sent forth to minister for those who will inherit salvation?* Bad angels are called unclean or evil spirits. Forty times the New Testament mentions this class of fallen angels as *spirits* (e.g. Matt 8:16; Luke 4:33; cf. also Brown, ed, 1975:3:689). Since the spirit of man can be influenced by good or evil spiritual beings, believers are summoned to exercise discernment:

Beloved, do not believe every spirit, but test the spirits, whether they are of God ... (1 John 4:1). This conflict of good versus evil should not be construed as teaching dualism. Brown (1975:3:695) notes, *But at no time do the NT writers give way to dualism, where the evil which thus manifests itself is as strong as God. Always the evil spirits are shown inferior to God and subject to the power of the Spirit of God operating through his agents.* Thus, God's sovereignty is not compromised.

Pneuma is also used of the third person of the triune God, who is co-equal and co-eternal with the Father and the Son. He is designated by *pneuma* about 90 times in the New Testament. Sometimes the definite article is used which is common when the context emphasizes His personality, or His distinction from the Father and the Son (Matt 12:31,32; John 14:26; 15:26; cf. also Vine, 1940:43; Berghash & Jillson, 1998:313). In some contexts the distinction between man's spirit and the Holy Spirit is ambiguous. For example, Rom 8:4,5 states: *That the righteous requirement of the law might be fulfilled in us who do not walk according to the flesh but according to the Spirit [or spirit]. For those who live according to the flesh set their minds on the things of the flesh, but those who love according to the Spirit [or spirit], the things of the Spirit.*

The regenerating work of the Spirit of God in the believer makes man's spirit alive, but He does not take the place of it. As Cremer's lexicon observed: *Always according to the context, we must understand by pneuma the divine life-principle by nature peculiar to man, either in its natural position within his organism, or as renewed by the communication of the Spirit ... But we must hold fast the truth, that this newly given life-principle [the Spirit in His regenerating work - Rom 8:9] does not become identical with the spirit belonging to man by nature, nor does it*

supplant it (Cremer, 1993:506).

Pneuma refers to a part of man's makeup about forty times. It is important to point out that this does not endorse the Greek model of trichotomy which equates spirit with reason and view matter as evil (Brown, ed, 1975:694) observes: *The NT writers can speak of the human spirit as though it was a something possessed by the individual; but this does not mean they envisaged the spirit of man as a divine spark (the real "I") incarcerated in the physical ...* (cf. also Reinecke, 2003:24).

The *pneuma* in man is not a universal spirit or perfected soul. When contrasted with flesh, *pneuma* refers to man's immaterial part (2 Cor 7:1). Like the soul, it can refer to man as separate from his physical body; thus Heb 12:23 can speak of the scene of God's presence including ... *the spirits of just men made perfect* (cf. Luke 24:37,39; Venter, 1987:7-8).

The usage of *pneuma* often overlaps that of *psuche* but some passages indicate that they are more than synonyms for the immaterial part of man. An analysis of their New Testament usage shows distinctive connotations for each of them. In 1 Thes 5:22,23 and Heb 4:12, they do not merely refer to different functions or roles; they are identified as distinct parts of man (Wooton, 1975:239-244; Nee, 1977:21-28; Solomon, 1982:26-27; Reinecke, 2003:22-25).

The use of the adjective *pneumatikos* and adverb *pneumatikoos* further substantiate the distinction between soul and spirit. Thayer (1977:523) gives one of the definitions of the adjective *pneumatikos* ... *as the part of man which is akin to God and serves as his instrument or organ* (cf. 1 Cor 15:44,46). The adverb

pneumatikoos seems to allude to the *pneuma* as a distinct part of man in Cor 2:14: *But the natural man does not receive the things of the Spirit of God, for they are foolishness to him; nor can he know them, because they are spiritually [relating to the spirit] discerned.*

It is also important to take cognizance of the fact that a related New Testament term for spirit is *heart* (Louw & Nida, 1988:321). Its equivalent Greek word, *kardia*, occurs almost 150 times in the New Testament. The Old Testament used *leb* for heart which was usually translated as *kardia*. The Hebrew use of heart was either physical (Gen 18:5; Jud 19:5) or metaphorical. The latter use is the common one, which viewed the heart as the seat of man's spiritual and intellectual life. This involved the emotions (Deut 28:47), the mind (1 Kgs 3:12; 4:29), and the will (Ex 36:2). According to Brown (1975:2:181) *Leb* is a comprehensive term for the personality as a whole, its inner life, its character. It is the conscious and deliberate activity of the self-contained human ego and the seat of his responsibility.

The use of *kardia* in the New Testament is consistent with *leb*. It rarely refers to the physical heart (Luke 21:34), but characteristically describes the inner life of man (2 Cor 5:12). This use of *kardia* can represent the whole inner life (1 Pet 3:4), the psychological part of man (2 Cor 4:6; 9:7; Eph 6:22), or his spiritual orientation (Matt 22:37). The sinful heart is deceitful (Mark 7:6), enslaved (Mark 7:21), and corrupt (Rom 1:24). Through salvation in Christ the heart is opened to God's grace (Acts 16:4), illumined by His truth (2 Cor 4:6), and enriched by His love (Rom 5:5). There is not adequate biblical evidence for identifying heart as a constituent part of man, distinct from soul and spirit (cf. Venter, 1987:8-9).

Other related terms in the New Testament express different aspects of man's inner life. The *mind* is translated from *phronema* or the more commonly in its verbal form (Acts 28:22; Rom 12:3; Louw & Nida, 1988:323-324). The *will* is translated from the verbs *thelo* (Matt 1:198:2), or *bouomai* (Luke 10:22; John 18:39); and emotions are described by a variety of nouns and verbs. The spiritual function of conscience is denoted by *suneidesis* (Acts 23:1). Inductive study leads to the conclusion that such terms identify various functional attributes of the soul and spirit.

2.3.3.1 The spirits' role in the three theological models of man

Where dichotomists concede that man's spirit is distinct as a faculty or function of the soul, trichotomists affirms a more pronounced distinction. A case for trichotomy was made by Granz Delitzsch in his *A System of Biblical Psychology* (1867). Although dichotomists have taken note of his departure from the usual dichotomist view of evangelical scholars, and even pay tribute to his work, they still maintain a dichotomist view. For example, Buswell (1962:247) quoted Delitzsch, then interpreted his view: *It should be evident to the reader that in this quotation [from Delitzsch] the word "distinct" [soul from spirit] means functionally distinct and not substantively distinct, a distinction of "aspect", not of substance. There is nothing in Delitzsch's work to show that the difference between "soul" and "spirit" is other than a difference of functional names for the same substantive entity, the same kind of difference that obtains between "heart" and "mind" (cf. also Smith, 2000:22).*

As a subscriber to the dichotomous view of man, it is understandable why Buswell would try to interpret Delitzsch this way. To do so, however, Buswell takes selective quotes where Delitzsch is contrasting man's material and immaterial elements. Such an interpretation of Delitzsch, which seeks to nullify this theologian's influential case for trichotomy, requires closer scrutiny.

In his book, Delitzsch (1867) identified the usual view of interpreting soul and spirit as different functional attributes, yet insists that trichotomy affirms an even more substantive difference: *The psuche must be more than the form of existence, the individualization of the spirit; for Scripture certainly appropriates to the spirit and soul different functions, and often in juxtaposition. They must be distinguished even otherwise [more than by mere function] ... A man would then not be able to speak of his spirit specially, and of his soul specially* (Delitzsch, 1867:99; cf. also Smith, 2000:29).

He also rejected another approach to removing the substantive distinction between spirit and soul: *Rather might spirit and soul be apprehended as only two distinct sides of one principle of life ... But even this distinction is far from being sufficient for the case in question... The spirit is superior to the soul. The soul is its product, or, what is most expressive, its manifestation.... And as for the essential condition of man, I certainly agree entirely with the view that the spirit and soul of man are distinguished as primary and secondary, but not with the view that spirit and soul are substantially one and the same* (Delitzsch, 1867:99,109; cf. also Nee, 1977:23; Smith, 2000:23-24).

Whereas dichotomists require the possibility of soul and spirit separating (to prove their actual distinction), Delitzsch found validity in the concept of the potential separation of soul and spirit: *If any one would rather say that the soul is a Tertium, or third existence, not substantially indeed, but potentially independent, between spirit and body, but by its nature pertaining to the side of the spirit, we have no objection to it* (Delitzsch, 1867:116; cf. Smith, 2000:22-24).

The difficulty of choosing accurate terms to express these delicate distinctions is evident. He looks to the relationship of the persons of the Trinity to parallel the distinction of man's two immaterial parts: *[The soul] is not one and the same substance with the spirit, but a substance which stands in a secondary relation with it. It is of one nature with it ... as the Son and the Spirit are of one nature with the Father, but not the same hypostases* (Delitzsch, 1867:117).

In light of these representative quotes, Buswell's attempt to reinterpret Delitzsch as dichotomist is invalid. Heard (1875) published a thorough study of biblical psychology, defining and defending trichotomy. He also affirmed that the spirit is more than a function of the soul: *The pneuma is, we admit, very closely joined to the psuche; but so is the psuche to the animal frame. If we can distinguish between soul and body, as all psychologists who are not materialists do; are we not bound equally to distinguish between soul and spirit? Consciousness is the common term which unites these three natures of man together ... It is not, as dichotomists would say, that the spirit is only the reasonable soul exercised upon the inner world of the spirit instead of the outer world of the sense* (Heard, 1875:104, cf. Nee, 1977:43-45; Smith, 2000:22).

In the same vein Beckwith (1911) described the distinction of the human spirit as the divine principle of life in man; it is included in the soul, but distinct from it: ... *the spirit is the condition, soul the manifestation of life. Whatever belongs to the spirit belongs to the soul also, but not everything that belongs to the soul belongs to the spirit ... it does not suffice to speak of the inner being of man, now as the spirit, now as the soul; one must regard the spirit as the principle of the soul, the divine principle of life, included in but not identical with the individual* (Beckwith 1911:11:12).

Holdcroft (1990) continues this argument and defines the spirit as the animating principle which causes the man to be alive. According to him, God is the author of the human spirit (Num 27:16; Zech 12:1), and when the spirit is withdrawn, the body dies (Jas 2:26). The biblical references to the spirit of man in the New Testament are categorized as follows by him 1) *those that identify strictly the human principle of life and 2) those that identify the expression of that life in feelings, convictions and motivations. In this second usage many see an overlap between the role of the spirit and that which is commonly identified as the human soul. At least it is clear that the human soul is more than merely an impersonal life principle; it is a human life-principle that is distinctive and individually personal* (Holdcroft, 1990:23-24; cf. Heyns, 1992:173-182).

Another example of this view that distinguishes spirit from soul is found in Oswald Chambers' lectures on biblical psychology: *The spirit is the essential foundation of man; the soul his peculiar essential form; the body his essential manifestation* (Chambers, 1995:46). On the human spirit, he commented: *Remember, the whole meaning of the soul is to express the spirit, and the struggle of the spirit is to get*

itself expressed in the soul (Chambers, 1995:210). Yet he argues that the process of sanctification involves the whole person: *God knows of no divorce whatsoever between the three aspects of the human nature, spirit, soul, and body; they must be at one, and they are at one either in damnation or in salvation* (Chambers, 1995:33; also Jones & Butman, 1991:43-49&397).

Watchman Nee (1977) expressed the doctrine of trichotomy in a methodical, extensive way in his three volumes of *The Spiritual Man* (1977). Speaking of the importance of identifying the spirit, he wrote: *It is imperative that believers recognize a spirit exists within them, something beyond affection, sensation and pleasure of the emotion, something additional to desire, decision and action of the will. This component is far more profound than these faculties. God's people not only must know that they possess a spirit; they also must understand how this organ operates - its sensitivity, its work, its power, its laws. Only in this way can they walk according to their spirit and not the soul or body of their flesh* (Nee, 1977:23; cf. also Benner, 1988:267-268).

Nee (1977) went on to identify and elaborate on three major faculties of man's spirit - that of intuition, conscience, and communion, which will be referred to in more detail in the next section (par. 2.4).

Thus in summary it can be stated that word studies in this chapter have traced the meaning and usage of the basic terms in the Bible that relate to man's makeup. This data shows many ways that soul and spirit are used interchangeably, especially in the Old Testament. Distinctions in the New Testament usage between soul and spirit are more explicit and have been identified and its practical significance will

be pointed out in later sections of this study.

While it is conceded that word studies alone are not conclusive for this doctrinal thesis, biblical exposition gives adequate evidence to support the distinction of soul and spirit as being more than merely one of emphasis. This issue is relevant because a precise theological model of man's constituent parts and their faculties are integral to one's view of sanctification, psychology, and counseling.

2.4 A PROPOSED PARADIGM TO EXPLAIN THE DYNAMIC INTERACTION BETWEEN BODY, SOUL AND SPIRIT

2.4.1 Introduction

In order to understand the dynamic interaction between body, soul and spirit and how it functions within a paradigm, it is important at this stage to clearly define what is meant by the word *paradigm*.

2.4.2 Paradigms

The concept paradigm became entrenched in the philosophy of science and in fields of science as a result of the book by TS Kuhn: *The Structure of Scientific revolutions* which was first published in 1962. In this groundbreaking publication he uses the concept *paradigm* to denote any scientific achievement which is seen by the practitioners of a particular scientific discipline as a unique solution to a problem. Kuhn developed his theory with examples from history and the natural sciences, but the concept *paradigm* has also been applied in the social sciences by

social scientists with a varying degree of success. Kuhn wrote that scientific paradigms are ... *accepted examples of actual scientific practice, examples which include law, theory, application and instrumentation together - [that] provide models from which spring particular coherent traditions of scientific research.* He adds: *Men whose research is based on shared paradigms are committed to the same rules and standards for scientific practice* (Kuhn, 1970:10).

In his later publications (1974:460; 1980) Kuhn worked out the unshaded use of the concept of paradigm by distinguishing between a more encompassing type of paradigm which he called a *disciplinary matrix* and a more limited type of paradigm which he called *exemplars*. The exemplars enable the scientist to discern in new phenomena the same traits or *family resemblance* which occurs in the example or paradigm. The acknowledgement of the role of paradigms in the sciences does however represent a new development in the history of the sciences.

Adam Smith's definition of a paradigm, in his book *Powers of the Mind* (1975), is: *A shared set of assumptions. The paradigm is the way we perceive the world; water to the fish. The paradigm explains the world to us and helps us to predict its behavior.* Smith's point about prediction is significant. He argues that most of the time we do not predict things with our paradigms. But paradigms do give us the added advantage of being able to create a valid set of expectations about what will probably occur in the world based on our shared set of assumptions. He writes: *When we are in the middle of the paradigm, it is hard to imagine any other paradigm* (Smith, 1975:19).

From a practical point of view Stephen R. Covey (1994:23, 24) explains the concept

paradigm as follows: ... a simple way to understand paradigms is to see them as maps. We all know that 'the map is not the territory'. A Map is simply an explanation of certain aspects of the territory. That's exactly what a paradigm is. It is a theory, an explanation, or model of something else ... Each of us has many, many maps in our head, which can be divided into main categories: maps of the way things are, or realities, and maps of the way things should be, or values. We interpret everything we experience through these mental maps. We seldom question their accuracy; we're usually even unaware that we have them. We simply assume that the way we see things is the way they really are or the way they should be. And our attitudes and behaviors grow out of those assumptions. The way we see things is the source of the way we think and the way we act.

In the same vein, Barker (1993:32) writes: *A paradigm is a set of rules and regulations (written or unwritten) that does two things: 1) it establishes or defines boundaries; and 2) it tells you how to behave inside the boundaries in order to be successful.*

So paradigms give us the *rules of the game* according to which we live and order our lives, and cope; whether it is the way in which we shave, tie our laces, clear the kitchen, our ritual before going to bed, pattern of playing rugby, or form of government - our lives are fraught with paradigms. The danger of a paradigm lies in when a specific paradigm becomes the paradigm: the only truth or the only way of doing something (Barker, 1993:32).

Against the aforementioned background, it is therefore imperative to note that the following proposed paradigm is just that: a proposal.

2.4.3 The dynamic interaction between body, soul and spirit: a proposed paradigm

From the research that has been done from a Biblical perspective whereby some researchers argue for a monistic anthropology of man while others argue for 'n dichotomous view and another school for a trichotomic anthropology, it is the researcher's humble conviction that the Bible does indeed subscribe to the fact that man is a tripartite being: spirit, soul and body.

In the researcher's humble opinion Watchman Nee's Work *The Spiritual Man* (1977) is arguably the most complete work on the three-sidedness of the human being as deduced from Scripture to date. Watchman Nee (1977:20) himself refers to Andrew Murray, FB Meyer, Otto Stockmayer, Jessie Penn-Lewis, Evan Roberts and others who supported the trichotomy concept of the human being as they understood it from the Scriptures. The question may rightly be put: Is it necessary to take cognisance of the fact that spirit, soul and body are distinctive parts of the human being; is it really necessary to know it; is it of any importance in terms of a believer's relationship with God; is it really important to know this and understand it?

The theologian Venter (1987:1-3) argues unequivocally that man is in totality (soul, spirit and body) created by God. Watchman Nee (1977:22) is very definite and clear on this: *It is an issue of supreme importance for it affects tremendously the spiritual life of a believer. How can a believer understand spiritual life if he does not know what is the extent of the realm of the spirit? Without such understanding how can he grow spiritually? To fail to distinguish between spirit and*

soul is fatal to spiritual maturity. Christians often account what is soulical as spiritual, and thus they remain in a soulish state and seek not what is really spiritual

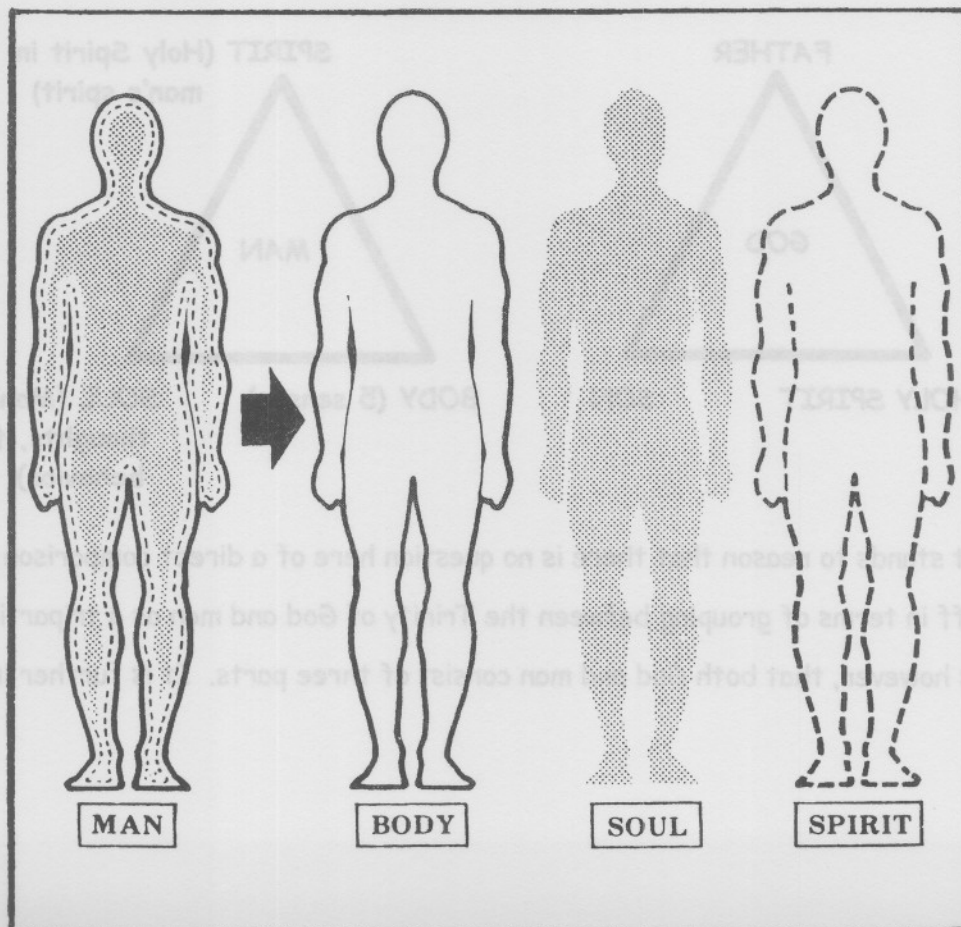
This argument of Nee can be further explained by the following: In Genesis 1:26 it is written: *Then God said, Let us make man in our image, in our likeness ...* Genesis 2 declares: *The Lord God formed the man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being.* When the *breath of life* (which implies the spirit of man) came into contact with the body of the human being (Adam) the soul (reason, emotions, will/behavior) was established. Jesus Himself says in John 6:63 that it is the Spirit who gives life ... *The words I have spoken to you are spirit and they are life.* The Holy Spirit of God should however not be confused with the spirit of man. Romans 8:16 explains this difference by declaring: *The Spirit himself testifies with our spirit that we are God's children* (cf. also Ezek. 36:26-27).

Watchman Nee (1977:23-24) explains this concept very clearly as follows: *The original of word 'life' in 'breath of life' is 'chay' and is in the plural. This may refer to the fact that the inbreathing of God produced a twofold life, soulical and spiritual. When the inbreathing of God entered man's body, it became the spirit of man; but when the spirit reacted with the body the soul was produced. This explains the source of our spiritual and soulical lives. We must recognise, though, that this spirit is not God's Own life, for 'the breath of the Almighty gives me life' (Job 33:4). It is not the entrance of the uncreated life of God into man, neither is it that life of God which we receive at regeneration. What we receive at new birth is God's Own life as typified by the tree of life. But our human spirit, though permanently existing, is void of 'eternal life'. 'Formed man of dust from the ground:' refers to man's body; 'breathed into his nostrils the breath of life' refers*

to man's spirit as it came from God; and 'man became a living soul' refers to man's soul when the body was quickened by the spirit and brought into being a living and self-conscious man. A complete man is a trinity - the composite of spirit, soul and body. According to Genesis 2.7, man was made up of only two independent elements, the corporeal and the spiritual; but when God placed the spirit within the casing of the earth, the soul was produced. The spirit of man touching the dead body produced the soul. The body apart from the spirit was dead, but with the spirit man was made alive. The organ thus animated was called the soul.

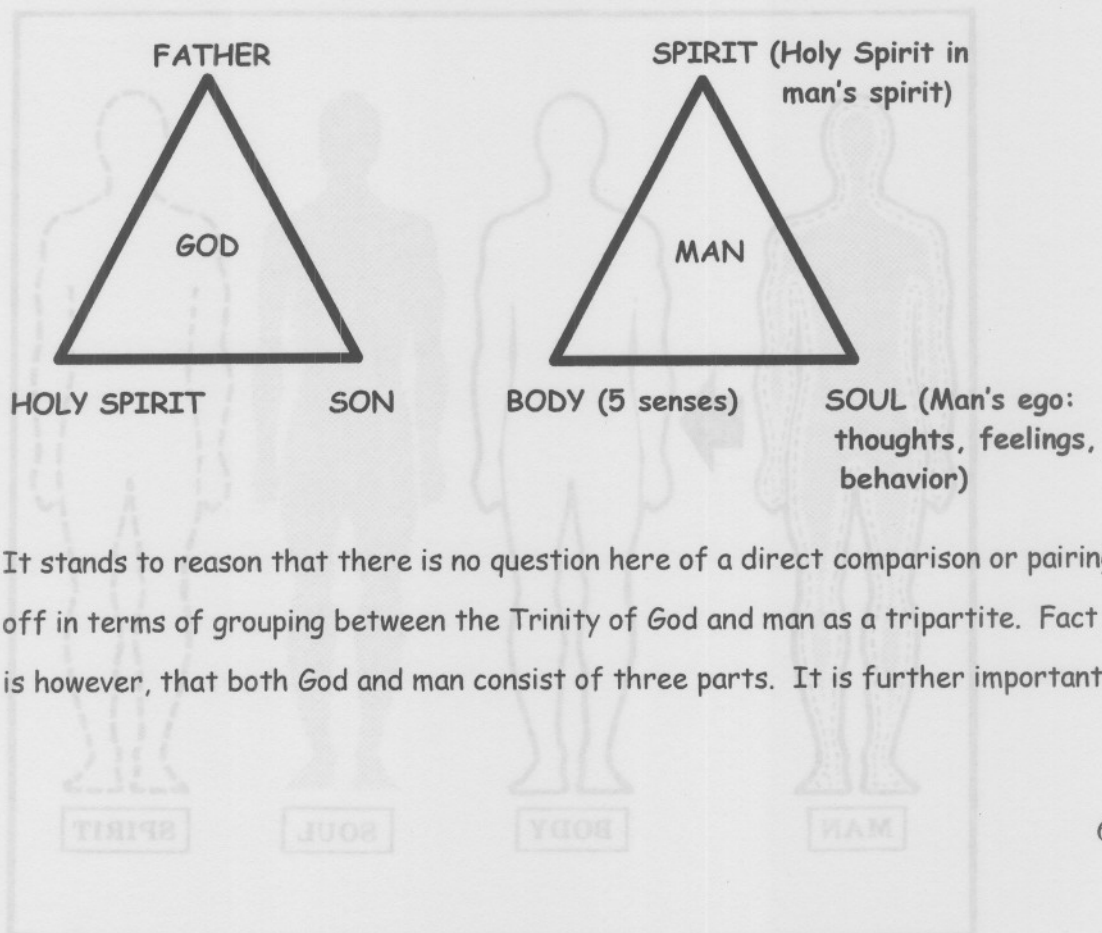
Rebecca Brown (1992:164) writes the following in this regard: ... Adam lived, and become aware of himself ... There is a natural body and a spiritual body (1 Cor 15:44).

Diagrammatically Brown (1992:164) explains the concept of man being a trinity as follows:



In 1 Thess 5:23 Paul writes: *May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ* (emphasis mine). Take note, too, of Mary's song of praise to God in Luke 1:46-47: *And Mary said: My soul glorifies the Lord and my spirit rejoices in God my Saviour.* Zechariah 12:1 declares that it is *God who ... forms the spirit of man within him.* In the same vein, Hebr 4:12 states: *For the word of God is living and powerful, and sharper than any two-edged sword, piercing even to the division of soul and spirit, and of joints and marrow, and is a discerner of the thoughts and intents of the heart.* From 1 Thess 5:23, Luk 1:46-47 and Hebr 4:12 it is quite clear that soul and spirit are two different entities in the psycho-spiritual make-up of man.

So just as God consists of a tri-unity, he also created man as a tripartite being. Diagrammatically the analogy of God's trinity in man can be explained as follows:



It stands to reason that there is no question here of a direct comparison or pairing off in terms of grouping between the Trinity of God and man as a tripartite. Fact is however, that both God and man consist of three parts. It is further important

to note that man's spirit in this sense has a metaphorical function in as much that it points to God's Holy Spirit being present or absent in a human being (in his/her spirit) (cf. Heyns, 1992:113-119).

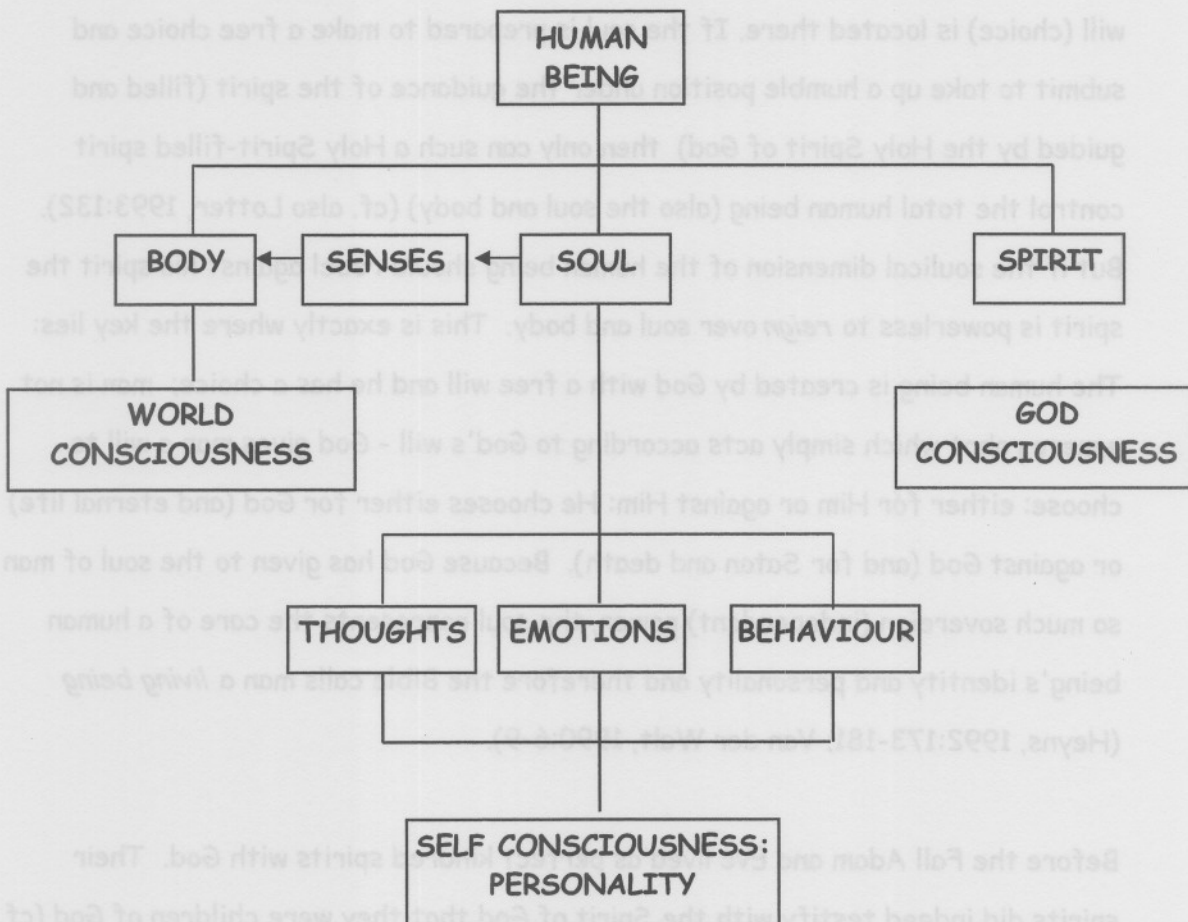
Watchman Nee (1977:25) explains the dynamic interaction of the spirit, soul and body as follows: *This trinity of spirit, soul and body may be partially illustrated by a light bulb. Within the bulb, which can represent the total man, there are electricity, light and wire. The spirit is like the electricity, the soul the light, and body the wire. Electricity is the cause of light while light is the effect of electricity. Wire is the material substance for carrying the electricity as well as for manifesting the light. The combination of spirit and body produces soul, that which is unique to man. As electricity, carried by the wire, is expressed in light, so spirit acts upon the soul and the soul, in turn, expresses itself through the body.*

Although the soul represents the meeting place of body and spirit of the human being in his existence on earth, only the spirit will exist after death: 1 Corinthians 15:44-45 explains: *it is sown a natural body, it is raised a spiritual body. If there is a natural body, there is also a spiritual body. So it is written: 'The first man Adam became a living being' the last Adam, a life-giving spirit* (cf. also Venter, 1987:2; Ellens, 1987:31-33).

By means of his body man comes into contact with the material world, which imparts to him a certain world consciousness. His soul represents his reason, emotions and behavior and enables him to experience the world by means of his 5 senses (taste, hearing, sight, touch and smell). Since the soul is peculiar / unique to every person and makes him/her that which he/she really is, we can at this point (i.e. when

dealing with the soulical dimension of a human being) speak of **self-consciousness**, or **personality**. Thus spirit represents that part of your humanity by means of which you communicate with God: through which you approach God in prayer with requests, thanksgiving and praise. Therefore your spirit represents the element of God-consciousness. Nee (1977:26) writes: *God dwells in the spirit, self dwells in the soul, while sense dwells in the body.*

The researcher formulated the following diagram to explain the aforementioned argument:



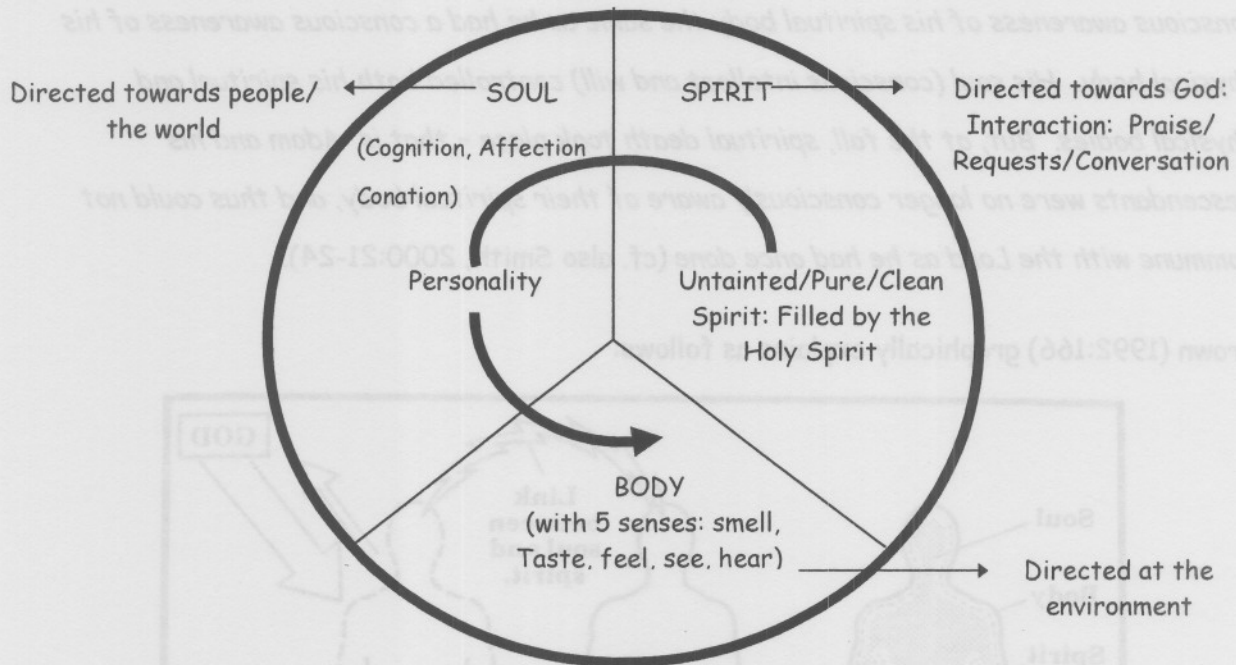
The soul represents the place where spirit and body meet. Nee (1977:26) explains: *The spirit cannot act directly upon the body. It needs a medium, and that medium is the soul produced by the touching of the spirit with the body. The soul therefore stands between the spirit and the body, binding these two together. The spirit can subdue the body through the medium of the soul, so that it will obey God:*

likewise the body through the soul can draw the spirit into loving the world (cf also Pember, 1942:77; Van der Walt, 1990:7-8).

So it is clear that the soul is the balancing-point of a human being, since his free will (choice) is located there. If the soul is prepared to make a free choice and submit to take up a humble position under the guidance of the spirit (filled and guided by the Holy Spirit of God) then only can such a Holy Spirit-filled spirit control the total human being (also the soul and body) (cf. also Lotter, 1993:132). But if the soulical dimension of the human being should rebel against his spirit the spirit is powerless to *reign* over soul and body. This is exactly where the key lies: The human being is created by God with a free will and he has a choice; man is not a mere robot which simply acts according to God's will - God gives man a will to choose: either for Him or against Him: He chooses either for God (and eternal life) or against God (and for Satan and death). Because God has given to the soul of man so much sovereign (independent) power, the soul represents the core of a human being's identity and personality and therefore the Bible calls man a *living being* (Heyns, 1992:173-181; Van der Walt, 1990:6-9).

Before the Fall Adam and Eve lived as perfect kindred spirits with God. Their spirits did indeed testify with the Spirit of God that they were children of God (cf. Rom 8:15-16). After they had sinned, however, they fell into the imperfect soulical dimension (their own intellectual capacity, self-love) and realised that they were standing naked before the Truth, in other words, before God (cf. also Collins;1993:89). The needs of their own ego's, (soulical needs) were of more importance to Adam and Eve (representing all human beings) than spiritual communion and an intimate partnership with God (Van der Walt, 1990:7).

ADAM AND EVE BEFORE THE FALL (Solomon, 1971:27)

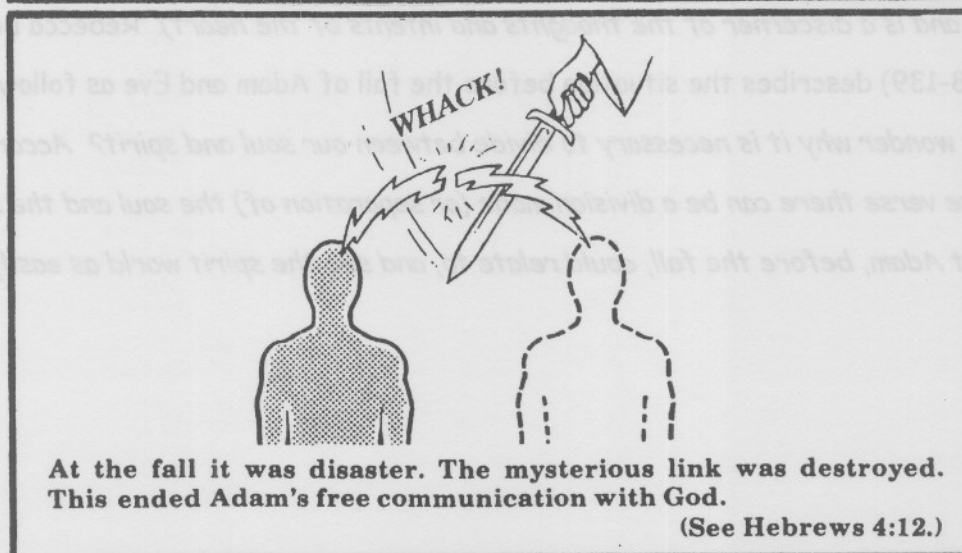
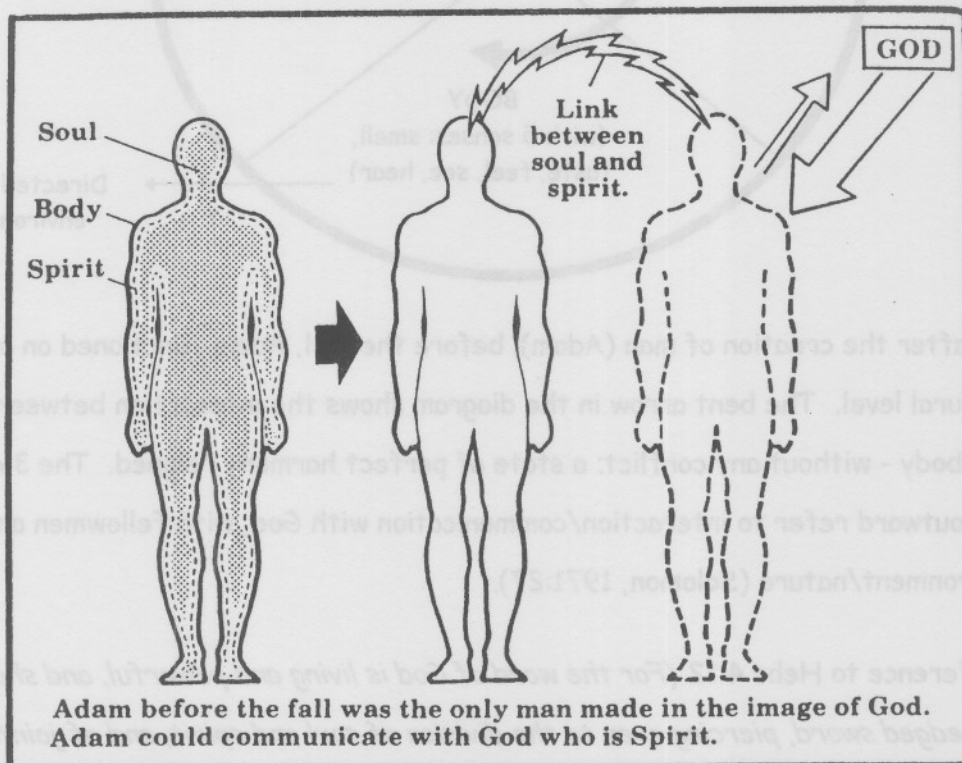


Shortly after the creation of man (Adam), before the Fall, Adam functioned on a supernatural level. The bent arrow in the diagram shows the interaction between spirit, soul and body - without any conflict; a state of perfect harmony reigned. The 3 arrows pointing outward refer to interaction/communication with God, with fellowmen and with the environment/nature (Solomon, 1971:27).

With reference to Hebr 4:12 (*For the word of God is living and powerful, and sharper than any two-edged sword, piercing even to the division of soul and spirit, and of joints and marrow, and is a discerner of the thoughts and intents of the heart*). Rebecca Brown (1991:138-139) describes the situation before the fall of Adam and Eve as follows: *Did you ever wonder why it is necessary to divide between our soul and spirit? According to the above verse there can be a division made (or separation of) the soul and the spirit. The first Adam, before the fall, could relate to, and see the spirit world as easily as he*

could the physical world. How? By the use of his spiritual body. This is demonstrated by the ease with which he could walk and talk with God in the Garden of Eden. He had a conscious awareness of his spiritual body the same as he had a conscious awareness of his physical body. His soul (conscious intellect and will) controlled both his spiritual and physical bodies. But, at the fall, spiritual death took place - that is, Adam and his descendants were no longer consciously aware of their spiritual body, and thus could not commune with the Lord as he had once done (cf. also Smith, 2000:21-24).

Brown (1992:166) graphically explains as follows:



1 Corinthians 15:44 puts it as follows: *If there is a natural body, there is also a spiritual body.* Brown (1992:166) refers to this verse saying that this part of Scripture is often ignored by readers. According to her the spirit of a human being has a form or image which tallies with its physical body. She reckons very few people realise this fact. Satanists and people involved in the occult and things like astral projection do realise it very well. (In the work of Sylvan Muldoon and Hereward Carrington [1956], *The projection of the Astral body* the existence of astral projection is analysed *scientifically* and Brown's interpretation from the Scriptures about the existence of a spiritual body is, ironically, confirmed to a great extent.) Muldoon and Carrington go as far as saying: *From our study of astral projection we ... now have a fair idea of 'the passing' at the time of death; for, after all, death is but a permanent projection - a projection of the astral body, wherein the subject does not return to animate his physical counterpart* (Muldoon and Carrington, 1956:3).

The Bible also refers to something which may be described by some as a type of *astral division* between body and spirit. The following quotations from 2 Cor 12:2-4 and Revelation 4:1,2 point to experiences which the person (referring to Paul and John respectively) observed in his spirit in a state where his spirit was separated from his physical body. 2 Cor 12:2-4 says: *I know a man in Christ who fourteen years ago was caught up to the third heaven. Whether it was in the body or out of the body I do not know - God knows. And I know that this man - whether in the body or apart from the body I do not know, but God knows - was caught up to paradise. He heard inexpressible things, things that man is not permitted to tell.* Revelation 4:1-2: *After this I looked, and there before me was a door standing open in heaven. And the voice I had first heard speaking to me like a trumpet said,*

"Come up here, and I will show you what must take place after this." At once I was in the spirit, and there before me was a throne in heaven with someone sitting on it.

Take note that John says in Revelation 4:1, 2 that he was in the **spirit**, with an **s** in **lower case** and which refers to his own human spirit. Every time Scripture mentions the **Holy Spirit**, it is spelt with a **capital S**, as in Revelation 1:10: *On the Lord's Day I was in the Spirit, and I heard behind me a loud voice like a trumpet...*(cf. Brown, 1992:166-167).

Watchman Nee (1977:51-52) writes in the same vein that the dividing was necessary because spirit and soul have become one. While they are intimately knit they plunge man into a psychic world. Everything man does is done according to the dictates of intellect or feeling. Nee, (1977:51-52) argues further: *The spirit has lost its power and sensation, as though dead asleep. What instinct it has in knowing and serving God is entirely paralyzed. It remains in a coma as if non-existent. This is what is meant in Jude 19 by "natural, not having spirit" (literal). The spirit here does not point to the Holy Spirit but to the human spirit, for it is preceded by the word "natural" which literally is, "soulish". As "soulish" pertains to man, so "spirit" also pertains to man. This certainly does not mean the human spirit ceases to exist, for Numbers 16.22 distinctly states that God is "the God of the spirits of all flesh".* Thus, every human being still has in his possession a spirit, although it is darkened by sin and impotent to hold communion with God. However dead this spirit may be towards God it may remain as active in the mind or the body. It is accounted dead to God but is still very active in other respects. Nee (1977:52) writes: *Sometimes the spirit of a fallen man can even be stronger than his soul or body and gain dominion over the whole being. Such persons are "spiritual" just as most people are*

largely soulical or physical, because their spirits are much bigger than that of ordinary individuals. These are the sorceresses and the witches. They indeed maintain contacts with the spiritual realm; but these do so through the evil spirit, not by the Holy Spirit. The spirit of the fallen man thus is allied with Satan and his evil spirits. It is dead to God yet very much alive to Satan and follows the evil spirit which is now at work in him.

Also Compare Paul's letter to the Ephesians: Put on the whole armour of God, that you may be able to stand against the wiles of the devil. For we do not wrestle against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this age, against spiritual hosts of this age, against spiritual hosts of wickedness in the heavenly places (Eph 6:11-12).

As mentioned earlier, before the Fall Adam lived as a perfect kindred spirit with God, according to Gen 2:7. In order to have a good understanding of the Fall as an event and of how it affected the functioning of man as a tripartite being, it is necessary to look briefly at the *Tree of the Knowledge of Good and Evil* and the *Tree of Life* which God had planted in Paradise.

2.4.3.1 The two trees of Eden and the fall of man

In Gen 2:9 it is written: *And the Lord God made all kinds of trees grow out of the ground - trees that were pleasing to the eye and good for food. In the middle of the garden were the tree of life and the tree of the knowledge of good and evil.*

The word in Hebrew here used for knowledge is the word *da'ath* which means *cunning* which includes in its meaning the following: *cleverness, craftiness, slyness, wiliness, skill, dexterity, know-how, competence* (Joyner, 1993:8). This knowledge - *da'ath* - is from the flesh and directed at man's own ego and the self - sensory knowledge aimed at survival. Jer 17:5 writes: *Cursed is the one who trusts in man, who depends on flesh for his strength and whose heart turns away from the Lord.*

Since it is clear that *da'ath* results in death, man is admonished up to today to ... *live by the Spirit, and you will not gratify the desires of the sinful nature. For the sinful nature desires what is contrary to the Spirit, and the Spirit what is contrary to the sinful nature. These are in conflict with each other, so that you do not do what you want* (Gal 5:16-17), and also: *Blessed is the man who trusts in the LORD, whose confidence is in him* (Jer 17:7).

In his book: *There were Two Trees in the Garden* (1993) Rick Joyner (1993:9) writes: *These same two 'trees' continue to challenge us. When we become Christians these challenges do not end - they may well increase. Many times we will have to choose between the fruit of these trees. Between them lies the focal point of the dichotomy between the Kingdom of God and the present evil age. The Tree of Knowledge and the Tree of Life are symbolic of two spiritual lineages or family trees. The Bible, from Genesis to Revelation, is a history of two lineages. Understanding these lineages can help us to understand the most common errors besetting the entire human race, including those that have continually misled the Church.*

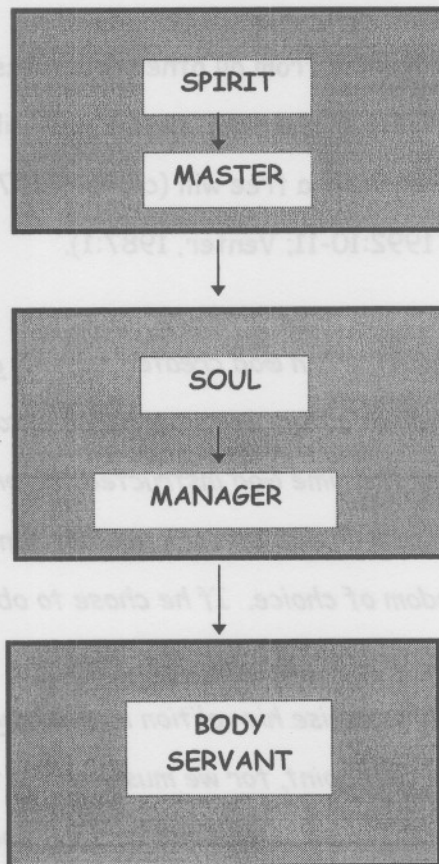
The two Trees from Eden thus represent the freedom of choice that man has to choose between good and evil; the tree of the knowledge of good and evil or the tree of life. Because God has given human beings a free will, he allows them to choose for themselves.

God created man obviously different from all other creatures. Human beings have a spirit - like the angels - but also at the same time a soul - like animals from a lower order. But above all, they have a free will (cf. Nee, 1977:43; Brown, 1991:140; Joyner, 1992:96-99; Heyns, 1992:10-11; Venter, 1987:1).

Nee (1977:43) puts it as follows: *When God created man He gave him a perfect freedom. He did not make man an automaton, controlled automatically by His will. This is evident in Genesis 2 at the time God instructed the original man what fruit he could eat and what not. The man God created was not a machine run by God; instead he had perfect freedom of choice. If he chose to obey God, he could; if he decided to rebel against God, he could do that too. Man had in his possession a sovereignty by which he could exercise his volition in choosing to obey or to disobey. This is a most important point, for we must realise that in our spiritual life God never deprives us of our freedom. Unless we actively cooperate, God will not undertake anything for us. Neither God nor the devil can do any work without first obtaining our consent, for man's will is free* (cf. also Heyns, 1992:177-178).

The human being's spirit initially was the highest, most prominent part of his being.

The relationship between spirit, soul and body can be graphically explained as follows:



Nee (1977:44) writes that God's original plan was for man's soul to receive and absorb the full truth of God's Spirit. In this way a balance could have been maintained between spirit and soul - to all eternity (cf. also Du Priest, 1993:387-389).

If man (Adam) by a decision of his free will had rather preferred to eat from the fruit of the Tree of Life,*God's own life undoubtedly would enter his spirit, permeate his soul, transform his entire inner man, and translate his body into incorruptibility. He then would literally be in possession of eternal life. In that event his soulical life would be filled completely with spiritual life, and his whole being would be transformed into that which is spiritual. Conversely, if the order of spirit and soul would be reversed, then man would plunge into darkness and the human body could not last long but would soon be corrupted* (Nee, 1977:440).

Unfortunately man chose the Tree of the knowledge of good and evil and not the Tree of life. The question now arises: Did God not in any case intend Adam to eat from the Tree of Life? Because God warned Adam not to eat from the Tree of the Knowledge of Good and Evil, for then he would die (Gen 2:17) and furthermore said that man could eat from all the other trees (thus by implication also from the Tree of Life - which God mentioned by name) it can be deduced that God really wanted man to make the right choice. But because God had given man a free will to choose and He respected man's right to choose, He did not force man to a choice (Heyns, 1992:177-178).

The knowledge of good and evil is by implication in itself evil (Nee, 1977:45). Such knowledge comes forth from man's inflated ego - the intellect of his soul; the own ego/ self-interest. At the same time man's spirit shrinks - in proportion to the inflatedness of the self-interest of his soul - until the spirit is to all intents and purposes dead (cf. Brown, 1992: 165-168; Nee, 1977:51-52; Keck, 1998:1).

