

# A Lutheran Perspective on Psychotherapy

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Occasionally, we come across a principle which proves to be of unusual value to us. It's rarely something totally new, yet it proves to be of unexpected importance. In studying catechetical method some years after I left the sem, I recall seeing the expression "working from the known to the unknown." It hasn't always been deliberate, but I have probably organized much of my thinking about teaching and communicating around this important idea. I found that it suggests a different approach to my Bible classes: I stopped preparing for them and they improved—I was recognizing better what others knew and did not know. It has provided me with a different view of sermons: I surely prepare these, but I've found that I make fewer assumptions and am increasingly focused on what people know so I can add the right amount of unknown.

This morning, it does not seem advisable for me to launch immediately into a description of psychology or its practical application, psychotherapy, although I have in mind to tell you it is different from what I have heard and what I have reason to believe you have heard. This would be too much *unknown* and I don't think we would understand each other very well. My description of psychology, then, will have to wait until later ... and you need to know this already.

I think we will communicate better if I emphasize important known material from which we can work. We have a history or tradition of dealing with individuals in a way which psychology will rarely improve. This is true of us as Lutherans more than those who lack this advantage. Dealing with people in terms which are what they need and what they can appreciate is also a basic principle of psychotherapy. Theologically, we need to recognize the difference between theology and psychotherapy in the use of this principle. Psychologically, though, there is a similarity here which will help us recognize the essence of psychotherapy. As we proceed, I will also point out specific important dangers to the gospel that come with psychotherapy. I believe we already know much about these, although they seem nebulous. Later, we will attend to dangers to the law, and finally, various other dangers. As we work on these three issues, I will also be building a description of psychotherapy. As we do this, I think the limitations on what psychotherapy can do will also become clear. This presentation cannot be exhaustive or even list all the important questions which deserve consideration. Please remember questions which cross your mind, however. They can serve as an important check on this material about a problem which does not go away and a solution which should not escape our attention.

## **The Gospel and Psychotherapy**

Speaking of what is known, consider our strong and fine tradition of avoiding legalism. We strive to be careful about applying general statements to individuals because human beings cannot be adequately or accurately categorized on the basis of general statements. Recently, a member of another WELS church moved into our neighborhood. She would have to be categorized as a delinquent, but two phone conversations showed me why her careful pastor has not suggested her name for excommunication. Despite her poor use of the means of grace, when she speaks, she sounds like someone to whom forgiveness and the promise of heaven have value. Consider this in the light of the main complaint psychologists have with clergy: clergy are often judgmental, ignoring the specifics of the individual. The purpose of this woman's pastor was probably not to practice good psychology, but this is what he did. His purpose was to correctly

apply either law or gospel, as called for by her individual spiritual condition.

The frustration of dealing patiently with a member-or a non-member-for years without some clear-cut, categorizable result is great, but this is our tradition ... and it is surely Scriptural. Under Thesis VIII in *The Proper Distinction Between Law and Gospel*, C. F. W. Walther quotes Luther's words to Spalatin after Spalatin's conscience convicted him and he experienced strong negative feelings. Luther did not club him with the law. Walther comments, "Luther admits that Spalatin has sinned, but he realizes that at that particular moment he must not, for God's sake, say anything to Spalatin that might strike his friend's heart like an arrow." In many of the cases where dysphoria-severe negative feelings-is a problem, there is no easily identified cause. In the case of Spalatin, it was his conscience convicting him of sin. Even here, however, application of law would lead him toward despair, not toward his Savior. Please keep in mind that where there is no identifiable cause, the law may be even less the obvious subject on which to address the person. We understand this care in application of law and gospel and we don't bother to think of it as psychology. The only reason to consider the good psychology in it is to recognize that we do know something important about psychology.

In this context, however, think how unusual, how appropriate, and how important is what the one person is saying to the other. To be sure, this involves the Scriptures' two main teachings, but psychology also applauds this unexpectedly appropriate attention to an individual in terms he understands, terms which are important to him at a time when he is likely to apply them to himself incorrectly. I know psychotherapists who would appreciate these two examples, even if they are unaware of the issues which we know are more important, a person's relationship to God under law and gospel. With our present purpose in this paper, we have something to gain by recognizing that this is good psychology, even though our first inclination is to see this compliment as damning with faint praise. Just to provide a full context for this description, I do not know many psychotherapists who would appreciate this care in application of law and gospel, but the few good ones I know would appreciate it. Those who cannot appreciate it have severe limitations on their usefulness to anyone, not just Christians, and deserve to be criticized more as inadequate clinicians than on religious grounds. We cannot expect them to be sufficiently educated in religion, but we have the right to expect them to treat people as individuals in the light of what those individuals consider important. Unfortunately, this ability is as rare as it is desirable. The truth, though, is that this ability, skill, or art is necessary.

