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E. Christian Brugger, Guest Editor

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Psychology and Christian Anthropology

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Since clinical psychology's aim is to assist human flourishing in relation to a person's mental health, it needs an adequate conception of human flourishing. In order to derive such a concept, it needs to understand the nature of the human person and so needs a sound anthropology. This essay sets forth a conception of the human person derived from philosophical and theological sources in Catholic intellectual tradition. It argues that human nature can be described in terms of eight irreducibly distinct but interrelated anthropological facts: humans are (a) bodily, (b) rational, (c) volitional, (d) interpersonally relational, (e) substantially one, (f) created by God in his image, (g) weakened personally and interpersonally because of sin, and (h) invited to become members of the body of Christ through faith and baptism. These facts are not meant to replace any valid empirical knowledge studied within or arising from the clinical science; rather, they provide an optic for organizing the material, a hermeneutic for interpreting it and conceptualizing further studies, and a backdrop for existentially situating the human person as a subject of possible mental disorder and flourishing.

Psychology needs a conception of the human person that accurately describes the nature of and relationship between body and soul (*psyche* in Greek) and that rightly acknowledges that humans have not only natural desires, capacities, and grounds for fulfillment, but also transcendent ones as well. This proposition will be developed in this essay and its implications explored in further essays in this journal. Although it is consistent with the tenets of Judaism and Islam and not inconsistent with most forms of the two great religions of Indian origin, Buddhism and Hinduism, and with Chinese Taoism and Confucianism, this essay will defend and elaborate the proposition in its particularly Catholic Christian form, drawing on both philosophical and theological resources.[1]

What is Philosophical and Theological Anthropology?

The term *anthropology* generally connotes social sciences such as cultural or social anthropology (ethnology, for example) or natural sciences such as human zoology or ecology. But anthropology means simply the study of human beings. And human beings can be studied not only from sociological and natural science perspectives, but also from more abstract perspectives, as is done in philosophy and theology. The terms *philosophical anthropology* and *theological anthropology* will be used in this essay to refer respectively to conceptions of the human person derived from philosophical reasoning (including the Aristotelian-Thomistic traditions, Christian Personalism, and Phenomenology) and from sources of Christian revelation (principally Sacred Scripture).[2] The Christian anthropology proposed below will draw upon empirical premises but go beyond the empirical to include logical, metaphysical, and moral reasoning, as well as specifically theological reasoning.

Argument Summarized

The argument can be summarized in the following three points:

1) clinical psychology's aim is to assist human flourishing in relation to a person's mental health; it therefore needs to understand the concept of human flourishing; and in order to do this it needs to understand the nature of the human person and so needs a sound anthropology;
2) the main tenets of a sound anthropology include eight irreducibly distinct but interrelated anthropological facts: the human person is (a) bodily, (b) rational, (c) volitional, (d) interpersonally relational, (e) substantially one, (f) created by God in his image, (g) weakened personally and interpersonally because of sin; and (h) invited to become a member of the body of Christ through faith and baptism;
3) these facts are not meant to replace any valid empirical knowledge studied within or arising from the clinical science; they rather provide an optic for organizing the material, a hermeneutic for interpreting it and conceptualizing further studies, and a backdrop for existentially situating the human person as a subject of possible mental disorder and flourishing.

The remainder of this essay will be an elaboration of these points.

Four Orders of Knowledge, Human Flourishing, and Psychology's Need for Anthropology

Positive psychology has given voice to an assumption

that has underlain clinical psychology from the beginning, namely, that psychology's foundational aim is to facilitate health. Wellness is what clinicians aim to achieve. Since wellness is difficult to define, most classification schemes have relied upon a negative definition—wellness is the absence of disease. But the concept of disease itself implies a departure from right function, which in turn implies a concept of wellness. Positive psychology has begun to articulate this concept by framing a psychology that considers not only weakness and disorder but strength and health, that focuses not only on repairing what is damaged but on building upon what is already working well (Peterson & Seligman, 2004, pp. 3-5). It has found the concepts of virtue and character particularly useful in thinking about these questions. Here a more abstract philosophical perspective is employed to examine what basic assumptions all valid notions of human health presuppose.