Watchman Nee (1977:45) wrote in the same vein as Joyner about the on the Two Trees of Eden: *A great number of God's servants view this tree of life as God offering life to the world in His Son the Lord Jesus. This is eternal life, God's nature. His uncreated life. Hence, we have here two trees - one germinates spiritual life while the other develops soulish life. Man in his original state is neither sinful nor holy and righteous. He stands between the two. Either he can accept God's life, thus becoming a spiritual man and a partaker of divine nature; or he can inflate his created life into becoming soulish, consequently inflicting death on his spirit. God imparted a perfect balance to the three parts of man. Whenever one part is over-developed the others are afflicted.*

Joyner (1993:12) takes up the same vein, writing: *On the third day of creation the Lord established a physical and spiritual law that was of critical importance. He ordered that trees would only bear fruit after their own kind and produce seed after their own kind (Gen 1:11-12). The fruit of these two trees is to forever be separate and distinct, as the Lord Jesus also testified: For there is no good tree which produces bad fruit; nor, on the other hand, a bad tree which produces good fruit. For each tree is known by its fruit (Luke 6:43-44). The apostle Paul further testified: whatever a man sows, this he will also reap (Gal 6:7). Therefore man cannot bring forth fruit that is life while he is partaking of the Tree of Knowledge. Likewise, man partakes of the Tree of Life he will not bring forth the fruit of the Tree of Knowledge - death. A tree can only produce fruit after its own kind (cf. Heyns, 1992:191-194).*

The Tree of Life occurs as a theme in many instances throughout the Bible:

- Ps 1:3 describes the person who finds his joy in the Word of God as follows: *He is like a tree planted by streams of water, which yields its fruit in season and whose leaves do not wither.*
- Jer 17:8 describes the person who puts his trust in the Lord as follows: *He will be like a tree planted by the water that sends out its roots by the stream. It does not fear when heat comes; its leaves are always green. It has no worries in a year of drought and never fails to bear fruit."*
- Ezekl 47:12: *Fruit trees of all kinds will grow on both banks of the river. Their leaves will not wither, nor will their fruit fail. Every month they will bear, because the water from the sanctuary flows to them. Their fruit will serve for food and their leaves for healing."*
- In Luke 6:43-45 Jesus compares people to fruit trees: *"No good tree bears bad fruit, nor does a bad tree bear good fruit. Each tree is recognised by its own fruit. People do not pick figs from thorn bushes, or grapes from briars. The good man brings good things out of the good stored up in his heart, and the evil man brings evil things out of the evil stored up in his heart. For out of the overflow of his heart his mouth speaks."*

- Revelation 22:2 also confirms this theme: *..On each side of the river stood the tree of life, bearing twelve crops of fruit, yielding its fruit every month, And the leaves of the tree are for the healing of the nations.*
- Revelation 22:14 speaks of the blessed ones with clean robes who will have a right to the ... *tree of life.*

It is furthermore significant to note that in connection with Satan having tempted Eve - his seducing of her to eat from the Tree of the Knowledge of Good and Evil, - Nee (1977:46-47) identifies a specific pattern of temptation.

In the first instance Satan focuses on a **physical bodily need**: He only named the attractiveness of the fruit to Eve.

In the second instance Satan seduced her **intellect (soulical dimension)**: He tells Eve that her eyes will be opened if she eats of the fruit and that she will then know the difference between good and evil.

In the third instance the fact that she had succumbed to both a physical and a soulical temptation, had the result that the consequences of her decision led to rebelling against God. Consequently her spirit could no longer testify with God's Spirit that she was a child of God (Rom 8:15-16).

Man's intellect, his self-interest, his ego (soulical dimension) was the source/reason of his fall. After man's soul (will, mind and emotions) had been poisoned by Satan, and man had thus chosen for Satan against God, his spirit was given a death blow:

Adam and Eve's capacity for direct communication with God was shattered (Brown, 1992:166-167; Heyns, 1992:177).

Watchman Nee (1977:48) describes how the approaches of Satan and of God respectively differ in dealing with man: He writes that Satan uses the things of the flesh (eating fruit) to entice man's soul into sin; as soon as the soul sins, the spirit descend into utter darkness. He argues further that the order of Satan's working is always from the outside to the inside. If Satan does not start with the body, then he begins by working on the mind or the emotion of man in order to get to the will of man. The moment man's will yields to Satan he possesses man's whole being and puts man's spirit to death. But not so the work of God: According to Nee (1977:48) God always works from the inside to the outside. God begins working in man's spirit and continues by illuminating his mind, stirring his emotion, and causing him to exercise his will over his body for carrying into execution the will of God. Nee (1977:48) continues: *All satanic works are performed from the outside inward; all divine works, from the inside outward. We may in this way distinguish what comes from God and what from Satan. All this additionally teaches us that once Satan seizes man's will, then he is in control over the man.* (Elaborating on this theme, Larry Crab, (1996) wrote a book: *Inside Out*, in which he states that to restore the sinfull soul of man, he must allow God's Holy Spirit to bring man's spirit to life; external achievement can't do it).

In analysing Adam's sin one can - apart from the rebellious nature of Adam - also observe an aspiration to his own independence (from God). Adam had received a free will from God - and he had chosen for the Tree of the Knowledge of Good and Evil and not for the Tree of Life. Seen like this, the choice for the Tree of Life

implies recognition of man's **dependence** (on God). After his creation Adam had not yet fulfilled his full God-given potential. He could have reached it if he had chosen correctly, for the Tree of Life. But by rebelling Adam by implication chose to function independently (from God) (Sesboüie, in Boureaux and Theobald, *eds*, 2004:11-12).

So the difference between living by the spirit and living by the soul is clear: to live by the spirit implies full dependence on God; to be fully satisfied with what God gives. A life controlled by the soul (own ego) implies an independence from God and a loveless aspiration to worldly knowledge and satisfaction of selfish ego-needs (Crabb, 1996:19-20; Heyns, 1992:62-63). Nee (1977:50) writes: *The tree of life cannot grow within us together with the tree of knowledge. Rebellion and independence explain every sin committed by both sinners and saints.*

In summary Joyner (1993:13) writes that Scriptural references to trees are sometimes symbolic of family lineages. *In order for Christ to come forth in man, His seed had to be sown in man. Likewise, in order for the man of sin to come forth in man, that seed also had to be sown in man. The fruit of a seed cannot be reaped unless it is first planted. When Adam and Eve ate of the Tree of Knowledge, they were destined to perpetuate the fruit of that tree; consequently death spread throughout their descendants. But God, in His grace and mercy determined that he would redeem their mistake. He planted in man the seed that would again bring forth the Tree of Life in man - Jesus.* Thus, through Jesus Christ true life would be restored to man. His seed is a spiritual seed, sown by the Holy Spirit through prophecy. No flesh could beget Him but all flesh could receive Him. The Lord promised Eve that a seed would come forth from her that would crush the head of

the serpent that had deceived her (Genesis 3:15). In the first two sons born to the woman (Cain and Abel), the seeds of each tree can be discerned (cf. Venter, 1987:1).

Thus it was clear that after the transgression of Adam and Eve, the Lord prophesied the propagation of two seeds within man: those who would embrace the nature of the serpent and those who would be of the nature of Christ.

2.4.3.2 Body, Soul and Spirit after the fall of man

In Genesis 2:17 God tells Adam that the day he eats from the fruit of the Tree of the Knowledge of Good and Evil, he will definitely die. We do know however, that Adam did not die immediately after eating from the fruit; as a matter of fact he lived to become very old. What then did God mean by his reference that Adam would die? The implication is that God had referred to Adam's spirit which would die. What is meant by this? To be spiritually dead implies to live without God. When a body (human being) dies, the spirit separates from that person's body (and soul). When one's spirit dies - as God meant in the case of Adam, it means that although Adam still had a spirit, his spirit's natural, spontaneous inclination towards God was dead. After the Fall Adam's (man's) natural spontaneous inclination was towards sin and evil (Sesboüe, in Boureaux and Theobald, *eds*, 2004:12-13).

Nee (1977:50) writes in the same vein:... *sin has destroyed the spirit's keen intuitive knowledge of God and rendered man spiritually dead. He may be religious, moral, learned, capable, strong and wise, but he is dead to God. He may even talk about God, reason about God and preach God, but he is still dead to Him. Man is not*

able to hear or to sense the voice of God's Spirit. Consequently in the New Testament God often refers to those who are living in the flesh as dead. Nee (1977:50-51) goes further and explains that the death which began in Adam's spirit gradually spread until it reached his body. Though he lived on for many years after his spirit was dead, death nevertheless worked incessantly in him until his spirit, soul and body were all dead. Adam's body, which could have been transformed and glorified, was instead returned to dust. Because his inward man had fallen into chaos, his outward body will also die and be destroyed. Henceforth Adam's spirit (as well as the spirit of all his descendants) fell under the oppression of the soul until it gradually merged with the soul and the two parts became closely united (cf. also Venter, 1987:2; Helberg, 1988:188-189).

For this reason the writer of Hebrews declares in Heb 4:12 that the Word of God will bring division between soul and spirit which as a result of sin have merged to a unity.

In the merged state in which soul and spirit are still undivided, a human being's behaviour is determined by his soul (intellect, emotions and behaviour); ego-satisfying behaviour. Any spiritual instinct to long for God and do His will, has been paralyzed and is powerless. It is as if man's spirit is unconscious within him. However, it does not at all mean that man's spirit has ceased to exist -Numbers 16:22 declares that God is the God of the spirits of all mankind. Sin merely obscures and paralyses the spirit's capacities. The spirit of man can only come alive through conversion and rebirth (cf. John 3; Heyns, 1992:260-266).

Before elucidating on the process of spiritual redemption and rebirth we will take a brief look at the nature of the spirit as well as the nature of the soul of a human being.

2.4.3.3 The nature of the spirit of the human being

Paul writes in 2 Cor 3:16 that man's body is a temple of God and that his Spirit wants to dwell in him (Lotter, 1993:112-113). As God met Moses of old in the Tabernacle, so God wants to dwell in man today (cf. also Ezek 36:26-27).

According to Nee (1977:28-30) the crucial importance of the tripartite nature (body, soul and spirit) of the human being - and especially the importance of the spirit can be understood better if the perspective of the 3 parts of the Biblical temple/tabernacle are taken as representing the composition of a human being.

The temple was divided into 3 parts; First there was the **Forecourt** where all visitors were admitted. All visible prayers/praise took place here. Then there was the **Holy part** of the temple which could only be visited by the priests and where they could only bring their sacrifices to God. They were near God - but were still separated from his Holy Presence. God Himself could be found in the **Inner Sanctuary** : the third, most intimate part of the temple - where the high priest was permitted to enter once a year only.

Nee (1977:27) argues that man also represents God's temple: The **body** represents the **Courtyard** - that which is visible to all. Here man is expected to obey the commandments of God. Here God's Son, Jesus, is sacrificed in man's place, because

man is not capable of obeying his commandments. The soul is represented by the Holy Place of the temple. It represents the inner part of man: behaviour, emotions and intellect. A reborn child of God serves God with his soul - just as the priests did in the temple. The spirit of man is represented by the Inner Sanctuary (Most Holy): the true dwelling place of God (cf. Ezek 36:26-27). The spirit lies outside man's self-consciousness and is elevated above his senses. This is where God meets him and shares with him.

The implication thus is that from the Inner Sanctuary of man - viz. his spirit - God must control all other activities in the Holy place (soul) and Courtyard (body).

According to Nee (1977:31-33) man's spirit also consists of three parts or functions: the conscience, intuition and communion.

Conscience represents the ability of man's spirit to discern. This is where man separates truth from lies - not by intellectual skill or knowledge - but by spontaneous, almost instinctive judgement - a direct uncontaminated decision is made. If man errs/sins in this realm, he experiences a direct judgement.

Intuition is the sensory organ of the human spirit: however, it senses things without any soulful thought and/or emotional intervention - direct and spontaneous - without any intervention from the senses. Nee (1977:32) writes: *We really 'know' through our intuition; our mind merely helps us to 'understand'*. God reveals Himself to the human spirit through his Holy Spirit via man's (spiritual) intuition.

Communion denotes praise to God (worshipping God). Nee (1977:32) writes: *The organs of the soul are incompetent to worship God. God is not apprehended by our*

thoughts, feelings or intentions, for he can only be known directly in our spirits. Our worship of God and God's communications with us are directly in the spirit. They take place in 'the inner man', not in the soul or outward man.

The functioning of the human spirit as **conscience** is confirmed inter alia in the following passages from the Scriptures:

- Deuteronomy 2:30
- Psalm 34:18
- Psalm 51:10
- John 13:21
- Acts 17:16
- Romans 8:16
- 1 Corinthians 5:3
- 2 Corinthians 2:13
- 2 Timothy 1:7

The functioning of the human spirit as **intuition** is confirmed inter alia by the following passages from the Scripture:

- Matthew 26:41
- Mark 2:8
- Mark 8:12
- John 11:33
- Acts 18:5
- Acts 18:25

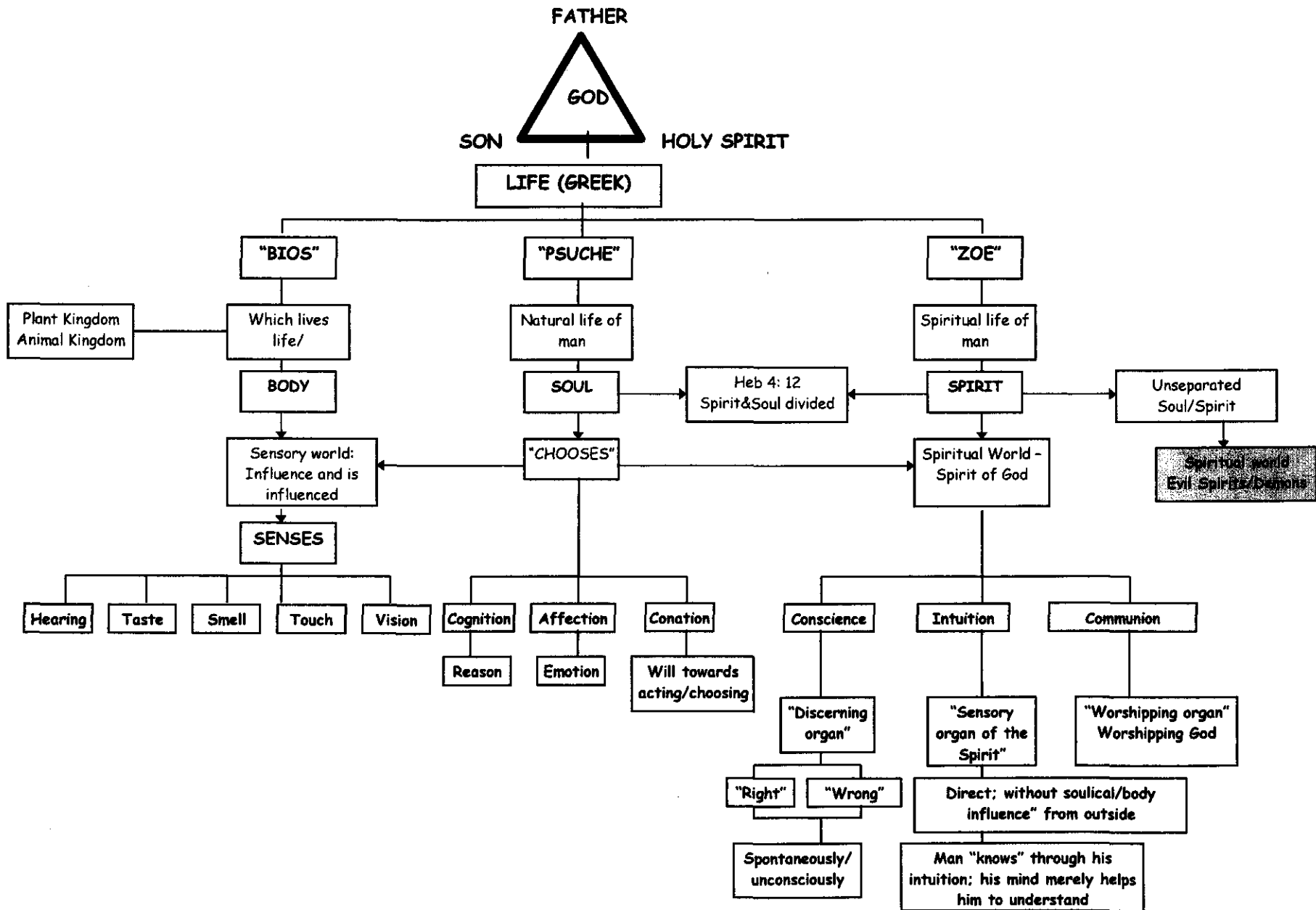
- Acts 20:22
- 1 Corinthians 2:11
- 1 Corinthians 16:18
- 2 Corinthians 7:13

The functioning of man as a being who has communion with God is confirmed inter alia in the following passages from the Scriptures:

- Luke 1:47
- John 4:23
- Romans 1:9
- Romans 8:15
- Romans 8:16
- 1 Corinthians 6:17
- 1 Corinthians 14:15
- 1 Corinthians 14:16
- Revelation 21:10

To summarise, the researcher schematically summed up the aforementioned arguments about the tripartite composition of man as follows:

SPIRIT, SOUL AND BODY IN PRACTICE



Before a human being experiences spiritual rebirth, his spirit is so submerged and fraught with his egotistic soulical interests that it is impossible for him to discern whether experiences are in a spiritual or soulical dimension. In this connection Nee (1977:34) writes: ... *the spirit has lost its primary function towards God; for it is dead to God. It thus would appear that it became an accessory to the soul. And as the mind, emotion and volition grow stronger, the functions of the spirit become so eclipsed as to render them almost unknown. That is why there must be the work of dividing between soul and spirit after a believer is regenerated.*

The question now that needs to be answered is: Why is such a separation necessary?

2.4.3.4 Reborn man

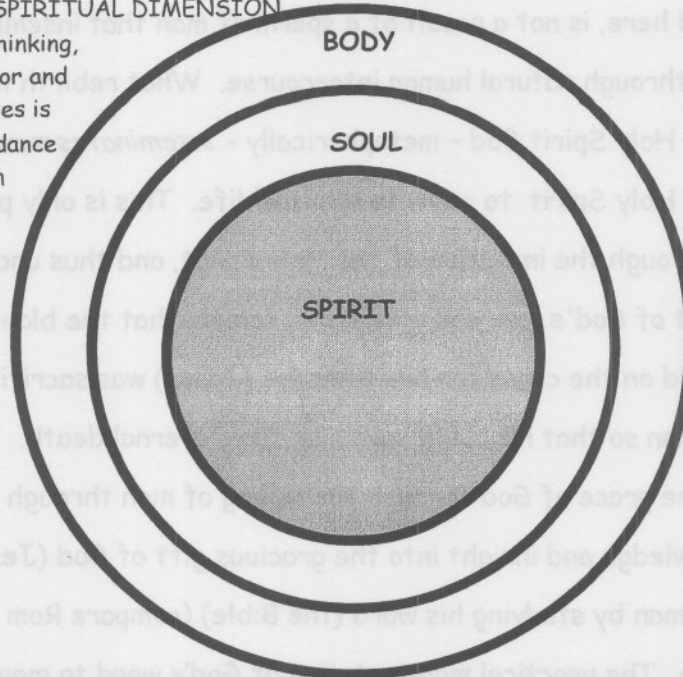
To repair the broken relationship between God and man, man must be born again: Only through conversion and rebirth which takes place under the guidance of the Holy Spirit can a person get access to eternal life by means of the truth of the Word of God (the Bible). In John 3:3,5&6 Jesus Himself says: *I tell you the truth, no one can see the kingdom of God unless he is born again. ...no one can enter the kingdom of God unless he is born of water and the Spirit. Flesh gives birth to flesh, but the Spirit gives birth to spirit* (cf. Rom 3:23 and 24; cf. also Heyns, 1992:224; Helberg, 1988:25; Van Wyk, 1993:21).

The fall of man can diagrammatically explained as follows:

MAN BEFORE THE FALL

LIVES IN THE SPIRITUAL DIMENSION

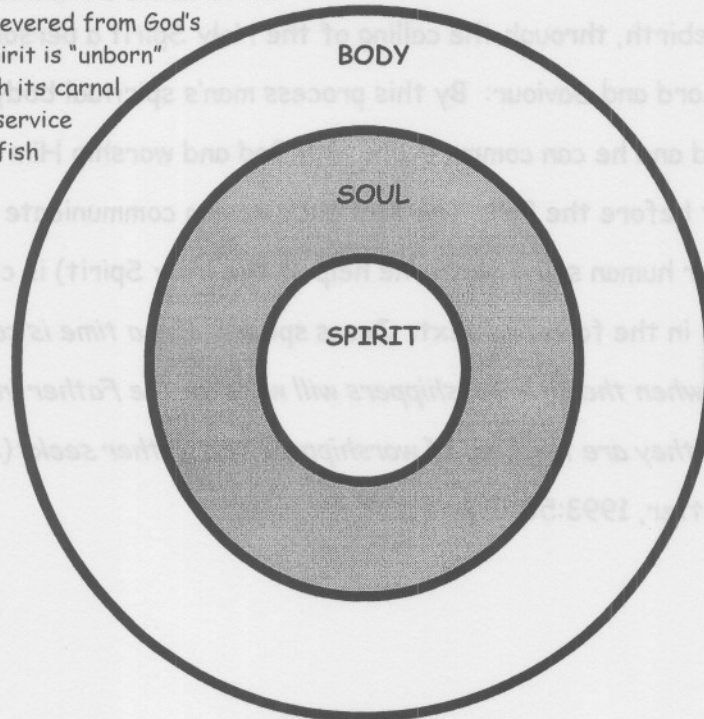
(Man soul - i.e. thinking, emotions, behavior and body with 5 senses is under direct guidance of God's Spirit in man's spirit)



MAN AFTER THE FALL

LIVES IN THE SOULICAL DIMENSION

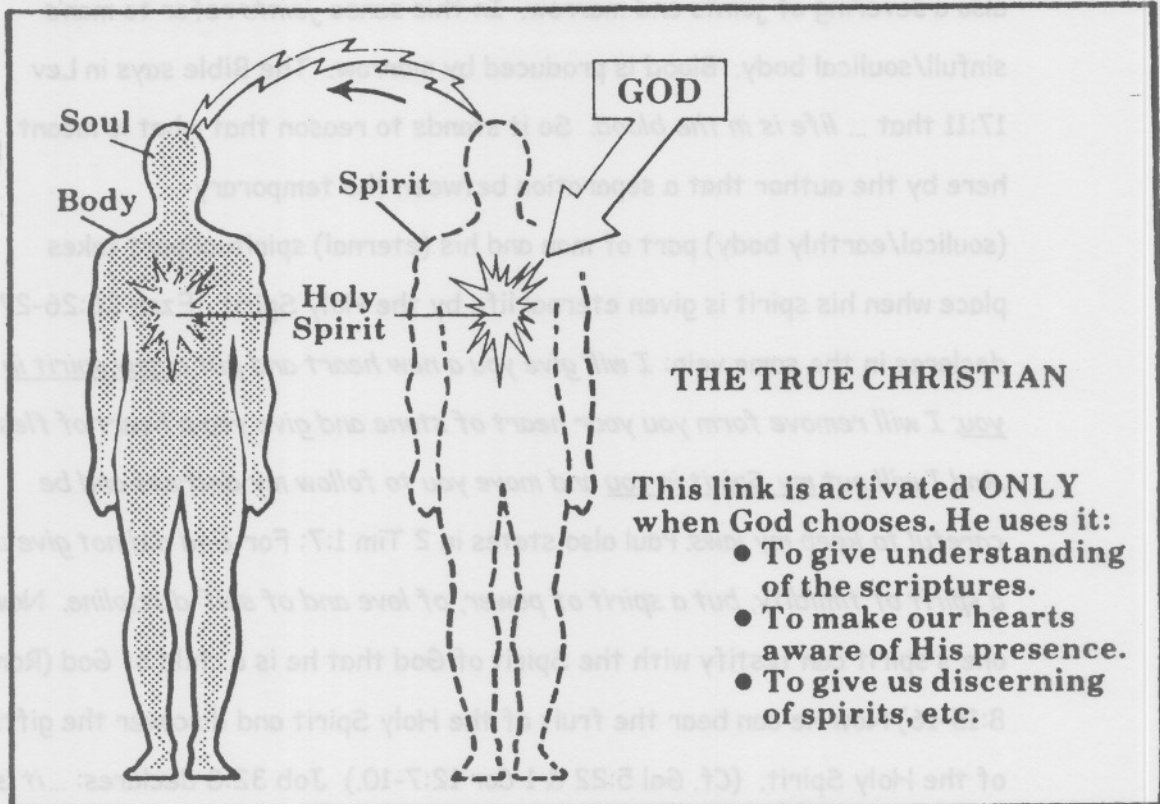
(Man's spirit is severed from God's Spirit - Man's spirit is "unborn" and his body with its carnal lusts are in the service of man's own selfish ego).



1 Pet 1:23 says that this rebirth has a very specific nature: *For you have been born again, not of perishable seed, but of imperishable, through the living and enduring word of God.* In practice this implies that the *birth* that is mentioned here, is not a result of a sperm of man that inseminated an ovum of a woman through natural human intercourse. What rebirth implies is that through the Holy Spirit God - metaphorically - *inseminates* man's spirit through the Holy Spirit to come to spiritual life. This is only possible if man is reborn through the initiative of the Holy Spirit, and thus understands the gracious gift of God's love and accepts it, namely that the blood of Jesus Christ flowed on the cross for him when He (Jesus) was sacrificed by God instead of man so that He could save man from eternal death. This process occurs by the grace of God through the calling of man through the Holy Spirit. Knowledge and insight into the gracious gift of God (Jesus Christ) is reached by man by studying His word (the Bible) (compare Rom 10:9-13 in this regard). The practical manifestation of God's word to man is evident in the life of Jesus Christ, His Son, and what he stood for and preached.

Thus, at rebirth, through the calling of the Holy Spirit a person accepts Jesus as Lord and Saviour: By this process man's spiritual body is born again or renewed and he can communicate with God and worship Him the way Adam could do it before the Fall. The fact that we can communicate with God through our human spirit (with the help of the Holy Spirit) is clearly illustrated in the following text: Jesus speaks: *Yet a time is coming and has now come when the true worshippers will worship the Father in spirit and truth, for they are the kind of worshippers the Father seeks* (John 4:23, 24; cf. also Lotter, 1993:50-51).

Thus only a spirit can communicate with the spiritual world, in this case to worship God the Father, who is a Spirit (Brown 1992:140). (See the figure below.)



(Taken from Brown (1992:140))

As we have already mentioned Hebr 4:12 states that: *the Word of God* (whereby a person is reborn according to 1 Peter 1:23) *is living and powerful and capable of separating soul and spirit and of joints and marrow*

Consequently we can deduce that through knowledge of God the Word (the

fact that Jesus died on the Cross and that his blood cleansed man of sin) soul and spirit are separated and the spirit of man comes to life as a result of the indwelling of the Holy Spirit. In the same passage it is also mentioned that a soul and spirit is severed through the word of God, there is also a severing of joints and marrow. In this sense *joints* refer to man's sinfull/soulical body. Blood is produced by marrow. The Bible says in Lev 17:11 that ... *life is in the blood*. So it stands to reason that what is meant here by the author that a separation between the temporary (soulical/earthly body) part of man and his (eternal) spiritual part takes place when his spirit is given eternal life by the Holy Spirit. Ezek 36:26-27 declares in the same vein: *I will give you a new heart and put a new spirit in you; I will remove form you your heart of stone and give you a heart of flesh. And I will put my Spirit in you and move you to follow my decrees and be careful to keep my laws.* Paul also states in 2 Tim 1:7: *For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline.* Now one's spirit can testify with the Spirit of God that he is a child of God (Rom 8:15-16) Now he can bear the fruit of the Holy Spirit and discover the gifts of the Holy Spirit. (Cf. Gal 5:22 & 1 Cor 12:7-10.) Job 32:8 declares: *...it is the spirit in a man, the breath of the Almighty that gives him understanding.*

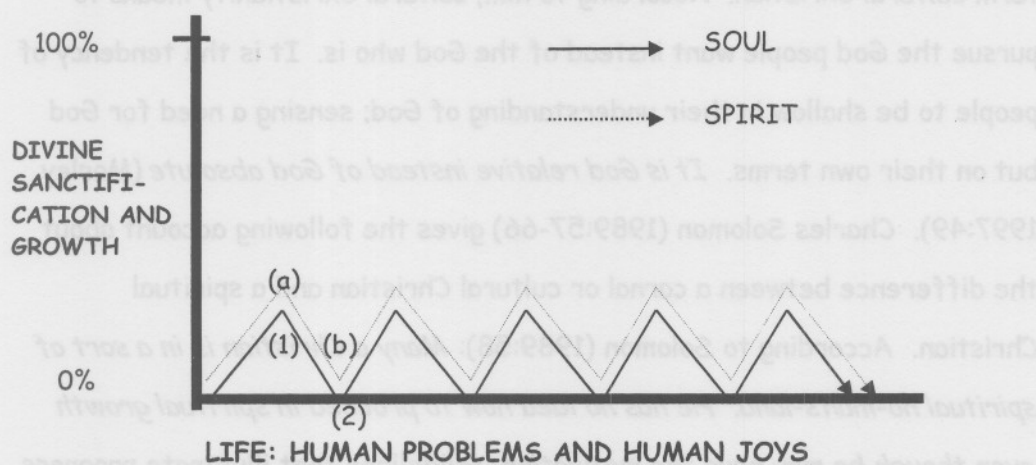
Through the Holy Spirit man's spirit is capable of communicating with God and to worship Him. But, according to Hebr 4:12, it is not the will of God that we should consciously regain control of our spiritual bodies while we are still living on earth and in our sinful condition. That is the reason why the sword of the Spirit makes a division between soul (mind, intellect and will) and spirit. When this division has come about, it is no longer possible for the soul to control the spiritual body. This is also the reason why in 1 Thess 5:23

Paul expresses the wish that our spirit as well as our soul and our physical bodies be under the total governance of Jesus Christ (cf. Brown, 1992:165-168).

Another way of demonstrating the division between soul and spirit can be graphically explained as follows:

HEBR 4:12 IN PRACTICE

1. UNSEPERATED SOUL AND SPIRIT (CARNAL CHRISTIAN)



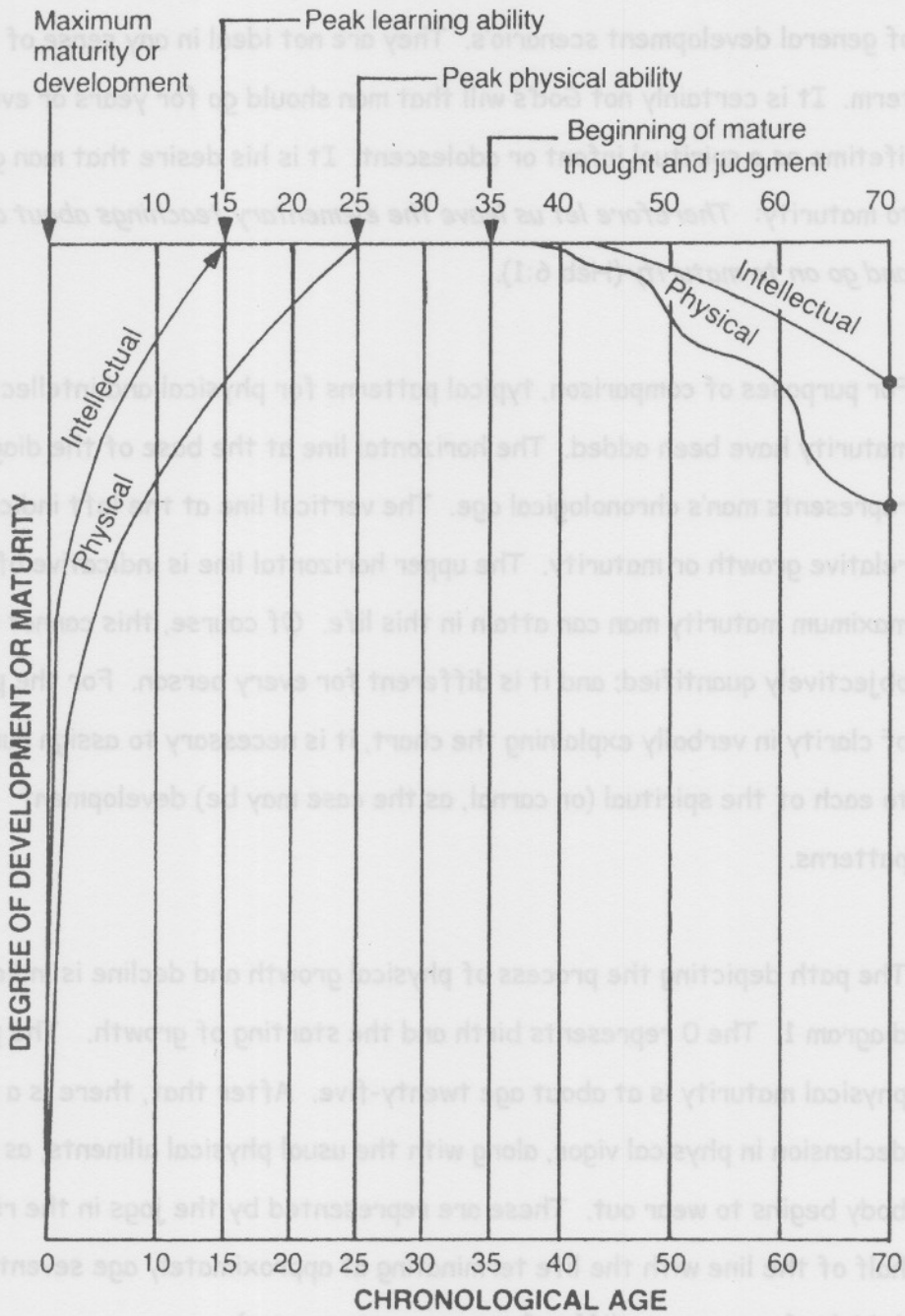
Since the fall of man life has always been a cycle of events alternating between good and bad (on a soulical level). More often than not people's spiritual relationship with God is a reaction to what they experience on a soulical level from day to day; for example a farmer has a good crop ((1) in graphic) and then exclaims: *God blessed me.* (a) A mother will say: *My baby is very sick, (2) maybe God is punishing me.* (b) And so people try to attribute Gods *favouring* or *unfavouring* about what happens to them in their

lives every day. (This is exactly what Job and his 2 friends argued about:

What did Job do wrong to be punished by God?)

If a person does not understand that *soul* and *spirit* are different entities which needs to be severed that one's spirit can have a relationship with God in spite of what happens in the soulical dimension, he /she will be caught in the trap of remaining what Nee (1977:67-68) calls a *carnal* Christian: ... *a carnal Christian is one who has been born anew and has God's life, but instead of overcoming his flesh, he is overcome by the flesh ... A carnal Christian, therefore, is one whose spirit has been quickened, but who still follows his soul and body unto sin*. Patrick Morley (1997:49-51) prefers the term *cultural* Christian. According to him, cultural Christianity means to pursue the God people want instead of the God who is. It is the tendency of people to be shallow in their understanding of God; sensing a need for God but on their own terms. *It is God relative instead of God absolute* (Morley, 1997:49). Charles Solomon (1989:57-66) gives the following account about the difference between a carnal or cultural Christian and a spiritual Christian. According to Solomon (1989:58): *Many a Christian is in a sort of spiritual no-man's-land. He has no idea how to proceed in spiritual growth even though he may have the motivation. Guidelines that illustrate progress in being conformed to the image of Christ, can be diagrammatically explained as follows:*

DIAGRAM 1



These charts present some typical growth patterns in the lives of Christians and afford the possibility of comparison for the purpose of evaluating their spiritual lives. It is to be understood that the growth patterns are examples of general development scenarios. They are not ideal in any sense of the term. It is certainly not God's will that man should go for years or even a lifetime as a spiritual infant or adolescent. It is his desire that man goes on to maturity: *Therefore let us leave the elementary teachings about Christ and go on to maturity* (Heb 6:1).

For purposes of comparison, typical patterns for physical and intellectual maturity have been added. The horizontal line at the base of the diagram represents man's chronological age. The vertical line at the left indicates relative growth or maturity. The upper horizontal line is indicative of the maximum maturity man can attain in this life. Of course, this cannot be objectively quantified; and it is different for every person. For the purpose of clarity in verbally explaining the chart, it is necessary to assign numbers to each of the spiritual (or carnal, as the case may be) development patterns.

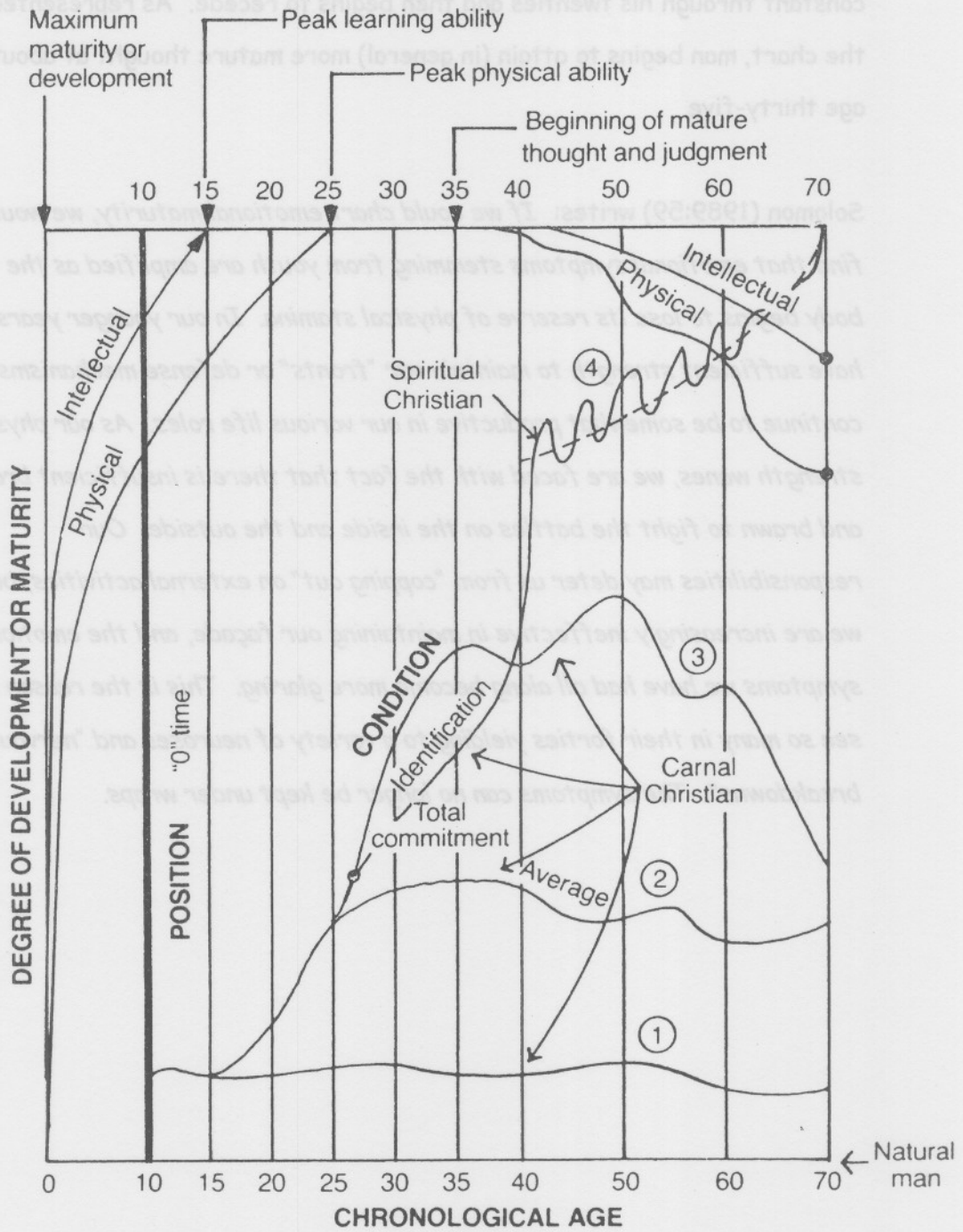
The path depicting the process of physical growth and decline is indicated in diagram 1. The 0 represents birth and the starting of growth. The peak of physical maturity is at about age twenty-five. After that, there is a gradual declension in physical vigor, along with the usual physical ailments, as the body begins to wear out. These are represented by the jogs in the right half of the line with the life terminating at approximately age seventy (which of course can differ from person to person).

Man's intellectual growth is even more rapid, with the peak in rate of learning being already reached in the mid-teens. This remains fairly constant through his twenties and then begins to recede. As represented on the chart, man begins to attain (in general) more mature thought at about age thirty-five.

Solomon (1989:59) writes: *If we could chart emotional maturity, we would find that emotional symptoms stemming from youth are amplified as the body begins to lose its reserve of physical stamina. In our younger years, we have sufficient strength to maintain our "fronts" or defense mechanisms and continue to be somewhat productive in our various life roles. As our physical strength wanes, we are faced with the fact that there is insufficient brain and brawn to fight the battles on the inside and the outside. Our responsibilities may deter us from "copping out" on external activities, but we are increasingly ineffective in maintaining our façade, and the emotional symptoms we have had all along become more glaring. This is the reason we see so many in their forties yielding to a variety of neuroses and "nervous breakdowns". The symptoms can no longer be kept under wraps.*



DIAGRAM 2



Regarding the spiritual state of man, there are several possibilities: The bottom of diagram II (the horizontal line) depicts the *natural* man, or the man who has never been spiritually reborn from his sinful state. There is, consequently, no change in his spiritual condition from birth. He is born estranged or separated from God and will remain so eternally, unless he comes to know eternal life in Christ.

The vertical line at age ten represents spiritual birth or regeneration - conversion. According to Solomon (1989:60-61) that is the average age at which a person enters into a personal relationship with the Lord Jesus Christ.

At this point Solomon (1989:61) distinguishes between the concepts of *position* and *condition*. Looking at the vertical dotted line from age ten, it continues upward until it intersects the maximum maturity line at the top of the diagram. This is to indicate that in "0" time - immediately and eternally - man is considered perfect of justified in God's view of him. This is his *position* as a Christian. *God sees man as dead to sin and the law (Rom. 8:12) and ... alive unto God through Jesus Christ (Rom 6:11). Man's position is perfect, since he has been given a standing in Jesus Christ (1 Cor 1:30), and mankind are presently seated together ... in heavenly places in Jesus Christ (Eph 2:6).*

Though man's spiritual *position* at this stage is perfect, his spiritual *condition* may be in dire straits. The solid vertical line at age ten indicates some initial change in the life after conversion. But writes Solomon ... *since most ten-year-olds are not gross sinners, there is usually not a great*

transformation in the life at the time of salvation (Solomon 1989:61).

Looking to the right at line number one, it can be noticed that there is little positive change in the *condition* as time passes. This line represents the person who does not receive sufficient spiritual food (1 Pet 2:2) and goes through life suffering from spiritual malnutrition. Even though he has been brought to life through a spiritual birth, there is little discernible growth ... *to be conformed to the image of his Son (Rom 8:29).*

Lines number 1, 2 and 3 represent the lives of Carnal/Cultural Christians.

Line number 2 illustrates the average Christian. There is a period of little or no growth for a number of years. Some growth may begin during the teenage years. It continues as he (or it can just as well be she) takes on the responsibilities of parenthood but later tends to become spiritually inactive.

The other two lines, numbers three and four, represent Christians who have made a ... *total commitment* ... or have completely sold out to Jesus Christ.

Line three describes the man who is concerned with his service for Christ.

Solomon (1989:62) describes this man as follows: *He is a regular beehive of activity. He may be an active (or hyperactive) layman or minister who is involved in Christian activity, morning, noon, and night. He is generous in his outlays of money as well as time, proving that he has a real burden for the souls of others. After a good number of years, usually, his defeats begin to outnumber his victories, and he falls back and regroups. He loses ground for awhile and then changes churches or make some other adjustment and charges ahead again, full force. He gets a little higher this time, and God may bless his service, but he has farther to fall and does so. He still has not recognized that most of his "accomplishments" are little more than sincere self-effort. So he gathers all his strength for one more gallant try. Failure*

this time results in the layman dropping out of church or the pastor leaving the ministry. God may bless and use someone who follows such a pattern, in spite of himself; but the person never goes on to spiritual adulthood. It is always some sweet victory along with much defeat. It is an experience-centered life rather than a life of steady growth.

The final path, line four, represents the believer who matures into spiritual adulthood: The spiritual Christian who has yielded totally to the Lord Jesus Christ, but he is interested primarily in his growth rather than in his service - in *being* rather than *doing*. As a result, he may not come on quite as strong as number three, but he is probably used of the Lord as much or more.

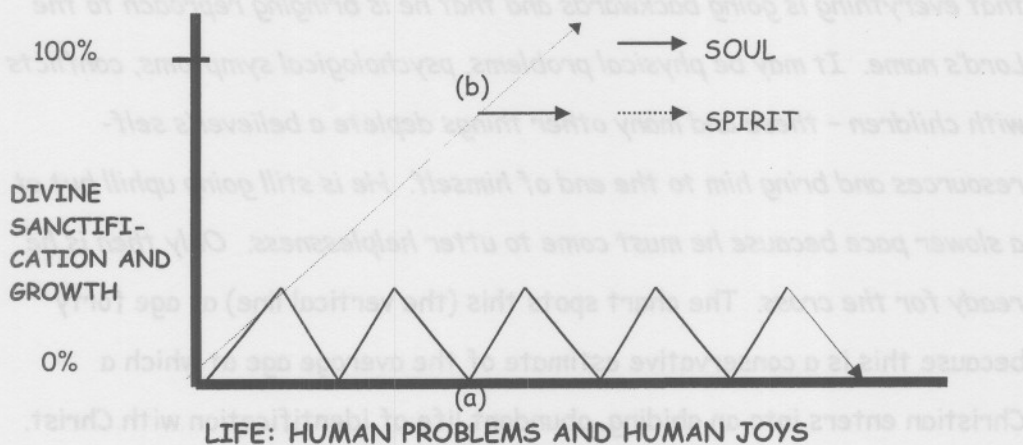
Solomon (1989:63) writes of this person: *He goes along at a steady rate of growth for a number of years, and he also begins to have problems. He feels that everything is going backwards and that he is bringing reproach to the Lord's name. It may be physical problems, psychological symptoms, conflicts with children - these and many other things deplete a believer's self-resources and bring him to the end of himself. He is still going uphill but at a slower pace because he must come to utter helplessness. Only then is he ready for the cross.* The chart spots this (the vertical line) at age forty because this is a conservative estimate of the average age at which a Christian enters into an abiding, abundant life of identification with Christ.

Solomon (1989:63) goes on to state: *Usually, only after we have reached this point does the truth of crucifixion with Christ and life in Christ produce a deep, dramatic transformation. Often the change is much greater than at salvation. When we are saved, the sin is forgiven; but the flesh continues to pump out the sins. As with Paul in Rom 7, we are doing the things we do not want to do and not doing the things we do want to do. After identification,*

it is the Lord Jesus living his life through the individual - a totally different quality of life. The transformation may be gradual or sudden, but it is real in either case. Occasionally, there is a period of near euphoria because of the peace and freedom that is realized. This may last for hours or days. But, inevitably, self sneaks back into control as represented by the dip after the peak has been reached. And as indicated earlier the up-and-down-cycle is a reality of life. Only now there's a difference. If man continuous to grow spiritually, he can triumph over adversity.

This can happen if man understands what the implications of a severed soul and spirit means: when God's Holy Spirit enlightens his spirit (Hebr 4:12).

SEPARATED SOUL AND SPIRIT (SPIRITUAL CHRISTIAN)



Compare Acts 5:12 as well as Acts 12:1-19: Peter was in jail twice: The soulical dimension of his humanity was captive (a) but in his spiritual dimension (b) he was free - therefore God could free him. Compare too, Acts 16:16-40: Paul was in jail (soulical dimension) and he and Silas prayed and gave praise to God (spiritual dimension) and was freed by God.

In other words: A Spiritual Christian knows the truth about Rom 8:28 which state that: *We know that God causes all things to work together for good to those who love God - irrespective of your current circumstances, and that you therefore should always give thanks for all things to God the Father in the name of our Lord Jesus Christ (Eph 5:20). Put in another way: Irrespective of soulical problems a Christian should live in spiritual joy.*

The struggle between the carnal dimension (soul) and the spiritual dimension of man (Spirit) goes on for the duration of his life on earth (cf. Rom 8:1-16). Even Paul declares: *For what I do is not the good I want to do; no, the evil I do not want to do - this I keep doing (Rom 7:19).*

Thus, in conclusion: Man's spirit - who is filled by the Holy Spirit - should control his soul and body. God who is in man - the Holy Spirit who dwells in him should govern the whole of his humanity - his (soul, emotions, thoughts and will) as well as his body with its 5 senses and desires.

2.5 PRELIMINARY CONCLUSIONS TO CHAPTER TWO

The philosophical views on human beings, the world, and science held by a psychologist and/or counselor form the basis of the therapeutic process and should be understood during such a process. The therapist's individual paradigm serves as a point of departure for his approach to applications to be followed during the therapeutic process. Thus it is essential for a therapist to investigate the presuppositions for her/his own views on man, the world and science and formulate them in order to apply therapy successfully. Likewise it is essential that the patient's/client's/counselee's

view on man, life and the world be understood by the therapist and taken into consideration during therapy/counseling.

It was thus argued in this chapter that seen from a reformed Christian perspective, a trichotomous view of man was favoured above the monistic or dichotomous view. The functioning of the constituent parts of man (body, soul and spirit) was consequently explained as well the dynamic interaction between them.

It was furthermore pointed out that the thoughts of man are influenced right from his birth by his immediate environment. In order to live as a Spirit-filled spirit, God commands that a change of character must take place in man's personality by the renewal of his thoughts. In other words, the soulical dimension of being human must be subjected to and obedient to his Spirit-filled spirit. This is a spiritual function which happens on a psychological level. The ideas human beings advance for themselves are the convictions which control their behaviour. By means of stimuli reaching him through his five senses, man has the capacity to recall data and bring about contact with the material world. The functions of the soul stop on the deathbed. The spirit of man is that which makes him unique and distinguishes him from other living beings. It is his capacity to know, to remember, to have a conscience, to love and to worship. Since man is essentially a spirit, he can communicate with God who is also Spirit. Thus the spirit enters into the spiritual dimension of the life hereafter.

It was pointed out that some authors are of the opinion that man's spirit died with the Fall in the Garden of Eden and that man's soul and body live at birth, while the spirit is dead. The spirits of those persons who experience

rebirth are brought to life and they function on all three levels: body, soul and spirit, while those who do not experience it, are limited to bodily and soulical dynamics. However, this scholar explained that he cannot agree with this point of view. From the exposition above it should be clear that the author's point of view is that every person is made up at birth already of body, soul and spirit, irrespective of the experience of the process of rebirth. The reference in the Scriptures to a spiritual death concerns death with regard to the non-spiritual acceptance of the Triune God by means of the atonement brought about by Jesus Christ. Persons who do not experience a spiritual/Spiritual bond with the Triune God, only live in the soul (ego) and the bodily dimension while the spiritual dimension of being human is in a sense *comatose/slumbering* to all intents and purposes.

It was further argued that through the process of conversion and rebirth (under the initiative and guidance of the Holy Spirit) the rift between God and man can be healed (John 3:3-6 & 1 Peter 1:23). Therefore man's spirit should control his soul and body: *God who is in him; the Holy Spirit who dwells in him should rule all of his humanity: his soul (thoughts, emotions and behavior) as well as his body with its five senses and desires.*

In conclusion this researcher's aim is to counsel to man as a whole of which his spirit or spiritual condition is the most important. Counseling is often done by people who do not realize the importance of man as a tripartite creature. They work on the *psuche* or psychological (soulical/emotional) person without considering the other two aspects. Therefore we find that these candidates are never really 'healed' from their problems. It is just as if the lid is lifted temporarily to give some relief without discovering the core of the problem and healing man as a whole.