I assume Luther is speaking metaphorically when he writes to Spalatin, "I was a patient in the same hospital and suffering the same affliction as you." If like Luther, you too, have been "in the same hospital" and personally experienced the benefit of correctly applied law and gospel, you know that it is here more than anywhere else that "a word aptly spoken is like apples of gold in settings of silver" (Proverbs 25: 11). Although a psychotherapist without faith in the Savior cannot correctly distinguish and apply law and gospel, he can indeed notice when a Christian's conscience is harsh and punitive. There is no unavoidable conflict between the gospel and psychotherapy, despite strong and continuing claims to the contrary. Especially when a person's pastor is available to add explicit law and gospel, psychotherapy is an adiaphoron worth our attention. While we need to become more specific about what psychotherapy is, this principle of attention to the individual is already very enlightening.

After thinking through this point, consider Wilhelm Petersen's emphasis in his recent essay, "We have a common concern: properly dividing the word of truth," in the *Proceedings of the Constituting Convention* of the CELC. His emphasis is on the importance of applying gospel

as he quotes Luther: ... In your tribulations you will become aware that the Gospel is a rare guest in men's consciences, while the Law is their daily and familiar companion.' That is why we are more inclined to give ear to the Law than the Gospel. We must admit that we are far oftener troubled and worried than comforted. There is only one explanation, and that is because the Law is a constant guest in our hearts. Therefore, it is vital that we learn to look outside of ourselves, to the Gospel and listen to the soothing voice of the Gospel, which is greater than our heart and which says, 'Be of good cheer, your sins are forgiven.'" As an example of the rarity and appropriateness of this "insight," the following occurred after I quoted these words recently in our congregation. The next morning, a man mentioned to me how important this was to him. He said he is frequently troubled by his sin and the unfortunate power that it retains over him. He said he was very pleased and relieved to fall asleep realizing he has this additional reason to think more about the gospel in response to his own conscience making him feel badly over his sins.

At this point, I will demonstrate some realism about how dangers to the gospel can come along with psychotherapy. I say can come along with because in nearly a decade of heavy exposure to this discipline, I do not see that it is an enemy of the gospel by its very nature or diverts attention from the gospel. As we proceed, we will develop some understanding of how a therapist who has no interest in any afterlife can be of value to someone who believes the gospel assures him of a place in heaven. Since psychotherapy concerns itself with the present life, not with what happens after death, we might conceptualize this as another matter of being in the world, but not restricted to the present life in the sense of being of the world.

While psychotherapy need not work against the gospel, there is a specific branch of psychology which consistently mixes psychology with religion and/or spirituality. This is a branch which I dislike and avoid because its adherents' religion and spirituality is very different from what we find in the Scriptures and they strongly resist recognizing this fact. They generally have no tolerance for the teaching of sin. They promote a spirituality which pushes aside explicit attention to the Savior who has paid for human sin. Finally, their idea of personal "spiritual experience" fills the space where heaven and hell should be the center of attention. In my experience, their psychotherapy is clearly weak in comparison to what therapists making no religious claims can offer. I suspect this is true because they show little willingness to look at the harsh reality of human functioning and experience. Unfortunately, many of these therapists bear the name Christian and get the benefit of believers' doubts about secular psychotherapy and its suitability for them. Because these spiritual psychotherapists offer a different gospel, it is their theology rather than their psychology which is the real problem. Unfortunately, I know of no way to separate their psychology and theology. As far as I know, these therapists are outside our synod; it is important that we make sure that their influence stays there.

Psychologists who are into spirituality are a subtle, but clear threat to the gospel, but they are not the only psychotherapists who present problems. An opposite problem comes from psychology of American origin, which has long viewed humans as little more than material beings. As they have a low view of humans, their therapy also aims low and often accomplishes little. This family of psychology is frequently associated with the name "behavioral." The implication in this name is that if you attend to the *behavior* the organism demonstrates, you can pretty well forget about what is going on inside it. The psychology departments of the UW system in Milwaukee and Madison are examples of this approach. I believe their behavioral orientation is directly related to how little they offer to help real people with real problems.