The Christian theologian and philosopher Thomas Aquinas sets forth a four-fold framework for organizing human knowledge that can be helpful for philosophically understanding the concept of health. He identifies four orders that human reason can discern in the universe, four basic categories of human knowing. The first is the order unaffected by human thinking, or the natural order of the physical world (studied by what we refer to today as the hard sciences and the philosophy of nature). The second is the order we can bring into our patterns of thinking, or the logical order. The third is the order we can bring into our practical deliberations, judgments, and choices, or the moral order. And the fourth is the order we can bring into the conceiving, constructing, and manipulating of the artifacts of nature, or the order of the practical arts (Aquinas, 1993, book 1, lecture 1, no. 1).[3]

There are two things about this schema relevant to a concept of health. First, each order has a distinct and irreducible basis of evaluation. We can speak about a bad storm in the first order, bad reasoning in the second order, bad moral acts in the third order, and a badly built house in the fourth order. The evaluative judgement in each pertains to something distinct and cannot be reduced to judgments in the others. Second, human persons occupy each order in different ways: as biological organisms, as cognitive and rational beings, as agents of freely initiated behavior, and as having the ability to creatively manipulate things around them. This means the concepts of good and bad can be applied to the human person in diverse ways.

Health in a full sense will involve all four orders. Since the human person is a unified subject, the orders will be interrelated. But since the orders have irreducible evaluative bases, no one order can be simplistically reduced to any other. The biological, logical, moral, and technical orders will each have a unique ground for evaluation in the same human person.

The Concept of Human Flourishing

"Human flourishing" is the integral or holistic health of a person at all four evaluative levels; it is "good order" instantiated and expressed at every level. This is not to say that each is equally relevant, merely that each is an irreducible component of it. Corresponding to each order will be philosophical and theological premises descriptive of what human persons are and are capable of becoming.

We said above that clinical psychology is concerned with facilitating human health. Its primary concern, however, is with health in a specifically psychological sense. It has as its aim human flourishing in relation to a person's mental health. Since the human person occupies all four orders, and since mental health is a holistic psycho-somatic phenomenon, it is reasonable to presume that mental health will relate in different ways and to different degrees to each of the four orders, that it will involve a biological basis, a basis in logical reasoning, will relate to our moral choices and behaviors, and will involve the inculcating of skills and techniques.

From Epistemology to Christian Anthropology

Aquinas' discussion of the four orders is part of his theory of knowledge (or epistemology). It is meant to explain the divisions of the sciences (broadly construed) as distinct fields of human inquiry. His four orders are not meant to provide a descriptive account of the nature of human beings, or the nature of anything. They are epistemological insights, not metaphysical propositions. We used them to reflect upon the four levels of evaluative distinction that can be applied to human persons and so to begin to formulate a rich conception of human health, which we referred to as flourishing. But we still have not talked about the nature *per se* of human beings. We need then to move from the four orders of knowing to a higher level of anthropological specificity, to move from epistemology to philosophical and theological anthropology.

Corresponding to the four epistemological orders are anthropological facts (referred to here as "domains") which can be formulated as descriptive premises (articulated in the form, "The human person is X"). The facts or domains are universal predicates of human nature. An adequate conception of the human person will acknowledge all the anthropological domains, although the individual value for

clinical psychology may differ between them.

The domains "correspond" to the four orders, but do not necessarily logically derive from the four orders. Human nature is complex and has multiple domains. It shares qualities with all levels of being in the empirical universe. With the inanimate world, it shares the quality of bodiliness. With the world of plants, it shares organismic life. Like higher animals humans are sentient, perceptual, and motoric. And, unique to themselves, humans are rational and free. Insofar as these domains come together in a single unified nature, the subject is a human person.[4] Each domain has a basis for evaluation. Human flourishing will be a function of interrelated good order in respect to all the domains. "Good order" as we have seen is not a univocal concept but rather has irreducible bases in being and in the human person.

A conception of the human person can be constructed around the formulation of eight anthropological domains. Five of the eight constitute premises of philosophical anthropology, namely, humans are (a) bodily, (b) rational, (c) volitional, (d) relational, and (e) substantially one; and three are premises of theological anthropology, namely, humans are (f) created in the image of God, (g) fallen as a result of sin, and (h) redeemed by the salvific activity of God in Christ. The first four (the "big four") can be referred to as ontological structures of the human person, although number four is not an ontological faculty *per se*, but rather an ontological quality, as well as the living structural context in which the other three are (so to speak) historically embedded. The fifth is a metaphysical principle descriptive of the mode by which the first four coexist in the single being, the human person. Six through eight constitute together universal transcendent realities of human temporal existence. Made known by Christian revelation, they bring to light additional ontological, existential and teleological facts of the human person.

It is important to see that only the first four domains correspond directly to Aquinas' four orders. So although all eight are necessary for securing an adequate understanding of the human person, only one through four are the immediate and variable subject matter of possible forms of human flourishing. Said in another way, the first four—the body, intellect, will and relationships of the human person—being ontological structures of human nature, constitute those domains in which human fulfillment takes place, while substantial unity, the image of God within us, and our being fallen and redeemed teach us about the value, condition and scope for fulfillment of the other four.