In conclusion the difference between a cultural carnal Christian and a spiritual Christian was also explained. In the following chapter theoretical perspectives on the relationship between pastoral counseling and psychotherapy will be analyzed.

In the next chapter the theoretical perspectives on the relationship between theology and psychology will be explained.

CHAPTER THREE: THEORETICAL PERSPECTIVES ON THE RELATIONSHIP BETWEEN THEOLOGY AND PSYCHOLOGY

3.1 INTRODUCTION

According to Johnson & Jones, *eds*, (2000:11), Christian interest in human nature has exploded in the last forty years of the twentieth century. Countless books have been written by Christians that describe and reflect on human beings: how they should be raised, the nature of their personalities, their development, their relationships and their inner well-being. According to them, this explosion of interest has resulted in a major controversy within the church. The reason for this is that over the past century a complex and rich body of knowledge and practice has arisen that attempts to understand and treat human personality and behavior in ways which are usually disconnected from Christian perspectives on life, and sometimes in ways that seem to contradict what Christians have regarded as biblically grounded truth about humanity. They go on to state: *Disagreement is rampant about how much and in what ways the theories and findings of this secular version of psychology should influence, be absorbed into, and even transform the way Christians think about persons* (Johnson & Jones, *eds*, 2000:11-12; cf. also Combrink, 1986:1-2).

So the question that needs to be answered in this chapter, is the following: How can Christian beliefs about people relate or connect to what secular versions of psychology explain about them?

Some Christians believe there are important insights to be acknowledged from modern psychology, embracing psychological findings and theories with enthusiasm, while others approach secular psychology with great caution. There are even some who argue that any appropriation of secular psychology is heresy and a totally unacceptable way of dealing with people-problems/ailments. Thinking about the relationship between Christianity and Psychology can be explained by means of a continuum: at one end are atheistic thinkers who believe that all religions, including Christianity, are false and that psychology is the only source of reliable knowledge about humanity; for these people *religious knowledge* means nothing and *secular psychology* means everything. At the other end of this continuum are Christians who might be called *fundamentalists*, who believe Christians should only affirm what is in the Bible and reject any input from *wordly* sources, especially secular psychology; such critics go so far as to decry one-on-one counseling since it is not expressly taught in the Bible (cf. Bobgan & Bobgan, 1979, Adams, 1970; 1973).

In order to further examine and explain the relationship between theology and psychology, it is necessary to examine the specific world and life view of the researcher. As a practicing Christian and a psychologist the researcher's view of life and the world will form the foundation of this chapter in particular and the dissertation as a whole.

3.2 LIFE AND WORLD VIEWS

3.2.1 Introduction

A world image is an image or presentation about the origin and structure of

reality. Thus the emphasis falls on the image formed from reality itself, i.e. the object. A world view on the other hand, is a complete view (total image) of reality. The emphasis falls on the individual and his /her subjective vision on reality itself (cf. Valenkamp, 1989:1-6; Fowler, 1991:45).

In the literature a distinction is made more often lately between the various philosophical visions about humanity and reality on the one hand and on the other hand dealing scientifically with those visions in specific explanatory models and theories. The role of world views in scientific work is recognised by most scientists today. Yet the way in which the presence of world views is accounted for in science, differs from one scholar to another. Christian scientists see world views as grounded deeply in faith (Venter, 1996:16-17). In most apologetic writing on Christian science a world view is seen as the means by which the deepest religious convictions of the faith of the scientist or scientific community are linked to the specific science. This link is brought about by a scientific processing of the world view, namely, via a philosophical-systematic processing of the fundamental convictions thereof (Botha, 1993:100); Van der Walt, 1995:10; Fowler, 1991:46).

According to HG Stoker (1961:113) a life and world view provides answers to the fundamental questions man asks about himself: Who is man? What is his origin, goal and destination? To what purpose is he born? Why does he have to die? Why is it that besides love, happiness and joy there are also sin, evil, hate and suffering? It provides answers to man to fundamental questions about the world (or cosmos) and the place of man in the world. What is the world? What is its origins, meaning and destination? Does it fall under some law, or does it coincidence rule the world? Why is there evil and sin in the world? Does man have a task in the world and if so, what is it?

It further provides answers to questions concerning the origin and primary goal of man and his world. Does God exist? Who is He? How can man know Him? What is his relationship with man and the world and what is the relationship of man and the world with Him? (cf. Van der Walt, 1995:12-13).

Thus it can be said that a life and world view is the sum of answers or convictions of man concerning fundamental questions about the origin, meaning, destination, goal and value of man and the world and of his relationship with God (or - if he is not a Christian - with something put in God's place) (Helberg, 1988:1-2; Stoker, 1961:114; Ouweneel, 1984:40-41). Botha (1993:101-103) writes in the same vein that the basic answers which the Bible gives to the most profound human questions about life are in the rule given form by individual believers or a group in a particular life and world view. Such a life and world view is a certain vision or perception of reality, which also precipitates in certain opinions, attitudes, values and convictions. All people have a life and world view to some extent, although they are often not conscious of it. Because of the intricacy and confusion in the controversy between life and world views, it is difficult to give a clearly delineated classification of life and world views. Naturally such a classification will differ according to the choice of the principles for classification (Ouweneel, 1984:42; cf. also Venter, 1996:16; Van der Walt, 1995:14).

3.2.2 Christian and non-Christian life and world views

The first and main principle of a life and world view division is the one between Christian and non-Christian life and world views; a division given by the belief in or rejection of the revelation of the living God in his Word and

in his Son, Jesus Christ (Wolters, 1985:1-2). A sharp delineation is possible here because there are also life and world views which attempt reconciliation between Christianity and heathendom, or because Christian life and world views have syncretised elements of non-Christian Life and World Views (Grant, 2001:26-27). (Examples of attempts at reconciliation are agnosticism, theosophy, Christian humanism and Christian liberalism. So for instance Roman Catholicism has syncretically taken over principles from the Greek (especially Aristotelian) views in its Christian view (Stoker, 1961:113-114; Heyns, 1997:16).

The first classification of Christian life and world views brings the division between Catholicism and Protestantism. Under Protestantism a distinction between Calvinism, Lutheranism, Methodism (or Wesleyanism) Liberal (or Modern) Christianity, Dialectic (or Existentialistic) Christianity, the differentiated Sectarianism, and others (Stoker, 1961:114; Louw, 1993:101-102; Wolters, 1985:4-7).

According to Stoker (1961:114-115) from among all these Christian life and world views only Roman Catholicism and Calvinism could be called universally Christian or totalitarian Christian since they do not limit the Christian truth/idea to church, religion and moral life, but insist that it encompasses all of life, all cultures and circles of society. The encompassing principle for Roman Catholicism is *the church* and for Calvinism it is *the faith* in the Triune God, as He has revealed Himself in his Word through Christ. Other Christian world and life views may be called partial in the sense that they limit the Christian truth/idea to the church, religion and moral life (Benoit, 1947:47-49).

The non-Christian (paganistic) life and world views may be classified first as those from the so-called 'primitive' communities and the so-called 'non-primitive' (i.e. culturally higher developed) communities. As far as the so-called 'primitive' communities are concerned, the reference is amongst others to black Africans' life and world views. (However a writer like Mbiti (1990:8) postulates that this is a fallacy and that most African religions are older than the Christian or Muslim faith and not at all as primitive as many (white) Westerners think.) Concerning the 'non-primitive', non-Christian life and world views, the Jewish, Muslim and Buddhist faiths can be mentioned as examples (Van der Walt, 1995:15). According to a different principle of classification it would also be possible to distinguish between pantheistic, pancosmistic, atheistic and panentheistic life and world views, etc. (Stoker, 1961:116; Van der Walt, 1995:12).

Among the non-Christian life and world views which have man at the centre, one could distinguish between the various types of humanism, viz. liberalism, national socialism, fascism, communism, existentialism, historicism, pragmatism.

Based on the foregoing explanation life and world view could thus be described as encompassing frameworks of fundamental convictions regarding all of reality, and it forms the basis of all man's acts (Borgdorff, 2002:71). Such a framework is in essence confessional by nature (it has the character of a *confession* = what one believes) and provides its adherents with a vision, a way of looking at, or a perspective of reality in the light of particular certainties on which they are dependent (Wolters, 1985:3). On the other hand, the so-called primitive person sees reality in the light of the certainty that his life falls under the seeing eye of the ancestor spirits and he

interprets all problems concerning the reality of life in the light of this basic belief (Botha, 1993:102, Mbiti, 1990:8-9).

Modern secularised Western man who trusts in science, technology and his own organisational competence, lives from the basic certainty that it is possible to see and experience life as meaningful by means of the cultural products he himself created (Botha, 1993:103-106; Wolters, 1985:8-11).

The answers to the crucial questions about human life are contained in the life and world view of a person or a group of persons. When these questions are answered by a group of scientists or a school of thought or scientific tradition it takes on the form of a philosophical idea or perspective. The individual and personal confession of the believer is a confessional answer to God addressing him in his Word (Wolters, 1985:4; Helberg, 1988:2-3). Naturally such a confession is a prerequisite for practising science from a Christian point of view in a responsible manner (Van der Walt, 1995:12-13). But such a personal confession is in itself not sufficient for this task. Science practiced from a Christian point of view also demands that the fundamental insights of this confession be transformed into the form of a scientific life and world view. For this a theoretic response to these fundamental insights is needed. It can only be developed from the vision of reality conditioned by a definite commitment to the Word of God. In such a theoretical version of the deeper confessional view of reality held by a believing community, guidelines can then be found within which the different fields of study could each develop their own specific vision of reality. So where a life view characterises the life of an individual or a group, the philosophical framework or system is its equivalent in science (Botha,

1993:106; Stoker, 1961:117-119; Mbiti, 1990:4-5; Heyns, 1997:45-46).

Characteristic of such a Christian philosophical (theoretical) vision of reality is that it infringes on the typical personal and individual character of the confessional answers of the individual person and mould the basic insights of this answer into a set of universal, general types of scientific answers. To do this requires the development of a Christian philosophical paradigm. Thus the deepest convictions must be worked out and given form as a Christian view on all disciplines like philosophy, politics, culture as well as, in the current case, on psychology as a science. In this way these deepest convictions have to be elaborated on and worked out to become a theoretical philosophical framework in which guidelines from the Bible as well as knowledge of reality are woven together (Kirwan, 1993:24-25; Wolters, 1985:7). The way in which these basic insights of the Christian faith play a role in science, is not in the first place via the direct influence exerted on the science by the personal life view of the scientist. It should also be given account of theoretically. This process of a theoretical response has already been attempted by several Christian thinkers. The Christian philosophy of Herman Dooyeweerd was such an attempt to 'translate' in a scientific way what Christians believe, into a philosophical system. He was of the opinion that every scientist in working with reality has a particular view on the law - which he called a *cosmonomic idea* (Dooyeweerd, 1953:14-16; 1979:23-28).

Therefore, in this *cosmonomic idea* or *fundamental idea* which is a philosophical theoretical version of pre-scientific, confessional convictions, the deepest faith of the scientist is expressed. For every thinker, subject discipline in a scientific field or theory has at its roots such an *idea* in which these basic questions are answered in the light of the deepest convictions

held by such a school or discipline. For instance when a system theory explains human behaviour on the analogy of the workings of a biological organism, the theory has chosen for a *biological* interpretation of the natural laws which can be seen in human behaviour (Dooyewerd, 1953:17, 1979:29-30; cf. also Valenkamp, 1989:1-4; Heyns, 1997:51-55).

The armour of faith (Eph 6:13-17) should be put on even in the field of subject disciplines - on a metaphysical level - so that war can be waged against those ideas, theories and insights which threaten to take captive a person's heart in order to lead him away from the essential obedience to Christ. To put it positively, it means that we are called to take captive every thought to make it obedient to Christ (2 Corinthians 10:5).

Before some of the basic views about the relationship between theology and psychology are explained and evaluated, it is essential to acknowledge the fact that counseling positions are based on presuppositions.

3.2.3 Presuppositions

A person's overall world-view rests on a presupposition or basic assumption. Schaeffer (1968:179) defines presupposition as ... *a belief or theory which is assumed before the next step in logic is developed. Such a prior postulate then consciously or unconsciously affects the way a person subsequently reasons.* Through careful analysis, each person's philosophy or belief system, however elaborate, can be traced back to a clearly defined starting point or presupposition (cf. also Strauss, 2002:146-150; Heyns, 1992:4).

All counseling theories have philosophical presuppositions at their core. Those basic assumptions lead to certain logical conclusions concerning the human person, behavioral change, and meaning in life (Jeeves, 1978:11).

Based on the model of Dye (1966:71), figure 1 represents a graphic illustration of the operation of presuppositions. *Physical reality* refers to the natural world, which can be studied scientifically. *Observed data* are the facts noted about that world, ranging from casual impressions during a lunch discussion to observation of cells under a microscope or clinical notations of the thoughts and emotions of an individual being counseled. The observed data are then interpreted according to the observer's unique thought patterns or constructs, and the interpreted data are fed into his *world-view*, which is based on his fundamental presuppositions. The interpreted data reinforce and further solidify the world-view by expanding its horizons and complexity. But in turn, *feedback* from the world-view influences the interpretative processes and hence the assimilation of data.

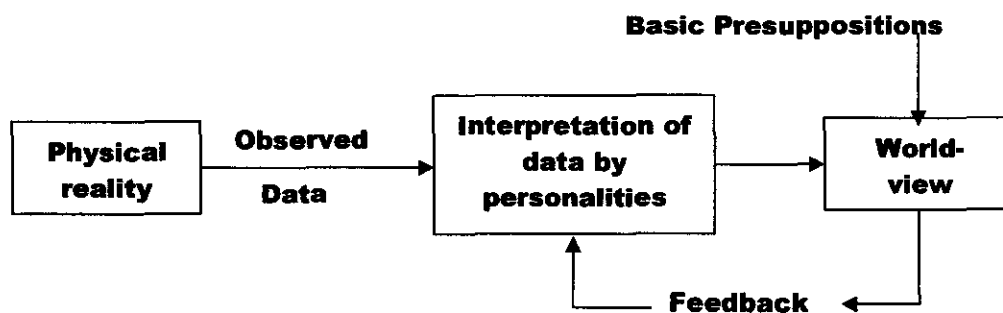


Figure 1: The operation of presuppositions (based on a figure in Dye (1966:71))

In practice, people select data and interpretations that best suit their world-view, and that world-view, in turn, is rooted in their presuppositions (Strauss, 2002:149). Only those who fail to understand the circularity of the process could ever assert that a particular world-view is scientifically proven. In this regard Kirwan (1993:23) is of the opinion that ... *the presuppositions at the foundation of every world-view are beyond the ability of science to prove or disprove.*

A world-view is not simply by data input, but also by whatever basic presuppositions underlie the entire process. The process is circular, starting and finishing with the underlying presuppositions as one attempt's to make both old and new data compatible with one's presuppositions. Polanyi (1964:65) emphasized that the inherent structure of the ... *act of knowing makes us both necessarily participate in its shaping and acknowledge its results with universal intent.* Thorson (in Jeeves, ed, 1969:65) sums up Polanyi's major thesis: *There is no knowledge apart from the knower's, and the personal participation of the knower in that which he knows is both pervasive and inescapable.*

Thus, data do not exist as neutral or brute facts but are always interpreted by the observer. For example, a theist who discovers a fact interprets it as a God-created fact; an atheist interprets the same fact as a non-God-created fact. Brute facts cannot be perceived or understood without being interpreted in accordance with some kind of world-view. Because data must necessarily be interpreted, even the most scientific psychological investigation is a highly human activity drawing on the conscious and unconscious personality, interests, ideals, and aspirations of the researcher (Jeeves, 1978:12; Bugental, 1992:3-5).

3.2.4 Presuppositions of theology and psychology

Both psychology as a discipline and the mindset of the scientist who practices the discipline, rest on specific presuppositions. Edwin Burt (1954:10-12) pointed out in his *Metaphysical Foundations of Modern Science* that an individual cannot operate as a scientist, without acknowledging at least three basic assumptions. **First**, scientists presuppose reality. They believe that the world is real and observable, that it can be studied, and that through such research legitimate data are achievable. **Second**, scientist presuppose causality: some type of causal law applies throughout the whole of reality. Some causal relationship exists between the various states of the universe. The principle of causality means that every state of the universe is related to all other states of the universe. **A third** assumption scientists make is that physical reality and the human mind's verification of that reality are logical and rational. If the human mind were not logical and rational, science could not study physical reality.

Kirwan (1993:25) is of the opinion that both Atheists and other non-Christians have investigated nature. He goes on and asks on what basis such scientists can assert that the world is real and how can he assume what is observed as reality today will be reality tomorrow? For atheists, the basic assumption is that the world is here by chance, that a fortuitous collision of molecules is responsible for the universe, the earth, and human beings. (**Chance** is used here as a philosophical term denoting the mathematical probability of a certain event). How can an individual whose basic assumption is that the world is a chance occurrence assert that the universe is constant and consistent? (cf. Strauss, 2000:150-153).

On the other hand, those that believe that God exists and that He is the maker and sustainer of the universe do have a firm basis for scientific work (Heyns, 1992:5). Kirwan (1993:25) is of the opinion that ... *Christians can assert: It is possible for human beings to observe nature because God has made it and it is real. We can assume causality, because God has created a consistent world with cause and effect built in. Further, God has made the human person capable of logical thought, which can be applied not only in matters of science but also in other areas of human endeavor.* Christians also believe that reality extends beyond what can be observed and measured. Christians believe in a personal God who has revealed Himself in Scripture. The spiritual and psychological assertions of Scripture are true, although many of them cannot be scientifically examined. Thus, the Christian world-view includes spiritual and psychological dimensions beyond the observable physical reality (Stoker, 1961:113; Stevenson & Haberman, 1998:68-70; cf. also Van Huyssteen, 1997:44).

The Christian world-view is depicted in the following figure (Figure 2). The Christian world-view goes beyond the scientific world-view which basically ends at presupposition 3. The Christian world-view also includes presuppositions 4 and 5 (see diagram below). The Christian can therefore legitimately make use of and build upon the findings of secular scientists. The doctrine of common grace states that God's favor and goodness are showered on all people; He endows everyone with intellect, reason, and talents. People are able to function in God's world because He is good, even though they may hold Him in contempt (Kirwan, 1993-25; Botha, 1993:101-102; Ouweneel, 1984:64-65; Crabb, 1977:50-52).

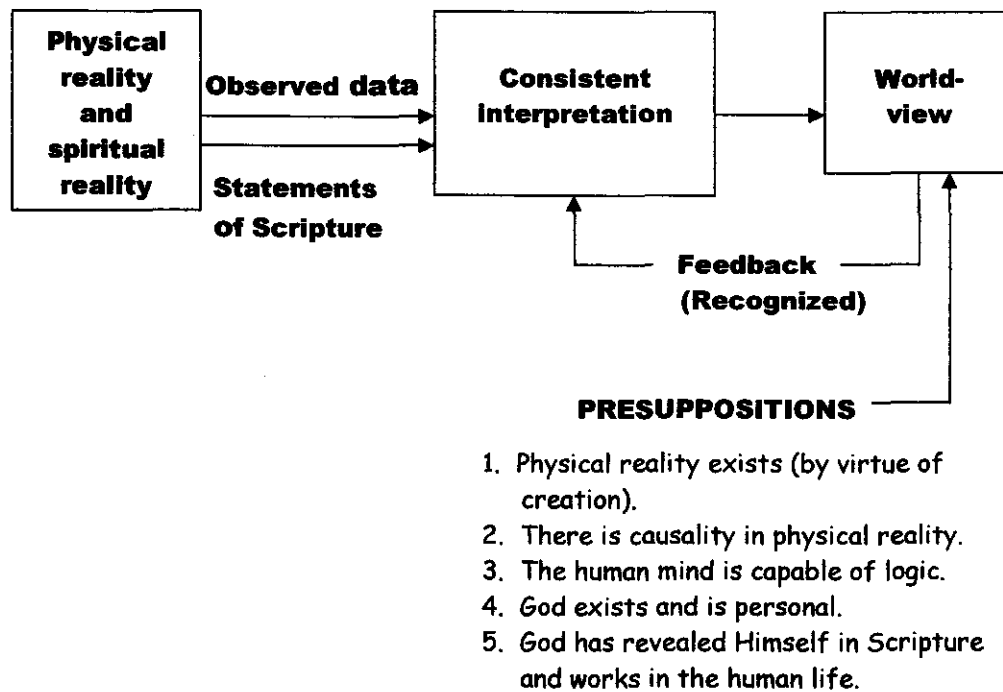


Figure 2: The Christian world-view (based on a figure in Dye (1966:76), *Faith and the physical world*)

The church, however, has tended to deny any validity to psychological findings because of its adverse reaction to various philosophical interpretations by psychological contributors like Sigmund Freud, Carl Rogers, B.F Skinner, and others. The fact is that although their philosophical conclusions are doubtless anti-Christian, their empirical findings are not. Whether or not they acknowledge that human personality is made in the image of God, the fact remains that they have made a thorough study of personality (Crabb, 1977:49-56). The fact that God reveals Himself not only in the Bible through special revelation, but also through general revelation, the findings of non-Christian scientists can be accepted to the extent that their non-Christian presuppositions have not coloured the truth so discovered (Kirwan, 1993:26).

On the other hand, Christians should not automatically react positively to everything published by psychologists, saying that *all truth is God's truth*. Many non-Christian psychologists (e.g. Skinner) take empirical data (which can be verified) and go on to make metaphysical or philosophical statements (which cannot be proved). Such philosophizing falls beyond the discipline of the science itself.

3.3 THEORETICAL PERSPECTIVES ON THE RELATIONSHIP BETWEEN THEOLOGY AND PSYCHOLOGY

3.3.1 Introduction

As mentioned in Chapter one of this dissertation, it seems that from the wide range of literature that is available on the subject, a lot of confusion exists about how Christianity relates to mental health.

The researcher has found that there are a variety of counseling models that both Christian counselors and psychologists use in their approach to counseling/psychotherapy.

In the research about the dynamic relationship that exists between theology and psychology, some of the leading authors that wrote about this topic, in each instance argued that broadly four distinct approaches/viewpoints can be identified in the analysis of the topic. Although some of the authors tend to agree with some of the identified viewpoints, there are also noteworthy differences of opinion between them.

Larry Crabb (1977:32-52) identifies the following 4 approaches with regard

to the interaction between theology and psychology: *the separate but equal view, the tossed salad view, the nothing buttery view and the spoiling the Egyptians view.*

John D. Carter and Bruce Narramore (1979:71-122) also identify four views to explain the relationship between theology and psychology: *the against view, the of view, the parallels view, and the integrates view.*

William T. Kirwan (1993:19-21) - like Crabb (1977), Carter and Narramore (1979) also identifies 4 descriptive models: *the un-Christian view, the spiritualized view, the parallel view and the integrated view.*

Johnson and Jones (eds) (2000:36-43) also identifies four views on the topic at hand: *a levels-of-explanation view, an integration view, a Christian psychology view and a Biblical counseling view.*

These four groups of scholar's contributions were chosen for analysis because from the research about the subject, it was found that they made some of the most significant contributions about the integration of theology with psychology.

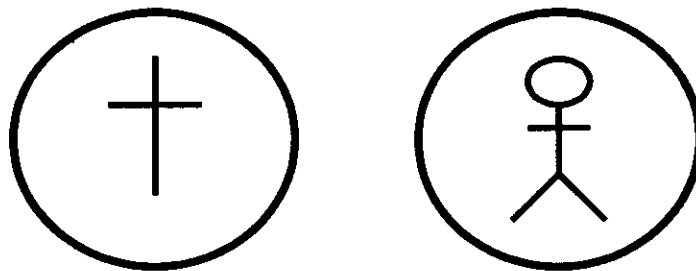
Each author's model will henceforth be explained whereafter an attempt to diagrammatically structure and classify the models will be made.

3.3.2 The model of Crabb

In his book *Effective Biblical Counseling* (1977:31-56), Crabb (1977:32) writes: *If psychology offers insights which will sharpen our counseling skills*

and increase our effectiveness, we want to know them. If all problems are at core spiritual matters we don't want to neglect the critically necessary resources available through the Lord by a wrong emphasis on psychological theory.

Crabb (1977:3) explains the relationship between theology and psychology, by using two circles to symbolically represent each of the four points of view. The circle of revealed truth represents the person of Christ and His atoning work on the cross. In contrast secular psychology revolves around man and is evaluated in terms of its advantages to man. Crabb (1977:33) then explains the relationship between the two circles.

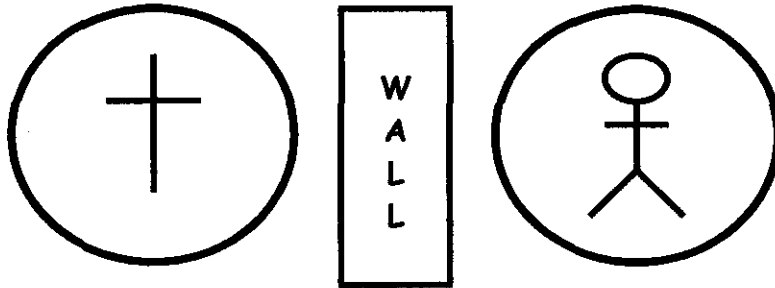


According to Crabb (1977:33) the varying attempts to integrate the circles can provide a framework for developing a Biblical counseling strategy with four distinct approaches.

3.3.2.1 *The Separate but equal viewpoint*

The first perspective Crabb (1977:33) calls the *separate but equal view* is diagrammatically represented as follows:

SEPARATE BUT EQUAL



(Crabb 1977:33)

Advocates of this position believe that although Scripture deals with spiritual and theological problems involving Christian belief and practice, many areas of legitimate concern, such as medical, dental and psychological disorder, fall outside the range of uniquely Christian responsibility and should be dealt with by qualified professionals. This view points out that Scripture was not meant to serve as a medical textbook or as a specific guide to professional health treatment of any sort. Crabb (1977:34) explains this viewpoint as follows: *If a person has pneumonia, send him to the physician, not the pastor. If he wants to build a home, have him consult an architect and a contractor. If he has money to invest, recommend a financial consultant. And, continuing in parallel fashion, if he has psychological problems, if he is mentally ill, have the wisdom to refer him to a trained professional counselor.*

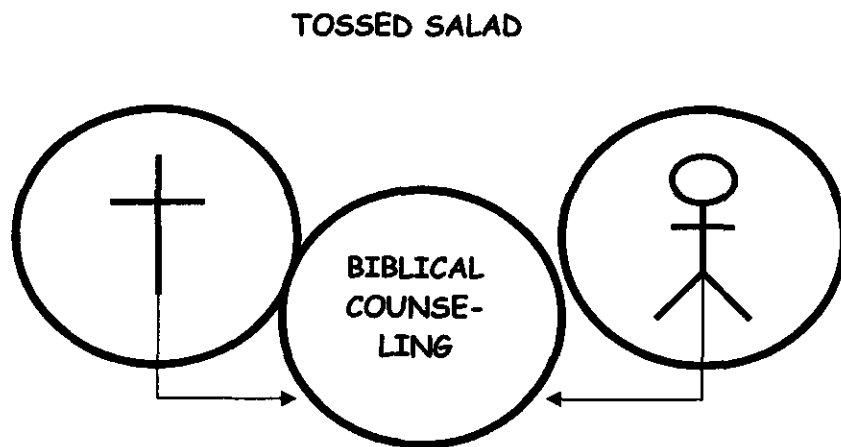
However, Crabb (1977:34) is firm in his condemnation of this position. He is of the opinion that many counselors assume that the Bible has no more relevance to emotional problems than it has to pneumonia. According to him, psychopathology stems from problems like guilt, anxiety, resentment, personal unworthiness, insecurity, etc. He states that - without a doubt -

the Bible has a great deal to say about these sorts of problems.

He argues further that a detailed understanding of how these problems interact to produce psychological symptoms, is something which psychology can help to understand better. He is adamant that the kinds of problems which constitute the substance of emotional disorders are difficulties to which the Bible speaks. He believes that to create a wall between Scripture and psychology and to assume that the two disciplines are Separate but equal, each dealing with different problem areas, must be rejected firmly as an inaccurate reflection of biblical content (Crabb, 1977:36).

3.3.2.2 The *Tossed salad* viewpoint

A second approach to integration resembles the strategy followed in preparing a tossed salad: mix several ingredients together into a single bowl to create a tasty blend.



The crux of this approach can be summed up as follows: Combine the insights and resources of Scripture with the wisdom of psychology and a truly effective and sophisticated Christian psychotherapy will be the end-result. Crabb (1977:36) states: *Christian integrationists tend to align the two disciplines of theology and psychology, determine where the subject matter overlaps, and then blend the insights from both disciplines together.*

Crabb (1977:36) rejects the Tossed salad view because - according to him - the model de-emphasizes the need for careful screening of secular concepts in the light of Christian presuppositions. He states: *Because psychology grows out of a set of presuppositions which are violently antagonistic to Scripture, a model which fails to deliberately scrutinize secular concepts opens the door to a synthesis of contradictory ideas* (Crabb, 1977:36).

To sum up, it seems that according to Crabb (1977:39) - the central problem with the Tossed salad view of integration between theology with psychology is not that secular psychology has nothing to offer, but rather that a careless acceptance of secular ideas may lead to an unplanned compromise with biblical doctrine.

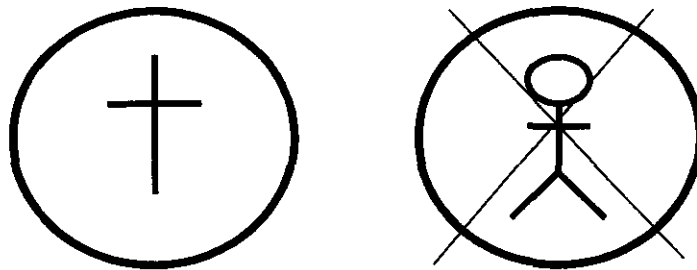
3.3.2.3 The *Nothing buttery* viewpoint

According to Crabb (1977:40), this third approach to integration can be described as an overreaction to the first two approaches:

Nothing Butterists (and this includes both theologians and psychologists) neatly handle the problem of integration by disregarding psychology

altogether. Their basic tenet is Nothing but Grace, Nothing but Christ, Nothing but Faith, Nothing but the Word. This approach can be illustrated as follows:

NOTHING BUTTERY



Crabb (1977:40-41) states that he too believes in the sufficiency of Christ for every need of man, but that he doesn't believe that God's sufficiency is denied when theologian counselors accept secular theories and therapy which do not contradict the revelation of Christ.

Exponents of this approach insist that psychological disorder is best understood and approached as a set of problems caused directly by sinful or unbiblical living; a viewpoint that is strongly supported by J.E Adams in most of his works, i.e. *Competent to counsel* (1970); *The Christian counselor's manual* (1973); *More than redemption* (1980).

According to Crabb (1977:42) the Nothing buttery-approach has a great deal to offer to the committed Christian counselor in the sense that it emphasizes the central role of Scripture in counseling. However he also points out that he disagrees strongly with the Nothing butterists approach that all personal problems stem from sin alone.

He concludes that to assert that counseling is simply a matter of finding sin and exhorting change conveys a simplistic approach which fails to reflect the essential dynamic of Christianity and which does not fit the realistic demands of counseling situations. He argues that the thoroughly qualified biblical counselor is one who draws upon true knowledge wherever he can find in and one who knows how to approach the unique individual before him to reach him with that truth. *I therefore question Nothing Buttery in two areas: (1) it discredits all knowledge from secular sources as tainted and unneeded and (2) it tends to reduce the complex interaction of two persons to a simplistic "identify-confront-change" model (Crabb, 1977:47)...*

3.3.2.4 The *Spoiling the Egyptians* viewpoint

According to Crabb (1977:47) this fourth approach to integration strikes a needed balance between the unintended carelessness of the Tossed salad and the overreaction of Nothing buttery views. The Tossed salad view correctly assumes that secular psychology has something to offer but Crabb feels that it does not pay enough attention to a possible mingling of contradictory presuppositions. He further states that nothing butterists appropriately demand that every bit of Christian counseling be thoroughly consistent with biblical revelation but they throw out all psychology, including those elements which are (perhaps accidentally) consistent with Scripture.

Crabb (1977:47) states that the most acceptable way to integrate theology and psychology is by a view that he calls *Spoiling the Egyptians*. He motivates this label by explaining that when Moses led the children of Israel out of Egyptian bondage, he took freely of the goods of the Egyptians to sustain God's people on their journey to the Promised Land (Ex 11:2, 3 &

12:35,36). God not only approved of this *spoiling* (taking from), but also planned for it to happen and intervened to make it happen. However, apparently there were some things the Israelites took with them which they should have left behind. Exodus 12:38 speaks of a *mixed multitude* that went up with the Israelites. This group of people apparently held to a different set of values than the Israelites (they denied the Jewish presupposition of one true God by still clinging to the false gods of Egypt) but wanted to get in on expected blessing (Crabb, 1977:48).

According to Crabb, (1977:48) their approach parallels the modern version of Christianity which demands no commitment to Christ as Lord but encourages an attitude of *Get what you can from Jesus - He'll make you feel good.*

The Bible records that it was this uncommitted mixed multitude which first complained about its lack of provisions in the desert and provoked the Israelites to rebellion. The rebellion became such an entrenched pattern that every Israelite except two (Joshua and Caleb) acted like unbelieving pagans and died in the desert. Crabb, (1977:49) states: *Spoiling the Egyptians is therefore a delicate and risky task, appropriated for the Christian and sanctioned by God but by no means free of real danger ...*

When concepts which are based upon antagonistic presupposition are mixed, one system will eventually swallow the other until no Christian content is left. However it is possible to profit from secular psychology if careful screening of its concepts is made to determine their compatibility with Christian presuppositions.

However, Crabb, (1977:49) warns that the job of careful screening is not an easy matter. He states that in spite of the best of intentions to remain

biblical, it is easy to admit concepts into biblical counselors thinking which compromise biblical content. Because psychologists have spent up to nine years studying psychology at university and are pressed to spend much of their reading time in their field in order to stay current, it is inevitable that they tend to develop a certain *mind-set*. The all-too-common (but disastrous) result is ... *that they tend to look at Scripture through the glasses of psychology when in fact the critical need is to look at psychology through the glasses of Scripture* (Crabb, 1977:48).

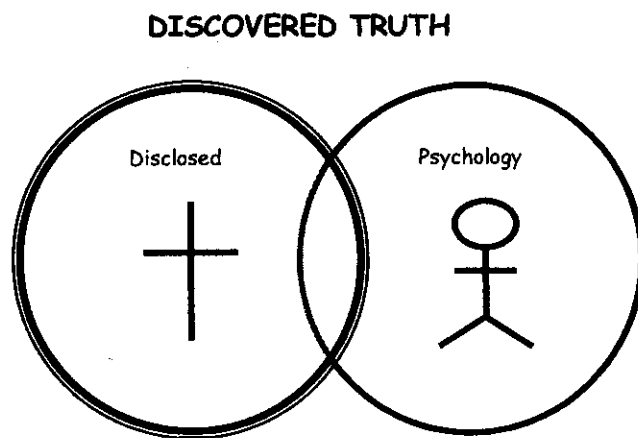
Crabb (1977:48) states that he is aware of the fact that ... *efforts to Spoil the Egyptians could easily degenerate into nothing more than another biblical-sounding Tossed Salad in which essential content of Scripture is unwittingly compromised*. In order to minimize such a possibility Crabb (1977:48-51) proposes that a truly evangelical integration of Christianity and psychology should meet the following qualifications: Such a counselor should ascribe to the following:

1. Psychology must be practiced under the authority of Scripture.
2. He must accept the Bible as God's infallible and inspired revelation.
3. Scripture must have functional control over his thinking. Functional control implies:
 - a) At least as much time is spent in the study of the Bible as in the study of psychology
 - b) Bible study shall be regular and systematic resulting in
 - c) a general grasp of the structure and overall content of Scripture and a

d) working knowledge of basic Bible doctrine.

e) Opportunity to profit from the Spirit's gifts by regular fellowship in a Bible-believing local church.

In a diagram form, Spoiling the Egyptians look as follows: (Crabb, 1977:50)



The thin circle around the broad circle of revealed or disclosed truth includes all natural or discovered data which is true by nature of its consistency with revelation. The circle of psychology overlaps slightly with the thicker circle of discloses truth. In reviewing the positions of a number of secular theorists, Crabb (1977:51) noticed that each theory centered on a principle of human behavior taught in Scripture.

Some portion of psychology offers ideas and concepts which do not contradict the Christian position. In the diagram this is represented by the part of psychology's circle which overlaps with the larger thin circle of discovered truth. Because of wrong presuppositions however, much of secular psychologists thinking runs counter to Christianity and must be rejected (cf. Ouweneel, 1984:40).

Another way of stating the matter is to say that psychologists have discovered useful insights but sometimes use them according to wrong assumptions.

In conclusion, Crabb (1977:52) states: *A Christian who has spoiled the Egyptians of secular psychology, carefully weeding out the elements which oppose his commitment to the revelation of Scripture, will be better equipped to counsel than either the Tossed Salad counselor who mixes concepts as they seem called for or the Nothing Butterist counselor who refuses to benefit from the insights of secular study.*

3.3.3 The model of Carter and Narramore

In their book *The Integration of psychology and theology* (1979), John D. Carter and Bruce Narramore - like Crabb (1977) - also define four views of interaction between theology and psychology : *The Against viewpoint, The Of viewpoint, The Parallels viewpoint and the Integrates viewpoint.*

3.3.3.1 The *Against* viewpoint

The *Against* viewpoint is built on the assumption that psychology and Christianity are essentially incompatible and that there is no real possibility for integration. According to Carter and Narramore (1979:73): *Proponents of this model frequently set psychology and theology against each other in ways that suggest that they are mortal enemies.*

The secular version of the *Against* perspective assumes that rationalism and empiricism are the only valid means to truth and that the truth claims of

revealed religions are in conflict with the methods of the science of psychology. They also assume that since psychology and religion are built upon different views of knowledge, there can be no way of reconciling these conflicting viewpoints. (Carter and Narramore, 1979:73).

The Christian version of the Against perspective has parallels to the secular viewpoint. Proponents of this perspective set psychology over against Christianity (Carter and Narramore, 1979:76). The possibility of mutual cooperation is not even considered as a worthwhile option. Affirming this view Billheimer (1977:94) also rules out the possibility of integration by stating: *While there are professing Christian psychiatrists, it seems a misnomer to this writer.*

Like the secular Against view, proponents of this perspective also claim to have an element of the truth. In this instance the sole source of truth is revelation rather than reason of scientific investigation (Solomon, 1982:17).

Although Christian proponents of the Against model may give passing assent to the validity of reason and empirical evidence, much of their writing calls into question both the data and the theories of modern psychology. Jay Adams (1970:XX) states in this regard: *I avowedly accept the inerrant Bible as the standard of all faith and practice. The Scriptures, therefore, are the basis, and contain the criteria by which I have sought to make every judgment ...I do not wish to disregard science, but rather I welcome it as a useful adjunct for the purposes of illustrating, filling in generalizations with specifics, and challenging wrong human interpretations of Scripture, thereby, forcing the student to restudy the Scriptures. However, in the area of psychology, science has largely given way to humanistic philosophy and gross speculation.*

According to Carter and Narramore (1979:77) Adams gives a reluctant acknowledgement to the scientific method, but he concludes that there is very little of science in psychology.

Carter and Narramore (1979:79) summarizes the major assumptions of the Against view of psychology and theology in the following table: The assumptions on the left are found in the secular realm, and those on the right issue out of a Christian context. This summary will serve as the basis for a brief evaluation of the strengths and weaknesses of this view.

TABLE 1 - THE *AGAINST* VIEWPOINT

SECULAR	SACRED
<ul style="list-style-type: none"> ▪ There is only one reliable means of finding truth (the scientific method with its use of rationalism and empiricism). 	<ul style="list-style-type: none"> ▪ There is only one reliable means of finding truth (revelation through Scripture).
<ul style="list-style-type: none"> ▪ Other truth claims (revelation) are potentially destructive. 	<ul style="list-style-type: none"> ▪ Other truth claims (rationalism and empiricism) are potentially destructive.
<ul style="list-style-type: none"> ▪ Religion's potential destructiveness relates especially to inhibitions and guilt. (It causes inhibitions and guilt). 	<ul style="list-style-type: none"> ▪ Psychology's potential destructiveness relates especially to inhibitions and guilt. (It removes inhibitions and rationalizes guilt).
<ul style="list-style-type: none"> ▪ Personal maladjustments are rooted in one basic cause (psychological). 	<ul style="list-style-type: none"> ▪ Personal maladjustments are rooted in one basic cause (spiritual).
<ul style="list-style-type: none"> ▪ The solution to personal maladjustments is found in one dimension (psychological). 	<ul style="list-style-type: none"> ▪ The solution to personal maladjustments is found in one dimension (spiritual).

By way of evaluation, Carter and Narramore (1979:79) concludes that they - in the first place - see no advantages to the Against view. They state that some counselors may think that the rhetoric of the secular and sacred camps serves to balance each other's perspective, the truth is that they rarely (if ever) listen to one another. The oppositional stance inherent in both of these views does not allow proponents to step out of their own perspective to understand the suppositions, methodology, and reasoning of those holding other views. *The Against model is a rigid, defensive way of looking at things that does not allow for stimulation, clarification, and integration* (Carter and Narramore, 1979:19).

Secondly, the Against viewpoint is limited with regard to its epistemology. Secular proponents see no place for revelation while Christian proponents see little place for general revelation and common grace. Both of these perspectives run counter to the traditional orthodox commitment to the fact that God is the author of all truth and that truth is found through both the inspired Word and the study of creation (Carter and Narramore, 1979:80).

A third and final weakness of the Against viewpoint is found in the Christian version. It seems that most proponents of this viewpoint hold a relatively superficial view of sin. In reaction against the emphasis on the unconscious, the inner life, and the influence of the past among dynamically oriented psychologists, sacred Against theorists tend to reduce sin (or psychopathology) to either observable actions and attitudes or to specific behavioral symptoms. Although theologically they may know better, their writings imply that a person's problems can generally be traced to doing,

saying, or thinking the wrong things. Thus according to Carter and Narramore (1979:80) ... *therapy essentially becomes telling the counselee what the Bible says and how he or she should respond. Biblical emphases on the attitudes of the heart (Ps. 51:6; Matt 12:34-35) and of the impact of parents and a sinful society on a person's adjustment are minimized in favor of behavioral compliance and a narrow view of personal responsibility.* So, in conclusion, the proponents of his model tend to rely extensively on Scriptural data that is selectively incorporated into their model. Initially, it may seem that proponents of the *Against* model have accommodated biblical issues. However, Carter and Narramore (1979:80) warns that the sheer volume of biblical references may be a poor guide to the adequacy of any theoretical perspective.

3.3.3.2 The *Of* viewpoint

Rather than seeing irreconcilable differences between psychology and theology as is the case among those counselors who support the *Against* view, proponents of the *Of* viewpoint maintain that there is a great deal of common ground between psychology and religion that should be examined (Carter and Narramore, 1979:81).

Both secular and religious proponents of this view see man as a spiritual-moral being (in the broad, humanistic sense of the term). The proponents of the *Of* model thus argue that any technology, religion, science, or society that denies the human being's inner spirit, and consequently the person's true nature, is suspect. *Since both good psychology and good religion stress the importance of this uniquely human-spiritual quality, psychology and religion have a great deal in common and can be of great benefit to one*

another when there is open exchange between the two realms (Carter and Narramore, 1979:81).

The following table summarizes the essential assumptions and attitudes of those counselors who are in favour of the Of view of counseling (Carter and Narramore, 1979:88):

TABLE 2 - THE OF VIEWPOINT

SECULAR	SACRED
<ul style="list-style-type: none"> ▪ Basic epistemology: Pantheism, humanism, or naturalism that is broader than a reductionistic naturalism. 	<ul style="list-style-type: none"> ▪ Basic epistemology: Scripture and religious experiences are valid sources of truth but not in a clearly supernatural way.
<ul style="list-style-type: none"> ▪ Nature of the Human Being: Each person is a spiritual-moral being in at least a broadly humanistic sense. 	<ul style="list-style-type: none"> ▪ Nature of the Human Being: Each person is a spiritual-moral being.
<ul style="list-style-type: none"> ▪ Value of religion: Most religions recognize the spiritual-moral nature of the human being and are consequently good. 	<ul style="list-style-type: none"> ▪ Value of religion: The creative, providential, and relational aspects of religion are its core. The supernatural and redemptive elements are useful as symbols but are not to be taken literally.
<ul style="list-style-type: none"> ▪ A theological definition of sin must be discarded in favor of a truly psychological and/or environmental definition. 	<ul style="list-style-type: none"> ▪ Sin is essentially a religious symbol for psychopathology.
<ul style="list-style-type: none"> ▪ Psychology and religion: Good psychology translates the valid insights of religion and uses them for human good. 	<ul style="list-style-type: none"> ▪ Religion and psychology: Emotional growth is promoted by the use of psychological principles in a religious setting with religious metaphors.

Carter and Narramore (1979:89) states that although the Of Model is more helpful than the Against model, it still has serious limitations, especially for the counselor who has an orthodox view of the Bible. They argue that while the Of model opens the possibility of meaningful dialogue between psychologists and theologians, it does so at the evangelical view of Scripture: *It takes a cookie-cutter approach in which the theories of psychology are pressed onto the dough of Scripture. The dough that fits within the cutter is retained while whatever falls outside is rejected. This cookie-cutter style is the main weakness of the Of approach. It reduces Scripture (or religion) to psychology and robs it of its revelational and supernatural content. Once this is done there is really no ground for integration because the unique contributions of Christianity have been set aside. What is left is simply psychology from the human perspective.*

3.3.3.3 The *Parallels* viewpoint

The third model of Carter and Narramore (1979:9) is called the *Parallels view* because they argue that proponents of this viewpoint treat the concepts of psychology and theology in ways that parallel each other but rarely truly leads to the integration of the two viewpoints. They explain that counselors who favour this method treat Psychology as a valid and necessary science (or profession), and Christianity (or religion) is viewed as a normal (and perhaps helpful) personal or societal phenomenon. In other words they concede that both psychology and Christianity have their rightful place; psychology is a science, and religion is a personal experience of commitment. Holders of the *Parallels view* are generally active in both psychology and Christianity. But they go on to state that ... *there is little in*

any effort to engage in dialogue that would pose new questions, open new vistas, and in other ways generate an interface between the two disciplines or perspectives (Carter and Narramore, 1979:91).

Carter and Narramore (1979:91-92) further identified two versions of the parallels model, namely the *Isolation version* and the *Correlation version*.

Proponents of the *Isolation version* maintain that psychology and the Scriptures (or theology) are separate and there is little or no significant overlap. That is, each is encapsulated, and there is little interaction since the methods and contents of each discipline are different. Because both are valid, however, both must be affirmed although they remain isolated (Carter and Narramore, 1979:91).

Proponents of the *Correlation approach* attempt to correlate or align certain psychological and Scriptural concepts. According to Carter and Narramore (1979:91): *They may suggest, for example, that the superego is equivalent to the conscience or that the id is equivalent to lust of the flesh or the old nature.*

Although holders of the *Correlation approach* sometimes assume that they are integrating, in actuality they are just aligning concepts from different spheres. The basic difference between correlating and integrating is that correlating assumes there are two things that need to be lined up and thus retain the system or configuration of concepts in each; integrating assumes there is ultimately only one set (configuration) of concepts, laws, or principles that operates in two disciplines. Legitimate integration would imply the discovery and articulation of the common underlying principles of

both psychology and the Scriptures. It is this discovery of the one overarching configuration or set of principles that constitutes true integration, not simply the lining up of parallel concepts from two distinct disciplines (Carter and Narramore, 1979:92).

According to Carter and Narramore (1979:92) the Parallels view is a distinct improvement over the Against and Of models since it tends to preserve the integrity of both psychology and Christianity. They conclude that ... *it is probably the position most often taken by thoughtful psychologists who, while not minimizing the importance of either Christianity or psychology, want to be sure to avoid superficial attempts at integration that violate the unity and integrity of either.*

Thus, essentially the Parallels view - at its foundation - is rooted in the belief that Christianity and psychology are not intrinsically related. Each exists in its own sphere. Psychology is scientific while Christianity is personal (or social). Therefore Christianity and psychology can be acknowledged without fear of conflict since they operate in different spheres. Where areas of relationship and overlapping do occur, these can be viewed more as interesting parallels than as indicators of a deeper (or broader) unifying set of truths that could conceivably embrace both disciplines.

The following table summarizes the essential premises of the isolation version of the Parallels view (Carter and Narramore, 1979:98):

TABLE 3 - THE PARALLELS VIEWPOINT (ISOLATION)

SECULAR	SACRED
▪ Religion and psychology are not related. Each exists in its own sphere.	▪ Religion and psychology are not related. Each exists in its own sphere.
▪ Psychology is scientific and objective.	▪ Religion is personal and social.
▪ Psychology's goal is personal wholeness, but his does not include the redemptive aspects of Scripture.	▪ Redemptive as well as the creative-providential aspects of Christianity are stressed.
▪ Religion can be embraced since it belongs to a different sphere.	▪ Psychology can be embraced since it belongs to a different sphere.
▪ Religious problems should be referred to religious practitioners.	▪ Psychological problems should be referred to psychological practitioners.

According to Carter and Narramore (1979:99) the sacred version of the correlation view can be summarized as follows:

- Psychology and Christianity are two separate areas of knowledge.
- The two areas have their own foundational sources of scientific method and revelation, their own methods of experimentation and exegesis, and their own psychological principles and facts, and biblical principles and facts.
- Integration consists of finding the concepts that are parallel (equivalent) in the other discipline (area).
- The parallels between the two disciplines regarding the nature of the human being, pathology, or therapies, that are developed, must never violate the autonomous character of either discipline.
- There is a tendency for the correlation view to break down in practice so that spiritual problems are handled by a pastor and psychological problems

are handled by a psychologist. Thus the correlation view has an internal tension that tends to break down into an isolation view or occasionally move in the opposite direction toward a genuine integration viewpoint.

In conclusion the two authors are of the opinion that the Parallels view does have several basic strengths. According to them this counseling method is an obvious improvement over the Against view in that it drops the antagonistic rhetoric and oppositional stance of the Against approach. In emphasizing the distinctiveness of psychology and theology as separate disciplines, the isolationist version of the Parallels view also preserves the integrity of both disciplines and avoids superficial attempts at integration. However the correlation version of the Parallels view has the added advantage of moving in the direction of true integration (Carter and Narramore, 1979:100).

However, the Parallels view has limited application because it is based on the assumption that it deals with two separate entities that can at best be lined up to find common meaning, and this assumption precludes true and comprehensive integration. According to Carter and Narramore (1979:100), this is its most basic fault. It cannot produce the broader unifying principles that are necessary for true integration because of its artificial separation of sources of truth.

There is another weakness in the correlation version of the Parallels approach. In attempting to find common ground between psychology and theology, it lends itself to the practice of forcing the data of one discipline arbitrarily upon that of another (Carter and Narramore, 1979:100).