Please recognize that spiritual psychology has one advantage over the behaviorists. It

acknowledges that humans are more than material or what can be reduced to behavior and biology. There is another larger family which has this same advantage. Here the trouble is that we won't like their names: humanistic, existential, and client-centered. When these words are applied to psychology, however, we cannot assume they carry the same problems we find in theology of the same names. They are not necessarily rivals to the gospel and the Scriptures. Their psychotherapy is preferable to the very similar, but clearly religious psychology mentioned before. There is still a danger with them, but it is not a danger which is intrinsic to this view itself. One danger is that there are those who are humanistic, existential, or client-centered, but also believe and proclaim that this excludes the reality of a god and our responsibility to him because of sin. Some people in this school of psychology fit this description. A few also see our brand of religion as a weakness or a sickness.

I am being candid and thorough about the dangers to the gospel in psychotherapy, even at the risk of being heard as opposed to it. By exposing these real dangers, I think we can see better what we are facing and have less fear of the unknown. The dangers are real, but in the world where we live, there is always danger. We acknowledge that misuse of something good is always possible.

I believe that if we are making good use of the means of grace, we need not be preoccupied with dangers which we cannot specifically list. I base this on another concern which surely deserves our attention. Do we always make extensive explicit use of the gospel when we are communicating with our people? Our eternal purpose in religion is different from the present-life purpose of almost everyone else. It needs to be clear in all the talk and literature in our churches and church related agencies that we are doing something unique and different from what others are doing. We've all heard that every sermon needs to contain law and gospel; this needs to be specific enough so we hear our need for it. I hear sermons which lack law and gospel and read literature where I cannot tell whether it comes from the WELS or from the sources which do not "become a spring of water welling up to eternal life" (John 4:14). I get particularly concerned when this water is offered with a psychotherapeutic flavor. I have spent a large amount of time with people who do not believe the gospel, but who do have help uniquely valuable for present-life difficulty. I want you to know that I still know the difference between theology and psychology; between sin-and-grace and evangelicalism. I want you to hear this distinction clearly as I encourage the use of psychotherapy. Whenever we speak for or to our churches and members, it is necessary to provide clear Lutheran sin and grace. This is especially fitting for those who spend time with non-Lutheran psychologists or theologians. We should expect and accept nothing less.

We have now covered three important points:

1. The difficult process of correctly applying law and gospel tells something important about psychotherapy. It typically includes unexpectedly appropriate attention to an individual in terms he understands and believes are important at a time when *he is likely to apply them to himself incorrectly*.
2. The dangers to the gospel that come with psychotherapy are real, but recognizable.
3. We can use psychotherapy as long as we speak the gospel clearly ourselves and this psychotherapy offers something we need and do not have ourselves.

### **The Law and Psychotherapy**

It is interesting to notice what most people do not know about psychology and psychotherapy. A recent major article in *Time* put Freud's face on the cover, but offered little help in understanding what the field is about. There was also a large article in *Christianity*

*Today*. I was not very surprised that it failed to present Christ's work for covering our sins and getting us into heaven. What struck me was the lack of information describing psychotherapy. It failed to present the necessary argument that psychotherapy is not a rival to the gospel. In fact, its name, *The Therapeutic Revolution*, may suggest that it is a rival. Lack of information or misinformation are about all one finds when trying to define psychology and psychotherapy.

We have characterized psychotherapy as unexpectedly appropriate attention to an individual in terms he understands and believes are important at a time when *he is likely to apply them to himself incorrectly*. Now let's flesh out this conception of psychotherapy with something else we already know about psychology. This is not from our Lutheran heritage, but it is information which has found a place in our training system. The particular material of interest here is about adolescents. We assume that a pre-adolescent child will benefit from authoritative discipline and information giving. It is possible to treat adolescents as we treat children, but this has disadvantages. We can do better for them if we recognize that they are becoming autonomous. We can be just as influential with them as when they were young children, but do this in a better way than simply telling them what to do. We can involve the adolescent in learning so that he discovers for himself and actively makes his own what we know is valuable. Psychology itself calls this a *developmental* perspective. Of course, the child's need for discipline does not immediately stop with the first signs of adolescence. The accompanying need-opportunity for autonomy can get lost as these coexist. Students often take the easy way out and just ask to be told what the truth is without having to think about it. I even notice this on the part of older members. They exert a strong pull on me to just tell them how things are; they resist engaging themselves in working with the Scriptures. This is not new information, yet it deserves attention in education so we make the most of opportunities amid the challenges of adolescence.

To understand psychotherapy, you need to appreciate this altered form of "authoritatively" dealing with developing people. If your idea of psychotherapy is what we have just said about adolescents, you already know more than everything you could learn from *Time* and *Christianity Today*. This is still not a sufficient description of psychotherapy, but it is a good start. Psychotherapy suggests that it is not just adolescents who can profit from opportunities to work things through with more autonomy. Those who are older face complicated situations which cannot be easily or sufficiently described to others who can give directions every time good choices are necessary.