Eight Anthropological Domains

Philosophical Anthropology

I. Bodiliness

Aquinas' first order is an objective order that reason does not establish but only observes. This order of the natural world is the proper subject matter of the hard sciences. It corresponds in living beings to the biological order and to the anthropological fact that humans are complex biological organisms. Formulating this as a descriptive anthropological premise, we can say that the human person is bodily.

Human bodiliness is complex. It entails the merely organismic dimension, the involuntary physiological systems of our vegetative nature. But it also includes the engendered or sexual dimension. Human nature has two sexes, male and female. Bodiliness also includes the sensory dimension with its complex capacities of perception and emotion, with which clinical psychology is so much concerned. Through our sensory cognitions and appetites we perceive, take interest in, and interact with the sensible world around us. This interaction is the beginning of all knowledge. Human knowing, even in its most abstract forms, always operates in relation to sensible images. Before we can form an abstract idea of anything, we need first a preliminary act of sensation. Consequently sensation is a condition for human knowing. This is the basis of the philosophical maxim: nothing is in the intellect that was not first in the senses (Brennan, 1941).

Psychology defines emotion behaviorally as a complex pattern of reactions by which individuals attempt to deal with significant events. It involves experiential, behavioral and physiological dimensions (VandenBos, 2007). Emotion in the Christian philosophy of Aquinas is defined as psychic activity at the sensory part of the person by which creatures are able to move towards or away from objects of sensible interest. Emotions enable people to take interest in and interact with the world around them. They move towards objects or away from them based upon sensory perceptions of whether they promise them benefit or harm. Bringing harmony into the emotional life is considered by everyone a worthwhile end to pursue. Therapy that assists clients in training emotions to supply enduring support for doing what is good and beneficial and avoiding what is harmful is a significant contribution to human flourishing.

Good order at the bodily domain is complex. At the biological level, *good order* (or *health*) is principally a functional term, something that can be scientifically studied and facilitated analogously to the right function of a complicated machine. To this extent, the domain of bodiliness corresponds to Aqui-

nas' first order (i.e., the order of the natural physical world) and is rightly the subject matter of empirical sciences. As we said, the evaluative basis here—good order—is a judgement of right function. The contribution to mental health at the biological level is sought through facilitating a proper ordering of the biological bases of mental functioning.

But the concept of health at the perceptual and emotional levels is not reducible to a mechanistic explanation. Human beings exist in an integral unity of body and soul (i.e., the unity of material and spiritual principles). Bodiliness at the perceptual and emotional levels in humans (as opposed to other sentient animals) is always the activity of the unified body-soul being. And so perception and emotion are usually informed and influenced by rationality and volition (and in turn exercise influence upon them). Good order here cannot be reduced to a mechanistic description (although the external senses and many dimensions of perception can rightly be spoken about mechanistically). To rightly assess health at these levels, we need to bring them into juxtaposition with the domains of rationality and volitionality.

Finally, as engendered beings, the sexes are equal in value and complementary in relation to one another. This complementarity has profound implications for the domain of interpersonal relationality (considered below). In the first place, it has a nuptial (or marital) significance. Our engendered bodily complementarity fits humans for a unique kind of friendship, one in which both mind and body participate in an exclusive two-in-one flesh communion of persons. This communion of persons flourishes when the spouses as individuals, despite their own limitations and struggles, commit themselves to the well-being of the other spouse and of the community that follows from their marital love—as Wojtyla (1993) says, when they make a "disinterested gift of self" (p. 322).

II. Rationality

Aquinas' second order corresponds to the anthropological domain of rationality. Affirming that humans can bring order into their patterns of thinking implies that there is something outside the mind to think about.[5] Healthy thinking and reasoning are not closed in on themselves. They open up upon a world of knowable reality.

Rationality empowers humans to rise above the world of mere sensory perception to the world of knowledge, above the world of particulars to the world of universal concepts. Right order in our thinking involves deriving concepts that correspond to extra-mental reality (through the process of mental abstraction and retention), drawing true conclusions from comparing external information to known principles (through the process of deduction) and deriving sound principles from interacting with concrete situations (through the process of induction).