Therefore Carter and Narramore (1979:101) concludes with the following warning to the proponents of this view: They propose that the inaccurate application and lack of comprehensiveness in the process of unifying Psychology with Scripture ... *may lead to an inaccurate psychologizing of Scripture or a superficial Christianizing of psychology. It is this weakness in the parallels model that Adams (1970) rejects in his attempt to build a biblical view of counseling. If we are not careful, our understanding of Christian psychology is simply a Christianized version of one or another secular psychological theory.*

3.3.3.4 The *Integrates* viewpoint

According to Carter and Narramore (1979:103) the Integrates view is ... *a truly comprehensive integration of psychology and theology.*

In arguing for this version the two authors starts by making the assumption that God is the author of all truth. Reason, revelation, and the scientific method all are seen as playing a valid role in the search for truth. Since the human being is created in the image of God and since God has revealed Himself in a special way through Scripture and in a general way through creation, a congruence between Scripture and the findings of psychology can thus be expected. Since humanity has fallen into sin and God's image in man has been marred, the integrationist does not assume that all the truth claims made by psychologists are valid. But neither does such a counselor presume to have an infallible interpretation of Scripture. When God created humanity, He thus also created the possibility for psychology. The Integrates approach therefore emphasizes both psychology and the Scriptures because they are seen as allies. According to Carter and

Narramore (1979:104): *Psychology here is the psychology that existed before the word was coined, while Psychology in the other three models refers to a theory or a system.*

From this prospective it is thus clear that the Integrates view does not look at psychological and theological understandings as distinct fields of study that are essentially unrelatable. Instead, proponents of this view assume that since God is the Author of all truth, and since he is the Creator of the entire world, there is ultimately one set of explanatory hypotheses. While the methods and data of psychology are frequently distinct, proponents of the Integrates viewpoint look for unifying concepts that will broaden their understanding. Such clarification will come from either psychology or theology studied in isolation. In other words, they search for integrative principles without violating the methodology or level of analysis of either (Carter and Narramore, 1979:104).

The secular version of the Integrates approach can thus be explained by acknowledging that ... *no secular approach to the interface of theology and psychology can be fully integrative. Since secular authors do not hold to the existence of a personal God who has revealed Himself through nature and His Word, they cannot be truly committed to the unity of the truths of science and those of biblical revelation. Secular theorists may follow an Of view or even a correlational version of the Parallels view, but they cannot follow a fully integrated view ...* (Carter and Narramore, 1979:104).

Simply put the authors conclude that for those counselors committed to an orthodox view of Scripture, no fully integrative approach to truth can be undertaken without a commitment to the God of Scriptural revelation. The

apostle Paul in 1 Cor 2:14-16 explains it as follows: *The man without the Spirit does not accept the things that come from the Spirit of God, for they are foolishness to him, and he cannot understand them, because they are spiritually discerned. The spiritual man makes judgments about all things, but he himself is not subject to any man's judgment: "For who has known the mind of the Lord that he may instruct him"?*

Thus, although secular psychological theorists such as Mowrer, From, Allport and Frankl may see religion as an integrative force in personal living and stress religion's contributions to personal adjustment and maturity and even draw upon religion's emphasis on the spirit and the inner life of the human being, they are limited because they lack insight into and commitment to the Bible as God's authoritative revelation (Carter and Narramore, 1979:105).

With regard to the sacred version of the Integrates view, Carter and Narramore (1979:105) are of the opinion that ... *there is still a significant lack of truly integrative writings on psychology and theology. In fact, it is sometimes difficult to distinguish between the correlation version of the Parallels model and genuine integration in this popular literature because the goal of these writings is to promote practical Christian living rather than conceptual understanding.*

Carter and Narramore (1979:106-107) points out that William Hulme (1956), Larry Crabb (1975) and Paul Tournier (1962) are examples of authors who contributed with theories and models on the integration of psychology and theology. They conclude that it can be expected that Christian counselors and therapists differ in their specific counseling styles and in certain areas of understanding. They will also vary, for example, in the direct use (quoting

or reading) of Scripture in counseling.

Some counselors will readily share specific biblical texts with counselees. Others may never do this. The latter will use Scripture in formulating an understanding of their counselee's problems and appropriate counseling approaches, but because they are committed to a less directive counseling style, they focus more on the counselee's difficulty in appropriating truths they already know intellectually than on imparting new information. In either case, integrative therapists' understanding of their counselees, their conceptual formulation of the problems and their commitment to their counselees' growth is done within a Biblical context (Carter and Narramore, 1979:115).

However the authors state that ... *unfortunately, many people equate Christian counseling only with the direct use of Scripture. This minimizes the importance of a broad understanding of the human being, of the importance of the therapeutic relationship in producing growth, and of many other key ingredients of psychotherapy. Truly integrative therapists begin with this broad conceptual understanding and work toward specific counseling techniques* (Carter and Narramore, 1979:115).

In summation, they argue that although proponents of an Integrates model will not neglect the outer form and style of counseling they will nevertheless focus on more central issues such as the role of sin in psychopathology, the place of personal and societal responsibility, the role of the Holy Spirit in sanctification, and the importance of deep caring relationships in promoting personal growth. *Based upon our understanding of basic issues such as these, we will select the counseling methodology that seems best suited to*

our own personalities and that will allow us to help others move toward the biblical goal of maturity (Carter and Narramore, 1979:115).

3.3.4 The model of Kirwan

William T. Kirwan (*Biblical Concepts for Christian counseling, 1993*) distinguishes between 4 basic viewpoints concerning the relationship between Christianity and Psychology. Issuing from these the following 4 counseling viewpoints and approaches can be distinguished: *Un-Christian viewpoint, Spiritual viewpoint, Parallel viewpoint, Integrated viewpoint.*

(From the outset it is clear that in the evaluation of Kirwan's model, he - to a very large extent - leaned a great deal on the theories of Carter and Narramore (1979) as set out in the previous section).

3.3.4.1 The *Un-Christian* viewpoint

This viewpoint issues from the epistemological presupposition that human reason is the absolute/final source of all truth. Those who subscribe to this viewpoint (viz. that the human being is the final source of truth and not God) hold various shades of opinions and place the emphasise on different aspects (Kirwan, 1993:27).

Thus at one end of the continuum one finds the militant atheist or materialist who believes that everything in existence is made up of matter (including human beings) and that everything came about by coincidental collisions and merging of atoms and molecules (Kirwan, 1993:27).

Among the exponents of this extreme viewpoint, the practicing of religion is regarded as an activity which has a negative, weakening effect on society. Materialists argue that practicing religion in a society is detrimental to the people because it suppresses and inhibits free speech and spontaneity - especially in the realm of sex. An ideology which has this outlook leaves human beings without moral and ethical values or responsible goals in life (Kirwan, 1993:27).

According to Kirwan (1993:28) a therapeutic session with a counselor who holds this view would amount to nothing more than '*one product of a chance*' trying to help '*another product of chance*' to live '*normally*'.

According to Schaefer (1969:103-04), an (unnamed) Psychologist who held this viewpoint wrote a book on a certain Richard Speck who murdered eight nurses during 1966 in Chicago (USA). This psychologist argued as follows: Because according to him Speck was *a product of chance*, he (Speck) had no other option for his behaviour - except to murder the 8 nurses. A lawful question would then be: How does this help the 8 murdered nurses?! The answer to this is: They (the nurses) were also victims to chance. Holistically seen, the effect of such a viewpoint on the broader community is that it would mean that neurotic and psychotic deviating behaviour should *ipso facto* be accepted. The consequences of such a viewpoint however, is catastrophic: Without clear individual and community values there can be no question of personal responsibility for perpetrated acts. Schaeffer (1969:104) concludes that the implications of such a viewpoint will lead to a world of chaos!

Kirwan (1993:28) states the following about this viewpoint: *Thus, in being consistent with their basic beliefs, atheistic psychologists put themselves into a strait jacket. Their presuppositions prevent them from establishing firm goals and guidelines in counseling.*

The other pole of the so-called *un-Christian viewpoint* is represented by therapists/counselors who do believe in the existence of God, but who deny that He can be known on a personal level by means of the Bible. Exponents of this approach do not take up a militant stance against the Christian faith/religion but stand firm on the assumption that human beings (and human reason) is the source of all truth and knowledge. According to them religion is still an obstacle/inhibitor to spontaneous growth and development of the human being. They therefore believe that emotional problems can be solved by learning/applying the principles of emotional maturity and further by improving interpersonal relationships (Kirwan, 1993:28).

Psychologists who believe that God exists but deny that He is relevant or that He concerns Himself with the problems of His people, might well be asked about the basic reference point of their therapy. Kirwan (1993:29) concludes : *Jean-Paul Sartre rightfully said that finite persons need an infinite reference point outside themselves. If God is not personal, then He cannot relate to us and we are left on our own. What kind of means could then enable us to rise above the inner workings of our psyche and thereby relate to God or to the cosmos? We would be left with no reference point by which to establish guidelines and goals for counseling except that of other people.*

A third approach in the first viewpoint is held by the psychologists/ counselors who declare the God can be known personally; that he works in history and in the lives of people but who do not themselves live this viewpoint (faith). Their counseling is generally devoid of reference to God and thus makes no claim or use of guidance from God. Such counselors are factually practical atheists who have cut themselves and their clients off from spiritual guidance (Kirwan, 1993:29).

3.3.4.2 The *Spiritual* viewpoint

According to this viewpoint it is accepted that (Divine) revelation is above human reason and can even be in direct contrast to reason (Kirwan, 1993; Carter, 1977:73; Adams, 1980:2-4).

According to Carter (1977:29), therapists that accept that all emotional disturbances are the result of transgressions of certain Biblical principles, deny reality and truth: Their viewpoint disregards the fact that God's general grace is poured out on all people. Quite rightly Kirwan asks (1993:29): *Would the spiritualizers apply their key principle to God-created physical laws in the same way they do to psychological laws? To do so would mean asking the druggist if the discoverer of a prescribed drug was a Christian, or determining if the surgeon recommended to perform a needed operation on a Christian patient is a believer.*

Christians accept that the Bible contains the final answers about the meaning and goal of their lives and agree that God is a personal reference point for them through Jesus Christ if they want to live a meaningful life.

At the same time it is accepted that the Bible is not a medical manual or reference source. God gave man the intellect and capabilities to discover medicine and remedies, to refine them and use them, but to do this man should be capable of shifting past a purely spiritual viewpoint on this matter. Human beings move and live under the regularities of certain psychological and physical realities which cannot simply be ignored as if they have no relevance to survival and the meaning of life (Kirwan, 1993:30).

About therapists who maintain this point of view, Kirwan (1993:30) is of the opinion that to hold that problems such as mental distress, depression and anxiety are always the result of disobedience to God's commandments, or the result of some conscious sin that an individual is harbouring, is unfair and perhaps even cruel to a suffering person. Kirwan (1977:30) concludes:

Counselors see many fine and sincere Christians who are bowed down by false guilt, depressions, and anxieties which are not the result of any sin or wrongdoing on their part. Their emotional difficulty may well be the result of someone else's not having followed God's laws. Many times the counselee is more sinned against than sinning.

3.3.4.3 The Parallel viewpoint

The third viewpoint Kirwan (1977:30) describes accepts that both human reason and Divine revelation are relevant during counseling and therapy. Therapists who subscribe to this point of view thus use both biblical truths and scientifically based principles of psychology during counseling. Yet these counselors keep apart truths from Scripture and psychological scientific truths apart from each other. John Carter (1977:204) writes the following on this viewpoint: *...revelation can never be reduced to reason, nor can reason*

be reduced to revelation; God requires obedience to both reason and revelation.

Thus a counselor that subscribes to the parallel view argues that Christianity and psychology function independently from each other, so that biblical words like *sin, guilt* and *faith* are replaced in counseling by terms like *acting out, intropunitive reaction* and *obsession* (Kirwan, 1977:20). Kirwan concludes that ... *Counselors who stress data from the Bible and science, but do not integrate them, are closer to the truth than are either of the first two counselors I mentioned, yet something is amiss in their approach.*

3.3.4.4 The *Integrated* viewpoint

According to Kirwan (1993:21) the integrated viewpoint legitimately reconciles the truths of Scripture to Psychology as a science. Carter (1977:204) points out that the fundamental epistemological presupposition which is at stake here is that since God is the Creator of both revelation and reason, all truth/knowledge in the end is united in one integrated whole.

The integrated viewpoint not only emphasises the Scriptural truth of sin, confession and conversion, but also recognises the cultural mandate given to man by God to work the earth and take care of it. In order to comply with this God-given mandate, human beings should get to know as much as possible about God as the Creator and Keeper, but also about themselves as human beings, as bearers of the image of God (Kirwan, 1993:30).

On this viewpoint Kirwan (1993:30-31) writes as follows: *The wise counselor will emphasise God's providence, sovereignty and active relevance in all of*

His creation, alongside the good news of salvation. The integrated view sees all problems as due to the universality of sin. All of human functioning (and the functioning of nature as well) has gone awry since the initial rebellion against God. Counselors holding the integrated view point out that there are some psychological problems which do not result from individual sin or from conscious sin. Although in principle all sickness - whether physical, spiritual or emotional - is rooted in sin, one should differentiate between personal conscious sin and the inherited sinfulness that taints everything.

Thus, Kirwan (1993:21) argues that biblical Christianity and psychology - when rightly understood- do not conflict but represent functionally cooperative positions.

3.3.5 The model of Johnson and Jones

Eric L. Johnson and Stanton L. Jones are the editors of the book *Psychology and Christianity* with contributions by Gary R. Collins, David G. Meyers, Dawid Powlison, Robert C. Roberts (2000). In this book four views of the relationship of Psychology and Christianity are analyzed. David Powlison (Westminster Theological Seminary) offers *the biblical counseling view*. *The levels-of-explanation view* is advanced by David G. Myers (Hope College), while Gary R. Collins (former executive director of the American Association of Christian Counselors) introduces *the integration view*. *The Christian psychology view* is put forth by Robert C. Roberts (Baylor University).

Henceforth each model will be explained and evaluated.

3.3.5.1 The *Biblical counseling* viewpoint

According to Johnson and Jones, *eds.*, (2000:36), Jay Adams, professor of Practical Theology at Westminster Theological Seminary can arguably be seen as the primary advocate of the Biblical Counseling model. He wrote the widely read *Competent to Counsel* (1970) in which he severely criticized psychiatry and psychotherapy, suggesting that they provided approaches to counseling that were radically secular and fundamentally opposed to Christianity. Adams therefore urged Christians to repudiate such humanistic methods. In his own model, *nouthetic counseling* (Greek *noutheteo, to admonish*), he taught that genuine Christian counseling is based solely on the Bible and focused on sin (the cause of most psychological problems). He also believed that pastors should be the primary counselors within the Christian community.

Like Adams (1970; 1973; 1980), David Powlison (in Johnson and Jones, *eds.*, 2000:196-224) is also an advocate of the Biblical Counseling view. In his contribution he argues that psychology has a purely secular influence on society and thus rejects psychotherapy as a legitimate form of counseling.

He proposes what he calls the *Faith's psychology* as a method of counseling. Powlison (in Johnson and Jones, *eds.*, 2000:219-221) explain that this method (*Faith's psychology*) of counseling is as systematic as any personality theory but far more comprehensive, recognizing entire dimensions to which secularity is blind. According to him, it is as practical as any psychotherapy but far more comprehensive, embedding private conversations within community life and resources. He goes further and adds that it is as

distinctive as the Bible's view of the human condition and Christ's cure. Human beings live actively accountable to the true God who knows and weighs us. Life has to do with God. He concludes: *We are innately and thoroughly worshipers, lovers, fearers, trusters, believers, obeyers, refugees, hoppers, seekers, desirers of something or other. This is not a general background truth but a specific foreground truth, playing out in every motion of the soul. The human heart and the intricate multitude of responses - behavior, emotion, cognition, memory, anticipation, attitude* (Powlison in Johnson & Johnson, eds, 2000:221).

Thus Powlison (in Johnson and Jones, eds, 2000:221) states that when problems of a person and his/her specific situation are conceived vis-à-vis God, then Christ (as the Bible presents him) offers the only sufficient and logical solution. In the Faith models' view, then, counseling is fundamentally personalized, and therefore a face-to-face ministry of Christ within the context of his redeemed and redeeming community. According to Powlison Ephesians 3:14 - 5:2 offers a compact, six-hundred-word summary of the Faith's psychology.

Nevertheless many Christian psychologists and therapists found this initiative unpersuasive (Compare Kirwan, 1993:21; Ouweneel, 1984:18-19; Grant, 2001:1). For one thing, many of them were doing their counseling outside the church domain, often working with individuals with little or no religious faith and on problems that seemed to receive very little attention in the Scriptures (cf. also Lotter, 2001:318-319). Thus they found the challenge to use the Bible alone unhelpful. For another, most of these Christian therapists had enough exposure to modern psychology to conclude that it had some value. Christian psychology researchers in particular saw in

modern psychology much validity in its attempts to describe human nature. Therefore they found the biblical counseling critique overly biased and simplistic. Moreover, some have seen firsthand that Bible-believing churches have not always cared well for the souls of its people (something which was also acknowledged by those advocating nouthetic therapy). They were thus appreciative of the help being offered by modern therapy (Johnson and Jones, *eds.*, 2000:37).

The *Levels-of-Explanation viewpoint* is another evangelical approach that were articulated during the 1970's. The advocates of this approach was composed largely of researchers and professors. They were more uniformly appreciative of modern psychology as it is (Johnson and Jones, *eds.*, 2000:37).

3.3.5.2 The *Levels-of-explanation viewpoint*

This approach underscores the distinction between the levels of psychology and theology.

According to Johnson and Jones, *eds.*, (2000:38), the physicist Richard Bube influenced the advocates of this movement in the sense that they maintained that ... *all levels of reality are important (the physical, chemical, biological, psychological, social, and theological) that each dimension or level of reality is uniquely accessible to study by the unique methods used in each discipline and that the boundaries of each should not be blurred. To confuse these levels of reality results in a misunderstanding of reality and a confusion of things quite different.* Furthermore, an understanding of each of the different levels is assumed to offer a distinct perspective that is essentially

independent of the understanding of other levels. Hence, according to Johnson and Jones, *eds.*, 2000:38) this approach is often called perspectivalism.

Thus it is clear that according to this viewpoint - theology and psychology use different methods of investigation, have different objects of study and answer different questions. Confusing them would distort both, although the proponents of this view (which is mostly made up of academics) encourage interdisciplinary dialogue in order to get the fullest picture of human nature possible (Johnson and Jones, *eds.*, 2000:38).

According to David Myers (in Johnson and Jones, *eds.*, 2000:59) faith connects to psychological science not only by motivating scientific inquiry and sensitizing values, but in other ways as well. He states: *We can, for example, make religion a dependent variable by studying the psychology of religion. (Why do some people take the leap of faith, while others do not?). We can make religion an independent variable by asking whether it predicts attitudes and behaviors. (Are people of faith noticeably more or less prejudiced? generous? happy?). And we can ask how insights into human nature gleaned from psychological research correspond to biblical and theological understandings: as when boring a tunnel from two directions, the excitement comes in discovering how close the two approaches are to connecting.*

The following table explains seven ways in which faith relates to psychology:

THE RELATIONSHIP BETWEEN FAITH AND PSYCHOLOGY (as Johnson and Jones, eds, 2000:60 describe it)

INTEGRATION STRATEGY	EXAMPLES
1. <i>Faith motivates science</i> : Believing that in everything we deal with God (Calvin), and aiming to worship God with our minds, we can rigorously search God's world, seeking to discern its truths, while recognizing the limits of science.	1. Experiments on <i>group polarization</i> (exploring how group discussion changes and strengthens attitudes). 2. Reviewing studies of subjective well-being (who is happy?)
2. <i>Faith mandates skeptical scrutiny</i> . In the ever-reforming spirit of humility, we put testable claims to the test. This is the empiricism advocated by Moses: <i>If a prophet speaks in the name of the LORD but the thing does not take place or prove true, it is a word that the Lord has not spoken</i> (Deut 18:22).	1. Scrutinizing claims of the efficacy of intercessory prayer and faith healing. 2. Reporting tests of New Age claims of reincarnation, channeling, fortune-telling, aura readings, telepathy, clairvoyance, astrology (and their implications of human godlike powers).
3. <i>Being true to one's deepest convictions and values</i> . Like everyone, we infuse into our teaching, writing, research, and practice.	Writings for Christian and secular audiences (e.g., Myers, 1998, 1999; Myers & Jeeves, 1987).
4. <i>Giving psychology to the church</i> . We can also apply psychology's insights to the church's life. For some, this means merging Christian and psychological insights pertinent to counseling and clinical practice.	Showing how social influence and memory principles might be applied in creating memorable, persuasive sermons and undertaking effective evangelism.
5. <i>Relating psychological and religious descriptions of human nature</i> . We can map human nature from two directions, asking how well psychological and biblical understandings correlate.	Relating psychological research (in biological, developmental, cognitive, and social psychology) to Christian belief.
6. <i>Studying determinants of religious experience</i> . The psychology of religion can explore influences on spirituality, religious commitment, charismatic behavior, etc. Who believes - and why?	Exploring parallels between (a) research on the interplay between attitudes and behavior, and (b) biblical-theological thinking about the interplay between faith and action.
7. <i>Studying religion's effects</i> . Is faith a predictor of people's attitudes? Emotions? Behavior?	Summarizing links between faith and joy (religious commitment and self-reported life satisfaction and happiness).

Although Meyers (in Johnson and Jones, *eds.*, 2000:79) makes the point that psychological science and faith share similar ideals in that both acknowledge ... *humility before nature and skepticism of human presumptions* ... proponents of this view is of the opinion that true science will be impeded by the intrusion of faith beliefs from any quarter that cannot be empirically documented. They tend to argue that science can only proceed on the basis of an objective study of reality that is accessible to direct observation which can be replicated by any interested investigators.

3.3.5.3 The *Integration* viewpoint

Proponents of this approach underscores what the domains of psychology and theology hold in common. It is argued that - in different ways - both disciplines cover the nature of human beings, ... *how humans develop, what has gone wrong with humans and how humans can overcome what has gone wrong* Johnson and Jones, *eds.*, 2000:39).

Some researchers in this field attempted to determine to what extent the two disciplines overlapped with each other, while others attempted to integrate the two. (As was already pointed out by the viewpoints of Carter and Narramore, 1979, Crabb, 1975 and Kirwan, 1993).

In his chapter Gary Collins (in Johnson and Jones, *eds.*, 2000:104) points out that in 1994 Evert Worthington wrote an article in the *Journal of Psychology and Theology* (1994:22, 79-86) in which he argued that writings about the interdisciplinary integration of psychology and theology have occurred in three waves:

The first wave was prior to 1975 and included Paul Meehl (1958), Paul Tournier (1964), Richard Bube (1971), and Gary Collins (1973). Worthington's list also should have included Clyde Narramore (1960).

A second wave of integrationists was inspired by the founding of the *Journal of Psychology and Theology* and the development of the Fuller and Rosemead graduate schools of psychology. *During this period from 1975 to 1982, John Carter, Richard Mohline (Carter & Mohline, 1976), Bruce Narramore (Carter & Narramore, 1979), Larry Crabb (Crabb, 1977), Kirk Farnsworth (1982), Gary Collins (1977, 1981) and a few others proposed new models of integration (Collins in Johnson and Jones, eds., 2000:104).*

Worthington (1944) - as referred to by Collins (in Johnson and Jones, eds., 2000:105) - suggests that since 1982 integration models has slowed to a trickle.

Collins (in Johnson and Jones, eds., 2000:105) is of the opinion that since the year 2000 there has been a (third) phase of re-evaluation and renewed interest in models of integration between psychology and theology. Although a lot of research has been done and proposals/models put forward on integration the term remains confusing and is used in a variety of ways. *Integration has become a word shrouded in mystery, a slogan, a buzzword that gives us warm feelings but is used more as a gimmick to attract students than as a genuine scholarly achievement or a practical methodology.* In addition to the confusion about what integration means, there are different opinions about what exactly researchers are attempting to integrate. Do they integrate psychology and theology, psychology and

Christianity, psychology and the Bible, counseling and Christianity, faith and learning, faith and practice, or all of the above? And what is their goal? Is it to relate one field of study to another, to harmonize two approaches to understanding and changing behavior, to reach some kind of unification, to develop a coherent and competent theory of counseling?

To answer and clarify some of the questions about the subject Collins (in Johnson and Jones, eds., 2000:106-126) argues that integration of psychology and theology is worthwhile, undefinable, personal and hermeneutically based. He goes on to add that for integration to have maximum impact, it must be eschatological, culturally sensitive, outreach oriented, Spirit led and a way of life that starts and ultimately takes place in the mind and spirit of the integrator.

In conclusion it is clear that in contrast to the levels-of-explanation approach the integration view tends to be more willing to criticize psychology in its modern form and to ask whether its findings are genuinely compatible with Scripture.

3.3.5.4 The *Christian psychology* viewpoint

According to Johnson and Jones (2000:40) this model is the most recent evangelical approach that related faith to psychology. The fundamental argument of the Christian psychological model is that a psychology of human nature can be derived from a Christian view of a person rather than ... *simply taking modern psychology as it is.*

As was already pointed out earlier in this chapter, that Larry Crabb (as a

representative from the Christian counseling approach) has seemed to be moving away from the integration approach found in his earlier work to embrace more fully the themes of a Christian theology of sanctification in his writing about psychological and spiritual growth (Crabb, 1993; 1996: 1999). According to Johnson and Jones (2000:41). Crabb typifies a advocate of the Christian psychology model in that he strives to have a Christian theological framework that more radically sets the agenda of his understanding of psychology and counseling without entirely repudiating a psychological focus.

In his essay on a Christian psychology view, Roberts (in Johnson and Jones, eds., 2000:148-177) argues that the Sermon on the Mount (Math 5, 6 and 7) *... is a special kind of ethics that is closer to what we know as psychology than what we have to come to think of as ethics. We think of ethics as rules for action and social policies that promote certain actions and discourage others. The Sermon does have much to say about actions, but it is also, and more deeply, about character - about the form of persons. It is about how to live, by being a person of a certain kind of character who acts well as a part of living well. And it is about the transformation of persons from being one kind of character and living less well to being another kind who live well. But the study of character, the aspects of its well-being, and the change of character for the better seem to be a sort of psychology and psychotherapy in a broad sense of these words. To further the assimilation of the Sermon to psychology, we might also point out that modern psychologies are ethical systems* (Roberts in Johnson and Jones, eds 2000:159).

In arguing that the Sermon on the mount is at its core - a form of psychotherapy, Roberts (2000:171) concludes that psychology is native to

Christianity and that it is fundamental to a person's faith. However he notes that most Christians who are psychologists are far better versed in the establishment psychologies than they are in the psychology of their own religious tradition (Roberts in Johnson and Jones, *eds.*, 2000:172).

He thus concludes that Christians who work as psychologists in clinical settings should be at least as well versed in the thought of a significant Christian psychologist, as they are in their own area of establishment psychology.

3.4 SYNTHESIS : FOUR MAJOR COUNSELING PARADIGMS

In analyzing the afore mentioned 4 viewpoints of (1) Crabb, (2) Carter and Narramore, (3) Kirwan and (4) Johnson and Jones it became clear that there are definite areas of similarities and overlapping of the different alternatives proposed.

However it should be noted that Carter and Narramore (1979) defined both a sacred and a secular version of each of the four primary views they identified. Thus it implies that a total of twenty viewpoints were identified.

From an analysis of the twenty approaches defined, it becomes clear that they can be grouped under 4 broadly defined paradigms: A **Humanistic paradigm**, a **Theosentric paradigm**, a **Divergent paradigm** and a **Convergent paradigm**.

The viewpoints grouped under the **Humanistic paradigm** operates from the basic epistemological assumption that human reason is the ultimate source of

truth. Advocates of this paradigm are diverse in their world and life views: At the one end of the continuum is the atheist counselor with a purely materialistic view while at the other end of the Humanistic paradigm are counselors who acknowledge the existence of God, but denies the fact that a person can have a personal relationship with Him. They still affirm that the human person is the source of truth and knowledge. A third category under the Humanistic paradigm are counselors who verbally assent that God is personal - that He can influence peoples lives and their history - but they do not live out that belief.

The **Theocentric paradigm** is the second grouping of views that argues that revelation supersedes reason and may be contrary to reason. They hold that problems such as mental distress, depression and anxiety are the result of disobedience to Biblical commands or the result of a sin the counselee is harbouring.

The **Divergent paradigm** accepts both human reason and theological revelation as relevant in counseling. Yet these counselors argue that there is very little overlap between Christianity and Psychology. The basic epistemological assumption of this counseling position is that revelation can never be reduced to reason nor can reason be reduced to revelation. So these counselors affirm that they work from a Christian foundation and at the same time make use of psychological principles during therapy/counseling.

Lastly the **Convergent paradigm** blends humanistic viewpoints with theological approaches of counseling. This paradigm's basic epistemological assumption is that all truth is ultimately part of an integrated whole under

the guidance of God. This paradigm stresses both the Scriptural message concerning sin and salvation but also the fact that God commanded man to replenish and master the earth. Thus subscribers to this paradigm emphasizes God's sovereignty and providence and acknowledges the fact that all problems stem from the universality of sin. But they also point out that not all psychopathology is the result of sin; personal sin is not necessarily the cause of emotional difficulties.

The different models can thus be grouped as follow under the 4 paradigms defined:

AUTHORS	COUNSELING PARADIGMS			
	HUMANISTIC	THEOSENTRIC	DIVERGENT	CONVERGENT
1. Crabb (1975)	-	1. Nothing Buttery viewpoint	1. Separate but equal viewpoint	1. Tossed salad viewpoint 2. Spoiling the Egyptians viewpoint
2. Carter and Narramore (1979)	1. Of-viewpoint (secular and sacred versions)	-	1. Against viewpoint (secular and sacred versions) 2. Integrates viewpoint (secular version) 3. Parallels viewpoint (secular and sacred versions)	1. Integrates viewpoint (sacred version)
3. Kirwan (1993)	1. Un-Christian viewpoint	1. Spiritualized viewpoint	1. Parallel viewpoint	1. Integrated viewpoint
4. Johnson and Jones (eds) (2000)	-	1. Biblical counseling viewpoint (by D. Powlison)	1. Levels-of-explanation viewpoint (by DG Myers)	1. Integration viewpoint (G. Collins) 2. Christian psychology viewpoint (by RC Roberts)
TOTAL	3 MODELS	3 MODELS	8 MODELS	5 MODELS

3.5 FORMULATING A METASYSTEM

Assuming that each of these different paradigms portrays some of the truth, it follows that the next step will be to develop a way of appropriating as much of truth as possible from all the above mentioned paradigms. This requires developing some sort of a *metasystem*.

Each of the paradigms presents a coherent consistent system for explaining the relationship (or lack of relationship) between theology and psychology. It is also clear that there are striking differences between these paradigms.

One approach to these differences is the *systemic approach*. This view argues that if one paradigm is chosen, it discriminates against all others where they seem to contradict the favoured paradigm.

A *metasystemic approach* however challenges an analyzer to acknowledge more of the truth than can be found in a single paradigm, yet without reverting either to relativism or unreflective, logical inconsistency. An objective evaluation of each paradigm reveals that each is unique and that each emphasizes important truths. It has already been argued that all truth is from God and needs to be embraced. The researcher believes that mankind has a limited perspective; no one but God can grasp the whole vista of reality. Consequently *truths* from other perspectives need to be acknowledged in order to paint the biggest and as an objective picture possible and compose the most accurate understanding of reality.

However, a metasystemic approach does not relativize all of the views. In fact, Jonhson and Jones (2000:255) is adamant that *...metasystemic thinking requires a*

great deal of contemplation ... and involves deep reflection, in light of our present understanding. ... Perhaps we'll see things in a light different from that of a particular contributor, but still we must try to do justice to the key insights of the contributor in order to get as close as possible to God's comprehensive understanding. The fact is, there are usually limitations in every complex system. Everyone's understanding likely has some error. So we must critique each system and its beliefs; if we don't, falsehoods will inevitably creep into our understanding.

Thus a metasystemic goal in an analysis of the different paradigms is to develop as comprehensive an understanding as possible, and the hindrance is precisely the tendency to embrace an unnecessarily restrictive bias that excludes the truth in other paradigms. As a person works through a particular approach, a clue to discovering personal bias is to ask *how am I dealing with its assertions?* Systemic thinkers rashly reject thoughts that do not fit neatly into their present paradigm regardless of the evidence. In contrast, metasystemic thinkers use their present paradigm as a guide while they listen intently to other perspectives, attempting to hear and incorporate compelling evidence of truth, even if it seems contradictory to a formal approach at first.

To guard against the pitfall of relativism - especially in a postmodern era when the notion of truth is frequently called into question - Johnson and Jones (2000:255) suggests the following qualifications/guidelines regarding metasystemic thinking:

Firstly God - through Christ - in his revelation in the Old and New Testaments is the *ultimate* truth. Christianity is the religious system that alone does justice to all of the complexity of humanity and the world. As argued earlier in this dissertation, Christianity thus embodies a breadth that allows it to be a legitimate *world and life*

view. It is defined by the particular way that God acted to give mankind eternal life through the life, death and resurrection of Jesus Christ. Thus a metasystemic paradigm ceases to be legitimate for Christians when it embraces ideas that opposes and contradicts fundamental Christian beliefs. Johnson and Jones (2000:257) is of the opinion that: *Balancing a vigorous affirmation of core Christian beliefs with an openness to novel ideas that stretch us and open up vistas we have not yet explored can be difficult. But that is a necessary tension bound up in the calling of the Christian who seeks the truth.*

Secondly openness to a paradigm that is complementary to a metasystemic point of view must stop if the ideas that are so considered are fundamentally incompatible and truly contradictory to the principles of Scripture. *Openness to metasystemic thinking is not license to believe mutually incompatible things* (Johnson and Jones (2000:257). Thus it implies that the law of noncontradiction still holds true for a metasystemic paradigm: A statement cannot be true and its opposite - rightly understood - also be true. However, metasystemic thinking can permit us to identify that some apparent contradictions can be harmonized. In this regard Johnson and Jones (2000:257) refer to the trinity of God as an example: that God is both three and one. In this way complexities can be explained without resorting to genuinely contradictory statements. Applied to some of the models of the authors that was previously examined it can thus be deduced that some models are truly incompatible with some of the beliefs of the others: In this regard the metasystemic paradigm cannot put together what logic genuinely renders asunder.

Thirdly Johnson and Jones (2000:258) are of the opinion that invalid conclusions are still wrong. A counselor underwriting the metasystemic paradigm must be sensitive to recognize when theorists or researchers generalize beyond the real value of their work and make extravagant and vague universal claims about a particular approach, theory or finding. Metasystemic thinking still utilizes formal logical analysis in which an invalid conclusion is simply wrong. So the discerning metasystemic thinker embraces the more limited findings of the researcher while rejecting the unwarranted, broader claim that is also being made. Johnson and Jones (2000:259) conclude that ... *metasystemic thinking provides no license to think sloppily, that is, il-logically. Metasystemic thought is not illogical; it is supralogical. It integrates simple logics into a higher order without abandoning logic's laws.*

Logic is essential for complex thought. The systemic paradigm explains many aspects of humanity and nature. But when the available evidence compels thinkers (as presented by the different coherent approaches to theology and psychology) they are challenged to develop a more comprehensive understanding than what a systematic paradigm alone could accomplish.

Fourthly it can be stated that different approaches to theology and psychology (such as those portrayed in this Thesis) are often better suited for dealing with certain types of problems and not others (Johnson and Jones, 2000:259).

Thus the different paradigms outlined in this chapter may be the most compelling when they are applied to different regions/areas of focus/study. In other words the question should not simply be: *Is this the right paradigm?* Rather it should be asked: *Is this the right paradigm for understanding how my Christian faith relates to this specific problem or understanding this particular phenomenon?*

In conclusion it should be noted that the metasytemic paradigm does not equalize all systems/models. It may be that one system or model is - with regard to a specific area of study - more valid than the others. Johnson and Jones (2000:261) argue this point as follows: *Most systems are actually to some extent already metasytems and have already synthesized the truth of other systems to some extent. So we may find one approach is more helpful than another, describing more of the vista, providing more of a map. In our search God's understanding, we all simply aim to do the best we can wherever we're at.*

3.6 TRICHOTOMOUS THERAPY

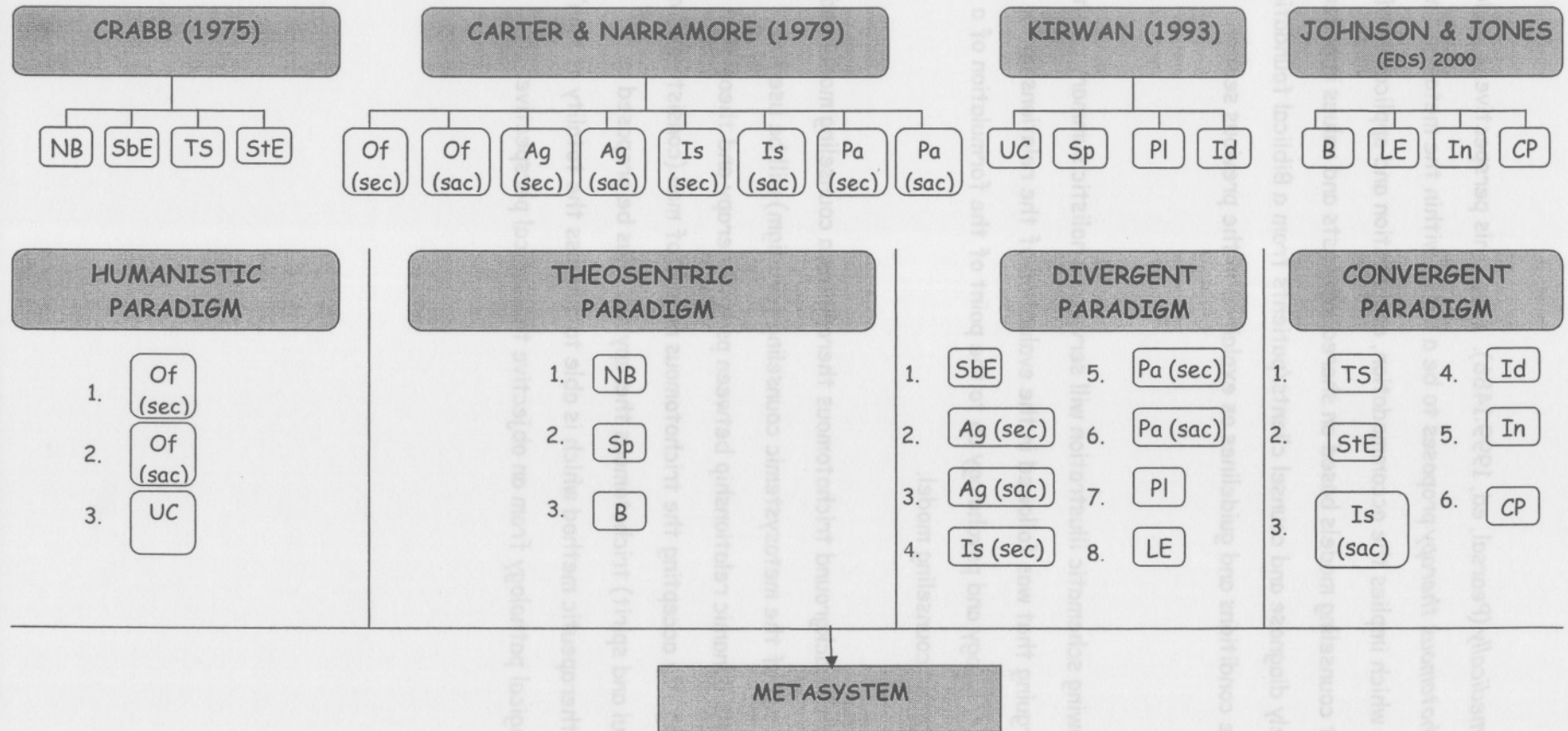
This researcher would like to suggest that a metasytemic therapeutic model that ascribes to the conditions of the metasytemic paradigm can be called trichotomous therapy. The Concise Oxford Dictionary (1999:1531) (tenth edition) edited by Pearsall defines the word *trichotomy* as *a division into three categories*. It's origin is from the Greek word *trikha* which means *threefold*. The word therapy means *treatment intended to relieve or heal a disorder or the treatment of mental or by psychological disorders by psychological means*. The word word originates from the Greek words *therapeia* which means *healing* and *therapeuein* which means *to minister to or*

to treat medically (Pearsal, ed, 1999:1486). From this perspective it is clear that *trichotomous therapy* proposes to be a model within the metasystemic paradigm which implies the accommodation, cooperation and application of different counseling models based on shared interests and values in order to effectively diagnose and counsel clients/patients from a Biblical foundation under the conditions and guidelines as explained in the previous section (3.3.7).

The following schematic illustration will serve as a holistic summary of the line of arguing that was followed in the evaluation of the relationship between theology and psychology up to the point of the formulation of a metasystemic counseling model.

Against this background trichotomous therapy (as a counseling model under the auspices of the metasystemic counseling paradigm) will be used to explain the dynamic relationship between psychotherapy and theological counseling. By accepting the trichotomous nature of man (consisting of a body, soul and spirit) trichotomous therapy will thus be proposed as a holistic therapeutic method which is able to address the totality of man's psychological pathology from an objective theological perspective.

CONSOCIATIONAL COUNSELING AS A METASYSTEMIC APPROACH WITHIN THE TRICHOTOMOUS THERAPEUTIC PARADIGM



NB = Nothing Buttery view
 SbE = Separate but Equal view
 TS = Tossed Salad view
 StE = Spoiling the Egyptians view

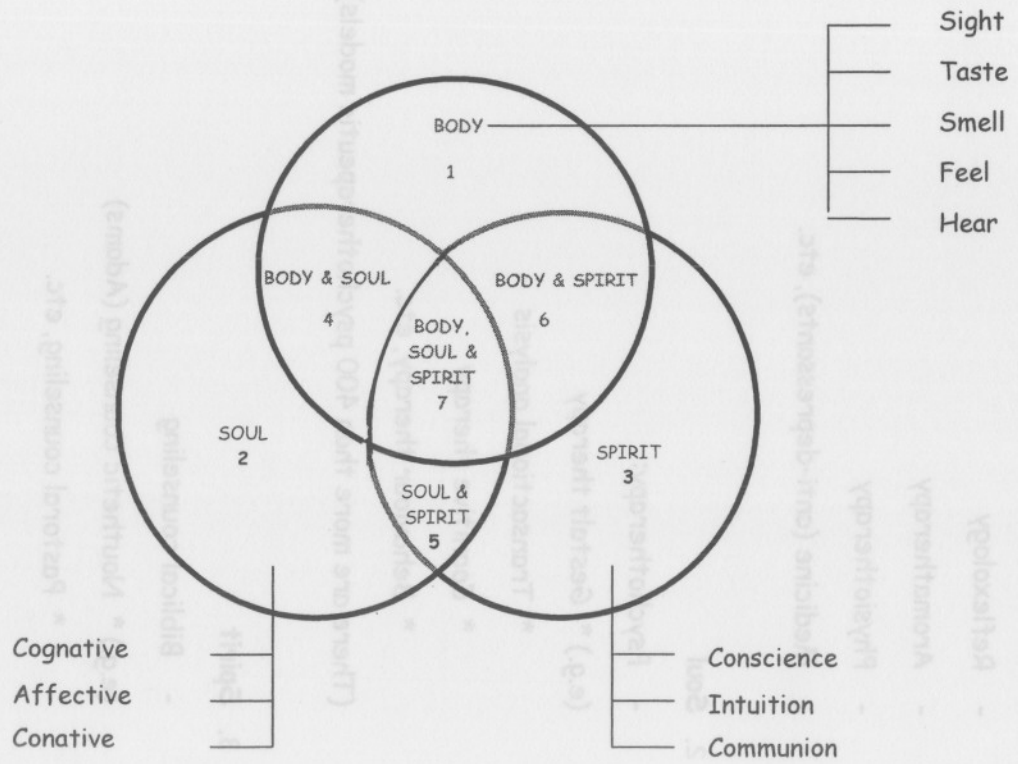
Of = Of view
 Ag = Against view
 Is = Integrates view
 Pa = Parallels view
 Sec = Secular
 Sac = Sacred

UC = Un-Christian view
 Sp = Spiritualized view
 PI = Parallel view
 Id = Integrated view

B = Biblical counseling view
 LE = Levels-of-explanation view
 In = Integrated view
 CP = Christian Psychology view

METASYSTEM

**MAN AS A TRIPARTATE BEING:
TRICHOTOMOUS THERAPY**



The 7 different segments of the three overlapping circles represents 7 areas of therapy. Examples of therapy techniques in each area will be listed below:

1. Body

- Reflexology
- Aromatherapy
- Physiotherapy
- Medicine (anti-depressants), etc.

2. Soul

- Psychotherapy:
 - (e.g.) * Gestalt therapy
 - * Transactional analysis
 - * Cognitive therapy
 - * Behaviour therapy, etc.

(There are more than 400 psychotherapeutic models) (Corsini, 1995:10)

3. Spirit

- Biblical counseling
 - (e.g.) * Nouthetic counseling (Adams)
 - * Pastoral counseling, etc.

4. Body and Soul

- Spa-therapy
- Relaxation techniques
- Yoga
- Meditation
- Movement therapy, etc.

5. Soul & Spirit

- Religious (and denominational) practices like spirituality worshipping and prayer.

6. Body & Spirit

- Psychic and paranormal phenomena

(e.g.) * Astral experiences

- * Out of body experiences

- * Devil worship

- * Fortune telling, etc.

7. Body & Soul & Spirit

- * Trichotomous therapy: The Holy Spirit in Man's spirit rules the total human: his soul (emotions, thoughts and behaviour) as well as his body with its 5 senses (taste, smell, feel, sight and hearing) and desires.

- * Trichotomous therapy as a therapeutic technique within the metasystemic paradigm can make use of all of the above-mentioned counseling/therapeutic techniques [except area 6 (body and spirit) which is in direct conflict with the fundamental principles of the Bible]

3.7 PRELIMINARY CONCLUSIONS

In this chapter some of the most prominent research about the relationship between theology and psychology was described, analysed and evaluated.

The main theme throughout this chapter was to answer the question of how Christians beliefs about people relate to what secular versions of psychology explain about them.

To give a thorough answer to this question, it was essential to define what is meant by a life and world view since it represents the convictions of man concerning fundamental questions about the origin, meaning, destination, goal and value of man and the world of his relationship with God. The explanation of the essence of a life and world view was refined in the sense that a differentiation was made between Christian and non-Christian perspectives about life and the world.

Flowing from a life and world view, was the observation that presuppositions is foundational to a person's perception and beliefs about life and the world. A Presupposition was defined as a belief or theory which is assumed before the next step in logic is developed. Such a prior postulate then consciously or unconsciously affects the way a person subsequently reasons.

Next the presuppositions of theology and psychology were explained.

With regard to the relationship between theology and psychology, the following scholar's contributions in the field were described and critically evaluated:

Larry Crabb (1977) distinguished between (1) the **Separate but equal viewpoint**, (2) the **Tossed salad viewpoint**, (3) the **Nothing buttery viewpoint** and (4) the **Spoiling the Egyptians viewpoint**.

John D. Carter and Bruce Narramore (1979) identified (1) the **Against Viewpoint**, (2) the **Of viewpoint**, (3) the **Parallels viewpoint** and (4) the **Integrates viewpoint**. (They went on to identify a sacred and a secular description of each view).

William T. Kirwan (1993) also identified four descriptive models: (1) the **Un-Christian viewpoint**, (2) the **Spiritualized viewpoint**, (3) the **Parallel viewpoint** and (4) the **Integrated viewpoint**.

Lastly Johnson and Jones (eds) (2000) - through the contributions of David Powlison, David G. Myers, Gary R. Collins and Robert C. Roberts - explained (1) the **Biblical counseling viewpoint**, (2) the **Levels-of-explanation viewpoint**, (3) the **Integration viewpoint** and (4) the **Christian psychology viewpoint**.

From an analysis of the **twenty viewpoints** thus defined it became clear that there were definite areas of similarities and overlapping of the alternatives proposed.

After further scrutiny it was discovered that the twenty viewpoints could be grouped under 4 broadly defined paradigms : (1) a **Humanistic paradigm**, (2) a **Theosentric paradigm**, (3) a **Divergent paradigm** and (4) a **Convergent paradigm**.

Assuming that each of the different paradigm portrayed some version of truth, the next step was to find a way of appropriating as much of the truth as possible from all 4 paradigms.

Instead of a systematic approach - which favours a single paradigm, only to discard the rest - research showed that a metasystemic approach challenges an analyzer to acknowledge more of the truth than can be found in one paradigm, yet without reverting either to relativism or unreflective logical inconsistency.

Thus working from a metasystemic paradigm, *Trichotomous therapy* was proposed as a therapeutic technique. Trichotomous therapy claims to accommodate the dynamic relationship between psychotherapy and theological counseling by accepting that man is a trichotomous being, consisting of a body, soul and spirit.

Furthermore, Trichotomous therapy claims to accommodate the fact that due to the tripartite nature of man specific emphasis needs to be placed on the relative significance of sensual therapy (body), psychotherapy (soul) and spirituotherapy (spirit) with regard to the client/patient that is so therapeutically treated.

Because of the interrelatedness of body, soul and spirit, seven therapeutic areas were identified of which only trichotomous therapy was able to effectively accommodate all 3 parts of man.

In the next chapter, the practical implementation of trichotomous therapy as a holistic therapeutic technique (which accommodates the tripartite nature of man - body, soul and spirit) will be explained.

CHAPTER FOUR: TRICHOTOMOUS THERAPY : A PROPOSED PASTORAL PARADIGM

4.1 INTRODUCTION

The purpose of this chapter is to explain the practical implementation and dynamics of trichotomous therapy as a pastoral paradigm within a meta-systemic approach.

Before the functioning of trichotomous therapy as a pastoral paradigm is explained, it is imperative to understand and acknowledge the following elucidatory clarifications which will serve as noteworthy guidelines to the application of trichotomous therapy:

1) During the explanation of the functioning of trichotomous therapy within a pastoral paradigm, the terms *therapy* (or *psychotherapy*) and *counseling* will frequently be used. According to Corsini (in Corsini and Wedding, eds 1995:2), *psychotherapy* and *counseling* are the same *qualitatively*; they differ only *quantitatively*. He states: *There is nothing that a psychotherapist does that a counselor does not do* (Corsini, in Corsini and Wedding, eds., 1995:2).

However he goes on to argue that although the two terms probably seem interchangeable to many people, they tend to have different meanings for people in the helping professions. Generally, counseling is understood to be a relatively short process, often occurring in one session and rarely compromising more than five sessions, whereas psychotherapy usually runs

for many sessions and can even continue for years. Counseling is usually seen as problem-oriented, while psychotherapy is more person-oriented. The following table indicates that the actual processes that occur in counseling and psychotherapy are identical, but they do differ relative to the time spent, and thus quantity affects quality (Corsini, in Corsini and Wedding, eds, 1995:2).

Estimate of Percent of Time Spent by <i>Counselors</i> and <i>Psychotherapists</i> in Professional Activities (Corsini, in Corsini and Wedding, eds, 1995:2)		
Process	Counseling	Psychotherapy
Listening	20	60
Questioning	15	10
Evaluating	5	5
Interpreting	1	3
Supporting	5	10
Explaining	15	5
Informing	20	3
Advising	10	3
Ordering	9	1
	100%	100%

So, essentially, counseling stresses the giving of information, advice, and orders by someone considered to be an expert in a particular behaviour, while psychotherapy is a process of helping people discover why they think, feel, and act in unsatisfactory ways. Corsini (in Corsini and Wedding, eds, 1995:2) states: *A counselor is primarily a teacher, while a psychotherapist is essentially a detective.*

During the application of trichotomous therapy, it is essential to take note of Corsini's subtle distinction between the two approaches, since the practitioner who conducts trichotomous therapy will have to apply himself/herself in both these roles: namely that of a *person-orientated psychotherapist* and that of a *problem-orientated counselor*. (The reason for this statement will become clear when the dynamics of the proposed therapy will be explained later in this chapter).

2) For clarity sake, it is also important to distinguish between the terms *patient* and *client*. According to Corsini (in Corsini and Wedding, eds, 1995:4) psychotherapists who come out of a medical orientation tend to see those they work with as *patients*, while those who come from other orientations like pastoral counselors tend to see them as *clients* or *counselees*. So, it is possible for two therapists to see the same person at the same time in multiple therapies, with one viewing the person as a *patient* and the other therapist seeing that same person as a *client/counselee*.