With the deceitfulness of the world and sin, opportunities to develop understanding and judgment are more appropriate than simply taking advice. Consider an example. Simple advice is inadequate for delineating the roles of man and woman in the complexity of real life; understanding and applying principles are required. I say this is an example of how real life often calls for applying principles to highly individual situations rather than simply giving advice. Psychology formalizes the idea that it is useful to offer an adult opportunity to discover and actively make his own what he knows in an inadequate sense. Experience shows that this process is uniquely helpful with severe mental difficulty.

Psychology applied to education does not get into what I consider the central core of psychology. Educational principles and educationally related psychology have been criticized for attending to the rational development of a person, but failing to address the apparent irrationality of so much human experience specially severe mental difficulty. Clinical psychology works where irrationality appears to rule and even takes its bearings from what it has learned in this domain. It is from long, hard experience ("clinical experience") with this irrationality that psychotherapy gains its tools and the potential which it has. The assumption and logic behind

this is that severe mental difficulty only seems irrational. It is little known and poorly appreciated that valuable knowledge has been gained from exploring and working through this seeming irrationality. It has been my experience that when this course is followed, much of what is so troublesome can be addressed and improvement can result.

As pastors, we are first of all concerned with people getting into heaven and probably get into psychology only when mental difficulty severely disrupts ordinary life. Psychotherapy is a unique source of help when ordinary life is severely disrupted by mental difficulty. What you know and take for granted about dealing with adolescents has been found to be of unparalleled value in dealing with unyielding mental difficulty. This is not to say that this source of help is fast or that it is always successful. In addition, not many psychologists take this approach, but this is the real field of clinical psychology.

This description shows no conflict between psychotherapy and the Scriptures. We've already seen evidence that psychotherapy need not be considered a rival to the gospel. Now, consider some evidence that it is also not opposed to the law. Providing a person with unusual opportunity to think through some mental difficulty is not essentially a matter of morality, although we never fully divorce ourselves from morality. In the case of adolescents, we recognize their need to make their own what they first hear from us. We are individuals and ultimately cannot believe or make decisions for each other. Generally, we find that relinquishing our hold on those over whom we have had authority works well. This is not dereliction of duty or putting down the law in the case of adolescents. I am arguing for the same latitude in practice with people who are experiencing mental difficulty.

In *Mere Christianity*, C. S. Lewis wrote a short piece on psychoanalysis which applies to psychotherapy in general. He says that it is *after* therapy has accomplished its goal that it is appropriate to emphasize moral responsibility as we do with people not experiencing severe mental difficulty. Others have said that the goal of therapy is to offer a person choices for functioning. Lewis says that after therapy is the time when the issue of moral choices deserves the usual attention. His main point is that therapy is not a matter of morality; morality is in an important sense separate from and should become the main focus after therapy.

Without recognizing the psychology in the way we work with adolescents, we might argue against him and agree with those who have insisted psychotherapy is providing moral information or "giving advice." Their concern for law and morality is not wrong in itself, but arises from ignorance of what therapy is. In keeping with the false assumption that therapy has to be a matter of morality or else there is a sin of omission in providing advice, they complain that therapy is not directive enough. Strangely, there are many therapists who do nothing more than advice giving, but they are not doing therapy. Later, we will consider how their help is significantly limited.

These critics are not always wrong and in some cases their point is important. We can recognize when an adolescent is on the verge of making a terrible mistake and there is no opportunity to help him think through what he is about to do. In such cases, we can tell him what to do. Nonetheless, we probably make more mistakes in offering advice where the person already knows what God wants him to do. This may be related to dealing with people who want to be told what to do. Where possible, the person is better served with assistance in thinking through and actively making his own what he in some sense already knows. Additional confusion arises here because people often act as if they don't know what to do in order to distract their own conscience and sense of responsibility. Psychologically informed listening can be helpful here for deciding between giving advice and giving opportunity for greater autonomy and

responsibility, and then proceeding in the chosen direction.

I believe this is the way in which to view correct psychotherapy in spite of material which may distract us. The stereotype of psychotherapy is that it encourages irresponsibility. The very limited truth I see in this charge is found in the case of psychologists with an ax to grind against their own strong upbringing as well as some (perhaps hard-core behaviorists) who believe that no one is ever responsible for what he does—only those around a person are to blame. Good psychology, however, suggests that a person take responsibility for much of what he is experiencing. In good psychotherapy, conscience gets real attention. The belief is that until the person comes to shoulder the burden of what he causes himself, he probably will not come to terms with what is going on and nothing will change. Thus, psychotherapy supports personal responsibility, although it usually goes no further than the accuracy of the person's own conscience. It may be helpful to remember that the law of the land does not correspond to God's moral law, but we are still blessed to have our government. Contrary to claims from religious sources, when psychotherapy puts aside advice giving, it does so in order to allow the client to see more clearly his own responsibility for what he does and its consequences.

Only the reality of difficulties which do not respond to ordinary means of intervention got me to look at psychotherapy. The reason that it deserves your time is that it has skill and art to offer which has not been formalized any place else. This is what we have to gain from this subject. I believe that Lutheran pastors intuitively limit their use of psychology to this purpose. It would not occur to us to use diagnosable mental difficulty as a major piece of information about a person's spiritual condition. Our strong tradition of applying law and gospel carefully, and our stress on the need to continually watch those entrusted to us, provide a wide context in which to place unusual, poorly understood, or atypical life events and experiences. We know how much a person receives the sacrament, stays in contact with the written gospel, and benefits from the ministry of the keys. We have a sense of who can articulate sin, grace, and heaven, who probably knows these essentials but has difficulty getting them into words, and those who are more a concern to us because they are less clearly aware of what Scripture teaches. We regularly stress the objective basis of our religion and our faith so that people are in the habit of looking outside themselves for the assurance of everlasting life. It almost seems superfluous to say that there has been no call for additional information by which to evaluate spiritual condition. In our "evangelical" world, however, this is no superfluous matter.

There are those who do not look outside themselves for the validity of their religion. They also lack the strong, fine tradition of carefully applying law and gospel according to varying individual circumstances. Some have a pietistic inclination or stress response to the gospel at the expense of the gospel message itself. What I hear from Protestant church members who still know and value the gospel is that their spiritual climate is at times rigid and legalistic.

Much of the concern and confusion which shows in the recent *Christianity Today* article on psychotherapy reflects such theological and ecclesiastical difficulty. It does not surprise me, then, that these people have drawn a conclusion from mental difficulty which creates an even greater problem than the mental difficulty itself. I am speaking here about the Protestant idea that difficulty in mental functioning tells us about a person's faith, its absence, or weakness. The position we take here is of profound importance. Unfortunately, this influence has now led more religious people to see mental difficulty as significantly related to faith, its absence, or weakness. I see more trouble-theological trouble-with this conclusion than with mental difficulty itself.

In my own experience, as well as in the experience of those to whom I have listened, it appears that what we roughly call mental difficulty is about as prevalent among believers as it is

in the general population. This suggests that it tells us little about faith. Confining our attention to unpleasant feelings again, there are people who surely are believers by Scriptural standards who have real and unremitting mental difficulty. We have to recognize that there are also unbelievers who are remarkably free from mental difficulty. Why shouldn't they feel good? Many are successful in deadening their conscience to an extent which does not happen among believers. This information argues against using mental difficulty as a reliable and valid source of information about saving faith.

Another factor limiting what psychological difficulty can tell us about spiritual condition is that it is very difficult to get agreement on what should be included under mental difficulty. Typically, we think of mental difficulty which makes people feel badly—depression is used as a technical term, but is almost never defined. Other large categories deserve equal attention. To be consistent, we should also look at difficulties of people who are apparently not capable of feeling bad. Some of these do well for themselves, but probably need a call to repentance which they skillfully manage to avoid. Others get themselves into endless trouble. I have yet to see anyone raise questions about faith in these cases. Thus, what we mean with *mental difficulty* is inadequately specified. This is added weight against using mental difficulty as important information about spiritual condition.

When a pastor is faced with mental difficulty which does not respond to normal means, he may experience great frustration. This might lead his sinful nature to be critical of the person who presents it. Since clergy are used to noticing evidence of absence or weakness of faith in the Savior, they might be tempted to do the same here. I believe that this tendency is not typical of Lutherans who look for the validity of their religion in the Scriptures. This is typical of and shows Protestant origin—people who are habitually looking for evidence of the validity of their religion inside themselves. As Lutherans, we have identified and avoided this error before and in its present form we need to do the same.