3) For the sake of further reference, the difference between *psychotherapy* and *psychiatry* should also be clarified: All modes of trying to help people to improve themselves via symbolic methods can be called *psychotherapy* just as all methods to help improve psychological functioning through medication, surgery, electric shock and other somatic procedures may be called *psychiatry*. Consequently the clinical interview, hypnosis, role playing, projective techniques, cognitive-, emotive- and conative therapies can be considered procedures in *counseling/psychotherapy* (Corsini, in Corsini and Wedding, eds, 1995:4).

4) Since each psychotherapist/counselor draws from his/her own, unique life - and world view, it stands to reason that the style and methodology in which therapy is conducted within the trichotomous paradigm, will differ from clinician to clinician (cf. chapter 3 of this thesis).

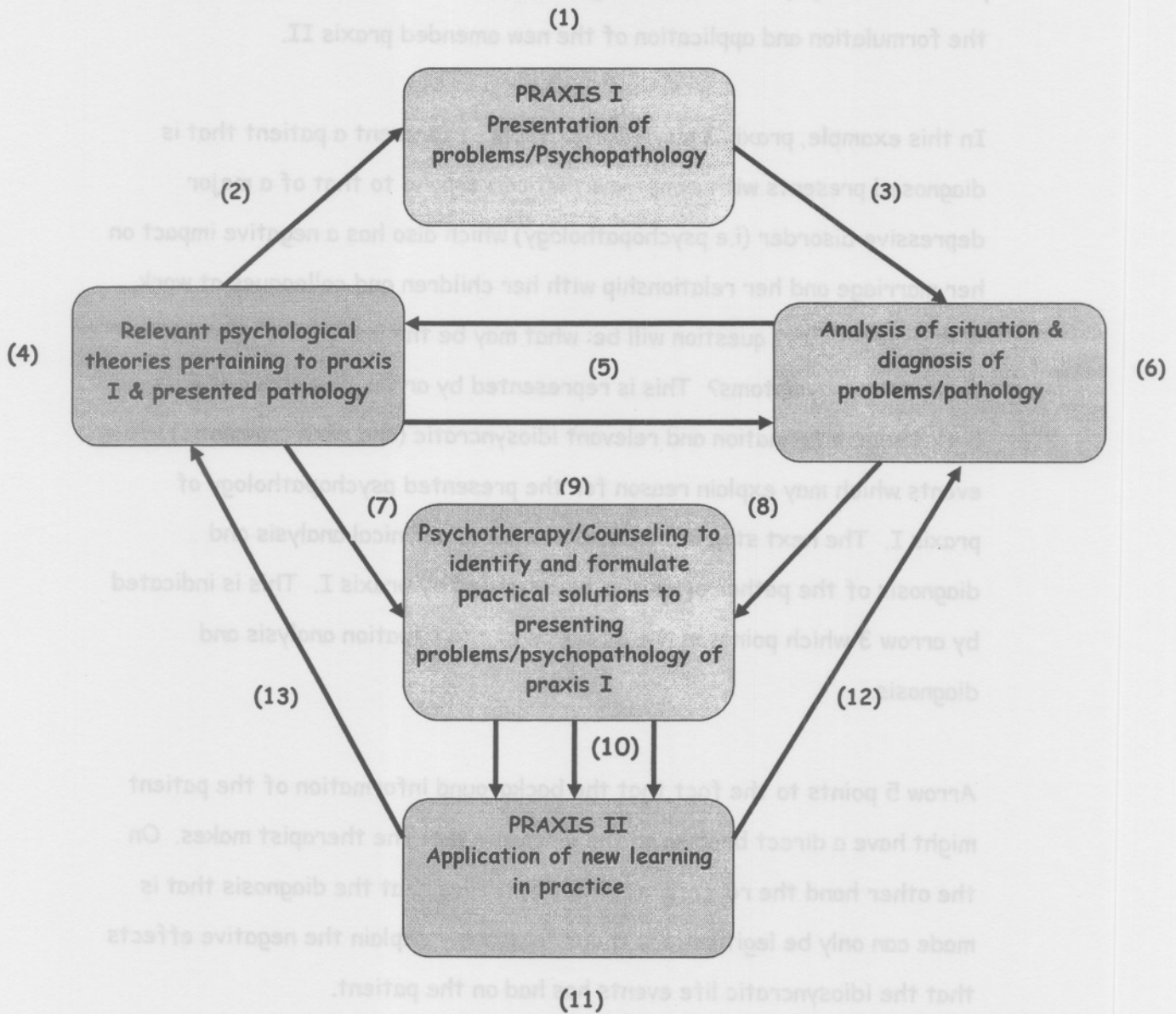
4.2 TRICHOTOMOUS THERAPY: A METHODOLOGICAL MODEL

According to Heyns and Pieterse (1990:35) methodological models are a method of facilitating the interaction between theory and praxis. They state: *The relationship between theory and praxis is one of bipolar tension. Theory is not praxis, nor is praxis theory. Yet the two are inseparably linked, like the two sides of a coin* (Heyns and Pieterse, 1990:33).

The foundation and dynamic functioning of the forthcoming trichotomous therapeutic model is to a certain extent based on the model of Zerfass as explained by Heyns and Pieterse (1990:33-37). It is a useful model which can lead a therapist/counselor to help a patient/client from a particular (psychopathological) praxis to form a new theory/insight which can in turn lead to a new (healthy, balanced and insightful) praxis.

Taking into account the specific theme and arguments of this dissertation, Zerfass's model can thus be applied as follows:

AN ADAPTATION OF ZERFASS'S MODEL FOR THERAPY/COUNSELING PURPOSES
 (as adapted from Heyns and Pieterse, 1990:37)



This model can be explained by means of the following example. In the upper square is written *praxis I* and (1). In the lower square is written *praxis II* and (11). The model begins with praxis I and is completed with the formulation and application of the new amended praxis II.

In this example, praxis I may - for example - represent a patient that is diagnosed presents with symptoms that correspond to that of a major depressive disorder (i.e psychopathology) which also has a negative impact on her marriage and her relationship with her children and colleagues at work. A therapist's first question will be: what may be the underlying reasons for the patient's symptoms? This is represented by arrow 2 i.e. the patients background information and relevant idiosyncratic (and even traumatic) life-events which may explain reason for the presented psychopathology of praxis I. The next step in this model requires a clinical analysis and diagnosis of the pathology as it is represented by praxis I. This is indicated by arrow 3 which points in the direction of the situation analysis and diagnosis.

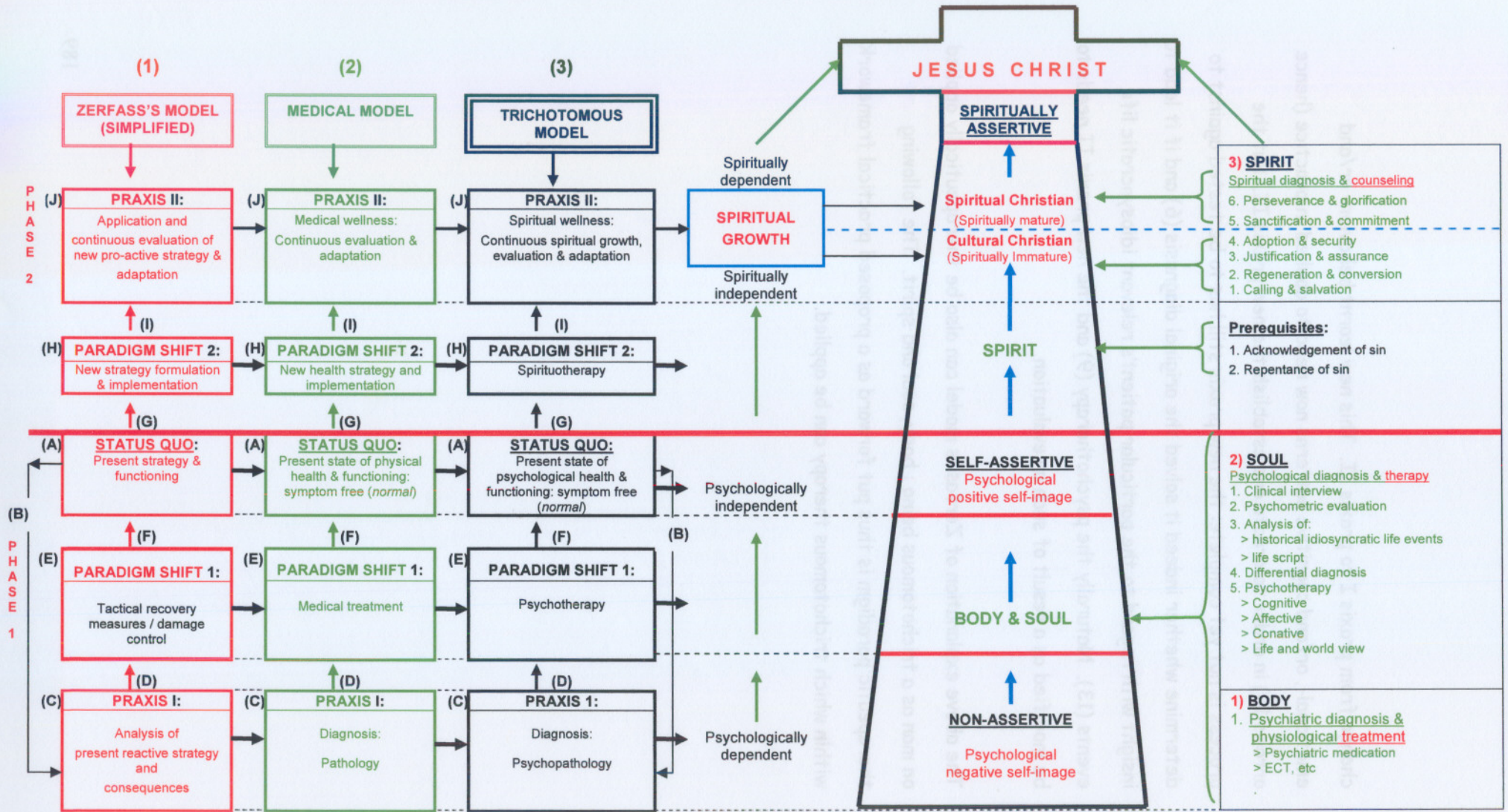
Arrow 5 points to the fact that the background information of the patient might have a direct bearing on the diagnosis that the therapist makes. On the other hand the reverse arrow at (5) implies that the diagnosis that is made can only be legitimate if it can reasonably explain the negative effects that the idiosyncratic life events has had on the patient.

After examining the significant psychological theories relevant to praxis I (4), as well as the presenting pathology (5), arrows 7 and 8 point to the actual therapeutic/counseling process (9), in order to facilitate rehabilitative

change from praxis I to praxis II. This new learnt behavior- or/and emotional-, or/and cognitive patterns now need to applied in practice (hence arrows 10) in order to create and establish the new praxis II. But the process is not yet complete: the new praxis still has to be tested against to determine whether indeed it solved the original diagnosis (6) and if it lead to insight with regard to the particular patient's relevant idiosyncratic life events (13). Naturally the psychotherapy (9) and the new praxis II needs to be modified as a result of such an evaluation.

The above explanation of Zerfass's model can also be therapeutically applied on man as a trichotomous being : body, soul and spirit. The following therapeutic paradigm is thus put forward as a proposed practical framework within which trichotomous therapy can be applied.

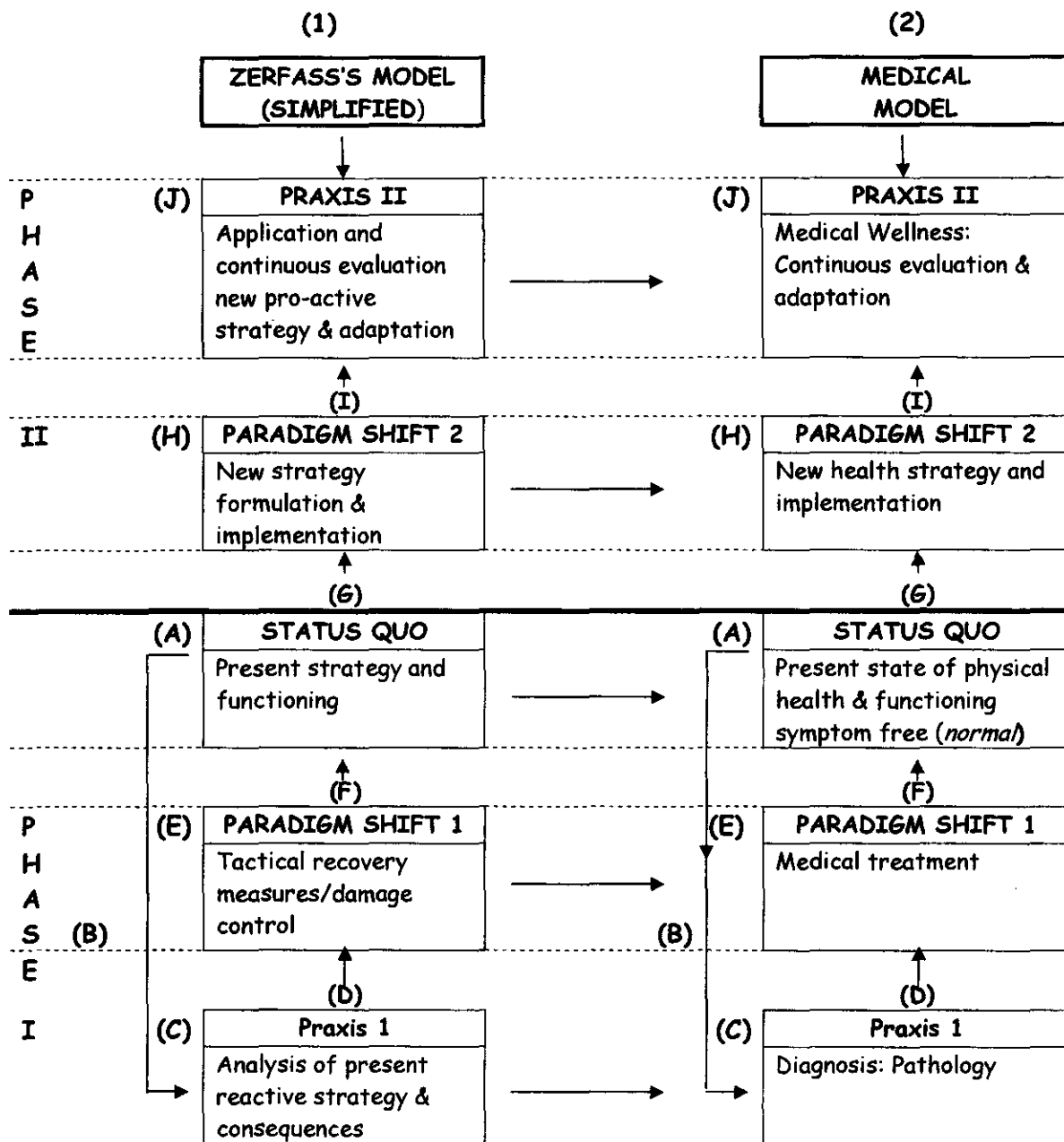
TRICHOTOMOUS THERAPY: A PROPOSED PASTORAL PARADIGM



The practical application of this proposed therapeutic paradigm will henceforth be incrementally explained in greater detail.

4.2.1 The medical model

With Zerfass's model (1) as point of reference a basic Medical model (2) will be explained according to the following diagram:



Focus on the Medical model (2), Point A represents the *status quo* of medical health. It implies that most people physically function from a medical position of being pathologically healthy or being *OK* or it can be argued that physiologically they are functioning *normally*. If a person should fall ill (for example if he/she presents with symptoms such as a high fever, headaches, body aches and pains and should these symptoms persist, such a person would consider going to a medical practitioner (B) in order to have the pathology diagnosed (Point C : Praxis I) and medically treated, Paradigm shift 1 (E), so that the patient can at least recover back (F) to the point (A) of being *OK*; and thus functioning *normally* or symptom free again. However there are a significant amount of authors that argue that to really reach optimal/medical wellness, (i.e. for a person to really fulfill all of his/her physical potential) one should go beyond to just being *OK* or *symptom free* (Point A : Status Quo) (Peck, 1990:45-47; Robbins, 1997:271-275; Sommer, 1993:151-180; Tournier, 1989:234; McGraw, 2001:27; Waitley, 1984:91-93; Dyer, 1980:13-14). This implies a second paradigm shift (G), which entails a new, improved health strategy (H). The implementation of this new strategy will then lead (I) to Praxis II: A state of medical and physical wellness (J) which needs to be continuously monitored. Dyer (1980:13) states that according to research that he has done on the topic of *Wellness*, only 7% of 1850 respondents aged between 60 and 100 years old stated that, if they were to die within the next 3 days, they will be satisfied that they would have reached a point of *self-fulfillment and Wellness* in the sense that they feel that they have reached all of their potential in most areas of life. The rest of the respondents (93%) stated that they weren't satisfied with their state of self-fulfillment and wellness.

With reference to both Zerfass's model and the Medical model the

functioning of the Trichotomous model as a proposed therapeutic paradigm will henceforth be explained.

4.2.2 The Trichotomous model

4.2.2.1 Foundational premises

The trichotomous model is based on the following foundational premises/conditions (which were defined and explained in extensive detail in the previous chapter of this thesis):

- 1) That man consists of three constituent parts: i.e. body, soul and spirit and that each part is dynamically interlinked with the other two parts.**

- 2) That there exists a definite relationship between psychological therapy and theological counseling which has been explained by various scholars' views and explanatory models on the subject.**

- 3) That the dynamic relationship between psychological therapy and theological counseling can either be explained from a systemic point of view which entails that a certain model of interaction is chosen to the exclusion of all other models, or the interaction between the two disciplines can be explained from a meta-systemic viewpoint which challenges a therapist/counselor to acknowledge more of the truth than can be found in a single model, but without reverting to relativism or unreflective, logical inconsistencies.**

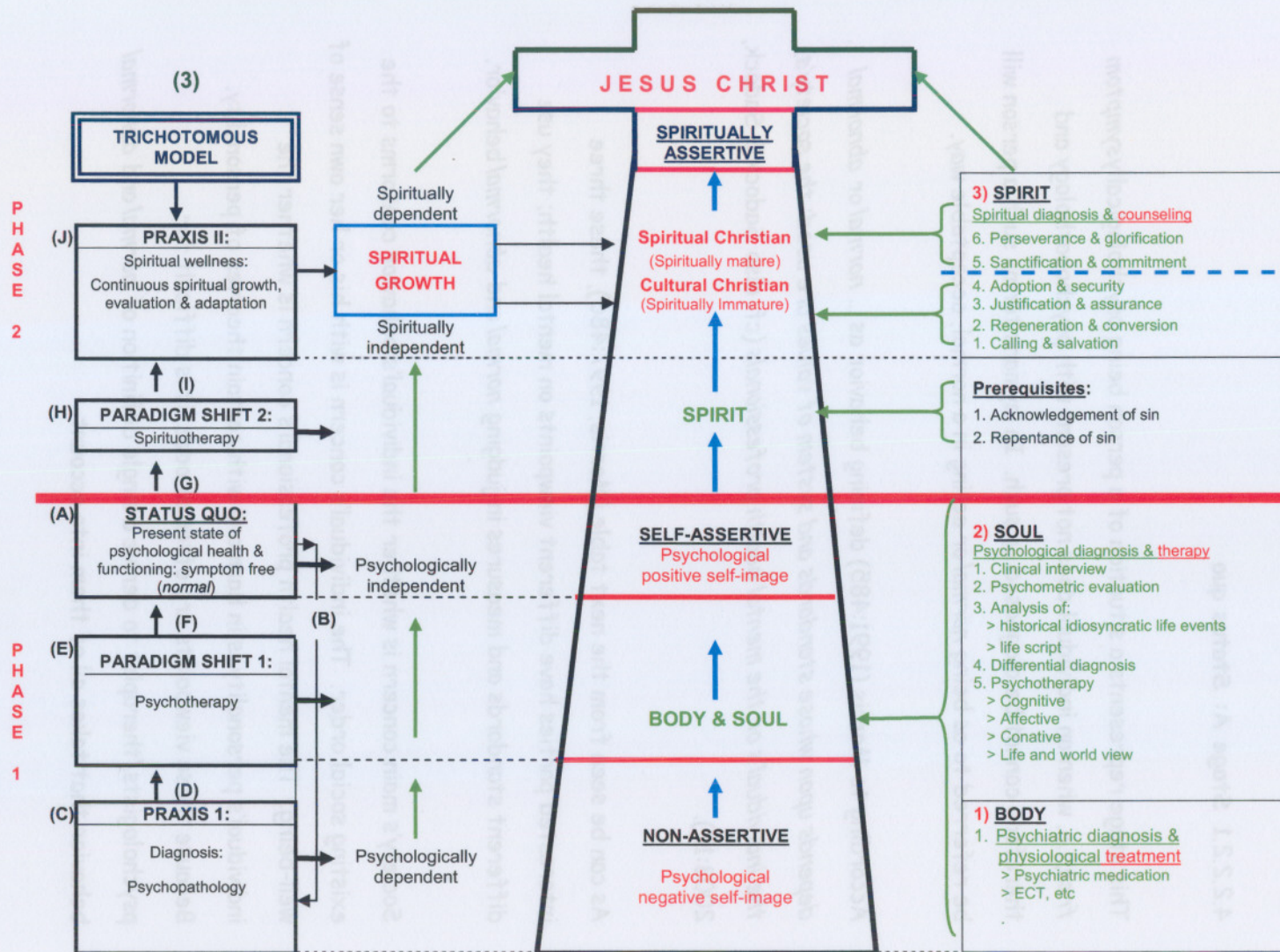
- 4) It was explained why the metasystemic paradigm was chosen as a**

foundational reference to therapy/counseling within certain explicit guidelines/qualifications that a therapist/counselor has to adhere to during therapy/counseling.

4.2.2.2 Explanation of the model

The dynamic functioning of the trichotomous model of therapy is derived from both Zerfass's model and the medical model as explained earlier in this chapter. Diagrammatically it can be explained as follows:

TRICHOTOMOUS THERAPY: A PROPOSED PASTORAL PARADIGM



With reference to the diagram above, the trichotomous model will be explained alphabetically from stage (A) through to stage (J).

4.2.2.2.1 Stage A: Status quo

This stage represents a situation of a person being psychologically *symptom free*, i.e. when an individual does not present with psychopathology and therefore cannot be diagnosed as such. In laymans terms such a person will be referred to as being *normal* or acting in a normal, acceptable way.

According to Morris (1991:485) defining behavior as ... *normal* or *abnormal* ... depends upon whose standards and system of values are used: the society's, the individual's or the mental health professionals (cf. also Sadock & Sadock, 2003:17).

As can be seen from the next table (Morris, 1997:486), these three interested parties have different viewpoints on mental health; they use different standards and measures in judging *normal* and *abnormal* behavior.

Society's main concern is whether the individual's behavior conforms to the existing social order. The individual's concern is with his or her own sense of well-being. The mental health professional's concern is whether the individual's personality is in harmony with certain theories of personality. Because these viewpoints are often at odds, it is difficult for psychologists/therapist to derive a single definition of *normal* and *abnormal* behavior that takes all of them into account.

STANDARDS AND MEASURES OF *NORMAL* BEHAVIOUR (Morris, 1997:487)

	STANDARDS/VALUES	MEASURES
Society	Orderly world in which individuals assume responsibility for their assigned social roles (e.g., breadwinner, parent), conform to prevailing mores, and meet situational requirements.	Observations of behavior, extent to which individual fulfills society's expectations and measures up to prevailing standards.
Individual	Happiness, gratification of needs.	Subjective perceptions of self-esteem, acceptance, and well-being.
Mental Health Professionals	Sound personality structure characterized by growth, development, autonomy, environmental mastery, ability to cope with stress, adaptation.	Clinical judgment, aided by behavioral observations and psychological tests of such variables as self-concept, sense of identity, balance of psychic forces, unified outlook on life, resistance to stress, self-regulation, ability to cope with reality, absence of mental and behavioral symptoms, adequacy in love, work, and play, adequacy in interpersonal relations.

For the purposes of this thesis, the clinical health professionals (i.e., therapist or counselor) view on mental health will be the primary starting point from which psychopathology will be evaluated and diagnosed.

Against the above background the following character traits as defined by Maslow (1987:125-126) to describe a psychologically balanced person (i.e. *normal* person can be entertained as a general norm by which the *normality* or *abnormality* of an individual can be *measured* by.

CHARACTER TRAITS OF A *NORMAL PERSON* (Maslow, 1987:126)

A psychological balanced person will have the following character traits:

- Superior
- Acceptance of self
- Spontaneity
- Solution focused
- Possessive about privacy
- Assertive and not necessarily following vogue trends
- Fresh opinions and rich emotional balanced experiences
- High frequency of emotionally balanced experiences
- Identifies with humanity
- Maintains good interpersonal relationships
- Democratic in nature
- Creativity

If a normal person starts to present with psychopathological symptoms, Stage B in the trichotomous model commences.

4.2.2.2 Stage B: Symptom presentation

This stage commences with a patient that is referred to the therapist (usually by a medical practitioner or by someone like a minister or out of his/her own free will) because of a problem or series of problems that he/she experiences that directly or indirectly has a psychological negative impact on the person's life. For example a person may feel **depressed** (in layman's terms) and he/she might therefore present with some of the following symptoms:

- irritability
- feelings of guilt and/or helplessness
- feelings of anxiety
- inability to concentrate or make decisions
- reduced appetite
- loss of interest in personal appearance
- loss of interest in favourite activities
- difficulty in sleeping (either in falling asleep when first going to bed, or waking during the night and being unable to get back to sleep).
- difficulty getting up in the morning
- constant feelings of tiredness/lack of energy
- changes in weight
- physical symptoms, such as headaches or backaches.

These symptoms will, typically, develop over a period of several weeks or months, and several will be present at the same time.

Another example might be if an individual starts to experience the following symptoms that can lead to him/her feeling extremely anxious (in layman's terms):

- Pounding heart
- Chest pains
- Light-headedness or dizziness
- Nausea or stomach problems
- Flashes or chills

- Shortness of breath or a feeling of smothering or choking
- Tingling or numbness
- Shaking or trembling
- Feelings of unreality
- Terror
- A feeling of being out of control or going crazy
- Fear of dying
- Sweating

In the same vain other psychopathological symptoms may be present which will eventually compel a person to see a therapist.

4.2.2.2.3 Stage C: Diagnosis of psychopathology

The therapist has to build rapport between the patient and himself/herself; which entails a close and harmonious relationship in which there is common understanding (Sadock & Sadock, 2003:6).

Furthermore the patient must be clear of the fact that the therapist works from a trichotomous paradigm in which body, soul and spirit will be addressed from a Christian reformed perspective. The patient needs to comply with this *modus operandi* in order for the therapy to have any chance of succeeding.

The next step will be to get a detailed psychological profile and background information relating to the presenting clinical problems/psychopathology. (In order to save time a patient can be asked to complete a detailed questionnaire at home and return it to the therapist at their next

appointment. An example of such a questionnaire is bound in at the back of the thesis as **Annexure A**).

In some instances it might be necessary to gather co-lateral information from primary and secondary sources of the patient with the patient's permission like his/her parents, spouse, brothers, sisters, close relatives or close friends.

In order to help a therapist to diagnose the patient's psychopathology, the therapist can make use of psychometric evaluation. A psychologist that is registered with the Health Professions Council of South Africa as a psychometrist can use registered psychological tests/questionnaires to assess a patient in order to help with identifying pathology. (Psychometric evaluation can also be used for career planning purposes).

The procedures which are necessary to measure psychological qualities in humans have to meet a number of very demanding scientific requirements. Psychologists have succeeded in developing scientifically founded psychometric instruments. Almost all the constructs in psychology can be evaluated. The book: *Psychometrics: aspects of measurement* (1996) by Prof GJ Smit is hailed widely as the most complete scientific description of psychometrics within the South African context. The aim of the book is to enable the trained psychometrist to evaluate psychometric instruments objectively and interpret results correctly. The following aspects of a patient can already be measured effectively and objectively:

- General intellectual ability
- Aptitude

- Personality
- Interest
- Achievement motivation
- Psychopathology in areas such as
 - stress
 - mood disorders
 - anxiety
 - aggression
 - personality disorders
 - interpersonal relationships: modes of conflict
 - emotional intelligence
 - neuropsychological disorders.

New psychometric instruments are developed regularly while older models are adapted and updated to - for instance - accommodate cultural differences, age group differences, gender differences, educational differences, etc. (Smit, 1996:3).

It must be emphasized however, that psychometric tests are helpful aids a therapist can use in order to gain further insight into a patient's problems or to confirm suspected psychopathology; it is a means to an end. Thus, from a holistic perspective, the role of psychometric evaluation, together with psychotherapy can broaden a therapist's insight about a patient's presented pathology/problems and eventual diagnosis.

After all the relevant clinical information is gathered, evaluated and psychopathological symptoms identified, it will be possible to make a temporary *multiaxial diagnosis* based on the assessment of the patient. (The

initial, temporary diagnosis will later - after the therapy has progressed and all relevant information gathered and any other pathology been identified - be confirmed or changed accordingly).

The *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, published by the American Psychiatric Association (1994) under the chairmanship of Allen Frances is presently the international endorsed reference manual for the diagnosis of mental disorders. For further reference this manual will henceforth be referred to as the DSM-IV.

With regard to the definition of a mental disorder, the DSM-IV (1994:xxi) states: ... *the term mental disorder unfortunately implies a distinction between mental disorders and physical disorders that is a reductionistic anachronism of mind/body dualism. A compelling literature documents that there is much physical in mental disorders and much mental in physical disorders. The problem raised by the term mental disorders has been much clearer than its solution, and, unfortunately, the term persists in the title of DSM-IV because we have not found an appropriate substitute (cf. also Sadock & Sadock, 2003:296-297).*

In DSM-IV (1994:xxi) each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example the death of a loved one. *Whatever its*

original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g. political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above (DSM-IV:1994:xxii).

A common misconception is that a classification of mental disorders classifies *people*, when actually what are being classified are *disorders* that people have.

The official coding system in the DSM-IV (1994) is the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*. Most DSM-IV disorders have a numerical ICD-9-CM code. (See Annexure B for the DSM-IV disorder classification). The use of diagnostic codes is fundamental to medical record keeping. It is a *universal diagnostic language* with which various medical practitioners, psychiatrists, psychologists and counselors can relate in order to refer and treat patients (DSM IV, 1994:1).

In order to diagnose, plan treatment and predict outcome by a therapist of a patient's psychopathology, the DSM-IV (1994) ascribes to a multiaxial assessment system (cf. also Sadock & Sadock, 2003:296-314).

A multiaxial system involves an assessment on several axes, each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multiaxial classification:

- Axis I Clinical Disorders
 Other Conditions that may be a focus of clinical attention
- Axis II Personality Disorders
 Mental Retardation
- Axis III General Medical Conditions
- Axis IV Psychosocial and Environmental Problems
- Axis V Global Assessment of Functioning

The use of the multi-axial system facilitates comprehensive and systematic evaluation with attention to the various mental disorders and general medical conditions, psycho-social and environmental problems, and level of functioning that might be overlooked if the focus were on assessing a single presenting problem. A multi-axial system provides a convenient format for organizing (cf. also Sadock & Sadock, 2003:vii) and communicating clinical information, for capturing the complexity of clinical situations, and for describing the heterogeneity of individuals presenting with the same diagnosis. In addition, the multi-axial system promotes the application of the biopsychosocial model in clinical, educational and research settings (DSM-IV, 1994:25).

Axis I is for reporting all the various disorders or conditions in the Classification except for the Personality Disorders and Mental Retardation (which are reported on Axis II). The major groups of disorders to be reported on Axis I are listed in the box below. Also reported on Axis I are other conditions that may be a focus of clinical attention (cf. also Sadock & Sadock, 2003:1274).

When an individual has more than one Axis I disorder, all of these should be reported. If more than one Axis I disorder is present, the principal

diagnosis or the reason for visit should be indicated by listing it first. When an individual has both an Axis I and an Axis II disorder, the principle diagnosis or the reason for visit will be assumed to be on Axis I unless the Axis II diagnosis is followed by the qualifying phrase *Principle diagnosis* or *Reason for visit*). If no Axis I disorder is present, this should be coded as V71.09. If an Axis I diagnosis is deferred, pending the gathering of additional information, this should be coded as 799.9 (DSM-IV, 1994:26).

AXIS I
CLINICAL DISORDERS :OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION (DSM IV, 1994:27)
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence <i>(excluding Mental retardation, which is diagnosed on Axis II)</i>
Delirium, Dementia, and amnestic and other cognitive disorders
Mental disorders due to a general medical condition
Substance-related Disorders
Schizophrenia and other psychotic disorders
Mood disorders
Anxiety disorders
Somatoform disorders
Factitious disorders
Dissociative disorders
Sexual and gender identity disorders
Eating disorders
Sleep disorders
Impulse-control disorders not elsewhere classified
Adjustment disorders
Other conditions that may be a focus of clinical attention

Axis II is for reporting Personality Disorders and Mental Retardation. It may also be used for noting prominent maladaptive personality features and defense mechanisms. The listing of Personality Disorders and Mental Retardation on a separate axis ensures that consideration will be given to the possible presence of Personality Disorders and Mental Retardation that might otherwise be overlooked when attention is directed to the usually more florid Axis I disorders. The coding of Personality Disorders on Axis II should not be taken to imply that their pathogenesis or range of appropriate treatment is fundamentally different from that for the disorders coded on Axis I. The disorders to be reported on Axis II are listed in the box below (DSM IV, 1994:26).

In the common situation in which an individual has more than one Axis II diagnosis, all should be reported. When an individual has both an Axis I and an Axis II diagnosis and the Axis II diagnosis is the principal diagnosis or the reason for visit, this should be indicated by adding the qualifying phrase (*Principal diagnosis*) or (*Reason for visit*) after the Axis II diagnosis. If no Axis II disorder is present, this should be coded as V71.09. If an Axis II diagnosis is deferred, pending the gathering of additional information, this should be coded as 799.9 (DSM-IV, 1994:27).

AXIS II	
PERSONALITY DISORDERS	
MENTAL RETARDATION (DSM IV, 1994:27)	
Paranoid Personality Disorder	Dependent Personality Disorder
Schizoid Personality Disorder	Obsessive-Compulsive Personality Disorder
Schizotypal Personality Disorder	Personality Disorder not otherwise specified
Antisocial Personality Disorder	Mental Retardation
Borderline Personality Disorder	
Histrionic Personality Disorder	
Narcissistic Personality Disorder	
Avoidant Personality Disorder	

Axis III is for reporting current general medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder (DSM IV, 1994:27). A listing of the broad categories of general medical conditions is given in the box below.

The multi-axial distinction among Axis I, II, and III disorders does not imply that there are fundamental differences in their conceptualization, that mental disorders are unrelated to physical or biological factors or processes, or that general medical conditions are unrelated to behavioral or psychosocial factors or processes. The purpose of distinguishing general medical conditions is to encourage thoroughness in evaluation and to enhance communication among health care providers (DSM IV, 1994:27).

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code

100 91	<i>Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.</i>
90 81	<i>Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).</i>
80 71	<i>If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational or school functioning (e.g., temporarily falling behind in schoolwork).</i>
70 61	<i>Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.</i>
60 51	<i>Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers).</i>
50 41	<i>Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).</i>
40 31	<i>Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).</i>
30 21	<i>Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).</i>
20 11	<i>Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).</i>
10 1	<i>Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.</i>
0	Inadequate information.

An example of a **Multiaxial Evaluation Report Form** as well as **Examples of how to record results of a DSM-IV Multiaxial Evaluation** can be seen in **Annexure C**.

After the diagnosis of a patient is completed, the next step in the therapeutic process is to commence with therapy.

Within the trichotomous therapeutic paradigm, the first two areas of treatment focuses on the patient's soulical (psychological) and physiological (psychiatric) pathology.

With reference to diagram 2, the aim of the therapy will be to psychologically and psychiatrically treat a patient to full recovery from the psychopathology that was originally diagnosed.

4.2.2.2.4 Stage D: Introduction to psychotherapy

Stage D commences **after** a clinical diagnosis has been made of the patient's psychopathology by the therapist.

The therapist will decide on and explain a proposed therapeutic strategy to the patient. The patient must then **agree** to the plan of therapy and **commit** himself/herself to the proposed therapy. In this way, a binding contractual agreement is reached: The therapist explains the proposed strategy of therapy to the patient and furthermore commits to professionally guide the patient through therapy, while - at the same time - the patient accepts the

proposed therapeutic strategy and commits to the therapy (cf. Sadock & Sadock, 2003:7).

4.2.2.2.5 Stage E: Psychotherapy

According to Bugental (1992:6) psychotherapy ... *is the effort of patient and therapist to help the former examine the manner in which he has answered life's existential questions and to attempt to revise some of those answers in ways which will make the patient's life more authentic and thus more fulfilling.* Thus, in a way the patient can be seen as being *psychologically dependent* to the degree that he/she experiences psychopathology which inhibits his/her *psychological independency*.

Referring back to the diagrammatic representation of the trichotomous paradigm, it can be argued that - generally speaking - a patient usually enters psychotherapy from a *non-assertive* (i.e. psychologically) *negative self image*.

Through the process of psychotherapy, the psychotherapist proposes to professionally guide a patient from this psychopathological position of *non-assertiveness* (i.e. psychological negative self-image) to a new position of psychological *self-assertiveness* (i.e. a *psychological positive self-image*).

With reference to the trichotomous view of man (being a body, soul and spirit), psychotherapy in this instance addresses both the physical (body) and psychological (soul) dimensions of man.

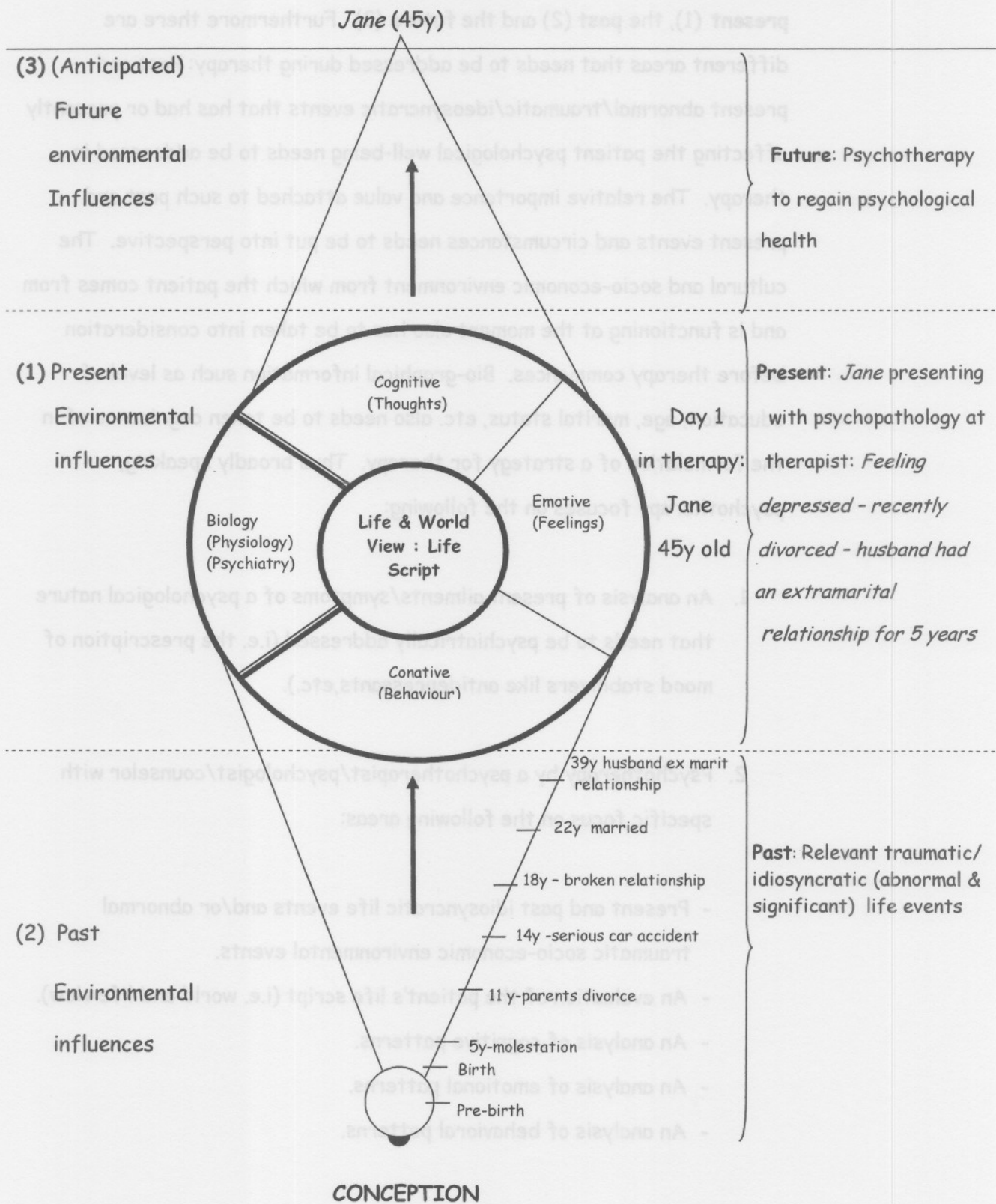
Before the commencement of remedial psychotherapy the following stages of the therapeutic process has thus been completed:

1. A clinical interview and establishment of rapport.
2. Contractual agreement between therapist and patient about the expectations and commitments of each other with regard to the process.
3. Gathering of relevant information (direct and/or collateral) with regard to the presented problem/pathology (This is done with the consent of the patient).
4. Psychometric evaluation (if deemed necessarily).
5. The formulation of a provisional diagnosis according to the DSM IV.

The following diagram will be used as a reference for the further explanation of how psychotherapy takes place in practice:

(In order to explain the model an imaginary patient *Jane*, 45 years old, a recently divorced high school teacher and mother of two children (boy 14 years and girl 12 years) will be used as an example of how this psychotherapeutic model can be applied).

A HOLISTIC MODEL FOR PSYCHOTHERAPY



The psychotherapeutic model focuses on three time frames: i.e. the **present** (1), the **past** (2) and the **future** (3). Furthermore there are different areas that needs to be addressed during therapy: Past and present abnormal/traumatic/ideosyncratic events that has had or presently affecting the patient psychological well-being needs to be addressed in therapy. The relative importance and value attached to such past and present events and circumstances needs to be put into perspective. The cultural and socio-economic environment from which the patient comes from and is functioning at the moment also has to be taken into consideration before therapy commences. Bio-graphical information such as level of education, age, marital status, etc. also needs to be taken cognisance of in the formulation of a strategy for therapy. Thus broadly speaking, psychotherapy focuses on the following:

1. An analysis of present ailments/symptoms of a psychological nature that needs to be psychiatrically addressed (i.e. the prescription of mood stabilizers like antidepressants,etc.).
2. Psychotherapy by a psychotherapist/psychologist/counselor with specific focus on the following areas:
 - Present and past idiosyncratic life events and/or abnormal traumatic socio-economic environmental events.
 - An evaluation of the patient's life script (i.e. world and life view).
 - An analysis of cognitive patterns.
 - An analysis of emotional patterns.
 - An analysis of behavioral patterns.

- Facilitating a future strategy (vision and goals for the patient) with the necessarily coping skills to attain psychological wellness.

The detail of each area mentioned above will be explained in detail later in this chapter.

The psychotherapeutic model within the trichotomous paradigm will now be described in more detail.

The **present** (1) implies that moment the patient and the therapist meets and the patient presents with his/her complains and/or psychopathology. First rapport between therapist and patient needs to be established and an agreement reached with regard to the specific roles each has to play. Clarification with regard to the specific responsibilities each party has to commit to with regard to the proposed psychotherapy also needs to be reached.

Therapy must be approached from both a **psychiatric** perspective as well as a **psychological** perspective.

Modern science has proved unequivocally that mood, anxiety and most other psychiatric disorders has a biological/psychological element of pathology that needs to be clinically addressed, as well as psychological pathology that needs to be therapeutically treated.

Referring back to the imaginary patient *Jane*, who presented with symptoms that corresponded to a major depressive disorder (according to the DSM IV), the physiological reasons behind the disorder can be explained as

follows: A human being has four kinds of brain waves : Delta, Theta, Alpha and Beta (see diagram below). Brainwaves are impulses which are measured as a frequency in Hertz (Hutchisson, 1999:25).

Everything a human experiences has an associated brain wave pattern. From moment to moment during the day, a person's brain wave patterns fluctuate between Beta, Alpha and Theta wave bands - unless a person suffers from stress and/or a mood and/or anxiety disorder. A *normal*, well adjusted individual's brain waves during an awakened state should fluctuate between 20Hz - 24Hz on the Beta-level. However if a person starts to experience psychopathology such as a mood or/and anxiety disorder and the psychopathology persists for longer than two weeks, brain waves can start fluctuating at levels above 30Hz on the Beta-level. The high brainwave activity may then be indicative of psychopathology and/or neuropathology which in turn can lead to psychosomatic symptoms and related physiological pathology and related psychosomatic symptoms (Hutchisson, 1999:51).

The next diagram gives an explanation of brain wave activity:

BRAINWAVE ACTIVITY (Hutchisson, 1999:26-27)

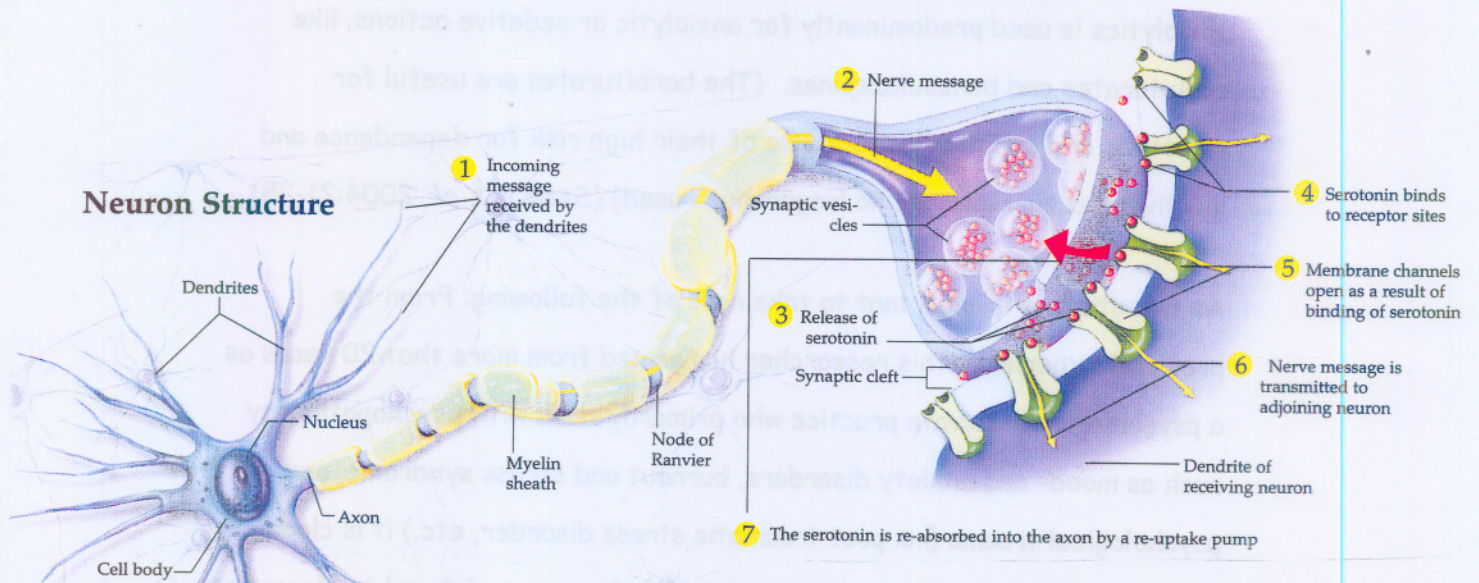
<u>BETA</u>	30HZ	STRESS; ANGER; FEAR; ANXIETY; DEPRESSION; IRRITATION; LETHARGY
		SYMPTOMS
		Neck & lower back pain; headaches; insomnia; heart palpitations; sweating, compulsive behavior; excessive eating or lack of appetite, excessive drinking or smoking.
		CAN RESULT IN:
		High blood pressure; stomach ulcers; spastic colon; heart disorders; rheumatoid arthritis; gout; asthma, sinusitis; muscle spasms; body aches/pain.
	24HZ	Physical alertness; normal waking state
	20HZ	
		Mental effort and intense concentration Logical analysis and deductive reasoning
	14HZ	Early meditative state; fairly relaxed
<u>ALPHA</u>	13HZ	Calm, quiet thought-control; lucid, relaxed mental alertness; global perspective; focused concentration; inductive reasoning; whole-brain functioning; creative problem solving; lateral thinking
	8HZ	
<u>THETA</u>	7HZ	Deep "Twilight" relaxation; creative functioning; hyper suggestible; Super learning; vivid mental imagery; access to super memory; "Eureka" phenomena; psychic ability; intuition
	4HZ	
<u>DELTA</u>	3HZ	Deep, dreamless sleep; mental restoration
	0.5HZ	Unconscious

Thus, (the imaginary patient) Jane's mood disorder (depression) can be viewed as an psychiatric illness that is caused by changes in the secretion and re-uptake of the neurotransmitters in the limbic system of the brain (Sadock & Sadock, 2003:90).

These changes can be triggered by numerous factors such as stressful life events, illness such as heart attacks or viral infections, childbirth, strokes and head injuries. Neurotransmitters are chemical messengers that carry messages between neuron (nerve cells) and affect many physical and mental processes. They are released into the synapses (gaps) between neurons to help messages travel from one cell to another. Two of the neurotransmitters that play a role in depression are **serotonin** and **noradrenalin**. Low levels of these neurotransmitters in areas of the brain that control mood and emotion, may result in symptoms that co-respond to - for instance - a depressive disorder (Reesal, 2000:3; cf. also Sadock & Sadock, 2003:91-93 & 1274-1275).

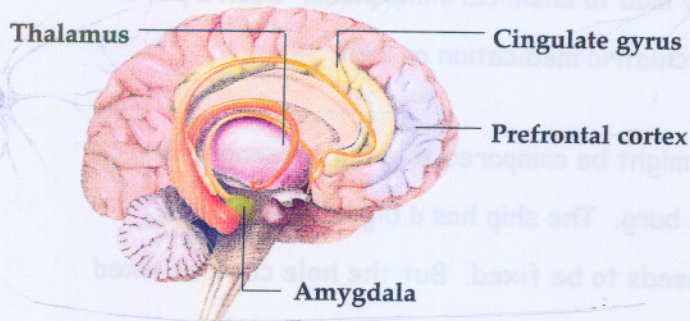
Unconscious	0.8HZ	
Deep, dreamless sleep; mental restoration	3HZ	<u>DELTA</u>
phenomena; psychic ability; intuition imagery; access to super memory; "Eureka" hyper suggestible; Super learning; vivid mental Deep "Twilight" relaxation; creative functioning;	4HZ 7HZ	<u>THETA</u>
functioning; creative problem solving; lateral thinking concentration; inductive reasoning; whole-brain alertness; global perspective; focused	8HZ 13HZ	<u>ALPHA</u>
Calm, quiet thought-control; lucid, relaxed mental	13HZ	
Early meditative state; fairly relaxed	14HZ	

THE NEURON STRUCTURE AND LIMBIC SYSTEM (Reesal, 2000:4)



The Limbic System

Several areas of the brain are involved in the emotional and physical changes seen in depression.