Jay Adams is a notable example of a Protestant who has not avoided this error. He stated in the early 1970s that it is easy to separate physically-based mental difficulty from difficulty which is not. Based on this distinction, some are to receive only medical attention. Those who do not have a physical excuse, he admonishes to repent. It is more than two decades later, but consider the evidence against this distinction even now. Diagnosis of mental difficulty is usually done on the basis of the accepted diagnostic manual. The manual was totally revised in 1980. Categories for diagnosis are compromises formed by committees with members who hold incompatible views about what warrants diagnosis. In few cases do mental health professionals agree about the diagnosis of an individual. There is virtually no agreement over what is biologically based. Adams' simple distinction is not at all reliable for judging the condition of a person's spiritual life and whether he needs to hear law or gospel. Psychotherapy functions largely by ignoring diagnosis because of its unreliability and invalidity. Religious workers are taking psychological diagnosis far more seriously and rigidly than mental health professionals. Mental diagnosis is probably more important for research and insurance than for practice, and neither of these is relevant to religion.

Despite being convinced of the unique value of psychotherapy, my question is: why is anyone spending time trying to make connections between faith and unreliable and usually invalid diagnoses?! At best, it adds absolutely nothing to our theology and it certainly will add to our mistakes in the application of law and gospel. Luther did better at assessing spiritual condition almost five centuries ago! Therapy can be of tremendous use for the present life, but diagnosis is hopelessly unsuited to the task of telling us about a person's faith. Isaiah 8:20 in the



KJV gives the preferred option: “To the law and to the testimony!” I treasure what I have gained from psychology, but I don’t believe that bringing psychology to bear on spiritual condition does anything but confuse the clarity we have without it.

We can add three more important points:

1. Psychotherapy can be uniquely helpful in providing an opportunity to think through difficulty without being given advice.
2. Psychotherapy provides opportunity for uncovering the reasoning in mental difficulty, hidden as it is in apparently random or irrational process.
3. Although psychotherapy is uniquely useful for solving the riddle of mental dysfunction, the presence of mental difficulty tells us little or nothing about spiritual condition.

### **Psychotherapy in perspective**

Reviewing for emphasis, I believe it is frequently for reasons *other* than lack of repentance that a believer is feeling badly. Consider how relevant this distinction is to us. We need to consider the danger of despair in the case of those already diagnosably dysphoric. The possibility of suicide also deserves attention. Repentance-oriented evangelical literature claiming psychological support is a renewed challenge to our usual careful application of gospel to those who experience mental difficulty. This is a paradoxical outcome since psychology itself applauds the application of comfort to those who are already troubled. In combination, already dangerous Protestant theology, misinformation about psychotherapy, and oversimplification produce this seemingly correct, but very unLutheran tendency.

On the other hand, I believe that Adams is correct that a more frequent use of admonition and confrontation can be of significant value in the church. We often seem afraid to confront those things which we suspect are indicators of poor spiritual condition. Frequently, this is how we treat a person who is *not* feeling badly about what he is doing, thinking or feeling. It may be due to the deceitfulness of sin that more often it is appropriate to trouble the comfortable and comfort the troubled.

There are several other issues where our attention can be productive. Let me suggest a limited description for how a believer may experience mental difficulty in spite of sanctification. Let’s consider in a little more detail how the process of psychotherapy can be helpful when nothing else works. In this light, we need to consider what to expect from an adequately skilled, but unbelieving psychotherapist working with one of our members. We will also look at how we can relate to psychologists. Finally, I want to suggest that we ourselves can do important work with our members. We can provide opportunity to develop spiritually, and to a lesser extent psychologically, although this is not likely to be the answer where there is major mental difficulty.

In an important way, we really do not have to be concerned about how a believer can experience mental difficulty in spite of knowing his sin, his Savior, and his future in heaven. We can simply accept that this is the case because it happens. There are many more things which we do not understand about ourselves and our surroundings than our culture is willing to admit. While we cannot look into a person’s heart, we have experience with people who have all the signs of being believers and yet have mental difficulties. Even when the person with mental difficulty has committed some sin, we cannot assume that this sin is the major issue, since all of us daily sin much. Addressing whether this sin is willful, we do well to put this question together with evidence of faith and draw conclusions no differently than we do with people who do not have mental difficulty.

While we know little about mental difficulty and next to nothing about its cause, we can

put it side by side with faith without contradicting the Scriptures in the following way. The Scriptures say that offense will come, but warn against offending others, especially *little ones*. In Matthew 18, the NIV translates skandala with “things that cause people to sin.” In the context of psychological difficulties, “cause to sin” seems an unfortunate narrowing of meaning which tends to neglect despair as a dangerous result of offense. I believe that our wording in the meaning of the sixth petition is preferable: *false belief, despair, and other great and shameful sins*. I see Scriptural priority in this order. Lack of saving faith is the greatest danger. Despair is the next danger, and finally the more obvious danger to salvation comes in more easily identified sins. We acknowledge the offense of physical sexual abuse of children. The effects are long-lasting. Unfortunately, this is not the only offense that occurs in this area. A parent’s continuing and clear, but non-physical, sexual interest in a child can also have strong, unfortunate effects, although this receives little recognition. The child is likely to experience some misleading, if not completely false, sense of responsibility for the parent’s sexual attention. This is certainly a deceitful and insidious offense. Simple but repeated remarks such as “if only your father/mother understood me as you do,” or a child’s own strong attempt to fill in for one parent’s neglect of the other is also associated with later difficulty.

Directive counseling, advice giving, or a call to repentance in a case such as this is not as unlikely as it seems. Clinical experience shows that such offenses often go unrecognized by victims. This happens more than one would expect, whether the offense involves sexuality or another part of human experience. If professional help for such a victim goes no further than offering advice in such a case, it is virtually certain to result in no improvement in the mental difficulty. A call to repentance will leave the victim feeling more responsible and even more confused about the validity of his Christian faith. The safe assumption in assessing mental difficulty is that the problem is not simple. Our insight as Lutherans who also understand the place of psychotherapy gives us several advantages.

1. As Lutherans, we are less likely to call to repentance a person who is already troubled by sin and needs to hear gospel.

2. We can see that offering advice is not the obvious choice in cases which we do not adequately understand.

3. When the mental difficulty is so severe that we are concerned about the welfare of the person, we can recommend psychotherapy.

Since God himself does not attempt to straighten out our present world, but instead works to get people into another world, there should be little surprise that earthly matters are so messed up that they are usually beyond salvage. As medical skill increases, however, lives threatened by biological disease can be prolonged, although this is probably a mixed blessing. With psychotherapeutic skill, experience shows that some of the tangled difficulties in which believers are also caught can be somewhat straightened out. When we are facing extreme difficulty and when highly skilled help can be located, the advantages can be considerable. Imagined conflicts between Christianity and psychotherapy should not keep us from this important blessing.

In most cases, though, we end up with counselors who simply give advice and little change is likely. In these cases, the most important issue is to keep the person centered on sin, grace, and the certainty of heaven. This can best be done as we have done before psychology became an issue. When the person is despondent about being a believer or being a recipient of God’s grace, apply the gospel; when the person is unconcerned, overconfident, or sinful, apply the law. The specifics of the mental difficulty are best viewed as unreliable bits of evidence in a matrix of otherwise comprehensible information.

Recall what you now know about what a good psychotherapist does. He usually will not ask questions about why a person is doing or not doing something. He will also lay aside the issue of whether what the person is doing is wrong in itself in order to help the person think through his experience and explore what purpose his thought, speech, or activity is serving for him. For example, a young man who is a believer in the Savior doesn't succeed in holding down a job, feels angry with various people who get close to him, and is frequently despondent. After experiencing only temporary and minor relief with two clinicians, he finds a third who does not give him advice on what he should do. Instead, the therapist cautiously gives more attention to the characteristics of how he thinks and interacts with people. He also listens to his descriptions of earlier experiences in life. While not fully understanding what is going on in therapy, the client finds himself freer to deal with people close to him without intense anger, begins to feel less unable to satisfy job requirements, and experiences some remission of despondency. This takes place over a period of more than a year and dozens of therapy sessions. He feels less conflicted and much relieved about somehow being freer to live in accord with the requirements of God's law and does so with a sense of closeness and gratitude to his Savior. After being caught in patterns which did not allow him to function as he long wished, he becomes increasingly free to develop his abilities and relationships with others in ways which he always had in mind.

Although I believe there is such unique potential for improvement through good psychotherapy, I am not hopeful about what you will experience at the hands of most psychologists and psychiatrists. Most of the psychotherapy which is offered as part of inpatient programs is of low quality and, in my experience, accomplishes little or nothing. Most inpatient programs are custodial and have value only to the extent they provide time and space away from what has become intolerable. Outpatient psychotherapy almost always lacks the quality and duration to effect worthwhile change. Whether it is worth the risks which we have considered needs to be evaluated in each situation. There are many naive therapists who do not know themselves, their assumptions, beliefs or advice well, and have little understanding of the difficulties with which clients present themselves.

Although good clinicians are few and far between, even they are likely to be helpful only long-term and at greater expense than almost anyone is willing to pay. Finding such a therapist is a real challenge and can hardly be done except through a person who knows the field well and has extensive knowledge of psychology and its practitioners.