The psychopharmacology (*anti-depressants*) to treat a mood disorder (from a psychiatric perspective) can basically be grouped into the following categories: tricyclic antidepressants, tetra cyclic antidepressants, selective serotonin re-uptake inhibitors (SSRI's), serotonin and noradrenalin re-uptake inhibitors (NRI's), noradrenalin and dopamine re-uptake inhibitors

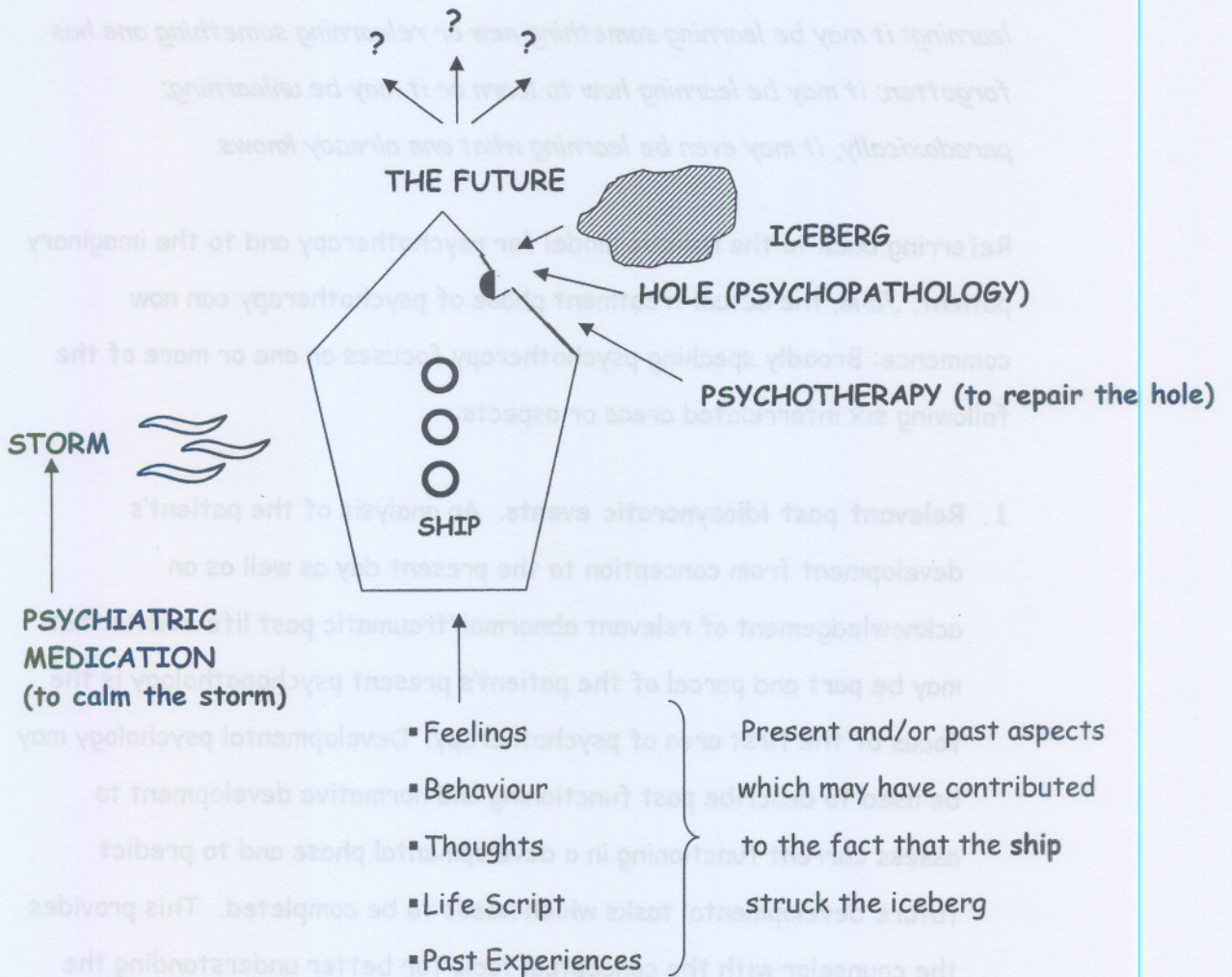
(NDRI's), serotonin-2 antagonists/re-uptake inhibitors (SARI's) and monamine oxidase inhibitors (MAOI's). Other psychiatric medication like anxiolytics is used predominantly for anxiolytic or sedative actions, like barbiturates and benzodiazepines. (The barbiturates are useful for anxiolysis and sedation but because of their high risk for dependence and low therapeutic index are no longer much used) (Stein, *et. al.*, 2004:21-25).

At this stage it is important to take note of the following: From the practical experience this researcher has gained from more than 20 years as a psychologist in private practice who primarily work with psychopathology such as mood- and anxiety disorders, burnout and stress syndrome, and psychological trauma (i.e. post traumatic stress disorder, etc.) it is clear that in most instances psychiatry and psychotherapy work hand-in-glove; the one can't do without the other. To only treat a patient psychiatrically with psychiatric medication might stabilize the patient but will not alleviate the psychological sources that lead to the psychopathology in the first place. In the same manner it won't help to just let a patient under psychotherapy if the psychopathology has already lead to chemical imbalances. Such a patient will need to be treated with psychiatric medication as well.

Therefore a patient in therapy might be compared to a big passenger ship or oil tanker who has struck an ice burg. The ship has a big hole in its side because of the collision which needs to be fixed. But the hole can't be fixed because the ship finds itself in a severe storm in the open sea. With reference to the above metaphor, a patient can be regarded as the ship. The hole in the ship is the psychopathology that needs to be treated. However the patient won't be able to respond positively to the treatment unless the chemical imbalances of the neurotransmitters is stabilized (i.e.

the storm is calmed down).

THE RELATIONSHIP BETWEEN PSYCHIATRY AND PSYCHOTHERAPY



With the psychiatric treatment of a patient addressed, the psychological treatment can commence. (These two processes are usually addressed interactively with the psychiatrist and the psychologist in constant liason about the patient.

Apart from the psychiatric treatment, a patient will therefore also need

psychotherapy. (According to Corsini (1995:6) *All psychotherapies are methods of learning. All psychotherapies are intended to change people: to make them think differently (cognition), to make them feel differently (affection), and to make them act differently (behavior). Psychotherapy is learning: it may be learning something new or relearning something one has forgotten; it may be learning how to learn or it may be unlearning; paradoxically, it may even be learning what one already knows.*

Referring back to the holistic model for psychotherapy and to the imaginary patient, *Jane*, the actual treatment phase of psychotherapy can now commence: Broadly speaking psychotherapy focuses on one or more of the following six interrelated areas or aspects:

- 1. Relevant past idiosyncratic events.** An analysis of the patient's development from conception to the present day as well as an acknowledgement of relevant abnormal/traumatic past life events that may be part and parcel of the patient's present psychopathology is the focus of the first area of psychotherapy. Developmental psychology may be used to describe past functioning and normative development to assess current functioning in a developmental phase and to predict future developmental tasks which need to be completed. This provides the counselor with the conceptual tools for better understanding the patient's problems/psychopathology.

As a psychologist in private practice, this therapist has found that psychopathological issues that patients present with mainly revolve around three broadly defined issues: (1) Lack of trust of self and others. This typically leads to a fear of loving oneself and others and to form close, trustworthy relationships due to low self esteem. (2) The

inability to recognize and express self worth and personal power; a lack of a sense of autonomy. (This usually manifests itself in the patient's inability to recognize and express anger). (3) The inability to fully accept one's sexual feelings (and sexuality in general).

According to the Freudian psychoanalytic view, these three areas of personal and social development - love and trust, dealing with negative feelings, and developing a positive acceptance of sexuality - are all grounded in the first 6 years of life. This period is the foundation on which later personality development is built (Corey, 2005:61; cf. also Sadock & Sadock, 2003:193).

Erik Erikson built on Freud's ideas and extended his theory by stressing the psychosocial aspects of development beyond early childhood. His theory of development holds that psychosexual growth and psychosocial growth take place together and that at each stage of life a person needs to face the task of establishing equilibrium between him/herselves and his/her social world. He describes development in terms of the entire life span, divided by specific crises to be resolved. According to Erikson, a *crisis* is equivalent to a turning point in life, when a person has the potential to move forward or to regress. At these turning points he/she can either resolve his/her conflicts or fail to master the development task. To a large extent, man's life is the result of the choices made at each of these stages (Corey, 2005:61; cf. also Sadock & Sadock, 2003:211).

An individual's development from a combined perspective that includes both psychosexual and psychosocial factors can be useful as a perspective which can be used as a reference point during the analysis of

a patient's relevant past life events (Sadock & Sadock, 2003:19).

Erickson believed Freud did not go far enough in explaining the ego's place in development and did not give enough attention to social influences throughout the life span (Covey, 2005:62). A comparison of Freud's psychosexual view and Erikson's psychosocial view of the stages of development is presented in the following table:

A Comparison of Freud's Psychosexual Stages and Erikson's Psychosocial Stages (Corey, 2005:62-63)		
	Freud	Erikson
First year of life	<p>Oral Stage Sucking at mother's breasts satisfies need for food and pleasure. Infant needs to get basic nurturing, or later feelings of greediness and acquisitiveness may develop. Oral fixations result from deprivation of oral gratification in infancy. Later personality problems can include mistrust of others, rejecting others; love, and fear of or inability to form intimate relationships.</p>	<p>Infancy: Trust versus mistrust: If significant others provide for basic physical and emotional needs, infant develops a sense of trust. If basic needs are not met, an attitude of mistrust toward the world, especially toward interpersonal relationships, is the result.</p>
Ages 1-3	<p>Anal stage Anal zone becomes of major significance in formation of personality. Main developmental tasks include learning independence, accepting personal power, and learning to express negative feelings such as rage and aggression. Parental discipline patterns and attitudes have significant consequences for child's later personality development.</p>	<p>Early childhood: Autonomy versus shame and doubt: A time for developing autonomy. Basic struggle is between a sense of self-reliance and a sense of self-doubt. Child needs to explore and experiment, to make mistakes, and to test limits. If parents promote dependency, child's autonomy is inhibited and capacity to deal with world successfully is hampered.</p>

<p>Ages 3-6</p>	<p>Phallic stage Basic conflict centers on unconscious incestuous desires that child develops for parent of opposite sex and that, because of their threatening nature, are repressed. Male phallic stage, known as <i>Oedipus complex</i>, involves mother as love object for boy. Female phallic stage, known as <i>Electra complex</i>, involves girl's striving for father's love and approval. How parents respond, verbally and nonverbally, to child's emerging sexuality has an impact on sexual attitudes and feelings that child develops.</p>	<p>Preschool age: Initiative versus guilt: Basic task is to achieve a sense of competence and initiative. If children are given freedom to select personally meaningful activities, they tend to develop a positive view of self and follow through with their projects. If they are not allowed to make their own decisions, they tend to develop guilt over taking initiative. They then refrain from taking an active stance and allow others to choose for them.</p>
<p>Age 6-12</p>	<p>Latency stage After the torment of sexual impulses of preceding years, this period is relatively quiescent. Sexual interests are replaced by interests in school, playmates, sports, and a range of new activities. This is a time of socialization as child turns outward and forms relationships with others.</p>	<p>School stage: Industry versus inferiority: Child needs to expand understanding of world, continue to develop appropriated gender-role identity, and learn the basic skills required for school success. Basic task is to achieve a sense of industry, which refers to setting and attaining personal goals. Failure to do so results in a sense of inadequacy.</p>
<p>Ages 12-18</p>	<p>Genital stage Old themes of phallic stage are revived. This stage begins with puberty and lasts until senility sets in. Even though there are societal restrictions and taboos, adolescents can deal with sexual energy by investing it in various socially acceptable activities such as forming friendships, engaging in art or in sports, and preparing for a career.</p>	<p>Adolescence: Identity versus role confusion: A time of transition between childhood and adulthood. A time for testing limits, for breaking dependent ties, and for establishing a new identity. Major conflicts center on clarification of self-identity, life goals, and life's meaning. Failure to achieve a sense of identity results in role confusion.</p>

Ages 18-35	Genital stage continues Core characteristic of mature adult is the freedom <i>to love and to work</i> . This move toward adulthood involves freedom from parental influence and capacity to care for others.	Young adulthood: Intimacy versus isolation: Developmental task at this time is to form intimate relationships. Failure to achieve intimacy can lead to alienation and isolation.
Ages 35-60	Genital stage continues	Middle age: Generativity versus stagnation: There is a need to go beyond self and family and be involved in helping the next generation. This is a time of adjusting to the discrepancy between one's dream and one's actual accomplishments. Failure to achieve a sense of productivity often leads to psychological stagnation.
Ages 60+	Genital stage continues	Later life: Integrity versus despair: If one looks back on life with few regrets and feels personally worthwhile, ego integrity results. Failure to achieve ego integrity can lead to feelings of despair, hopelessness, guilt, resentment, and self-rejection.

By taking a combined psychosexual and psychosocial perspective, therapists have a useful conceptual framework for understanding developmental issues as they appear in therapy. The key needs and developmental tasks, along with the challenges inherent at each stage of life, provide a model for understanding some of the core conflicts patients explore in their therapy sessions. Questions such as the following can give direction to the therapeutic process:

- * What are some major developmental tasks at each stage in life, and how are these tasks related to therapy?
- * What themes give continuity to this individual's life?
- * What are some universal concerns of people at various points in life?
- * What is the relationship between a patient's current problems and significant events from earlier years?
- * What choices were made at critical periods, and how did the person deal with these various crises?
- * What are the sociocultural factors influencing development that need to be understood if therapy is to be comprehensive?

2. **Life Script:** This area of psychotherapy focuses on what gives this patient's life **meaning** (or lack of meaning); i.e. what is the patient's life script. A classic psychotherapeutic approach to analyse a patient's life script is through Frankl's *logotherapy*. *Logotherapy* means *therapy through meaning* (Frankl, 1985:132-133). According to Frankl (1985:134): *Logotherapy tries to make the patient fully aware of his own responsibilities ... By declaring that man is responsible and must actualize the potential meaning of his life, I wish to stress that the true meaning of life is to be discovered in the world rather than within man or his own psyche. ... I have termed this constitutive characteristic the 'self-transcendence' of human existence. It denotes the fact that being human always points, and is directed to something, or someone, other than oneself - be it a meaning to fulfill or another being to encounter. The more one forgets himself - by giving himself to a cause to serve or another person to love - the more human he is and the more he actualizes himself.*

Thus, with reference to Frankl's statement, the psychotherapist who is trained as a logotherapist can analyse the patient's present life script, identify pathology and therapeutically guide the patient to redefine and commit to a new life script.

Frankl (1985:121,164) was fond of quoting Nietzsche: *He who has a why to live for can bear with almost any how.* Frankl contended that those words could be the motto for all psychotherapeutic practice.

Another significant contribution in the existential therapeutic realm, was made by Rollo May. (According to May, it takes courage to *be* and a person's choices determine the kind of person he/she will become) (May, Angel and Ellenberger, 1985:15; Corey, 2005:135).

(Man's search for meaning (Frankl) and man's courage to be (May) are essential scholarly contributions which will determine a patient's life script, his/her deeply entrenched reasons for living as well as the way in which he/she practically lives his/her life.

From this therapists experience in private practice, it seems that, in general, the most patients who have problems with their ability to clearly define and live according to a morally worthy life script, do so because they get subjectively enticed into the belief that : *Performance leads to acceptance, and that such acceptance leads to worthiness.* Put in another way: *I believe that I do not have any real worth as a person. I only have worth if I adhere to certain standards and/or achieve certain goals set by myself and/or by the expectations of other people/society. Only then will I be judged worthy (by myself and/or others).*

The task of the therapists will then be to guide the patient (through therapy) to acknowledge his/her own intrinsic value and not to evaluate or judge his/her own worth by the quality and/or quantity of goals that has been reached (cf. also Venter, 1996:112).

3. **The behaviour dimension** of therapy is that type of psychotherapy that seeks to change abnormal or maladaptive behaviour patterns by the use of extinction and inhibitory processes and/or positive and negative reinforcers in classical and operant conditioning situations (Reber & Reber, 2001:85). The focus is on the behaviour itself rather than on some analytical or dynamic analysis of underlying conflicts or other root causes. The argument put forward by the behaviour therapists derives from the tenets of behaviourism: in a nutshell, behaviour derives from contingencies of reinforcements and particular responses made in the presence of stimulus situations. Hence, all behavioural disorders are assumed to result from *unfortunate* contingencies in the life of the individual leading to the acquisition of maladaptive behaviours. There is no need to explore underlying conflicts; effective therapy should aim at modification of the behaviour(s) that the patient currently manifests (Reber & Reber, 2001:85-86).

A large array of specific therapeutic procedures and modification techniques exists for example (*assertiveness training*). Assertiveness training is a general label for a variety of therapeutic techniques commonly used in the treatment of disorders that are characterized by a lack of assertiveness, such as *dependent personality disorder* (Reber &

Reber, 2001:54). Another behavioural technique is *implosion therapy*. It is an anxiety induction therapeutic technique in which the patient is presented with prolonged, intense exposure to anxiety-provoking stimuli (Reber & Reber, 2001:344). *Systematic desensitization* is another clinical technique used in behaviour therapy designed to produce a decrease in anxiety towards some feared object or situation, i.e. to desensitize a patient. It is particularly useful in treating phobias and other behavior problems based on anxiety. The basic technique consists of exposing the patient to a series of approximations to the anxiety-producing stimulus under relaxed conditions until finally the anxiety reaction is extinguished. For example, a child's fear of fire engines may be gradually overcome by exposing the child first to pictures of fire engines, then to toy models, etc. (Reber & Reber, 2001:192).

4. **The cognitive dimension** of therapy emphasizes the internal, mental processes. To the cognitive psychologist behaviour is not specifiable simply in terms of its overt properties but requires explanations at the level of mental events, mental representations, beliefs, intentions, etc. Although the cognitive approach is often contrasted sharply with the behaviourist approach it is not necessarily the case that cognitivists are antibehaviouristic. Rather behaviourism is viewed as incomplete as a general theory, one which fails to provide any coherent characterization of cognitive processes such as thinking, language and decision-making (Reber & Reber, 2001:129).

Contemporary psychology is overwhelmingly cognitive in nature and virtually every area of study, from classical conditioning to organization behaviour, from physiological to social psychology, and from neuroimaging to clinical psychology, has been infused with an overlay of cognitive

theory and interpretation (Corey, 2005:271; Jordaan & Jordaan, 2003:25).

Cognitive therapy is a form of psychotherapy based on the notion that the way in which an individual structures and interprets his or her experiences, determines his or her mood and subsequent behaviour. Seeing and thinking negatively are argued to cause negative feelings and behaviours; changing the manner in which an individual conceptualizes things lies at the heart of the therapeutic procedure (Reber & Reber, 2001:129).

5. **The emotional (affective) dimension** of therapy acknowledges that emotions ... *play an enormous role in our day-to-day lives and can contribute in major ways to the development of psychopathology ... We now know that suppressing almost any kind of emotional response, such as anger or fear, increase sympathetic nervous system activity, which may contribute to psychopathology* (Barlow & Durand, 2005:57&59). Thus, basic emotions of fear, anger, sadness or distress, and excitement may contribute to many psychological disorders and may even define them. Emotions and mood also affect people's cognitive processes : If one's mood is positive, then one's associations, interpretations and impressions also tend to be positive. Leading psychopathologists are beginning to outline the nature of emotion disruption and to understand how these disruptions interfere with thinking and behaviour in various psychological disorders (Gross & Munoz, 1995:151-164; Kring & Bachorowski, 1999:575-599; Barlow & Durand, 2005:60).

6. The desired outcome or end result of psychotherapy for the patient will of course be when he/she has regained psychological health (or *psychological wellness*). Put simply - psychological wellness implies that for an individual to claim psychological health, he/she must be cognitively, emotionally, and behaviourally responsible, balanced and in control. This implies that he/she must have a clearly defined, morally appropriate, personal vision, clearly defined goals in all areas of one's life (spiritual, career, sport, finances, health, etc.) as well as an understanding of the fact that one needs commitment, self-discipline and hard work to maintain psychological health.

The following table presents an overview of 10 contemporary therapeutic models. The primary of each area (i.e. behaviour, cognition, emotion, life script) will also be pointed out. It must be stated that due to the complexity of human nature, it is of course impossible to argue that each therapeutic model only focuses on a specific area to the exclusion of the other areas. However, the point that is made here, is that certain areas receive more emphasis than others when certain therapeutic models are applied.

OVERVIEW OF CONTEMPORARY COUNSELING MODELS, THEIR BASIC PHILOSOPHIES AND KEY CONCEPTS (Corey, 2005:8-9, 470-473)

Psychoanalytic therapy
(*Cognition & Behaviour*)

Key figure: Sigmund Freud. A theory of personality development, a philosophy of human nature, and a method of psychotherapy that focuses on unconscious factors that motivate behavior. Attention is given to the events of the first 6 years of life as determinants of the later development of personality.

Basic Philosophy

Human beings are basically determined by psychic energy and by early experiences. Unconscious motives and conflicts are central in present behavior. Irrational forces are strong; the person is driven by sexual and aggressive impulses. Early development is of critical importance because later personality problems have their roots in repressed childhood conflicts.

Key concepts

Normal personality development is based on successful resolution and integration of psychosexual stages of development. Faulty personality development is the result of inadequate resolution of some specific stage. Anxiety is a result of repression of basic conflicts. Unconscious processes are centrally related to current behavior.

Adlerian therapy
(*Cognition*)

Key figure: Alfred Adler. Following Adler, Rudolf Dreikurs is credited with popularizing this approach in the United States. This is a growth model that stresses taking responsibility, creating one's own destiny, and finding meaning and goals to give life direction. Key concepts are used in most other current therapies.

Basic Philosophy

Humans are motivated by social interest, by striving toward goals, and by dealing with the tasks of life. Emphasis is on the individual's positive capacities to live in society cooperatively. People have the capacity to interpret, influence, and create events. Each person at an early age creates a unique style of life, which tends to remain relatively constant throughout life.

Key concepts

Key concepts of this model include the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior. People are motivated by social interest and by finding goals to give life meaning. Other key concepts are striving for significance and superiority, developing a unique lifestyle, and understanding the family constellation. Therapy is a matter of providing encouragement and assisting clients in changing their cognitive perspective and behavior.

Existential therapy
(Life Script: Life & World View)

Key figures: Viktor Frankl, Rollo May, and Irvin Yalom. Reacting against the tendency to view therapy as a system of well-defined techniques, this model stresses building therapy on the basic conditions of human existence, such as choice, the freedom and responsibility to shape one's life, and self-determination. It focuses on the quality of the person-to-person therapeutic relationship.

Basic Philosophy

The central focus is on the nature of the human condition, which includes a capacity for self-awareness, freedom of choice to decide one's fate, responsibility, anxiety, the search for meaning, being alone and being in relation with others, and facing the reality of death.

Key concepts

Essentially an experiential approach to counseling rather than a firm theoretical model, it stresses core human conditions. Normally, personality development is based on the uniqueness of each individual. Sense of self develops from infancy. Focus is on the present and on what one is becoming; that is, the approach has a future orientation. It stresses self-awareness before action.

Person-centered therapy
(Emotion)

Founder: Carl Rogers. This approach was developed during the 1940's as a nondirective reaction against psychoanalysis. Based on a subjective view of human experiencing, it places faith in and gives responsibility to the client in dealing with problems.

Basic Philosophy

The view of humans is positive; we have an inclination toward becoming fully functioning. In the context of the therapeutic relationship, the client experiences feelings that were previously denied to awareness. The client actualizes potential and moves toward increased awareness, spontaneity, trust in self, and innerdirectedness.

Key concepts

The client has the potential to become aware of problems and the means to resolve them. Faith is placed in the client's capacity for self-direction. Mental health is a congruence of ideal self and real self. Maladjustment is the result of a discrepancy between what one wants to be and what one is. Focus is on the present moment and on experiencing and expressing feelings.

<p>Gestalt therapy (<i>Emotion</i>)</p>	<p>Founders: Fritz and Laura Perls. An experiential therapy stressing awareness and integration, it grew as a reaction against analytic therapy. It integrates the functioning of body and mind.</p> <p style="text-align: center;">Basic Philosophy</p> <p>The person strives for wholeness and integration of thinking, feeling, and behaving. The view is nondeterministic in that the person is viewed as having the capacity to recognize how earlier influences are related to present difficulties. As an experiential approach, it is grounded in the here-and-now and emphasizes personal choice and responsibility.</p> <p style="text-align: center;">Key concepts</p> <p>Emphasis is on the "what" and "how" of experiencing in the here-and-now to help clients accept all aspects of themselves. Key concepts include holism, figure-formation process, awareness, unfinished business and avoidance, contact, and energy.</p>
<p>Behaviour therapy (<i>Behaviour</i>)</p>	<p>Key figures: B.F. Skinner, Arnold Lazarus, and Albert Bandura. This approach applies the principles of learning to the resolution of specific behavioral disorders. Results are subject to continual experimentation. This technique is always in the process of refinement.</p> <p style="text-align: center;">Basic Philosophy</p> <p>Behavior is the product of learning. We are both the product and the producer of the environment. No set of unifying assumptions about behavior can incorporate all the existing procedures in the behavioral field.</p> <p style="text-align: center;">Key concepts</p> <p>Focus is on overt behavior, precision in specifying goals of treatment, development of specific treatment plans, and objective evaluation of therapy outcomes. Present behavior is given attention. Therapy is based on the principles of learning theory. Normal behavior is the result of faulty learning.</p>
<p>Cognitive behavior Therapy (<i>Cognition</i>)</p>	<p>Key figures: Albert Ellis founded rational emotive behavior therapy, a highly didactic, cognitive, action-oriented model of therapy that stresses the role of thinking and belief systems as the root of personal problems. A.T. Beck founded cognitive therapy.</p>

	<p style="text-align: center;">Basic Philosophy</p> <p>Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances. Cognitions are the major determinants of how we feel and act. Therapy is primarily oriented toward cognition and behavior, and it stresses the role of thinking, deciding, questioning, doing, and redeciding.</p> <p>This is a psycho educational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems.</p>
	<p style="text-align: center;">Key concepts</p> <p>Although psychological problems may be rooted in childhood, they are perpetuated through reindoctrination in the now. A person's belief system is the primary cause of disorders. Internal dialogue plays a central role in one's behavior. Patients are guided to focus on examining faulty assumptions and misconceptions and on replacing these with effective beliefs.</p>
<p>Reality therapy <i>(Behaviour)</i></p>	<p>Founder: William Glasser. This short-term approach focuses on the present and stresses a person's strengths. Clients learn more realistic behavior and thus achieve success.</p> <p style="text-align: center;">Basic Philosophy</p> <p>Based on choice theory, this approach assumes that we are by nature social creatures and we need quality relationships to be happy. Psychological problems are the result of our resisting the control by others or of our attempt to control others. Choice theory is an explanation of human nature and how to best achieve satisfying interpersonal relationships.</p> <p style="text-align: center;">Key concepts</p> <p>The basic focus is on what clients are doing and how to get them to evaluate whether their present actions are working for them. People are mainly motivated to satisfy their needs, especially the need for significant relationships. The approach rejects the medical model, the notion of transference, the unconscious, and dwelling on one's past.</p>
<p>Postmodern approaches <i>(Life Script: Life & world view)</i></p>	<p>A number of key figures are associated with the development of these various approaches to therapy. Social constructionism, solution-focused brief therapy, and narrative therapy all assume that there is no single truth; rather, it is believed that reality is socially constructed through human interaction. These approaches maintain that the client is an expert in his or her own life.</p>

Basic Philosophy

Based on the premise that there are multiple realities and multiple truths, postmodern therapies reject the idea that reality is external and can be grasped. People create meaning in their lives through conversations with others. The postmodern approaches avoid pathologizing clients, take a dim view of diagnosis, avoid searching for underlying causes of problems, and place a high value on discovering clients' strengths and resources. Rather than endless talking about problems, the focus of therapy is on creating solutions in the present and the future.

Key concepts

Therapy tends to be brief and focuses on the present and the future. The person is not the problem; the problem is the problem. The emphasis is on externalizing the problem and looking for exceptions to the problem. Therapy consists of a collaborative dialogue in which the therapist and the client co-create solutions. By identifying instances when the problem did not exist, clients can create new meanings for themselves and fashion a new life story/life script.

Family systems therapy *(Life script: Life and world view)*

A number of significant figures have been pioneers of the family systems approach. This systemic approach is based on the assumption that the key to changing the individual is understanding and working with the family.

Basic Philosophy

The family is viewed from an interactive and systemic perspective. Clients are connected to a living system; a change in one part of the system will result in a change in other parts. The family provides the context for understanding how individuals function in relationship to others and how they behave. Treatment is best focused on the family unit. An individual's dysfunctional behavior grows out of the interactional unit of the family and out of larger systems as well.

Key concepts

Focus is on communication patterns within a family, both verbal and nonverbal. Problems in relationships are likely to be passed on from generation to generation. Symptoms are viewed as ways of communicating with the aim of controlling other family members. Key concepts vary depending on specific orientation but include differentiation, triangles, power coalitions, family-of-origin dynamics, functional versus dysfunctional interaction patterns, and dealing with here-and-now interactions. The present is more important than exploring past experiences.

In conclusion, it must be emphasized that all psychotherapies are essentially combinations of the three modalities: cognition, behavior and emotion. While some are rather pure in that they attempt to deal only with the body, the intellect, or the emotions, elements of each apply in most cases. Thus, for example, in rational emotive behavior therapy, even though rational thinking is utilized for the most part in dealing with the patient, the therapist may give the client direct orders to do certain things (homework). In cognitive therapy, emotionally upsetting situations will develop. (As was mentioned earlier in this thesis that presently more than 400 psychotherapeutic models exist).

A therapist may think that improvement is a function of one element, but the curative process may actually be something else. It may not be a message that generates a change, but rather the interpretation that the client gives to it.

One final common pathway for all therapies is a new way of seeing life; a redefinition of a life script and a reevaluation of self and others. If so, then all therapies are essentially cognitive. Still another way of considering psychotherapy is to see it as a process of *selling* - of trying to help a person to accept a new view of self and of others. From this point of view, the psychotherapist is a persuader or a facilitator attempting to change opinions.

The question begs: *What makes psychotherapy work?* Or, put in another way: *What constitutes the basis for change in psychotherapy?* This researcher agrees with Corsini's (1995:9) *Clinical factor analysis* in which he identified 9 factors (critical elements) necessary for changing people:

Cognitive factors

(1). **Universalization.** Patients improve when they realize that they are not alone, that others have similar problems, and that human suffering is universal.

(2). **Insight.** Growth occurs as patients increasingly come to understand themselves and others and gain different perspectives on their own motives and behaviors.

(3). **Modeling.** People benefit from watching other people. After a while a patient tends to model himself or herself on the therapist's behaviour.

Affective factors

(4). **Acceptance.** This factor reflects the sense of getting unconditional positive regard, especially from the therapist.

(5). **Altruism.** Change can result from the recognition that one is the recipient of the love and care of the therapist or (other members of the group) or from being the one who provides love and care to others as well as feeling he is helping others.

(6). **Transference.** This factor identifies the emotional bond that occurs between the therapist and the patient or between patients in a group setting.

Behavioural factors

(7). **Reality testing.** Change becomes possible when patients experiment with new behaviors in the safety of the therapy hour, receiving support and feedback from the therapist and other group members.

(8). **Ventilation.** This factor encompasses those statements attesting to the value of *blowing off steam* through shouting, crying, or displaying anger in a context in which one could still feel accepted.

(9). **Interaction.** Patients improve when they are able to openly admit to the therapist (or to the group) that there is something wrong with themselves or their behaviour.

It is this researcher's conviction that these nine factors are the gist of psychotherapeutic change.

At this stage in the description of the therapeutic model, it can thus be argued that the patients has (through the process of psychotherapy) developed from psychopathology (non-assertiveness: psychological negative self-image) to psychological wellness (self-assertive: psychological positive self-image). This then is also the final goal and end result of all psychotherapies.

4.2.2.2.6 Stage F: Back to (psychological wellness) *normal* functioning

Through the process of psychotherapy, the patient was thus *moved* from a **psychological dependent** state to a **psychologically independent** state.

When this stage of therapy is reached, it may be that the patient wishes to terminate therapy because he/she may feel that their problems are solved. However, more often than not, it is this therapists experience that most patients still acknowledge an inner urge for further spiritual growth; *as if something is still missing*, as one patient put it. This therapist is often amazed when - in hindsight - he sees how a patient developed through therapy up to this point. Time and again this therapist comes to the conclusion that it can be none other than the Holy Spirit who quickens the patient's spirit for further growth at this stage of therapy.

Thus, as was argued previously in this thesis, psychotherapy and psychiatry as treatment modalities usually has limited efficacy and that patients tend to often fall back into self-doubt and to the eventual re-occurrence of psychopathology. Spiritual transformation is required in order to have significant change.

4.2.2.2.7 Stage G: Introduction to Spirituotherapy

In psychotherapy, of whatever persuasion, *self* is strengthened to cope with problems. Herein lays the basic problem with psychotherapy. With enough psychotherapy, some of the symptoms will respond so that the patient may become better adjusted, with the symptoms either diminishing or leaving. But, in order to cope with them, better defense mechanisms are built and more acceptable behaviors are learned; and *self* becomes stronger. Thus, when symptoms improve as a result of pure psychotherapy, the real problem, *self-centeredness*, *always* gets worse. This result is diametrically opposed to what God does, because God's way of dealing with *self* is that it must

become weaker and weaker until its control is finally phased out. Self is reduced to nothing so that Christ can be everything.

Thus, psychotherapy has as its goal a stronger person. But God's goal for us seems to be dependence upon Himself. As Paul wrote, *When I am weak, then am I strong* (2 Cor 12:10). Anything that teaches us self-reliance, then, is ironically at cross purposes with the Holy Spirit and a substitute for his work in our lives.

It is one thing to help a person understand the dynamics of his/her thoughts, emotions, and behavior, but it is entirely another thing to use psychological principles **exclusively** to attempt psychological and behavioral change. The underlying presupposition, if the psychological and functioning and behavior are more acceptable, is that the person will feel better and will be changed in the process. In other words, to change the thinking and behavior is to change the person. To some degree this is true or therapists would no longer be in business. God, however, works on another principle of change - transformation - to change the person so that the behaviour can change. God works through the conversion experience and through the transformation that occurs when a person enters into union with Christ by the initiative and original calling of the Holy Spirit .

At this stage it is important to acknowledge that it is not argued here that a real spiritual relationship with God is the only and ultimate answer to all of a patient's psychopathology. As was argued earlier in this thesis, organic abnormalities such as brain tumors, brain abnormalities and chemical imbalances in the brain do occur and do exist and present itself as symptomatic psychopathology with patients that come to seek help from a

therapist/counselor. Of course these organic/biological imbalances need to be addressed with the correct psychiatric medication wherever possible.

Furthermore, psychotherapy also needs to be applied if to the extent that such therapy is able to further alleviate the psychopathology. But after all is said and done - holistically viewed - the following question needs to be asked at this point in therapy. *Does the patient have a true meaningful relationship with the living God by the enlightenment of his/her spirit by the Holy Spirit of what the death and resurrection of Jesus Christ meant for him/her with regard to his/her past, present and future life-events?*

Thus, the term *spirituotherapy* implies that the trichotomous nature of man (i.e. spirit and soul and body) needs to be acknowledged and understood in order for a patient not to only be temporary (psychologically) healed, but to be permanently (spiritually) healed.

4.2.2.2.8 Stage H: Spirituotherapy

Spirituotherapy implies that the Holy Spirit is the *Therapist* who is able to renew a person's mind and to transform his/her life in accordance with Romans 12:2: *And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is the good and acceptable and perfect will of God* (c.f. Solomon, 1982:11).

The therapist/counselor in Spirituotherapy acts as a spiritual guide to the counselee to help him/her make a *spiritual diagnosis* about himself/herself and about his/her standing before God. During this stage of therapy (i.e. after the completion of psychotherapy) the role of the therapist changes

more to that of a counselor.

As was mentioned earlier, a **counselor** is primarily a **teacher** while a **psychotherapist** is essentially a **detective**.

The counselor in Spirituotherapy is therefore not a therapist but a spiritual guide. The therapy is accomplished by the Master Therapist, the Holy Spirit (cf. Louw, 1999:289). His work within the human spirit results in deliverance from psychological symptoms caused by spiritual maladjustment. This is not to say that all psychological difficulties have a spiritual genesis. Many, if not most, of these may stem from early childhood, (as was explained earlier) or from some significant trauma. Psychotherapy may be beneficial in understanding some of the behavior that follows, but may not have all the solutions. For the person who is unwilling to have God's answers, or is unaware of God's answers, psychotherapy is his only resource for symptomatic relief. But it may not be the ultimate answer for the problem.

If the counselor is to be able to tell a person with any conviction that God will supply all his needs, then the counselor must provide the example by casting himself completely upon the Lord. The commitment of the counselor must pervade every area of his life if he is to be a guide and example to those with whom he shares Christ. (This is in direct contrast to that of conventional psychotherapy. In many forms of therapy, the therapist is not required to have experienced what he prescribes. And, in some approaches to therapy, the therapist is not encouraged to be congruent in the relationship but to maintain the professional facade of the therapist-patient relationship).

In order to embark on the road to *spiritual wellness* two prerequisites need to met: A person (patient in therapy) needs to acknowledge the role of sin in his/her life and the person/patient needs to repent those sins before God.

Thus in his/her role as a *spiritual teacher/guide*, the counselor - at this stage of therapy - will give the patient the unconditional leeway to be able to freely react to the work of the Holy Spirit in the his/her (the patient's) life.

4.2.2.2.9 Stage I: Introduction to spiritual wellness

Identifying the unique factors which have shaped a troubled individual's psychological makeup, will help the counselor determine which theological points fit the particular situation. Through doctrinal self-disclosure the counselor can bring relevant Christian truths into the natural therapeutic flow. As the counselee is assisted to internalize and apply these doctrines, positive change occurs and personal identity is restored. Throughout the process it is vital for the counselor not only to know and recite these Christian teachings, but also to live them (cf. Louw, 1999:298-299).

In this stage particular Christian teachings which have significant implications for the counselee's psycho-spiritual life, will be explained in more detail. These teachings pertain to the process of salvation and the establishment of a new relationship with God.

It has already been observed that mental and emotional disorders are among the serious consequences of the fall. With the coming of salvation into the individual life, these consequences begin to be reversed. Redemption involves not only reconciliation with God, but healing of mental pathology as

well (cf. Heitink, 1977:15,118). It is imperative to remember, however, that the consequences of the fall are so severe that they are not immediately undone as soon as a right relationship with God is established. In his book *More than Redemption* (1980:22-23), Jay Adams suggests in effect that with salvation emotional healing should come automatically. He does not seem to take seriously enough the dire lasting impact of sin on the human psyche. Consequently, his direct application of the experience of salvation to the process of mental or emotional healing is open to criticism as being somewhat superficial or simplistic. Counselors need to appreciate both the radical transformation that comes to pass in man's salvation and at the same time the fact that the consequences which sin (in many instances the *sins of the fathers*) has had on the emotional life cannot always be immediately overcome (cf. De Klerk, 1978:44; Arnold, 1982:17).

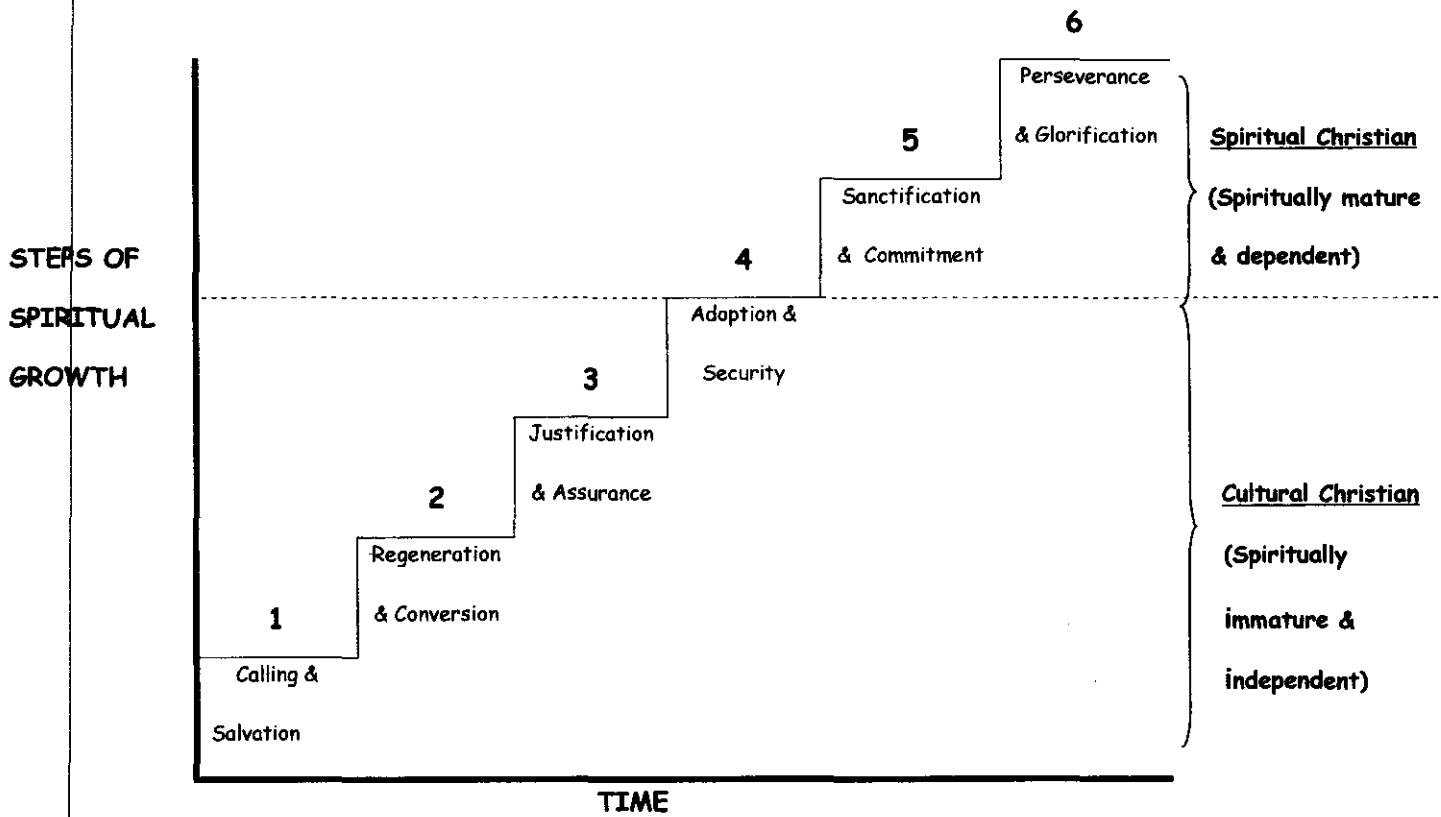
At this point a basic distinction made by theologians will prove very helpful for this study (Kirwan, 1993:190). On the one hand is the *accomplishment* of redemption, and on the other the *application* of redemption. The former concerns Christ's once-for-all purchase of man's redemption when He came to earth more than two thousand years ago. The latter concerns man's personal experience of salvation. The Westminster Shorter Catechism asks, *How are we made partakers of the redemption purchased by Christ?* and answers, *We are made partakers of the redemption purchased by Christ, by the effectual application of it to us by his Holy Spirit* (Question 29; cf. also Carter, 1977:149; Versteeg, 1971:383; Calvin, 1956:17).

The work of the Holy Spirit in applying that redemption can be studied in terms of its parts as well as the whole (cf. Lotter, 1993:113-114). An understanding of these components of the experience of salvation will

explain much about the progress that can be psychological and spiritual healing. From this counselor's experience in private practice, many people, misunderstanding the theology of salvation, become easily discouraged at what they view as lack of progress in their holy living. It must be kept in mind that salvation begins in the spirit of man as he lives his earthly existence, but will only be completed when the believer is glorified with Christ for eternity. In this way the process of salvation, then, is a continuing process.

The following diagram gives a visual presentation of the steps in the application of salvation by the guidance of the Holy Spirit. The diagram focuses on Jesus Christ and an individual's union with Him. Each step represents stages of a person's redemption *in Christ* (1 Cor. 1:30; Eph. 1:3-14). (Being spiritually *in Christ* was dealt with extensively in chapter two of this thesis). It is now possible to become more specific in terms of how the steps in a person's salvation process carry over into *spiritual wellness*.

THE STEPS OF SALVATION AND ON THE ROAD TO SPIRITUAL WELLNESS



4.2.2.2.10 Stage J: Spiritual Wellness

What follows is a brief explanation of each step of salvation and then a more detailed presentation of its implications for spiritual wellness.

Step 1: Calling and salvation is the work of God (through the Holy Spirit) summoning a person to faith in Jesus Christ. The call of God includes the power of a person to respond.

Variouly defined as conversion to Christ, being born again, being saved,

trusting Christ as Savior and Lord, accepting Christ, receiving Christ, salvation is entering into a personal relationship with God through personal faith in Jesus Christ. The Holy Spirit's entrance into the individual's life brings about a spiritual birth that is the beginning of a person's *life in Christ*. Before a person can trust Jesus Christ in a personal surrender, the Holy Spirit must first convince him/her that he/she is a *born sinner* (Jn 16:8-11).

Paul concluded, *Wherefore, as by one man [Adam] sin entered into the world, and death by sin; and so death passed upon all men, for that all have sinned* (Rom. 5:12). Since we are born with a sinful nature, or *old man*, people naturally commit sins. Paul further wrote: *All have sinned and come short of the glory of God* (Rom. 3:23).

The penalty for sin is stated: *For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord* (Rom. 6:23). The death penalty must be paid, and it *has been paid* : *But God commendeth [exhibits or proves] his love toward us, in that, while we were yet sinners, Christ died for us* (Rom. 5:8).

When a person is ready to admit that he/she is ungodly and to believe in Jesus Christ, then he/she will be justified and counted righteous in God's sight. *But to him that worketh not, but believeth in him that justifieth the ungodly, his faith is counted for righteousness* (Rom, 4:5). The method is very simple. A person merely need to believe what the Bible says about himself/herself (that all people are sinners), and also believe what the Bible says about Jesus Christ (that he was and is God, that He died for everybody's sins, and that He rose from the dead). This is very clearly

stated in Scripture: *That if thou shalt confess with thy mouth the Lord Jesus, and shalt believe in thine heart that God hath raised him from the dead, thou shalt be saved. For with the heart man believeth unto righteousness, and with the mouth confession is made unto salvation* (Rom. 10:9-10).

After a person hears and believes he/she must call upon God in prayer: *For whoever shall call upon the name of the Lord shall be saved* (Rom. 10:13). A simple prayer will do, such as: *Dear God, I know I am a sinner, I believe that you sent your Son, the Lord Jesus Christ, to die for my sins, that he was buried, and that he rose from the dead. I surrender now and turn from a life of sin and trust the Lord Jesus Christ to forgive my sins and to be my life. Thank you for saving me, for Jesus' sake. Amen.*

The doctrine of calling is a reminder that God is in control of His creation. He is personally and intimately involved in the lives of each of His children. Everything that relates to the child of God is in His loving control; this includes all external circumstances and situations, interpersonal relationships, the human body, brain chemistry, and the inner person (the spirit). The believer can rest assured of, and respond to, God's control of every aspect of the enterprise of living.

Humans have the choice of submitting to God's control, or straining and a tendency to go against it. In becoming a Christian one consciously acknowledges God's providential care and control: *God is in control of my life, and the more I cooperate with that control the more satisfied and contented I will be as God's child* - that is the way the Christian should reason. However, people find it hard to give up trying to control their lives.

They do not naturally submit to the control of others; on the contrary, they tend to manipulate and maneuver in attempts to gain control over others. To turn away from sinful impulses is a step toward eliminating destructive fighting against submission to God. That is one key to better mental health and spiritual functioning.

Submitting to God's control is often called *submitting to the will of God* or *doing the will of God*. Both expressions indicate a need for Christians to so discipline their emotions and behavior as to give God full reign in their lives. The terms *self-control* and *ego strength* refer to a person's ability to control basic emotions and behavior. With the fall, of course, human beings lost control of the external (the world, history, the animal kingdom, and their own physical bodies, which are now subject to decay and death) and the internal (personal emotions, thought, and will). But when one becomes a Christian the Holy Spirit indwells the inner person and works to create a sound sense of self control: *For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline [ego strengths]* (2 Tim 1:7). Self-control is also part of the fruit of the Holy Spirit (Gal. 5:22). And this self-discipline enables a person to better submit to God's will. Thus, self-control and submitting to God's control are closely interrelated, for it is when a person acknowledges God's control that the Holy Spirit works in him/her to develop his/her self-control, which issues in a person's complete submission to God's will.

Step 2: Regeneration and conversion is the actual enlightenment of a person's spirit by the Holy Spirit; a *change of heart* so to speak.

Regeneration is thus the actual quickening of a person's spirit brought about

by the Holy Spirit. The classic discussion of regeneration is Jesus' conversation with Nicodemus in John 3. A careful reading of John 3 will show that Jesus is not commanding some action *from* Nicodemus. Rather Jesus is describing a work of the Holy Spirit that must happen *to or in* Nicodemus or anyone else who would enter the kingdom of God. *You must be born again* is in the indicative, not the imperative; it is a declarative statement of what is absolutely necessary. Nicodemus could no more be the cause of his new birth than a nonexistent child can be the cause of his physical conception and birth.

The act of regeneration occurs to some extent without a person being conscious of it. This distinct, one-time work of the Holy Spirit brings conviction, preparing a person's spirit to make a commitment to Christ.

The following diagram by Jay Adams (1979:233) gives a clear explanation of the process of salvation. He identifies 5 doctrines in the salvation process which starts with **regeneration** and ends with **glorification**. Furthermore he points out that sanctification alone involves a *process*. Moreover Adams (1979:234) indicates that, along with conversion, this is the one other doctrine that describes a work not performed directly by God alone, but indirectly by God, using human agency. Adams argues as follows: *In conversion, by the Spirit's wisdom and power, man repents and believes (God enables him to do so, but then he does it); in sanctification man trusts and obeys (again, God enables him to do so, but then he does so).*

THE DOCTRINE OF SALVATION: FROM REGENERATION TO GLORIFICATION (Adams, 1979:233)				
Doctrine	Act	Process	God alone does it	God enables man to do it
Regeneration	✓		✓	
Conversion: Repentance and Faith	✓			✓
Justification	✓		✓	
Sanctification		✓		✓
Glorification	✓		✓	

Thus transformation begun at regeneration continues after conversion and throughout a person's life on earth. (This process is usually called **sanctification** and will be discussed at step 6). After embracing Christ, the Holy Spirit gradually brings to Christians' consciousness particular areas of their spirit that need to be changed and made more Christ-like. Openness to the truth about oneself, therefore, should be a continuing characteristic of Christian living. An individual's self-awareness should be even greater after conversion than before. New Christians are sometimes hesitant to be open to the truth about themselves. For Christians to be more closed and repressed in this respect than they were before their conversion is inconsistent with the doctrine of regeneration and the essence of the Christian gospel.

Conversion denotes the conscious choice to turn to Christ from a life of self-centeredness and sin. The doctrine of conversion thus assures a person that he/she can change. Repentance and faith puts a person in a position for God to change his/her spirit and perhaps even his/her basic personality structure. Such changes do not occur automatically, however. Often people despair of changing inwardly. When they try to change old habits or ways of

life, they fail over and over again. Yet they can be assured that, with conversion, personality change is possible. God has committed Himself to work in their lives both before and after conversion. *He who began a good work in you will carry it on to completion until the day of Christ Jesus* (Phil 1:6). Change is not necessarily instantaneous, but it can always be expected.

The changes accompanying conversion occur within certain limits. Although, the change is dynamic (from the old nature to the new nature, from the likeness of the first Adam to that of the second Adam, from darkness to light), God does not commit Himself to working instantaneous total change on the psychological level. Becoming a Christian does not immediately return a person or fully restore him/her to the image of God. Rather, people are placed on the road of renewal toward that image. The resulting psychological change may or may not be radical. In some personality types, especially those who have little sense of identity, the change may be much more telling than in those whose basic personality structure has always been quite stable.

Step 3: Justification and assurance is the process that an individual is declared righteous because of the righteousness of Christ, whose death atoned for the sin of humanity. Neither justification nor atonement requires worthiness on the part of the recipient; they are gifts of God based on the worthiness and accomplished work of Christ.

The doctrine of justification has significant implications for handling and removing feelings of guilt. Guilt can cripple emotional health by causing depression and eroding self-esteem. The Christian community has tended to distinguish between *true guilt* and *false guilt*, the latter referring to the

sense of guilt which arises as a result of the judgments and disapproval of people. False guilt occurs when a person violates social taboos suffers from feelings of inferiority, or finds that for some reason he/she is not accepted by others or even perhaps by themselves (Tournier, 1962, 65-66). True guilt, on the other hand, concerns an individual's standing before God; it is felt when a person is disobedient to Him or unwilling to place his/her faith in Him. Collins (1973:185) states in this regard: *This is not something that results from criticisms of men. It comes when people in their innermost hearts experience reproach and judgment from God.*

Narramore and Counts (1974:34) distinguish between *psychological* and *theological guilt*. Psychological guilt is the internalization of the experience of being rejected or shamed by a person's parents (or some other significant person in one's life); it involves self-rejection (*I'm not worthy*) or self-shame (*I always blow it*). Narramore and Counts (1974:35) point out that nowhere in the New Testament is psychological guilt regarded as a desirable or constructive feeling. In fact, Paul says that worldly sorrow leads to death, but godly sorrow (i.e. theological guilt) can lead to life (2 Cor 7:10). Theological guilt is the objective breaking of God's law as they are recorded in the Bible, with the consequent feeling of having failed in one's relationship with God. If a person respond to theological guilt in the proper way, it can lead to reconciliation and restoration of a full relationship with God.

The process of reconciliation can occur only if a person has real insight in and compassion for himself/herself, just as Jesus Christ demonstrated compassion to all people by accepting humans unconditionally. Oden (1980:117) writes in this regard: *From the limited viewpoint of our internal self-perception, we may continue to feel guilty before our own negated*

values and God's; but our condition before God, from the point of view of the ground and giver of values, has changed. We exist in an undiminished covenant with the unconditional valuer. How one temporarily feels about oneself is different from who one is before God. The truly penitent are forgiven, despite the tenacity of all recurring guilt feelings to deny that amazing grace. So how does guilt-free Christianity differ from its secular counterparts? It frees us from demonic self-destructive guilt through atonement: God's Son died for our sins.

A person's salvation is therefore assured because it is based on the fact of the anointing work of Christ as Scripture describes it and not on fluctuating feelings.

The person who is sometimes labeled *neurotic* most often wants to feel something rather than believe it, and such a style of living is to distort reality. As a result, there is no reason for him/her to believe that feelings will be trustworthy in the matter of salvation.

There is a profound difference between doubting one's salvation (mental) and feeling unsaved (emotional). Most people who lack assurance are those who *feel* unsaved. However, from this therapist's experience, most patients tend not to make a distinction between the functions of the mind and of the emotions.

The appeal is made to the mind with the facts of Scripture when the emotions are really the cause of the confusion. When the emotions are being controlled by false perceptions, opinions and beliefs the person has been acknowledged as the truth about himself/herself, there is no way the

emotions will ever agree with the real truth. Therefore, a person may *know* (mental) that he/she is saved and never doubt his/her salvation and yet *feel* (emotional) unsaved for a lifetime.

The Bible, speaking to believers, tell them that they have to *know* that they have eternal life (1 John 5:13). Therefore, it is not at all presumptuous to take God at his Word and simply rest in it.

Step 4: Adoption and security implies that God's adoption (acceptance) of a sinner as His child has meaningful implications, especially for a person who never received any notable affirmation input from his/her parents.

A child of God's relationship with Him is unbreakable and therefore eternal. Paul wrote: *your life is hid with Christ in God* (Col 3:3). Unless a person is confident about his/her security in God, he/she is unlikely to mature in his/her relationship with God.

That is why many Christians tend to stagnate with regard to their ability to grow in their relationship with God. Thus they become **Cultural (carnal) Christians** (as was discussed in Chapter two).

As was stated previously in chapter three of this dissertation: Cultural Christianity means to pursue the God a person wants instead of the God who is. It is God relative instead of God absolute. Cultural Christianity is Christianity made impotent. It is Christianity with little or no impact on the values and beliefs of society. When the secular life view is merged into the Christian life view, neither one develops effectively. A cultural Christian is afraid to commit completely to Jesus Christ in the sense that he/she wants

to stay spiritually independent. Therefore such a person stays spiritually immature. Only through sanctification and total commitment can a Christian become spiritually mature and truly dependent on God.

Some people accept the Lord Jesus Christ as personal saviour and Lord and then spend the rest of their lives trying to get Him to accept them. Of course, this is a futile effort because the Scriptures assure us that *man is accepted in the beloved [Christ] (Eph 1:6)*. A person being accepted by Christ doesn't depend on his/her good works or how much he/she reads the Bible or how much he/she goes to church or any other effort a person may expend. A person's acceptance is rooted solely in Jesus Christ's finished work at Calvary - not a person's work *for* him. Salvation is by grace from start to finish. Acceptance is by grace, too. God accepts his Son; and since all of mankind are in his Son, *accepted in the beloved*, He accepts us as well.

This therapist has found that many patients have difficulty believing that their parents accept them or that their peers accept them. In fact, many feel that no one really accepts them. As a result, they come to feel that God relates to them in the same manner. If they are not fit for other people to accept, why should God accept them? Of course, this isn't the case. But if a person *feels* that way, to him/her this perception will govern his/her behavior.

Then, what is the answer? A person must realize that he/she is acceptable to God, not because of what he/she has done, but because of what Jesus Christ had done for him/her.

Thus in order to grow and become spiritually mature and truly dependent on

God, a person needs to commit totally.

Step 5: Sanctification and commitment is the spiritual equivalent of the growth of a newly born child. Unlike justification and adoption, which are granted immediately to the believer, sanctification is a gradual process that takes place within the believer. In justification one is declared righteous once and for all because of the sacrifice of Jesus Christ. In sanctification one is continuously being made righteous, that is, more and more Christ-like, through the working of the Holy Spirit. The work of sanctification entails constant struggles and growth, and will continue throughout this earthly life.

Jay Adams (1979:234) argues that: *Sanctification, then, is like conversion in that the human being himself plays more than the passive role he does in regeneration, for instance. Since this is true, it is possible (indeed, often necessary) for others to assist him. As in conversion, so also in sanctification, the ministry of the Word is paramount. The Spirit uses the preaching of His Word to bring about conversion (cf. Rom. 10:14, 15). Sanctification takes place in a similar way (the close ties between the process of conversion and sanctification are noted in Gal. 3:2,3). It is the Word, ministered to counselees that brings about spiritual change (II Tim. 3:15-17) and growth (I Pet. 2:2). This take place through preaching and teaching, through mutual fellowship and encouragement and (because sanctification is a process, not an act) through one or more (often several counseling sessions).*

Thus, sanctification insures the Christian's continued psycho-spiritual growth towards maturity. God's goal is for each Christian to develop as fully as possible his or her own unique talents, abilities and gifts. Unfortunately,

Christian growth is often stifled from within, by selfishness or fear, or from without, by churches that tend to make new Christians fit into preconceived molds. The body of Christ must allow all its members to grow in accord with the plan which God has for each of them.

Fear keeps people from growing. They would rather rest in the security of what they are now than stride off to take unknown risks.

Maslow (1968:46-47) explains this phenomenon as follows: *Every human being has both sets of forces within him. One set clings to safety and defensiveness out of fear, tending to regress backward, hanging on to the past, afraid to grow away from the primitive communication with the mother's uterus and breast, afraid to take chances, afraid to jeopardize what he already has, afraid of independence, freedom and separateness. The other set of forces impels him forward toward wholeness of self toward full functioning of all his capacities, toward confidence in the face of the external world at the same time that he can accept his deepest, real, unconscious self ...*

Safety ←————— <Person> —————→ *Growth*

... Safety has both anxieties and delights, growth has both anxieties and delights. We grow forward when the delights of growth and anxieties of safety are greater than the anxieties of growth and the delights of safety.

Thus, there is indeed a natural tendency in all people to fear growth, to cling to personality features that hold them back, even to regress. This is understandable, for growth always entails risk. Yet Christians ought to seize

the opportunity to commit to growth for God will work in them (Phil 2:13) and the Holy Spirit will be their teacher (Jn 14:26). That God has adopted people as His children and will watch over them frees them from the desire and need to cling to safety and allows them to grow toward Christ. As far as the possibilities for growth are concerned, the Christian faith knows no limit, for the growth of the Christian is a matter of God's ongoing work of sanctification.

Hulme (1978:54-55) wrote in this regard: *Regardless of how clearly we believe we understand the process of growth, growth is God's business. Rather than our pushing him, he is calling us, beckoning us to follow, as he seeks to overcome our reluctance to trust Him ... Without this trust, we fear to break new ground. As creatures of habit we tend to repeat the past and hold on to our illusions. We find our security in what is familiar. The new is alienating until we have reason to trust ... Trust itself is meaningful ... Nietzsche ... said, He who has a why to live for can bear with almost any how. For the Christian the why is not as important as the Who. Trust centers in a person. He, who knows the Who and trust him, can bear with almost any how or what, even though he does not know the why. In fact, he may feel little need to search for the why ... Growth is a process based on a state of being - a state of being loved - a state of grace.*

Paul wrote, *I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service* (Rom 12:1). Total commitment, according to this verse, is something people can do. It is their *reasonable service*. It is an act of the will by which a person tells his/her Father that he/she wants more than anything else in this world to have His will accomplished in his/her life.

People may not know God's specific purpose in this life for them. But after a person has wholly committed his/her life to God, He begins to bring it to pass (Ps 37:5).

Step 6: Perseverance and glorification is the last step in the growth process to becoming spiritually assertive.

The Bible teaches godly perseverance in two ways: On the one hand, Scripture teaches that God will persevere with those whom He is in the process of saving (Rom 8:28-39, particularly v. 30, which states that those whom God has called and justified are the one who will be glorified). On the other hand, Scripture urges those whom God saves to demonstrate their salvation by persevering in the face of all difficulties (2 Peter 1:3-11).

Christians can be assured that in times of crisis and conflict God will be near. No crisis or conflict has the power to overwhelm them. They can rest in the assurance that their Father is in control of the circumstances of their lives. He will supply all the resources necessary to cope with whatever difficulties arise. *No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it* (1 Cor 10:13).

Paul sounded the note that he had learned to be content in all circumstances because he was in Christ and found strength there. For all of a person's days on earth God has promised, *Never will I leave you; never will I forsake you* (Heb 13:5). The doctrine of perseverance is God's promise that His gracious hand will always support His chosen children.

Glorification is that future act of God by which Christians will finally become what He has saved them to be: His sons and daughters who perfectly reflect the ...*firstborn among many brothers* (Rom 8:29). Christians presently possess this potential by virtue of their union with Christ, who is already glorified. In Romans 8:30 Paul writes that *those he justified, he also glorified*. The verbs are in the past tense, signifying that the action referred to has already been accomplished. Christians will not actually experience true glorification, however, until the day of resurrection and the return of Christ (1 Cor 15:50-57).

At the moment of glorification the image of God will be fully actualized in the believer. What was partially accomplished in conversion will be completed in glorification. The results of this process are beyond our imagination, yet he/she can know that he/she will be completely changed in the image of God.

In conclusion: The doctrines which have been briefly described in this section, are in essence, God's way of gradual transformation of the human personality from sin, to salvation, through grace.

The six steps in the redemptive process are the Holy Spirit's initiative and work in man's spirit as He changes a person into what he/she was originally designed to be: a *whole being* who is able to worship God through the grace of Jesus Christ.

Christian life thus needs to center on the *being* dimension of personality, not the *doing* dimension. All pastoral counseling must thus focus on the healing

of the spirit of the patient/client (through the guidance of the Holy Spirit).

Thus a Christian psychotherapist and counselor is called by God to a life of intimate relationship with God. Psychological healing is to be found in such a relationship and in the restoration of the identity which God gave to the human race at the time of creation. Christian counselors can help heal the emotional problems of their clients by reviewing with them the steps of salvation, concentrating on those doctrines relevant to the particular situation, and integrating those doctrines with relevant psychological theory. That kind of counseling, carrying the work of God into the counselee's spirit, will have positive and lasting consequences, for Christian counselors can rely on this promise from God: *I took you from the ends of the earth, from its farthest corners I called you. I said, You are my servant; I have chosen you and have not rejected you. So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand* (Isa 41:9-10).

4.3 PRELIMINARY CONCLUSIONS TO CHAPTER FOUR

In this chapter the practical implementation and dynamics of trichotomous therapy as a practical pastoral paradigm was explained. The trichotomous therapy is applied within a meta-systemic approach.

Guidelines within which trichotomous therapy had to adhere to when it is therapeutically applied, were also defined.

A noteworthy distinction was made between *psychotherapy* and *counseling*. This was done because the first phase of the trichotomous model consisted

of psychotherapy while the second phase consisted of counseling as a process. Basically it was found that psychotherapy focused on detecting psychopathology within a patient's cognitive, affective and conative functioning and then applying appropriate psychotherapy to alleviate the psychopathology, while counseling implied that the counselor played more of a teaching role to the counselee by giving guidance, and advice.

Zerfass's model served as a reference and guideline on which the trichotomous therapeutic model was structured. Zerfass's model was used as a foundational point of reference because it was found to be a useful system which - when therapeutically adapted and applied - can lead a therapist/counselor to help a patient/client from a particular (psychopathological) praxis to formulate a new praxis (i.e. vision and goals) which can lead to psychological and - eventually - spiritual wellness.

With Zerfass's model as a reference point, a basic medical model was defined on which the eventual trichotomous model as a proposed therapeutic paradigm was structured.

Before the dynamic functioning of the trichotomous model was explained, a number of foundational, pre-conditional guidelines were defined which served as a framework within which therapy/counseling had to be applied.

Subsequently the dynamic functioning of the trichotomous model of therapy (as derived from both Zerfass's model and the medical model) was explained.

The trichotomous model consists of two main areas of therapy/counseling, namely psychotherapy as phase I and spirituotherapy as phase II. The whole

dynamic therapeutic process (psychotherapy) and subsequent counseling process (spirituotherapy) was explained by dividing the total model of therapy into ten broadly defined guidelines.

The psychotherapeutic process was explained in the first 5 stages.

Stage A represented a situation in which an individual is symptom free and where he/she is able to function self-assertively. In laymans terms a person in this stage can be defined as *normal*. Definitions of *normality* from an individual's perspective, society's perspective and the mental health professionals perspective was explained.

Stage B commences with a patient that is referred to a therapist (usually by a medical practitioner or pastor) or the patient may decide to see the therapist out of his/her own free will.

During **stage C** a diagnosis of the psychopathology is made. For this purpose various methods can be applied by the therapist to gather clinical information from the patient : a detailed psychological profile and background information relating to the presented psychopathology needs to be conducted. If the therapist is a registered psychometrist, he/she can make use of a psychometric evaluation of the patient in order to confirm areas of psychopathology. After all the relevant clinical information is gathered and evaluated, a temporary multiaxial diagnosis of the patient's psychopathology can be made according to the Diagnostic and Statistical Manual of Mental Disorders (fourth edition) (DSM IV) which is published by the American Psychiatric Association (1994). The DSM IV is presently the international endorsed reference manual for the diagnosis of mental

disorders.

During the fourth stage - stage D - the therapist - after deciding on which type of therapy to embark upon to address the patient's psychopathology - explains the proposed therapeutic process to the patient. If it is clear to the therapist that the patient understands the proposed therapeutic strategy and is prepared to commit to the therapy, psychotherapy can commence.

Stage E is the process of psychotherapy. Through the process of psychotherapy, the therapist's intention is to professionally guide a patient from a position of psychopathological non-assertiveness (i.e. psychological negative self image) to a new position of psychological self-assertiveness (i.e. psychological positive self-image). A clear distinction between psychiatric treatment and psychotherapy was also made. Psychotherapy focuses on the following areas: An individual's world and life view (life script), cognition (thinking patterns), conation (behavior patterns), affection (emotional patterns) as well as the related influences of significant idiosyncratic/traumatic life events. Lastly the patient is guided towards psychological wellness by helping him/her to define and commit a new realistic but worthwhile vision and life script linked to the defining of clear, challenging goals.

The end of psychotherapy (stage F) is attained if the patient is able to function psychologically *normal* again. Although a patient may opt to terminate therapy at this stage, this therapist has found - from practical experience - that most patients still have an inner urge to also grow spiritually - not just psychologically. If that is the case, then the second

phase of trichotomous therapy commences, namely Spirituotherapy.

Up to this point two of the three areas of a person (i.e body and soul) was therapeutically treated: the body/physiological dimension through psychiatric medication and the soul dimension through psychotherapy. The next stage is to *therapeutically* address the patient's spirit. From this stage forward the role of the therapist changes more to that of being a counselor and spiritual guide.

Thus, during the next stage - **Stage G** - the counselee is introduced to the process of Spirituotherapy by means of contrasting it to psychotherapy.

Stage H is Spirituotherapy. Spirituotherapy implies that the Holy Spirit is the *Therapist* who is able to renew a person's mind and to transform his/her life. In this regard the counselor acts as a spiritual guide to help the counselee make a *spiritual diagnosis* about himself/herself and about his/her standing before God.

Stage I commences with the counselor introduces the counselee to the concept of *spiritual wellness*. In this stage particular Christian teachings which have significant implications for the counselee's psycho-spiritual life, is explained in greater detail. These teachings primarily pertain to the process of salvation and a new relationship with God.

The last stage - **stage J** - is the process of achieving spiritual wellness. The process of Spiritual wellness was explained through a series of *six steps*, namely (1) calling and salvation, (2) regeneration and conversion, (3) justification and assurance and (4) adoption and security. It was argued

that many Christians tend to stagnate at this fourth stage of spiritual growth to become a so called *carnal/cultural* Christian. A cultural Christian was described as somebody who is afraid to commit completely to Jesus Christ in the sense that such a person wants to stay spiritually independent. The result of such a decision is spiritual immaturity.

If a person is committed to further spiritual growth, step 5 commences: **Sanctification and commitment.** Sanctification insures the Christian's continued psycho-spiritual growth towards maturity. Commitment is an act of will by which a person expresses the desire to - more than anything else - have God's will accomplished in his/her life.

Perseverance and glorification in the last and sixth in the growth process for a person to become spiritually assertive. Romans 8:28-39 teaches that God will persevere with those whom He is in the process of saving. On the other hand 2 Peter 1:3-11 urges those whom God saves to demonstrate their perseverance in the face of all difficulties.

Glorification is that future act of God by which Christians will finally become what He has saved them to be : His sons and daughters who perfectly reflect his will.

In the next and last chapter a final summary and conclusions reached will be formulated. Lastly certain recommendations for further areas of study will be suggested.

CHAPTER FIVE: FINAL CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

5.1 FINAL CONCLUSIONS

In summary it can be stated that the issue of dichotomy versus a tripartite view of man carries an importance that surpasses the question of Scriptural accuracy. Ephesians 3:1 explains that in eternity past God had a purpose, and then to carry out this purpose, in time He made a plan (called *God's economy*, *oikonomia*, in Eph 1:10).

According to His plan, the Trinity determined, *Let Us make man in Our image*, and what God created was a three-part man with a spirit, soul, and body (Gen 1:26; 2:7). God fashioned man to match His plan. According to His economy, His administration, God has from the beginning intended to dispense Himself into man as life. Man was therefore made with a spirit to contact, receive, and contain God as life. In this spirit man can worship God who is Spirit (John 4:24). If man walks according to the spirit (Rom 8:4) and sets his mind on the spirit (v. 6), the Holy Spirit will renew his mind (12:2) and transform his soul (2 Cor 3:17-18).

A person's soul - the vessel containing and expressing his personality - is the means for him to relate to others. Through the transformed soul, Christ can be magnified (Phil 1:20). Even man's physical body can receive the benefit of this ongoing organic salvation of the soul (Rom 8:11), and in the next age his soulish body will be raised as a spiritual body (1 Cor 15:44). Therefore, God's saving work encompasses all three parts of a person's being.

To understand man's tripartite nature is fundamental to knowing and experiencing God's way of dispositionally saving us in His life (Rom 5:10). It is very significant, therefore, that Paul's prayer, in view of man's tripartite need and the Lord's second coming, encompasses his whole *spirit and soul and body*. (1 Thes 5:23).

The three major models of man's makeup, (monism, dichotomy and trichotomy) have also been explained and evaluated. Monism was unequivocally rejected. The case for dichotomy has earned it the status of being the usual position of most evangelical theologians. A basic description of trichotomy was given, with acknowledgement of some variant options within this model. Scriptural summaries of the parts of man were delineated, based upon a trichotomist view.

The word studies in chapter two have traced the meaning and usage of the basic terms in the Bible that relate to man's makeup. This data shows many ways that soul and spirit are used interchangeably, especially in the Old Testament. Distinctions in the New Testament usage between soul and spirit are more explicit and have been identified and its practical significance was pointed out in later sections of this study.

While it is conceded that word studies alone are not conclusive for this doctrinal thesis, biblical exposition gives adequate evidence to support the distinction of soul and spirit as being more than merely one of emphasis. This issue is relevant because a precise theological model of man's constituent parts and their faculties are integral to a person's view of sanctification, psychology, and counseling.

As a triune being God exists as God the Father, God the Son and God the Holy Spirit. Arising from this three-dimensional image he created the human being in his trinity of spirit, soul and body. (It is interesting to note that in Psychology one also sees elements of a tripartition of the human being quite often, e.g. Ego, Id, Superego of Freud (1986) or Parent, Grown-up and Child of Harris (1995) and Victor Frankl's (1967) three dimensions of man: body, psychic and spiritual).

Man is mainly a spirit (pneuma), he has a soul (psuche) (which includes his cognition, emotion and behaviour) and he dwells in a body (soma). (Hebr 4:12; 1 Thess 5:23; John 4:24; Rom 12:1-3, Proverbs 20:27 and 4:20-23). As was set out in chapter 2 it is the spiritual dimension of man that knows God. The soul is the dimension of man that makes contact with the intellectual domain. The body is the dimension of man that gets to know the physical domain.

Through the process of rebirth God's Spirit in man's spirit can will man - if man chooses so - to take control of his soul and body: God's Spirit in his spirit can rule all of him: his soul (thoughts, feelings and behavior) as well as his body with its sensory desires (touching, tasting, visual auditory and smelling).

Although man can become a Christian through the process of rebirth, he can choose to live a life of spiritual mediocrity as a cultural/carnal Christian or a life of victory as a spiritual Christian.

In chapter 3 some of the most prominent research about the relationship between theology and psychology was described, analysed and evaluated.

The main theme throughout this chapter was to answer the question of how Christians beliefs about people relate to what secular versions of psychology explain about them.

To give a thorough answer to this question, it was essential to define what is meant by a life and world view since it represents the convictions of man concerning fundamental questions about the origin, meaning, destination, goal and value of man and the world and of his relationship with God. The explanation of the essence of a life and world view was refined in the sense that a differentiation was made between Christian and non-Christian perspectives about life and the world.

Flowing from a life and world view, was the observation that presuppositions is foundational to a person's perception and beliefs about life and the world. A Presupposition was defined as a belief or theory which is assumed before the next step in logic is developed. Such a prior postulate then consciously or unconsciously affects the way a person subsequently reasons.

Next the presuppositions of theology and psychology were explained.

With regard to the relationship between theology and psychology, the following scholar's contributions in the field were described and critically evaluated:

Larry Crabb (1977) distinguished between (1) the *Separate but equal viewpoint*, (2) the *Tossed salad viewpoint*, (3) the *Nothing buttery viewpoint* and (4) the *Spoiling the Egyptians viewpoint*.

John D. Carter and Bruce Narramore (1979) identified (1) the *Against Viewpoint*, (2) the *Of viewpoint*, (3) the *Parallels viewpoint* and (4) the *Integrates viewpoint*. (They went on to identify a **sacred** and a **secular** version of each view as well).

William T. Kirwan (1993) also identified four descriptive models: (1) the *Un-Christian viewpoint*, (2) the *Spiritualized viewpoint*, (3) the *Parallel viewpoint* and (4) the *Integrated viewpoint*.

Lastly Johnson and Jones, eds, (2000) - through the contributions of David Powlison, David G. Myers, Gary R. Collins and Robert C. Roberts - explained (1) the *Biblical counseling viewpoint*, (2) the *Levels-of-explanation viewpoint*, (3) the *Integration viewpoint* and (4) the *Christian psychology viewpoint*.

From an analysis of the **twenty viewpoints** so explained it became clear that there were definite areas of similarities and overlapping of the alternatives proposed.

After further scrutiny it was discovered that the twenty viewpoints could be grouped under 4 broadly defined major paradigms : (1) a **Humanistic paradigm**, (2) a **Theocentric paradigm**, (3) a **Divergent paradigm** and (4) a **Convergent paradigm**.

Assuming that each of the different paradigms portrayed some version of the truth, the next step was to find a way of appropriating as much of the

truth as possible from all 4 paradigms.

In stead of a **systematic approach** - which favours a single paradigm, only to discard the rest - research showed that a **metasystemic approach** challenges an analyzer to acknowledge more of the truth than can be found in one paradigm, yet without reverting either to relativism or unreflective logical inconsistency.

Thus working from a metasystemic paradigm, *Trichotomous therapy* was proposed as a therapeutic technique. Trichotomous therapy claims to accommodate the dynamic relationship between psychotherapy and theological counseling by accepting that man is a trichotomous being, consisting of a body, soul and spirit.

Furthermore, Trichotomous therapy claims to accommodate the fact that due to the tripartite nature of man, specific emphasis needs to be placed on the relative significance of sensual therapy (body), psychotherapy (soul) and spirituotherapy (spirit) with regard to the client/patient that is so therapeutically treated.

Because of the interrelatedness of body, soul and spirit, seven therapeutic areas were identified of which only trichotomous therapy was able to effectively accommodate all 3 parts of man.

In chapter 4 the practical implementation and dynamics of trichotomous therapy as a practical pastoral paradigm was explained. The trichotomous therapy is applied within a meta-systemic approach.

Guidelines within which trichotomous therapy had to adhere to when it is therapeutically applied, were also defined.

A noteworthy distinction was made between *psychotherapy* and *counseling*. This was done because the first phase of the trichotomous model mainly consisted of psychotherapy as vehicle for therapy while the second phase favoured counseling as therapeutic process. Basically it was found that psychotherapy focused on detecting and diagnosing psychopathology primarily within a patient's cognitive, affective and conative functioning. An appropriate psychotherapeutic strategy is then decided upon and applied in order to alleviate the diagnosed psychopathology, while counseling implied that the counselor played more of a teaching role to the counselee by giving guidance, and advice.

Zerfass's model served as a reference and guideline on which the trichotomous therapeutic model was structured. Zerfass's model was used as a foundational point of reference because it was found to be a useful system which - when therapeutically adapted for therapeutical purposes - can guide a therapist/counselor step-by-step to help a patient/client recover from a particular (psychopathological) praxis to a new praxis of psychological- and - eventually - spiritual wellness.

So with Zerfass's model as a reference point, a basic medical model was firstly defined after which the eventual trichotomous model as a proposed therapeutic paradigm was structured.

Before the dynamic functioning of the trichotomous model was explained, a number of foundational, pre-conditional guidelines were defined which

served as a framework of reference within which therapy/counseling had to be applied.

Subsequently the dynamic functioning of the trichotomous model of therapy (as derived from both Zerfass's model and the medical model) was explained.

The trichotomous model consists of two main areas of therapy/counseling, namely **Psychotherapy as phase I** and **Spirituotherapy as phase II**. The whole dynamic therapeutic process (psychotherapy) and subsequent counseling process (spirituotherapy) was explained by dividing the total model of therapy into ten broadly defined guidelines.

The psychotherapeutic process as phase I was explained in the first 5 stages: (Stages A to E):

Stage A represented a situation in which an individual is symptom free and where he/she is able to function self-assertively. In laymans terms a person in this stage can be defined as *normal*. (Definitions of *normality* from an individual's perspective, society's perspective and the mental health professionals perspective was explained).

Stage B commences with a patient that is referred to a therapist (usually by a medical practitioner or a minister/pastor) or the patient may decide to see the therapist out of his/her own free will.

During **stage C** a diagnosis of the psychopathology is made. For this purpose various methods can be applied by the therapist to gather clinical information from the patient : a detailed psychological profile and

background information relating to the presented psychopathology needs to be conducted. If the therapist is a registered psychometrist, he/she can make use of a psychometric evaluation of the patient in order to confirm areas of psychopathology. After all the relevant clinical information is gathered and evaluated, a temporary multi-axial diagnosis of the patient's psychopathology can be made according to the Diagnostic and Statistical Manual of Mental Disorders (fourth edition) (DSM IV) which is published by the American Psychiatric Association (1994). The DSM IV is presently the international endorsed reference manual for the diagnosis of mental disorders.

During the fourth stage - **stage D** - the therapist - after deciding on which type of therapy to embark upon to address the patient's psychopathology - explains the proposed therapeutic process to the patient. If it is clear to the therapist that the patient understands the proposed therapeutic strategy and is prepared to commit to the therapy, psychotherapy can commence.

Stage E is the process of psychotherapy. Through the process of psychotherapy, the therapist's intention is to professionally guide a patient from a position of psychopathological non-assertiveness (i.e. psychological negative self image) to a new position of psychological self-assertiveness (i.e. psychological positive self-image). A clear distinction between psychiatric treatment and psychotherapy was also made. Psychotherapy focuses on the following areas: An individual's world and life view (life script), cognition (thinking patterns), conation (behavior patterns), affection (emotional patterns) as well as the influence of significant idiosyncratic/traumatic life events. Lastly the patient is guided towards psychological wellness by helping him/her to identify a new realistic but worthwhile vision linked the

striving towards challenging goals. Psychiatric treatment mainly focuses on the prescription of the correct psychiatric medication in order to help alleviate chemical imbalances in the patient's brain so that he/she is able to respond positively to the psychotherapy.

The end of psychotherapy (**stage F**) is attained if the patient is able to function psychologically *normal* again. Although a patient may opt to terminate therapy at this stage, this therapist has found that - from practical experience - that most patients still have an inner urge to also grow spiritually - not just psychologically. If that is the case, then the second phase of trichotomous therapy commences, namely Spirituotherapy.

Up to this point in the application of the Trichotomous therapeutic paradigm, two of the three areas of a person (i.e **body** and **soul**) was therapeutically treated: the **body**/physiological dimension through psychiatric medication and the **soul** though psychotherapy. The next stage is to *therapeutically* address the patient's **spirit**. From this stage forward the role of the therapist changes more to being a counselor and spiritual guide.

Thus, during the next stage - **Stage G** - the counselee is introduced to the process of Spirituotherapy by explaining the differences between the focus areas of psychotherapy and the forthcoming counseling process.

Stage H starts with the application of Spirituotherapy. Spirituotherapy implies that the Holy Spirit is the *Therapist* who is able to call upon the counselee's spirit to be reborn and to transform his/her life. In this regard the counselor acts as a spiritual guide to firstly help the counselee to help him/her to make a *spiritual diagnosis* about himself/herself and about

his/her standing before God.

Stage I commences with the counselor introduces the counselee to the concept of *spiritual wellness*. In this stage particular Christian teachings which have significant implications for the counselee's psycho-spiritual life, is explained in greater detail. These teachings primarily pertain to the process of salvation and a new relationship with God.

The last stage - **stage J** - is the process of achieving spiritual wellness. The process of Spiritual wellness was explained through a series of *six steps*, namely (1) **calling and salvation**, (2) **regeneration and conversion**, (3) **justification and assurance** and (4) **adoption and security**. It was argued that many Christians tend to **stagnate** at this fourth stage of spiritual growth to become a so called *carnal/cultural* Christians. A cultural Christian was described as somebody who is afraid to commit completely to Jesus Christ in the sense that such a person wants to stay spiritually independent. The result of such a decision leads to a person staying spiritual immature.

If a person is committed to further spiritual growth, step 5 commences: **Sanctification and commitment**. Sanctification assures the Christian's continued psycho-spiritual growth towards maturity. Commitment is an act of will by which a person expresses the desire to - more than anything else - have God's will accomplished in his/her life.

Perseverance and glorification in the last and sixth step in the growth process for a person to become spiritually assertive. Romans 8:28-39 teaches that God will persevere with those whom He is in the process of saving. On the other hand 2 Peter 1:3-11 urges those whom God saves to

demonstrate their perseverance in the face of all difficulties.

Glorification is that future act of God by which Christians will finally become what He has saved them to be : His sons and daughters who perfectly reflect his will.

5.2 CLOSING STATEMENT

With reference to the main aim and objectives of this thesis, it can thus be concluded that it is justifiably possible to meta-systematically integrate the principles of theological counseling with that of psychotherapy to propose a pastoral paradigm based on the trichotomous view of man as consisting of a body, soul and spirit, which can be credibly applied.

5.3 SUGGESTIONS FOR FURTHER STUDY

- An empirical evaluation to determine the *success results* of Dichotomous therapy (body and soul) versus Trichotomous therapy (body, soul and spirit).
- Trichotomous therapy applied to marriage counseling.
- Trichotomous therapy applied to career counseling.

BIBLIOGRAPHY:

ADAMS, J.E. 1970. *Competent to counsel*. Philadelphia : Presbyterian and Reformed.

ADAMS, J.E. 1973. *The Christian counselor's manual*. Grand Rapids : Baker.

ADAMS, J.E. 1975. *The use of Scriptures in counseling*. Philadelphia : Presbyterian and Reformed.

ADAMS, J.E. 1979. *A theology of Christian counseling: more than redemption*. Grand Rapids : Zondervan.

ADAMS, J.E. 1980. *More than redemption*. Grand Rapids : Baker.

ANDERSON, N.T., ZUEHLKE, T.E. & ZUEHLKE, J.S. 2000. *Christ centered therapy : the practical integration of Theology and Psychology*. Grand Rapids : Zondervan Publishing House.

ARNOLD, J.J. 1982. Het verbondswoord van de Schepper. (In Arnold, J.J., Nieboer, W., Tijssen, H.A., & Veling, K., eds. *Helpen in perspectief: op zoek naar gereformeerde psycho-sociale hulpverlening*. Groning en De Vuurbraak p.1-42).

BARKER, J.A. 1993. *Paradigms : The business of discovering the future*. New York : Haper business publishers.

BARCLAY, W. 1958. *More New Testament words*. New York : Harper.

BARLOW, D.H. & DURAND V.M. 2005. *Abnormal psychology, an integrative approach*. Belmont : Thomson Wadsworth.

BECKWITH, A. 1911. Biblical conceptions of soul and spirit. New York : Funk and Wagnals.

BENOIT, J.D. 1947. Calvijn als Zielzorger. Nijkerk : C.F. Callenbach. N.V.

BERGHASH, R & JILLSON, K. 1998. Thoughts on psyche, soul and spirit. *Journal of religion and health*. Vol 37, No 4. Winter 1998.

BERKHOF, L. 1996. Systematic Theology. Grand Rapids : Eerdmans.

BERKOUWER, G.C. 1957. Dogmatische studiën. J.H Kok. N.V : Kampen.

BILLHEIMER, P. 1977. Don't waste your sorrows. Fort Washington, Pa : Christian Literature Crusade.

BOBGAN, M. & BOBGAN, D. 1979. The psychological way - the spiritual way. Minneapolis : Bethany Fellowship.

BOBGAN, M & BOBGAN, B. 1987. Psychoheresy : The psychological seduction of Christianity. Santa Barbara : C.A Eastgate.

BORGENDORFF. 2002. What it means to be reformed : an identity statement. *Rec Focus*. 3(2):71-98, Oct.

BOTHA, M.E. 1993. Metateoretiese perspektiewe op die Sosiale Wetenskappe, Potchefstroom, Sentrale Publikasies : Potchefstroomse Universiteit vir Christelike Onderwys.

BOUREUX, C. & THEOBALD, C. eds. 2004. Original sin : a code of fallibility. London : SCM Press.

BRAATEN, C.E & JENSON, R.W., eds. 1984. Church dogmatics. Philadelphia : Fortress Press.

- BROWN, C., ed. 1976. *The New International Dictionary of New Testament Greek*, trans. William Urwick. Edinburgh : T & T Clark.
- BROWN, C., ed. 1976. *The New International Dictionary of New Testament Theology*. Exeter : Paternoster Press.
- BROWN, F., Driver, S.R. & Briggs, C.A., eds. 1957. *Hebrew and English Lexicon to the Old Testament*. Oxford : Oxford University Press.
- BROWN, R. 1992. *He came to set the captives free*. Solid rock Family Enterprises : New Kensington.
- BUGENTAL, J.F. 1992. *The art of the psychotherapist: how to develop the skills that take psychotherapy beyond science*. New York : W.W. Norton & Company.
- BULKLEY, E. 1993. *Why Christians can't trust psychology*. Eugene : Harvest House Publishers.
- BURTT, E. 1954. *Metaphysical foundations of modern science*. Garden City, New York : Doubleday.
- BUSWELL, J.O. 1962. *A Systematic Theology of the Christian Religion*. Grand Rapids : Zondervan.
- CALVIJN, J. 1956. 5e druk. *Institutie : of onderwijzing in de Christelijke godsdienst uit het Latijn vertaald door dr. A. Sizoo. Eerste Deel, bevattende Boek I en II*. Delft : Meinema.
- CALVIN, J. 1982. *Treatises against the Anabaptists and against the Libertines*. Grand Rapids : Baker (Translated by B.W.Fanley).
- CARTER, J.D. 1977. *Secular and sacred models of psychology and religion*. *Journal of Psychology and Theology* 5:197-208.
- CARTER, J.D. & NARRAMORE, B. 1979. *The integration of psychology and theology*. Grand Rapids, Michigan : Zondervan.

CHAFER, L.S. 1947. *Systematic Theology*. Dallas : TX. Dallas Seminary Press.

CLARK, G.H. 1984. *The Biblical Doctrine of Man*. Jefferson, MD. The Trinity Foundation.

COLLINS, G.R. 1973. *The Christian psychology of Paul Tournier*. Grand Rapids : Baker.

COLLINS, G.R. 1993. *The Biblical basis of Christian counseling for people helpers. Relating the basic teachings of Scripture to people's problems*. Colorado Springs : Navpress.

COLLINS, G.R. & MYERS, D.G., *et.al.* 2000. *Psychology and Christianity: A comprehensive guide*. Dallas : Intervarsity Press.

COMBRINK, V. 1986. *Skrifgebruik in pastoraat : Die standpunt van Jay E. Adams*. Potchefstroom : Potchefstroomse Universiteit vir CHO.

CONN, W.E. 1987. *Pastoral counseling for self-transcendence: the integration of psychology and theology in Pastoral Psychology*. Volume 36(1):29-48).

COOPER, J.W. 1989. *Body, soul & life everlasting. Biblical anthropology and the monism-dualism debate*. Grand Rapids : Mich. William B. Eerdmans Publishing Company.

COREY, G. 2005. *Theory and practice of counseling & psychotherapy (seventh edition)*. Belmont : Brooks/Cole.

CORSINI, R. & WEDDING, D., *eds.* 1995. *Current psychotherapies*, Illinois : F.E Peacock Publishers, Inc.

COVEY, S.R. 1992. *The seven habits of highly effective people Powerful lessons in personal change*. New York : Simon & Schuster.

CRABB, L. 1975. Basic principles of biblical counseling. Grand Rapids : Zondervan.

CRABB, L.J. 1977. Effective Biblical Counseling. Grand Rapids : Zondervan Publishing House.

CRABB, L.J. 1993. Finding God. Grand Rapids : Zondervan.

CRABB, L. 1996. Inside out. England. Aylesbury : Bucks.

CRABB, L.J. 1999. The safest place on earth. Waco : TX:Word.

CREMER, H. 1993. Biblical-theological lexicon of the New Testament Greek, trans. William Urwick. Edinburgh : T&T. Clark.

DE KLERK, J.J. 1978. Herderkunde. Pretoria : N.G Kerkboekhandel.

DELITZSCH, F. 1867. A system of Biblical Psychology. Edinburgh : T&T Clark.

DE VILLIERS, H.J. 1999. Wat is my siel? Pretoria : Benedic.

DONCEEL, J.F. 1965. Philosophical anthropology. New York : Sheed and Ward.

DOOYEWEERD, H. 1953. A new critique of theoretical thought. Volume 1. Amsterdam : H.J Paris.

DOOYEWEERD, H. 1979. Roots of Western culture. Pagan, secular and Christian options. Toronto : Wedge.

DOUGLAS, J.D. 1962. New Biblical Dictionary. Wheaton : Tyndale House.

DU PRIEST, T. 1993. Spirit : Inner witness and guardian of the soul, in *Anglican Theological Review*, ATR/LXXXIII:3 (387-401).

DYE, D.L. 1996. Faith and the physical world. Grand Rapids. Eerdmans.

DYER, W. 1980. *The sky's the limit*. New York : Pocket books.

ELLENS, J.H. 1987. *Biblical themes in psychological theory and practice* (In Benner, D.G. ed. *Christian counseling and psychotherapy*. Grand Rapids : Baker Bookhouse (314-326).

ENGEL, M.P. 1988. *John Calvin's perspectival anthropology*. Atlanta : Scholars Press.

ENNS, P. 1989. *The Moody handbook of theology*. Chicago : Moody Press.

ERICKSON, M.J. 1983. *Christian Theology*. Grand Rapids, Mi. : Baker Book House.

EVERETT F.H., ed. 1960. *Baker's Dictionary of Theology*. Grand Rapids : Baker Book House, s.v. *Trichotomy* by Wayne Ward.

FABER, J. 1990. *Essays in Reformed doctrine*. Neerlandia : Inheritance.

FOWLER, S. 1991. *A Christian voice among students and scholars*. Potchefstroom : PU vir CHO.

FRANKL, V.E. 1967. *Psychotherapy and existentialism : selected papers on logotherapy*. New York : Washington Square Press.

FRANCES, A., et.al. 1994. *Diagnostic and statistical manual of mental disorders (fourth edition)*. Washington : American psychiatric association.

FREUD, S. 1986. *The essentials of psycho-analysis*. London : Penguin Books.

GRANT, B.W. 2001. *A theology for pastoral psychotherapy: God's play in sacred places*. New York : The Haworth Pastoral Press.

GROSS, J.J. & MUNOZ, R.F. 1995. Emotion regulation and mental health. *Clinical Psychology :Science and Practice*, 2, 151-164.

HAMILTON, J.D. 1972. *The Ministry of Pastoral Counseling*. Grand Rapids : Baker Book House.

HARRIS, L., ARCHER, G. & WALTKE, B., eds. 1960. *The Theological Wordbook of the Old Testament*. Edinburgh Press.

HARRISON, F.E., ed. 1960. *Baker's dictionary of theology*. Grand Rapids : Baker Book House.

HARRIS, T.A. 1995. *I'M OK - You're OK*. London : Arrow Books.

HEARD, J.B. 1875. *Tripartite nature of man : spirit, soul and body*. Edinburgh : T&T Clark.

HEITINK, G. 1977. *Pastoraat als hulpverlening : inleiding in de pastorale theologie en psychologie*. Kampen : Kok.

HELBERG, J.L. *Die Here regeer*. Pretoria : N.G. Kerkboekhandel.

HEYNS, J.A. 1992. *Inleiding tot die dogmatiek*. Johannesburg : Perskor Boekdrukkery.

HEYNS, L.M. & PIETERSE, H.J.C. 1990. *A primer in practical theology*. Pretoria : Gnosis Books & Publishers CC.

HEYNS, M.F. 1997. *Ontologiese uitgangspunte*. Potchefstroom, Sentrale Publikasies : PU vir CHO.

HOEKEMA, A.A. 1986. *Create in God's image*. Grand Rapids : Eerdmans.

HOLDCROFT, L.T. 1990. *Anthropology. A Biblical View*. Clayburn. B.C. Cee Picc.

HULME, W. 1956. *Counseling and theology*. Philadelphia : Fortress.

HUTCHISON, M. 1999. *Mega brain power*. New York : Hyperion.

- JEEVES, M.A. (ed). 1969. *The scientific enterprise and Christian faith*. Downers Grove : Inter-Varsity.
- JEEVES, M.A. 1978. *Psychology & Christianity : The view both ways*, Illinois : Intervarsity Press.
- JEEVES, M.A. 1997. *Human nature at the millennium: reflections on the integration of psychology and Christianity*. Grand Rapids. Mich. Baker Books.
- JOHNSON, E.L. & JONES S.L, eds. 2000. *Psychology and Christianity*. With contributions by Gary R. Collins, David G. Meyers, David Powlison, Robert C. Roberts. Illinois : Inter Varsity.
- JONES, S.L. & BUTMAN, R.E 1991. *Modern psychotherapies : a comprehensive Christian appraisal III* : Intervarsity Press : 425
- JORDAAN, W. & JORDAAN, J. 2003. *People in context* (third ed.). Johannesburg : Heinemann.
- JOYNER, R. 1993. *There were two trees in the Garden*. New Kensington : Whitaker House.
- KECK, L.R. 1998. *Defining our moment in History, in Snapshot of the Wind* (September-October, (1)).
- KILPATRICK, W. 1999. *Faith & Therapy in First things: a monthly journal of religion and public life*. Volume/Issue: 1999(90):21-26. New York : Institute on Religion and Public life.
- KIRWAN, W.T. 1993. *Biblical concepts for Christian counseling*. Michigan. Grand Rapids : Baker Book House.
- KRING, A.M. & BACHOROWSKI, J. 1999. *Emotions and psychopathology. Cognition and emotion*, 13(5), 575-599.
- KUHN, T.S. 1962. *The structure of scientific revolutions*. Chicago : University of Chicago press.
- KUHN, T.S. 1974. *Second thoughts on paradigms*. In Suppe, F., ed. 1974. *The structure of scientific theories*. Urbana : University of Illinois Press.

KUHN, T.S. 1980. Metaphor in science. In Ortony, Andrew. 1980. Metaphor and thought. Cambridge : University press.

LADD, G.E. 1974. A theology of the New Testament. Grand Rapids. Mich. Eerdmans Publishing Company.

LEWIS, G.R. & DEMERST, B.A. 1990. Interactive theology. Grand Rapids : Zondervan.

LIU, K. 1966. A study of the human soul and spirit. Unpublished thesis for Talbot. Philadelphia : Theological Seminary.

LOTTER, G.A. 1993. Die werk van die Heilige Gees in die gelowiges volgens 2 Korinthiërs, (ThD dissertation. Potchefstroom : PU vir CHO).

LOTTER, G.A. 2001. The "reformation" of counseling *In die Skriflig* 35(2) (317-328).

LOUW, D.J. 1993. Pastoraat as ontmoeting : Ontwerp vir 'n basisteorie, antropologie, metode en terapie. Pretoria : RGN-Uitgewery.

LOUW, D.J. 1999. Vierde uitgawe : Pastoraat as vertolking en ontmoeting. Teologiese ontwerp vir 'n basisteorie, antropologie, metode en terapie. Kaapstad : Lux Verbi.

LOUW, J.P & NIDA, E.A. (eds). 1988. Greek - English lexicon of the New Testament based on semantic domains. Volume 1. New York : UBS.

MacARTHUR, J.F. & MACK, W.A., *et.al.* 1994. Introduction to Biblical Counseling: A basic guide to the principles and practice of counseling. Dallas : Word Publishing.

MACKAY, D.M. 1979. Human science and human dignity London : Hodder & Soughton.

MASLOW, A.H. 1968. Toward a psychology of being New York : Van Nostrand.

MASLOW, A.M. 1987. Motivation and personality (third edition). New York : Harper & Row.

MBITI, J.S. 1990. African religions and philosophy. Oxford : Heineman.

McGRAW, P.C. 2001. Self matters. Creating your life from the inside out. London : Simon & Schuster.

MEIER, P & MINIRTH. 1994. Happiness is a choice : the symptoms, causes and cures of depression. Grand Rapids : Baker Books.

MEYER, W.F, MOORE, C & VILJOEN, H.D. 1997. Personologie van individu tot ekosistiem. Heinemann : Johannesburg.

MILNE, B. 1982. Know the truth. Downers Grove, IL : Intervarsity Press.

MöLLER, F.P. 1998. The wonderful Christ and the meaning of humanness. Pretoria : Van Schaik.

MORLEY, P.M. 1997. The man in the mirror. Grand Rapids : Zondervan Publishing House.

MORRIS, C.G. 1997. Psychology : an introduction. New Jersey : Prentice-Hall.

MULDOON, S.J. & CARRINGTON, H. 1956. The projection of the astral body. London : Rider & Company.

MYERS, D.G. 1998. Psychology (5th ed.). New York : Worth.

MYERS, D.G. 1999. Social Psychology (6th ed.). New York : McGraw-Hill.

MYERS, D.G. & Jeeves, M.A. 1987. Psychology through the eyes of faith. San Francisco : HarperCollins.

NARRAMORE, B. & COUNTS, B. 1974. Freedom from guilt. Irvine : Harvest House.

- NEE, W. 1977. *The Spiritual man*. New York : Christian Fellowship Publishers.
- OUWENEEL, W.J. 1984. *Psychologie. Een Christelijke kijk op het mentale leven*. Amsterdam : Buijen & Schippereijn.
- PECK, M. 1990. *The road less traveled*. London : Arrow Books.
- PEMBER, G.H. 1942. *Earth's earliest ages*. Grand Rapids : Kregel Publications.
- PENN-LEWIS, J. 1992. *Soul and Spirit*. Fort Washington, P.A. : Christian Literature Crusade.
- POLANYI, M. 1964. *Personal Knowledge*. New York : Harper & Row.
- PRICE, D.J. 2002. *Karl Barth's anthropology in light of modern thought*. Grand Rapids : Williams B Eerdmans Publishing Company.
- REBER, A.S & REBER, E.S. 2001. *The penguin dictionary of psychology (third edit.)*. London : Penguin Books.
- REESAL, R.T. 2000. *The use of Selective Serotonin Reuptake Inhibitors for the treatment of depression in primary care*. *The Canadian Journal of Diagnosis 2000*, (Suppl : 3-14).
- REINECKE, M.R. 2003. *Die begrippe Geestesgesondheid en Geestesongesteldheid: 'n Prakties-teologiese ondersoek met die oog op pastorale begeleiding*. Potchefstroom : PU vir CHO (Proefskrif : PhD).
- ROBBINS, A. 1997. *Awaken the giant within*. London : Pocket books.
- SADOCK, B.J. & SADOCK, V.A. 2003. (ninth edition). *Kaplan & Sadock's synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry*. Philadelphia : Williams & Wilkins.

SARANO, J. 1966. *The meaning of the body*. Philadelphia : Westminster.

SCHAEFFER, F.A. 1968. *The God who is there*. Downers Grove : Inter-Varsity.

SCHAEFFER, F.A. 1969. *Death in the city*. Chicago : Inter Varsity.

SMITH, A. 1975. *Power of the mind*. New York : Ballantine Books.

SMITH, W. 2000. Dichotomy or trichotomy? How the doctrine of man shapes the treatment of depression , in *The Journal of Biblical Counseling*, (18) 3; (21-29).

SMIT, G.J. 1996. *Psychometrics : aspects of measurement*. Pretoria : Kagiso Publishers.

SOLOMON, C.R. 1982. *Handbook to Acceptance*, Wheaton IL. : Tyndale House.

SOLOMON, C.R. 1989. *Handbook to happiness, a guide to victorious living & effective counseling*. Wheaton, Illinois : Tyndale House Publishers, Inc.

SOMMER, B. 1993. *Psycho-cybernetics 2000*. London : Prentice hall.

SPROUL, R.C. 1974. *The psychology of atheism*. Minneapolis : Bethany Fellowship.