There are particular problems related to therapy which we hope will not appear, but we do well to anticipate. A poorly-functioning clinician, hearing a member talk about sin, grace, and entering heaven only on the basis of salvation by grace, may react with a clear look of "you poor thing," suggesting strongly how pathetic a person is for believing such religious material. Trouble can occur in other ways, too. Psychology suggests that the clinician may become an important and influencing person to the member, at times drawing him away from the church toward the beliefs of this advice-giving person. If this clinician is "spiritually oriented" differently from the Scriptures, we can anticipate even more trouble. In addition, a member with weak faith and little self-control may use the freedom of thought in therapy not as an opportunity to think things through, but as an occasion to exercise unreasonable license outside therapy ("acting out"). These are some of the more predictable dangers in therapy and advice giving which are not directly related to gospel or law.

There are various helpful ways of dealing with mental health professionals. Confidentiality is currently a hot topic, and there is no way to predict to what extent an

individual clinician will be willing to discuss a client with us. We are probably well served by reckoning with current focus or fixation on privacy as the highest priority. Others chafe under this rigidity, too. Don't expect much information and acknowledge what you are offered. A good clinician may be willing to listen to our concerns, insights, and description of the member based on longer contact than he has probably had. The clinician will probably be attuned to the often-noted signs of clergy judgmentalism. This we have to anticipate. Providing a description of the member's spiritual beliefs should help the clinician to understand and appreciate the individual. Joint activity by pastor, clinician, and member is of unknown value; it is not therapy by the definition developed in this paper. Simply acknowledging that you understand that the clinician is not providing motivation (gospel) or advice (law), but opportunity to work through the presenting problem will sound good and show you have unusual understanding of psychotherapy. Directly expressing your concern to the clinician about having the member's faith undermined will probably accomplish nothing. Strive to provide opportunity for your member to discuss connections between religion and therapy with you. This is likely to be the best approach and will offer good opportunities to stress sin, grace, heaven, and the place of psychotherapy for a believer.

In a world with these severe limitations, we have some significant advantages which we can use for the benefit of those who are hurting enough to be willing to ask for help and sit still long enough to address difficulties. While many counselors can offer ten or so sessions and no more, we have the advantage of already knowing the person in important ways and being an important figure in the person's life. I believe that it is possible to accomplish some worthwhile objectives in Bible classes where a pastor keeps in mind the mental difficulties which participants have. The primary gain here is more exposure to law and gospel in the great variety the Scriptures provide. With the opportunity to hear and talk through law and gospel, to discover autonomously, and actively learn with a heightened sense of need, faith will grow. The give-and-take which can be part of a well-functioning group will also take advantage of the benefits of Christian fellowship to develop and make progress in the face of the debilitating experiences which members bring with them from past experience. Worthwhile development and change take place only in increments so small they can hardly be noticed.

A pastor who is aware of a member's individual needs and is observant may be able to use group experience to provide opportunities which the person has not had before. With an eye open for change in mental difficulty which is likely to show only in very small ways, a large number of sessions can compensate for the inevitable inefficiency due to limited psychological training. The prime advantage is the use of the gospel and it is likely to be all the more beneficial in this context. According to psychological theory, the relationship between "client" and "leader" also can be of significant value. These advantages are not an answer to serious mental difficulty which requires professional attention, but they deserve our attention as spiritual prevention.

Five additional important points are:

1. The need for the gospel and opportunity to think things through is more prevalent among believers than is the need for admonition.
2. The context and character of psychotherapy help us to understand how believers in the Savior can profit from it.
3. Dealing with a mental health professional who is probably not a believer presents difficulties, but we can be spiritually helpful to his client.
4. There are various other dangers relevant to a Christian in psychotherapy.
5. There is unexplored potential for pastors to provide psychologically informed listening

and opportunity for growth, and especially gospel motivation itself in Bible classes.

In summary, I see the value of good therapists dealing with mental difficulties even though gospel motivation and morality are laid aside. I believe that most psychotherapy presents risks which are recognizable. It also offers the possibility for relief and improvement, but with limitations. I believe that our Lutheran tradition of applying law and gospel with great care is where our attention really needs to be. In addition, I believe some psychological improvement is possible with a pastor's help.

There are four points which I believe are important for us to retain.

1. There is no unavoidable conflict between psychotherapy and Scripture, whether gospel, law, or other matters.
2. Law and gospel need to be carefully applied to a person with mental difficulty just as to any other believer. The presence of mental difficulty dare not be taken as reliable evidence of lack of repentance or faith.
3. Good psychotherapy is an art of unique value in helping a person with mental difficulty.
4. We need to explicitly and consistently proclaim sin, grace, and heaven so that we appear clearly different from religions which look the same, but fail to offer sin, grace, and heaven.