STEFANIDAKIS , S. 2004. Helping understand the mystery of spirit-soul-body. Article, Internet : <http://www.fst.org/trinity.htm>. (25-09-2004).

STEIN, D.J., et.al. 2004. *Psychiatric medication in primary care algorithms and guidelines*. Stellenbosch : Dept of Psychiatry.

STEVENSON, L. & HABERMAN, D. 1998. *Ten theories of human nature*. New York : Oxford University Press.

- STOKER, H.G. 1961. *Beginsels en metodes in die wetenskap*. Potchefstroom. Pro-rege pers.
- STRAUSS, D.F.M. 2002. It is possible to do theology without philosophical presuppositions? in *Acta Theologica* (22) 1:146-164.
- STRONG, A.H. 1953. *Systematic Theology*. Philadelphia : Judson Press.
- TAN, S. 2001. Integration and beyond: principled, professional and personal in *Journal of Psychology and Christianity*. Volume 20(1):(18-28)
- TERRY, M.S. 1907. *Biblical dogmatics : an exposition of the principal doctrines of the holy scriptures*. New York : Eaton and Mains.
- THAYER, J.H. 1977. *A Greek-English lexicon of the New Testament*. Grand Rapids : Baker Book House.
- TOURNIER, P. 1962. *Guilt and grace*. New York : Harper and Row.
- TOURNIER, P. 1989. *The adventure of living*. Sussex : Highland books.
- VALENKAMP, M. 1989. *Die sin van ons bestaan*. Potchefstroom : Potchefstroomse Universiteit vir Christelike Hoër Onderwys.
- VAN DER WALT, B.J. 1990. *Om mens te wees : gawe en opgawe*. Onderweg na 'n Christelike mensvisie in Afrika. Potchefstroom : PU vir CHO.
- VAN DER WALT, B.J. 1995. *Bybelse perspektiewe op die mens*. Potchefstroom : PU vir CHO.
- VAN HUYSTEEN, J.W.V. 1997. *Essays in Postfoundationalist Theology*. Grand Rapids : Trinity Press.

VAN WYK, J.H. 1993. *Homo Dei*, 'n prinsipiële besinning oor enkele mensbeskouiings waaronder die van Calvin, *In die Skriflig*, (27)(1)(18-20).

VENTER, C. 1996. Uitkringende liefdesbetoon. Kommunikatiewe handeling in diens van die onderlinge liefdesgemeenskap in die Kerk. Pretoria : RGN-Drukkers.

VENTER, C.J.H. 1987. Skrifperspektiewe en skrifgegewens t.o.v die psigiese lewe. Potchefstroom : PU vir CHO. (Werkswinkelstuk no 9. Dept Wetenskapsleer).

VENTER, C.J.H. 1988. Praktiese riglyne uit die Nuwe Testament vir die pastorale gesprekvoering, *In die Skriflig*, Volume 1 (29-38).

VERHOEF, G.C. 2000. Die noodsaak van 'n Bybelse mensbeskouing in berading : enkele snitte uit die Skrif en die praktiese implikasies daarvan. Potchefstroom : PU vir CHO (Verhandeling M.A).

VERSTEEG, J.P. 1971. *Christus en de Geest*. Kampen : Kok.

WAITLEY, D. 1984. *The psychology of winning, ten qualities of a total winner*. New York : Berkley Books.

WENDEL, F. 1978. *Calvin : The origins and development of his religious thought*. London : Collins.

WOLTERS, A.M. 1985. *Die skepping herwin. Bybelse grondslae vir 'n Reformatiese lewensbeskouing*. Potchefstroom : Instituut vir Reformatiese studie, Potchefstroomse Universiteit vir Christelike Hoër Onderwys.

WOOTEN, R.W.F. 1975. *Spirit and soul in the New Testament*. The Bible Translator (26). New York : Worth.

ZILBOORG, G. 1962. *Psychoanalysis and Religion*, New York : Farrar, Strauss and Cudahy.

**STRICTLY
CONFIDENTIAL**

**PSYCHOLOGICAL PROFILE
AND BACKGROUND
QUESTIONNAIRE**

NAME :

Dear Patient

My task as therapist is to assist you as professionally and purposefully as possible.

In order for me to understand you and your specific problems as well as possible, I hereby request you to please complete the following background questionnaire as thoroughly as you can.

The information you disclose here will be handled with the greatest care and absolute confidentiality. You may rest assured that no one but you and I will be aware of the contents of this questionnaire.

Thank you very much for your willingness to spend time on it!

PIETER JOUBERT

A. BIOGRAPHICAL DATA :

* Date of application : _____

* Patient's name : _____

* Sex (Male/Female) : _____

* Address : _____

* Age : _____

* Tel : (H) : _____

* Tel : (W) : _____

* Vocation : _____

* Highest academic

qualification : _____

* Medical Society and number : _____

* Referred by : _____

* Present medication :

1. _____ Period _____

2. _____ Period _____

3. _____ Period _____

4. _____ Period _____

* Matrimonial Status : (Indicate with a cross):

- Married _____ - Widow/Widower _____

- Divorced _____ - Unmarried/No fixed relationship _____

- Engaged _____ - Live together _____

- Going out on a permanent basis _____

* If in a fixed relationship, for how long? : _____

* If married at present, how long? : _____

* If divorced, for how long? : _____

* If widowed, for how long? : _____

* Name of spouse/friend: (Name) _____ * His/Her age in years : _____

* Highest academic background of spouse/friend _____

* His/Her Vocation : _____

* Which of the following illnesses did you have during the past six months. Indicate with a cross in the appropriate block. Ignore the number after each illness:

ILLNESS	
Epilepsy (345-10)	<input type="checkbox"/>
Headaches (346-20)	<input type="checkbox"/>
Seizure (Stroke) (852-40)	<input type="checkbox"/>
Meningitis (320-9)	<input type="checkbox"/>
Migraine (346-10)	<input type="checkbox"/>
Angina Pectoris (chest pains/hart cramp) (413-9)	<input type="checkbox"/>
Pulmonary Embolism (415-1)	<input type="checkbox"/>
High Cholesterol (440-9)	<input type="checkbox"/>
Hypertension (high bloodpressure) (401-9)	<input type="checkbox"/>
Myocardial infarction (heart attack) (410-9)	<input type="checkbox"/>
Asthma (493-2)	<input type="checkbox"/>
Bronchitis (466-0)	<input type="checkbox"/>
Tuberculosis (011-9)	<input type="checkbox"/>
Leukemia (208)	<input type="checkbox"/>
Cancer (p. 817 DSM IV)	<input type="checkbox"/>
Diabetes (250)	<input type="checkbox"/>
Goiter (240-9)	<input type="checkbox"/>
Obesity (278-0)	<input type="checkbox"/>
Constipation (564-0)	<input type="checkbox"/>
Ulcer (531-70)	<input type="checkbox"/>
Esophageal reflux/Heartburn (530-1)	<input type="checkbox"/>

(CONTINUE)

Infertility (628-9(f)606-9(m))

Menstruation disorder (626-9)

Cataract (366-9)

Visual loss (369-9)

Common cold (460)

Hearing loss (389-9)

Laryngitis (464-0)

Sinusitis/Hayfever (473-9)

Arthritis (716-20)

Rheumatism (714-0)

Osteoarthritis (715-9)

Skin allergy/Eczema (692-9)

Spina bifida (741-90)

HIV-infection (042)

Enuresis (bed wetting) (307-6:AS I)

Encopresis (787-6/307-7:AS I)

Alcoholism (305-00:AS I)

Insomnia (Sleeplessness) (307-42:AS I)

Nicotine dependent (Do you smoke?) (305-10:AS I)

- Please indicate in which of the following areas of your life you are experiencing problems by making a cross in the appropriate block:

* Problems with primary support group (family/friends)	
* Problems related to the social environment	
* Educational problems	
* Occupational problems	
* Housing problems	
* Economic problems	
* Problems related to interaction with the legal system/crime	
* Psychosocial and environmental problems	
* Problems with access to health care services	

* Operations you had

Describe type

When : (month & year)

1. _____
2. _____
3. _____
4. _____
5. _____

* Children of your own? Yes/No

* If so:

Sex

1. Name : _____ Age : _____ M/F
2. Name : _____ Age : _____ M/F
3. Name : _____ Age : _____ M/F
4. Name : _____ Age : _____ M/F
5. Name : _____ Age : _____ M/F

* How well do you get on with your children? Please describe your relationship with each child briefly. _____

* Miscarriages? : Explain _____

* Abortions? : Explain _____

* Religious denomination :

- As child? _____
- At present? _____
- Religious denomination of spouse/friend _____

* How important is religion in your life and why? _____

1. Name : _____	Age : _____	MT : _____
2. Name : _____	Age : _____	MT : _____
3. Name : _____	Age : _____	MT : _____
4. Name : _____	Age : _____	MT : _____
5. Name : _____	Age : _____	MT : _____

* What positive traits do you have that will assist you in overcoming the problem?

* Is there a relationship at present which you find problematic and which prevents you from realising your "ideal self"? (Explain)

* If you are well again, of what will you be capable which you cannot do now?

* GENERAL COMMENT/ANY IMPORTANT INFORMATION :

C. SOCIAL BACKGROUND

* Are you satisfied with your present vocation/direction of study? Yes/No

* If not, what would you rather do?

* Are you presently studying? Yes/No

* If the answer is yes, what is your field of study?

* Why are you studying?

* If married, are you happy? Yes/No

* If unhappy with your marriage, explain

* For how long did you know one another before you got married? _____

* Describe the role of (a) your parents and (b) your parents-in-law in your marriage.

a) _____

b) _____

* Name 3 characteristics of your spouse which you respect/like and 3 which you do not like:

- I like (a) _____

(b) _____

(c) _____

- I don't like (a) _____

(b) _____

(c) _____

* What area in your relationship do you and your spouse argue the most?

* How and when do you communicate with your spouse?

* If at present not married, why? _____

* Where do you reside at present? _____

* Are you happy with your present housing? Yes/No

* Why? _____

* Do you have many friends? Yes/No

* Do you have somebody whom you can really trust? Yes/No

D. FAMILY BACKGROUND :

* Your father's name? _____

* Age _____ Years * Vocation : _____

* Still living/deceased _____

* Describe your relationship with your father : (past and present) _____

* Your mother's name? _____

* Age _____ Years * Vocation : _____

* Still living/deceased _____

* Describe your relationship with your mother (past and at present) _____

* How were they as parents? _____

* Describe their attitude towards one another? _____

* Whom do you take after and why? _____

* Do you have step-parents/step-family? (Describe) _____

* Brothers/Sisters: (Number) _____ Brothers _____ (Number) _____ Sisters _____

1. Name : _____ Age: _____

Vocation : _____

Your relationship with him/her? _____

* Have you had (or are you at present involved in) an extra-marital sexual relationship?

Yes/No

If so, please give the background: _____

* Were you previously (or at present) involved in a homosexual/lesbian relationship?

Yes/No

If so, explain _____

* What is your opinion of the opposite sex? _____

* Did you have any negative sex-related experience(s) earlier in life? (Even if it is very sensitive, please explain as comprehensively as possible): _____

* Who/what was your main source of sexual information? _____

* GENERAL COMMENTS WHICH YOU WISH TO MAKE:

F. HABITS:

* Do you smoke? Yes/No _____

If you do, how many per day? _____

* Alcohol? Yes/No _____

If you do use alcohol, what and how much? _____

* Tranquilisers? Yes/No : Give particulars : _____

* Please describe your eating habits: _____

* Have you ever or do you presently suffer from Bulimia Nervosa? If so, give full particulars : _____

* Other habits? (Eg. Nail-biting, thumb-sucking, stammering, mannerisms/twitches).
Give particulars.

* GENERAL COMMENTS YOU WISH TO ADD: _____

G. PSYCHO-HISTORICAL BACKGROUND:

* Can you remember any repetitive dreams and/or nightmares that you had as a child?

Yes/No (Describe) _____

* How old were you when you went to school? _____

* Describe your primary school years; that which made an impression on you: _____

* Describe your high school years; that which made an impression on you: _____

* Sum up your childhood years in a single word or sentence: _____

* What achievements did you realize at school? (Academic, sport, cultural).

* Did you hold any leadership positions at school? Explain fully. _____

* How popular/unpopular were you at school? Explain. _____

* How much did you socialise at school; parties attended, relationships with the opposite sex? (Please explain fully). _____

* Have you ever thought of suicide? Yes/No _____

* Have you ever tried to commit suicide? Yes/No _____

* If the answer is yes, please explain fully:

* Describe any fears or phobias you have experienced in the past or are experiencing at present. _____

* GENERAL COMMENTS YOU WISH TO ADD: _____

H. GENERAL :

* Are you colour-blind : Yes/No _____

* What is your favourite colour? : _____

* What colours do you not like? _____

* What temperature do you prefer? (Warm, medium, cold, etc.) _____

* What is your favourite season? (Winter/summer/autumn/spring) _____

* What is your favourite music? : (Jazz, classical, pop, general, etc.) _____

* What makes you very angry? _____

* What makes you very happy? _____

* What occasion/event makes you feel very guilty? _____

* On what occasion/when did you feel very embarrassed? _____

* What can you remember about your infant years? _____

* Mention three (3) of your good/positive traits.

1. _____
2. _____
3. _____

* Mention three (3) of your bad/negative traits.

1. _____
2. _____
3. _____

* What do you think people say about you behind your back which you do not like?

* If you were able to change only one aspect of yourself, what would it be? _____

* On what do you spend money at present which you would preferably spend on something else? _____

* Have you ever been arrested? If so, please give the full background: _____

* Is there anything else you would like to mention that you have not mentioned above?

THANK YOU VERY MUCH FOR YOUR TROUBLE AND CO-OPERATION!

(Alg)Psigopr

DSM-IV Classification

NOS = Not Otherwise Specified.

An x appearing in a diagnostic code indicates that a specific code number is required.

An ellipsis (. . .) is used in the names of certain disorders to indicate that the name of a specific mental disorder or general medical condition should be inserted when recording the name (e.g., 293.0 Delirium Due to Hypothyroidism).

Numbers in parentheses are page numbers.

If criteria are currently met, one of the following severity specifiers may be noted after the diagnosis:

Mild
Moderate
Severe

If criteria are no longer met, one of the following specifiers may be noted:

In Partial Remission
In Full Remission
Prior History

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (37)

MENTAL RETARDATION (39)

Note: These are coded on Axis II.

- 317 Mild Mental Retardation (41)
- 318.0 Moderate Mental Retardation (41)
- 318.1 Severe Mental Retardation (41)
- 318.2 Profound Mental Retardation (41)
- 319 Mental Retardation, Severity Unspecified (42)

LEARNING DISORDERS (46)

- 315.00 Reading Disorder (48)
- 315.1 Mathematics Disorder (50)
- 315.2 Disorder of Written Expression (51)
- 315.9 Learning Disorder NOS (53)

MOTOR SKILLS DISORDER

- 315.4 Developmental Coordination Disorder (53)

COMMUNICATION DISORDERS (55)

- 315.31 Expressive Language Disorder (55)
- 315.31 Mixed Receptive-Expressive Language Disorder (58)
- 315.39 Phonological Disorder (61)
- 307.0 Stuttering (63)
- 307.9 Communication Disorder NOS (65)

PERVASIVE DEVELOPMENTAL DISORDERS (65)

- 299.00 Autistic Disorder (66)
- 299.80 Rett's Disorder (71)

- 299.10 Childhood Disintegrative Disorder (73)
 299.80 Asperger's Disorder (75)
 299.80 Pervasive Developmental Disorder NOS (77)

ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS (78)

- 314.xx Attention-Deficit/Hyperactivity Disorder (78)
 .01 Combined Type
 .00 Predominantly Inattentive Type
 .01 Predominantly Hyperactive-Impulsive Type
 314.9 Attention-Deficit/Hyperactivity Disorder NOS (85)
 312.8 Conduct Disorder (85)
Specify type: Childhood-Onset Type/
 Adolescent-Onset Type
 313.81 Oppositional Defiant Disorder (91)
 312.9 Disruptive Behavior Disorder NOS (94)

FEEDING AND EATING DISORDERS OF INFANCY OR EARLY CHILDHOOD (94)

- 307.52 Pica (95)
 307.53 Rumination Disorder (96)
 307.59 Feeding Disorder of Infancy or Early Childhood (98)

TIC DISORDERS (100)

- 307.23 Tourette's Disorder (101)
 307.22 Chronic Motor or Vocal Tic Disorder (103)
 307.21 Transient Tic Disorder (104)
Specify if: Single Episode/Recurrent
 307.20 Tic Disorder NOS (105)

ELIMINATION DISORDERS (106)

- .- Encopresis (106)
 787.6 With Constipation and Overflow Incontinence
 307.7 Without Constipation and Overflow Incontinence
 307.6 Enuresis (Not Due to a General Medical Condition) (108)
Specify type: Nocturnal Only/Diurnal Only/Nocturnal and Diurnal

OTHER DISORDERS OF INFANCY, CHILDHOOD, OR ADOLESCENCE

- 309.21 Separation Anxiety Disorder (110)
Specify if: Early Onset
 313.23 Selective Mutism (114)
 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (116)
Specify type: Inhibited Type/
 Disinhibited Type
 307.3 Stereotypic Movement Disorder (118)
Specify if: With Self-Injurious Behavior
 313.9 Disorder of Infancy, Childhood, or Adolescence NOS (121)

Delirium, Dementia, and Amnestic and Other Cognitive Disorders (123)

DELIRIUM (124)

- 293.0 Delirium Due to . . . [*Indicate the General Medical Condition*] (127)
 —.- Substance Intoxication Delirium (*refer to Substance-Related Disorders for substance-specific codes*) (129)
 —.- Substance Withdrawal Delirium (*refer to Substance-Related Disorders for substance-specific codes*) (129)
 —.- Delirium Due to Multiple Etiologies (*code each of the specific etiologies*) (132)
 780.09 Delirium NOS (133)

DEMENTIA (133)

- 290.xx Dementia of the Alzheimer's Type, With Early Onset (*also code 331.0 Alzheimer's disease on Axis III*) (139)
 .10 Uncomplicated
 .11 With Delirium
 .12 With Delusions
 .13 With Depressed Mood
Specify if: With Behavioral Disturbance

DSM-IV Classification

- 290.xx Dementia of the Alzheimer's Type, With Late Onset (*also code 331.0 Alzheimer's disease on Axis III*) (139)
 - .0 Uncomplicated
 - .3 With Delirium
 - .20 With Delusions
 - .21 With Depressed Mood
 - Specify if:* With Behavioral Disturbance
- 290.xx Vascular Dementia (143)
 - .40 Uncomplicated
 - .41 With Delirium
 - .42 With Delusions
 - .43 With Depressed Mood
 - Specify if:* With Behavioral Disturbance
- 294.9 Dementia Due to HIV Disease (*also code 043.1 HIV infection affecting central nervous system on Axis III*) (148)
- 294.1 Dementia Due to Head Trauma (*also code 854.00 head injury on Axis III*) (148)
- 294.1 Dementia Due to Parkinson's Disease (*also code 332.0 Parkinson's disease on Axis III*) (148)
- 294.1 Dementia Due to Huntington's Disease (*also code 333.4 Huntington's disease on Axis III*) (149)
- 290.10 Dementia Due to Pick's Disease (*also code 331.1 Pick's disease on Axis III*) (149)
- 290.10 Dementia Due to Creutzfeldt-Jakob Disease (*also code 046.1 Creutzfeldt-Jakob disease on Axis III*) (150)
- 294.1 Dementia Due to . . . [*Indicate the General Medical Condition not listed above*] (*also code the general medical condition on Axis III*) (151)

- .- Substance-Induced Persisting Dementia (*refer to Substance-Related Disorders for substance-specific codes*) (152)
- .- Dementia Due to Multiple Etiologies (*code each of the specific etiologies*) (154)
- 294.8 Dementia NOS (155)

AMNESTIC DISORDERS (156)

- 294.0 Amnestic Disorder Due to . . . [*Indicate the General Medical Condition*] (158)
 - Specify if:* Transient/Chronic
- .- Substance-Induced Persisting Amnestic Disorder (*refer to Substance-Related Disorders for substance-specific codes*) (161)
- 294.8 Amnestic Disorder NOS (163)

OTHER COGNITIVE DISORDERS (163)

- 294.9 Cognitive Disorder NOS (163)

Mental Disorders Due to a General Medical Condition Not Elsewhere Classified (165)

- 293.89 Catatonic Disorder Due to . . . [*Indicate the General Medical Condition*] (169)
- 310.1 Personality Change Due to . . . [*Indicate the General Medical Condition*] (171)
 - Specify type:* Labile Type/Disinhibited Type/Aggressive Type/Apathetic Type/Paranoid Type/Other Type/Combined Type/Unspecified Type
- 293.9 Mental Disorder NOS Due to . . . [*Indicate the General Medical Condition*] (174)

DSM-IV Classification

Substance-Related Disorders (175)

^aThe following specifiers may be applied to Substance Dependence:

With Physiological Dependence/Without Physiological Dependence

Early Full Remission/Early Partial Remission
Sustained Full Remission/Sustained Partial Remission

On Agonist Therapy/In a Controlled Environment

The following specifiers apply to Substance-Induced Disorders as noted:

¹With Onset During Intoxication/^wWith Onset During Withdrawal

ALCOHOL-RELATED DISORDERS (194)

Alcohol Use Disorders

303.90 Alcohol Dependence^a (195)

305.00 Alcohol Abuse (196)

Alcohol-Induced Disorders

303.00 Alcohol Intoxication (196)

291.8 Alcohol Withdrawal (197)
Specify if: With Perceptual Disturbances

291.0 Alcohol Intoxication Delirium (129)

291.0 Alcohol Withdrawal Delirium (129)

291.2 Alcohol-Induced Persisting Dementia (152)

291.1 Alcohol-Induced Persisting Amnesic Disorder (161)

291.x Alcohol-Induced Psychotic Disorder (310)

.5 With Delusions^{1,w}

.3 With Hallucinations^{1,w}

291.8 Alcohol-Induced Mood Disorder^{1,w} (370)

291.8 Alcohol-Induced Anxiety Disorder^{1,w} (439)

291.8 Alcohol-Induced Sexual Dysfunction¹ (519)

291.8 Alcohol-Induced Sleep Disorder^{1,w} (601)

291.9 Alcohol-Related Disorder NOS (204)

AMPHETAMINE (OR AMPHETAMINE-LIKE)-RELATED DISORDERS (204)

Amphetamine Use Disorders

304.40 Amphetamine Dependence^a (206)

305.70 Amphetamine Abuse (206)

Amphetamine-Induced Disorders

292.89 Amphetamine Intoxication (207)
Specify if: With Perceptual Disturbances

292.0 Amphetamine Withdrawal (208)

292.81 Amphetamine Intoxication Delirium (129)

292.xx Amphetamine-Induced Psychotic Disorder (310)

.11 With Delusions¹

.12 With Hallucinations¹

292.84 Amphetamine-Induced Mood Disorder^{1,w} (370)

292.89 Amphetamine-Induced Anxiety Disorder¹ (439)

292.89 Amphetamine-Induced Sexual Dysfunction¹ (519)

292.89 Amphetamine-Induced Sleep Disorder^{1,w} (601)

292.9 Amphetamine-Related Disorder NOS (211)

CAFFEINE-RELATED DISORDERS (212)

Caffeine-Induced Disorders

305.90 Caffeine Intoxication (212)

292.89 Caffeine-Induced Anxiety Disorder¹ (439)

292.89 Caffeine-Induced Sleep Disorder¹ (601)

292.9 Caffeine-Related Disorder NOS (215)

CANNABIS-RELATED DISORDERS (215)

Cannabis Use Disorders

304.30 Cannabis Dependence^a (216)

305.20 Cannabis Abuse (217)

Cannabis-Induced Disorders

292.89 Cannabis Intoxication (217)
Specify if: With Perceptual Disturbances

292.81 Cannabis Intoxication Delirium (129)

DSM-IV Classification

- 292.xx Cannabis-Induced Psychotic Disorder (310)
.11 With Delusions¹
.12 With Hallucinations¹
292.89 Cannabis-Induced Anxiety Disorder¹ (439)
292.9 Cannabis-Related Disorder NOS (221)

COCAINE-RELATED DISORDERS (221)

Cocaine Use Disorders

- 304.20 Cocaine Dependence^a (222)
305.60 Cocaine Abuse (223)

Cocaine-Induced Disorders

- 292.89 Cocaine Intoxication (223)
Specify if: With Perceptual Disturbances
292.0 Cocaine Withdrawal (225)
292.81 Cocaine Intoxication Delirium (129)
292.xx Cocaine-Induced Psychotic Disorder (310)
.11 With Delusions¹
.12 With Hallucinations¹
292.84 Cocaine-Induced Mood Disorder^{1,w} (370)
292.89 Cocaine-Induced Anxiety Disorder^{1,w} (439)
292.89 Cocaine-Induced Sexual Dysfunction¹ (519)
292.89 Cocaine-Induced Sleep Disorder^{1,w} (601)
292.9 Cocaine-Related Disorder NOS (229)

HALLUCINOGEN-RELATED DISORDERS (229)

Hallucinogen Use Disorders

- 304.50 Hallucinogen Dependence^a (230)
305.30 Hallucinogen Abuse (231)

Hallucinogen-Induced Disorders

- 292.89 Hallucinogen Intoxication (232)
292.89 Hallucinogen Persisting Perception Disorder (Flashbacks) (233)

- 292.81 Hallucinogen Intoxication Delirium (129)
292.xx Hallucinogen-Induced Psychotic Disorder (310)
.11 With Delusions¹
.12 With Hallucinations¹
292.84 Hallucinogen-Induced Mood Disorder¹ (370)
292.89 Hallucinogen-Induced Anxiety Disorder¹ (439)
292.9 Hallucinogen-Related Disorder NOS (236)

INHALANT-RELATED DISORDERS (236)

Inhalant Use Disorders

- 304.60 Inhalant Dependence^a (238)
305.90 Inhalant Abuse (238)

Inhalant-Induced Disorders

- 292.89 Inhalant Intoxication (239)
292.81 Inhalant Intoxication Delirium (129)
292.82 Inhalant-Induced Persisting Dementia (152)
292.xx Inhalant-Induced Psychotic Disorder (310)
.11 With Delusions¹
.12 With Hallucinations¹
292.84 Inhalant-Induced Mood Disorder¹ (370)
292.89 Inhalant-Induced Anxiety Disorder¹ (439)
292.9 Inhalant-Related Disorder NOS (242)

NICOTINE-RELATED DISORDERS (242)

Nicotine Use Disorder

- 305.10 Nicotine Dependence^a (243)

Nicotine-Induced Disorder

- 292.0 Nicotine Withdrawal (244)
292.9 Nicotine-Related Disorder NOS (247)

OPIOID-RELATED DISORDERS (247)

Opioid Use Disorders

- 304.00 Opioid Dependence^a (248)
305.50 Opioid Abuse (249)

DSM-IV Classification

Opioid-Induced Disorders

- 292.89 Opioid Intoxication (249)
Specify if: With Perceptual Disturbances
- 292.0 Opioid Withdrawal (250)
- 292.81 Opioid Intoxication Delirium (129)
- 292.xx Opioid-Induced Psychotic Disorder (310)
 - .11 With Delusions¹
 - .12 With Hallucinations¹
- 292.84 Opioid-Induced Mood Disorder¹ (370)
- 292.89 Opioid-Induced Sexual Dysfunction¹ (519)
- 292.89 Opioid-Induced Sleep Disorder^{1,w} (601)
- 292.9 Opioid-Related Disorder NOS (255)

PHENCYCLIDINE (OR PHENCYCLIDINE-LIKE)-RELATED DISORDERS (255)

Phencyclidine Use Disorders

- 304.90 Phencyclidine Dependence^a (256)
- 305.90 Phencyclidine Abuse (257)

Phencyclidine-Induced Disorders

- 292.89 Phencyclidine Intoxication (257)
Specify if: With Perceptual Disturbances
- 292.81 Phencyclidine Intoxication Delirium (129)
- 292.xx Phencyclidine-Induced Psychotic Disorder (310)
 - .11 With Delusions¹
 - .12 With Hallucinations¹
- 292.84 Phencyclidine-Induced Mood Disorder¹ (370)
- 292.89 Phencyclidine-Induced Anxiety Disorder¹ (439)
- 292.9 Phencyclidine-Related Disorder NOS (261)

SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDERS (261)

Sedative, Hypnotic, or Anxiolytic Use Disorders

- 304.10 Sedative, Hypnotic, or Anxiolytic Dependence^a (262)

- 305.40 Sedative, Hypnotic, or Anxiolytic Abuse (263)

Sedative-, Hypnotic-, or Anxiolytic-Induced Disorders

- 292.89 Sedative, Hypnotic, or Anxiolytic Intoxication (263)
- 292.0 Sedative, Hypnotic, or Anxiolytic Withdrawal (264)
Specify if: With Perceptual Disturbances
- 292.81 Sedative, Hypnotic, or Anxiolytic Intoxication Delirium (129)
- 292.81 Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium (129)
- 292.82 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Dementia (152)
- 292.83 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Amnesic Disorder (161)
- 292.xx Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder (310)
 - .11 With Delusions^{1,w}
 - .12 With Hallucinations^{1,w}
- 292.84 Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder^{1,w} (370)
- 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder^w (439)
- 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction¹ (519)
- 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sleep Disorder^{1,w} (601)
- 292.9 Sedative-, Hypnotic-, or Anxiolytic-Related Disorder NOS (269)

POLYSUBSTANCE-RELATED DISORDER

- 304.80 Polysubstance Dependence^a (270)

**OTHER (OR UNKNOWN)
SUBSTANCE-RELATED
DISORDERS (270)**

**Other (or Unknown) Substance
Use Disorders**

- 304.90 Other (or Unknown) Substance Dependence^a (176)
- 305.90 Other (or Unknown) Substance Abuse (182)

**Other (or Unknown) Substance-
Induced Disorders**

- 292.89 Other (or Unknown) Substance Intoxication (183)
Specify if: With Perceptual Disturbances
- 292.0 Other (or Unknown) Substance Withdrawal (184)
Specify if: With Perceptual Disturbances
- 292.81 Other (or Unknown) Substance-Induced Delirium (129)
- 292.82 Other (or Unknown) Substance-Induced Persisting Dementia (152)
- 292.83 Other (or Unknown) Substance-Induced Persisting Amnestic Disorder (161)
- 292.xx Other (or Unknown) Substance-Induced Psychotic Disorder (310)
 - .11 With Delusions^{I,W}
 - .12 With Hallucinations^{I,W}
- 292.84 Other (or Unknown) Substance-Induced Mood Disorder^{I,W} (370)
- 292.89 Other (or Unknown) Substance-Induced Anxiety Disorder^{I,W} (439)
- 292.89 Other (or Unknown) Substance-Induced Sexual Dysfunction^I (519)
- 292.89 Other (or Unknown) Substance-Induced Sleep Disorder^{I,W} (601)
- 292.9 Other (or Unknown) Substance-Related Disorder NOS (272)

**Schizophrenia and Other
Psychotic Disorders (273)**

295.xx Schizophrenia (274)

The following Classification of Longitudinal Course applies to all subtypes of Schizophrenia:

- Episodic With Interepisode Residual Symptoms (*Specify if:* With Prominent Negative Symptoms)/Episodic With No Interepisode Residual Symptoms
- Continuous (*Specify if:* With Prominent Negative Symptoms)
- Single Episode In Partial Remission (*Specify if:* With Prominent Negative Symptoms)/Single Episode In Full Remission
- Other or Unspecified Pattern

- .30 Paranoid Type (287)
- .10 Disorganized Type (287)
- .20 Catatonic Type (288)
- .90 Undifferentiated Type (289)
- .60 Residual Type (289)

295.40 Schizophreniform Disorder (290)
Specify if: Without Good Prognostic Features/With Good Prognostic Features

295.70 Schizoaffective Disorder (292)
Specify type: Bipolar Type/Depressive Type

297.1 Delusional Disorder (296)
Specify type: Erotomantic Type/Grandiose Type/Jealous Type/Persecutory Type/Somatic Type/Mixed Type/Unspecified Type

298.8 Brief Psychotic Disorder (302)
Specify if: With Marked Stressor(s)/Without Marked Stressor(s)/With Postpartum Onset

297.3 Shared Psychotic Disorder (305)

293.xx Psychotic Disorder Due to . . .
[Indicate the General Medical Condition] (306)

- .81 With Delusions
- .82 With Hallucinations

—.- Substance-Induced Psychotic Disorder (*refer to Substance-Related Disorders for substance-specific codes*) (310)
Specify if: With Onset During Intoxication/With Onset During Withdrawal

298.9 Psychotic Disorder NOS (315)

DSM-IV Classification

Mood Disorders (317)

Code current state of Major Depressive Disorder or Bipolar I Disorder in fifth digit:

- 1 = Mild
- 2 = Moderate
- 3 = Severe Without Psychotic Features
- 4 = Severe With Psychotic Features
Specify: Mood-Congruent Psychotic Features/Mood-Incongruent Psychotic Features
- 5 = In Partial Remission
- 6 = In Full Remission
- 0 = Unspecified

The following specifiers apply (for current or most recent episode) to Mood Disorders as noted:

- ^aSeverity/Psychotic/Remission Specifiers/^bChronic/^cWith Catatonic Features/^dWith Melancholic Features/^eWith Atypical Features/^fWith Postpartum Onset

The following specifiers apply to Mood Disorders as noted:

- ^gWith or Without Full Interepisode Recovery/
^hWith Seasonal Pattern/ⁱWith Rapid Cycling

DEPRESSIVE DISORDERS

- 296.xx Major Depressive Disorder, (339)
 - .2x Single Episode^{a,b,c,d,e,f}
 - .3x Recurrent^{a,b,c,d,e,f,g,h}
- 300.4 Dysthymic Disorder (345)
Specify if: Early Onset/Late Onset
Specify: With Atypical Features
- 311 Depressive Disorder NOS (350)

BIPOLAR DISORDERS

- 296.xx Bipolar I Disorder, (350)
 - .0x Single Manic Episode^{a,c,f}
Specify if: Mixed
 - .40 Most Recent Episode Hypomanic^{g,h,i}
 - .4x Most Recent Episode Manic^{a,c,f,g,h,i}
 - .6x Most Recent Episode Mixed^{a,c,f,g,h,i}
 - .5x Most Recent Episode Depressed^{a,b,c,d,e,f,g,h,i}
 - .7 Most Recent Episode Unspecified^{g,h,i}
- 296.89 Bipolar II Disorder^{a,b,c,d,e,f,g,h,i} (359)
Specify (current or most recent episode): Hypomanic/Depressed

- 301.13 Cyclothymic Disorder (363)
- 296.80 Bipolar Disorder NOS (366)
- 293.83 Mood Disorder Due to . . .
[Indicate the General Medical Condition] (366)
Specify type: With Depressive Features/With Major Depressive-Like Episode/With Manic Features/With Mixed Features
- .- Substance-Induced Mood Disorder (refer to Substance-Related Disorders for substance-specific codes) (370)
Specify type: With Depressive Features/With Manic Features/With Mixed Features
Specify if: With Onset During Intoxication/With Onset During Withdrawal
- 296.90 Mood Disorder NOS (375)

Anxiety Disorders (393)

- 300.01 Panic Disorder Without Agoraphobia (397)
- 300.21 Panic Disorder With Agoraphobia (397)
- 300.22 Agoraphobia Without History of Panic Disorder (403)
- 300.29 Specific Phobia (405)
Specify type: Animal Type/Natural Environment Type/Blood-Injection-Injury Type/Situational Type/Other Type
- 300.23 Social Phobia (411)
Specify if: Generalized
- 300.3 Obsessive-Compulsive Disorder (417)
Specify if: With Poor Insight
- 309.81 Posttraumatic Stress Disorder (424)
Specify if: Acute/Chronic
Specify if: With Delayed Onset
- 308.3 Acute Stress Disorder (429)
- 300.02 Generalized Anxiety Disorder (432)
- 293.89 Anxiety Disorder Due to . . .
[Indicate the General Medical Condition] (436)
Specify if: With Generalized Anxiety/With Panic Attacks/With Obsessive-Compulsive Symptoms

- .- Substance-Induced Anxiety Disorder (*refer to Substance-Related Disorders for substance-specific codes*) (439)
Specify if: With Generalized Anxiety/With Panic Attacks/With Obsessive-Compulsive Symptoms/With Phobic Symptoms
Specify if: With Onset During Intoxication/With Onset During Withdrawal
- 300.00 Anxiety Disorder NOS (444)

Somatoform Disorders (445)

- 300.81 Somatization Disorder (446)
- 300.81 Undifferentiated Somatoform Disorder (450)
- 300.11 Conversion Disorder (452)
Specify type: With Motor Symptom or Deficit/With Sensory Symptom or Deficit/With Seizures or Convulsions/With Mixed Presentation
- 307.xx Pain Disorder (458)
 - .80 Associated With Psychological Factors
 - .89 Associated With Both Psychological Factors and a General Medical Condition
Specify if: Acute/Chronic
- 300.7 Hypochondriasis (462)
Specify if: With Poor Insight
- 300.7 Body Dysmorphic Disorder (466)
- 300.81 Somatoform Disorder NOS (468)

Factitious Disorders (471)

- 300.xx Factitious Disorder (471)
 - .16 With Predominantly Psychological Signs and Symptoms
 - .19 With Predominantly Physical Signs and Symptoms
 - .19 With Combined Psychological and Physical Signs and Symptoms
- 300.19 Factitious Disorder NOS (475)

Dissociative Disorders (477)

- 300.12 Dissociative Amnesia (478)
- 300.13 Dissociative Fugue (481)
- 300.14 Dissociative Identity Disorder (484)
- 300.6 Depersonalization Disorder (488)
- 300.15 Dissociative Disorder NOS (490)

Sexual and Gender Identity Disorders (493)

SEXUAL DYSFUNCTIONS (493)

The following specifiers apply to all primary Sexual Dysfunctions:

- Lifelong Type/Acquired Type
- Generalized Type/Situational Type
- Due to Psychological Factors/Due to Combined Factors

Sexual Desire Disorders

- 302.71 Hypoactive Sexual Desire Disorder (496)
- 302.79 Sexual Aversion Disorder (499)

Sexual Arousal Disorders

- 302.72 Female Sexual Arousal Disorder (500)
- 302.72 Male Erectile Disorder (502)

Orgasmic Disorders

- 302.73 Female Orgasmic Disorder (505)
- 302.74 Male Orgasmic Disorder (507)
- 302.75 Premature Ejaculation (509)

Sexual Pain Disorders

- 302.76 Dyspareunia (Not Due to a General Medical Condition) (511)
- 306.51 Vaginismus (Not Due to a General Medical Condition) (513)

Sexual Dysfunction Due to a General Medical Condition (515)

- 625.8 Female Hypoactive Sexual Desire Disorder Due to . . .
[Indicate the General Medical Condition] (515)
- 608.89 Male Hypoactive Sexual Desire Disorder Due to . . .
[Indicate the General Medical Condition] (515)

DSM-IV Classification

- 607.84 Male Erectile Disorder Due to . . .
[Indicate the General Medical Condition] (515)
- 625.0 Female Dyspareunia Due to . . .
[Indicate the General Medical Condition] (515)
- 608.89 Male Dyspareunia Due to . . .
[Indicate the General Medical Condition] (515)
- 625.8 Other Female Sexual Dysfunction Due to . . . [Indicate the General Medical Condition] (515)
- 608.89 Other Male Sexual Dysfunction Due to . . . [Indicate the General Medical Condition] (515)
- .— Substance-Induced Sexual Dysfunction (refer to Substance-Related Disorders for substance-specific codes) (519)
Specify if: With Impaired Desire/With Impaired Arousal/With Impaired Orgasm/With Sexual Pain
Specify if: With Onset During Intoxication
- 302.70 Sexual Dysfunction NOS (522)
- PARAPHILIAS (522)**
- 302.4 Exhibitionism (525)
- 302.81 Fetishism (526)
- 302.89 Frotteurism (527)
- 302.2 Pedophilia (527)
Specify if: Sexually Attracted to Males/Sexually Attracted to Females/Sexually Attracted to Both
Specify if: Limited to Incest
Specify type: Exclusive Type/Nonexclusive Type
- 302.83 Sexual Masochism (529)
- 302.84 Sexual Sadism (530)
- 302.3 Transvestic Fetishism (530)
Specify if: With Gender Dysphoria
- 302.82 Voyeurism (532)
- 302.9 Paraphilia NOS (532)
- GENDER IDENTITY DISORDERS (532)**
- 302.xx Gender Identity Disorder (532)
.6 in Children
.85 in Adolescents or Adults
Specify if: Sexually Attracted to Males/Sexually Attracted to Females/Sexually Attracted to Both/Sexually Attracted to Neither
- 302.6 Gender Identity Disorder NOS (538)
- 302.9 Sexual Disorder NOS (538) —
- Eating Disorders (539)**
- 307.1 Anorexia Nervosa (539)
Specify type: Restricting Type; Binge-Eating/Purging Type
- 307.51 Bulimia Nervosa (545)
Specify type: Purging Type/Nonpurging Type
- 307.50 Eating Disorder NOS (550)
- Sleep Disorders (551)**
- PRIMARY SLEEP DISORDERS (553)**
- Dyssomnias (553)**
- 307.42 Primary Insomnia (553)
- 307.44 Primary Hypersomnia (557)
Specify if: Recurrent
- 347 Narcolepsy (562)
- 780.59 Breathing-Related Sleep Disorder (567)
- 307.45 Circadian Rhythm Sleep Disorder (573)
Specify type: Delayed Sleep Phase Type/Jet Lag Type/Shift Work Type/Unspecified Type
- 307.47 Dyssomnia NOS (579)
- Parasomnias (579)**
- 307.47 Nightmare Disorder (580)
- 307.46 Sleep Terror Disorder (583)
- 307.46 Sleepwalking Disorder (587)
- 307.47 Parasomnia NOS (592)

DSM-IV Classification

SLEEP DISORDERS RELATED TO ANOTHER MENTAL DISORDER (592)

- 307.42 Insomnia Related to . . .
[Indicate the Axis I or Axis II Disorder] (592)
- 307.44 Hypersomnia Related to . . .
[Indicate the Axis I or Axis II Disorder] (592)

OTHER SLEEP DISORDERS

- 780.xx Sleep Disorder Due to . . .
[Indicate the General Medical Condition] (597)
- .52 Insomnia Type
- .54 Hypersomnia Type
- .59 Parasomnia Type
- .59 Mixed Type
- .— Substance-Induced Sleep Disorder
(refer to Substance-Related Disorders for substance-specific codes) (601)
Specify type: Insomnia Type/
Hypersomnia Type/Parasomnia Type/
Mixed Type
Specify if: With Onset During
Intoxication/With Onset During
Withdrawal

Impulse-Control Disorders Not Elsewhere Classified (609)

- 312.34 Intermittent Explosive Disorder (609)
- 312.32 Kleptomania (612)
- 312.33 Pyromania (614)
- 312.31 Pathological Gambling (615)
- 312.39 Trichotillomania (618)
- 312.30 Impulse-Control Disorder NOS (621)

Adjustment Disorders (623)

- 309.xx Adjustment Disorder (623)
- .0 With Depressed Mood
- .24 With Anxiety
- .28 With Mixed Anxiety and Depressed Mood
- .3 With Disturbance of Conduct
- .4 With Mixed Disturbance of Emotions and Conduct
- .9 Unspecified
Specify if: Acute/Chronic

Personality Disorders (629)

Note: These are coded on Axis II.

- 301.0 Paranoid Personality Disorder (634)
- 301.20 Schizoid Personality Disorder (638)
- 301.22 Schizotypal Personality Disorder (641)
- 301.7 Antisocial Personality Disorder (645)
- 301.83 Borderline Personality Disorder (650)
- 301.50 Histrionic Personality Disorder (655)
- 301.81 Narcissistic Personality Disorder (658)
- 301.82 Avoidant Personality Disorder (662)
- 301.6 Dependent Personality Disorder (665)
- 301.4 Obsessive-Compulsive Personality Disorder (669)
- 301.9 Personality Disorder NOS (673)

Other Conditions That May Be a Focus of Clinical Attention (675)

PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITION (675)

- 316 . . . [Specified Psychological Factor] Affecting . . . [Indicate the General Medical Condition] (675)
Choose name based on nature of factors:
- Mental Disorder Affecting Medical Condition
- Psychological Symptoms Affecting Medical Condition
- Personality Traits or Coping Style Affecting Medical Condition
- Maladaptive Health Behaviors Affecting Medical Condition
- Stress-Related Physiological Response Affecting Medical Condition
- Other or Unspecified Psychological Factors Affecting Medical Condition

DSM-IV Classification

MEDICATION-INDUCED MOVEMENT DISORDERS (678)

- 332.1 Neuroleptic-Induced
Parkinsonism (679)
- 333.92 Neuroleptic Malignant
Syndrome (679)
- 333.7 Neuroleptic-Induced Acute
Dystonia (679)
- 333.99 Neuroleptic-Induced Acute
Akathisia (679)
- 333.82 Neuroleptic-Induced Tardive
Dyskinesia (679)
- 333.1 Medication-Induced Postural
Tremor (680)
- 333.90 Medication-Induced Movement
Disorder NOS (680)

OTHER MEDICATION-INDUCED DISORDER

- 995.2 Adverse Effects of Medication
NOS (680)

RELATIONAL PROBLEMS (680)

- V61.9 Relational Problem Related to
a Mental Disorder or General
Medical Condition (681)
- V61.20 Parent-Child Relational
Problem (681)
- V61.1 Partner Relational Problem (681)
- V61.8 Sibling Relational Problem (681)
- V62.81 Relational Problem NOS (681)

PROBLEMS RELATED TO ABUSE OR NEGLECT (682)

- V61.21 Physical Abuse of Child (682)
*(code 995.5 if focus of attention
is on victim)*
- V61.21 Sexual Abuse of Child (682)
*(code 995.5 if focus of attention
is on victim)*
- V61.21 Neglect of Child (682)
*(code 995.5 if focus of attention
is on victim)*
- V61.1 Physical Abuse of Adult (682)
*(code 995.81 if focus of attention
is on victim)*
- V61.1 Sexual Abuse of Adult (682)
*(code 995.81 if focus of attention
is on victim)*

ADDITIONAL CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION (683)

- V15.81 Noncompliance With
Treatment (683)
- V65.2 Malingering (683)
- V71.01 Adult Antisocial Behavior (683)
- V71.02 Child or Adolescent Antisocial
Behavior (684)
- V62.89 Borderline Intellectual
Functioning (684)
Note: This is coded on Axis II.
- 780.9 Age-Related Cognitive Decline (684)
- V62.82 Bereavement (684)
- V62.3 Academic Problem (685)
- V62.2 Occupational Problem (685)
- 313.82 Identity Problem (685)
- V62.89 Religious or Spiritual Problem (685)
- V62.4 Acculturation Problem (685)
- V62.89 Phase of Life Problem (685)

Additional Codes

- 300.9 Unspecified Mental Disorder
(nonpsychotic) (687)
- V71.09 No Diagnosis or Condition on
Axis I (687)
- 799.9 Diagnosis or Condition Deferred
on Axis I (687)
- V71.09 No Diagnosis on Axis II (687)
- 799.9 Diagnosis Deferred on Axis II (687)

Multiaxial System

- Axis I Clinical Disorders
Other Conditions That May Be a
Focus of Clinical Attention
- Axis II Personality Disorders
Mental Retardation
- Axis III General Medical Conditions
- Axis IV Psychosocial and Environmental
Problems
- Axis V Global Assessment of Functioning

MULIAXIAL EVALUATION REPORT FORM

The following form is offered as one possibility for reporting multi-axial evaluations. In some settings, this form may be used exactly as is; in other settings, the form may be adapted to satisfy special needs.

AXIS I : Clinical Disorders

Other Conditions That May Be a Focus of Clinical Attention

Diagnostic code	DSM-IV name
_____	_____
_____	_____
_____	_____

**AXIS II: Personality Disorders
Mental Retardation**

Diagnostic code	DSM-IV name
_____	_____
_____	_____

AXIS III: General Medical Conditions

ICD-9-CM code	ICD-9-CM name
_____	_____
_____	_____
_____	_____

Axis I: Clinical Disorders
 Axis II: Personality Disorders and Mental Retardation
 Axis III: General Medical Conditions
 Axis IV: Psychosocial and Environmental Problems
 Axis V: Global Assessment of Functioning

AXIS IV: Psychosocial and Environmental Problems

Check:

- Problems with primary support group *Specify*. _____
- Problems related to the social environment *Specify*. _____
- Educational problems *Specify*. _____
- Occupational problems *Specify*. _____
- Housing problems *Specify*. _____
- Economic problems *Specify*. _____
- Problems with access to health services *Specify*. _____
- Problems related to interaction with the legal system/crime *Specify*. _____
- Other psychosocial and environmental problems *Specify*. _____

AXIS V: Global Assessment of Functioning Scale Score: _____

Time frame: _____

EXAMPLES OF HOW TO RECORD RESULTS OF A DSM-IV MULTIAXIAL EVALUATION

Example 1:

Axis I	296.23	Major depressive disorder, single episode, severe without psychotic features
	305.00	Alcohol abuse
Axis II	301.6	Dependent personality disorder Frequent use of denial
Axis III		None
Axis IV		Threat of job loss
Axis V	GAF=35	(current)

Example 2:

Axis I	300.4	Dysthymic disorder
	315.00	Reading disorder
Axis II	V71.09	No diagnosis
Axis III	382.9	Otitis media, recurrent
Axis IV		Victim of child neglect
Axis V	GAF=53	(current)

Example 3:

Axis I	293.83	Mood disorder due to Hypothyroidism, with depressive features
Axis II	V71.09	No diagnosis, histrionic personality features
Axis III	244.9	Hypothyroidism
	365.23	Chronic angle-closure glaucoma
Axis IV		None
Axis V	GAF=45	(on admission)
	GAF=65	(at discharge)

Example 4:

Axis I	V61.1	Partner relational problem
Axis II	V71.09	No diagnosis
Axis III		None
Axis IV		Unemployment
Axis V	GAF=83	(highest level past year)

2. BIOGRAPHICAL DATA

Age : _____

Highest academic qualification : _____

Vocation : _____

Matrimonial status : _____

3. CLINICAL IMPRESSIONS AND MEDICAL STATUS ANALYSIS : CONDITIONAL DIAGNOSIS ACCORDING TO THE DSM-IV* MULTIAXIAL EVALUATION

AXIS I: CLINICAL DISORDERS/OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION:

DIAGNOSTIC CODE	DSM-IV-NAME

AXIS II: PERSONALITY DISORDERS/MENTAL RETARDATION:

DIAGNOSTIC CODE	DSM-IV-NAME

AXIS III: GENERAL MEDICAL CONDITIONS (FOR THE LAST SIX MONTHS)

ICD-9-CM-CODE	ICD-9-CM-NAME

* Diagnostic and Statistical Manual of Mental Disorders Fourth Edition

4. PRESENT MEDICATION

*
*
*

5. THERAPY STRATEGY

5.1 Psychometric evaluation : _____

5.2 Psychotherapy : _____

5.3 Psychopharmacology : _____

6. CONCLUSION AND RECOMMENDATIONS

SIGNATURE

AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS:

Problems with primary support group :

Specify: _____

Problems related to the social environment:

Specify: _____

Educational problems:

Specify: _____

Occupational problems:

Specify: _____

Housing problems:

Specify: _____

Economic problems:

Specify: _____

Problems with access to health care services:

Specify: _____

Problems related to interaction with the legal system/crime:

Specify: _____

Other psychosocial and environmental problems:

Specify: _____

AXIS V: GLOBAL-ASSESSMENT OF FUNCTIONING SCALE*

Score : _____

Time frame : _____

* "(Global Assessment of Functioning (GAF) Scale" volgens DSM IV; Appendix A)