The reason humans can cognitively rise above the perceptions and emotions of the body is that humans are more than bodily beings. They are, as stated above, bodily-spiritual beings, designated in Christian philosophy by the term *persons*. Both classical and Christian philosophy (esp. Aristotle and Aquinas) as well as Catholic theology affirm that the substance of intellect is immaterial and that acts of intellect *per se* are not simple acts of the body.[6] To be sure, they are body-embedded acts, since every act of a human person is always the act the whole person. But the specific faculty of reason (mind) is not a material organ. It is referred to as an immaterial substance. This is an irreplaceable anthropological fact for Christian psychology. It guarantees human freedom for rational self-direction and free choice insofar as an immaterial faculty is not determined by causative physical laws. It is also presupposed by the Christian belief in life after death insofar as something of me lives on after bodily death. Therefore the widespread denial by the secular social sciences of an anthropological domain constituted of an immaterial substance is not only an implicit assertion of radical determinism, but also a denial of the properly spiritual dimension of the human person and his supernatural end.

Mental health in the intellectual domain broadly can be called intellectual conformity with truth: true knowledge of ourselves and the world around us, of God and his divinely revealed truths, of what is good and bad and what should be done and avoided, and of what is beautiful, honorable, and praiseworthy. Since mental disorder is a psycho-somatic reality, the intellect will usually have a role in the origins of psychic disorder. And it will always have a role in therapy.[7] Therapy that helps clients to form stable rational dispositions inclining them to see life as it is, take reality on its own terms, and grow stronger in the ability to pursue truth, is also a great contribution to human flourishing.

III. Volitionality and freedom

Aquinas' third order pertains to our practical deliberations, judgments, and choices, an order that human reason in deliberating establishes in the operation of the will. It can broadly be called the practical or moral order. Corresponding to this order is the anthropological domain of volitionality and freedom. In distinguishing freedom from rationality, I do not mean that the two are wholly distinct. Rationality

is a condition for freedom. Free choice requires that one is able to understand desirable opportunities, deliberate over competing alternatives, and intellectually envisage the benefits and burdens each holds out. But orienting and directing ourselves towards alternatives once they are adopted is something added to knowing. Freedom adds to rationality the capacity for self-direction. Through freedom humans exercise an executive function over their lives. Healthy volitionality means humans are not inexorably moved to their ends but rather move themselves to their proper ends. In the language of philosophy, humans are "self movers" insofar as the laws of physics and instinctual movements of nature are not sufficient for moving humans to achieve their proper fulfillment. Rather, to flourish, they must understand what corresponds to their well-being and then pursue it. Since healing is a form of movement—a developmental process by which some capacity of our human nature moves from disorder to greater order (i.e., to a proper fulfillment), we can say that in this sense humans are "self-healers." Volitionality, then, is an anthropological domain that stands as a necessary condition for the possibility of client therapeutic healing.

Free choice is the central reality in us by which our actions are able to enter the realm of the moral, the realm of "responsibility"; we are responsible because we are free, that is, not determined to one act. If our doings were determined by something outside ourselves, then that thing and not we would be responsible for our lives. So whatever happens to us as a result of factors outside us—and any behavior which does not derive from free choice—is not, strictly speaking, a human action (i.e., a moral action); it is not *doing*, though it is human behavior. Our feelings and emotions shape and influence our freedom. But they are not in themselves moral entities, although Aquinas states that they constitute a seat of the moral virtues. We are not responsible for our feelings as simple movements of the sensory part of ourselves, although we can be responsible for our feelings as emotional responses to deliberate thoughts and choices for which we are responsible.

To assert that humans are free is not to deny they are also determined in many ways and to varying degrees. Everyone's freedom is limited by environment and biology. Moreover, to be free to choose an alternative one must see the alternative as a realistic possibility to pursue; and not all possibilities are realistic for all people. Sociological conditions, physical and psychological disorders, and the natural endowments and aptitudes of one's personality all limit people's freedom. But barring complete incapacitation, everyone has a range within which they are free to choose, and hence for which they are responsible.

It is within this range that people shape their moral characters for better or worse. Through free choice, humans reflexively inculcate enduring adaptive or maladaptive dispositions (i.e., virtues and vices) into their sensory, affective, rational, and volitional powers through repeated choices of particular kinds. These dispositions are qualities of human personality signifying the integration of the self around morally good or bad choices and commitments (Grisez, 1983, p. 192). They dispose one to a wide but regular range of behavior, whose regularity is defined to the extent that one's behavior realizes possibilities in any given instance in a way which is either consistent or inconsistent with wider human flourishing. So when we refer to "character" our reference is to those dimensions of the self that are subject to alteration as a result of deliberate human action; said another way, character is the set of enduring dispositions of mind, will, and affect as shaped by our morally good and bad choices.[8] Although many things in life are beyond one's control, reflexive character is not one of them. One's character is one's own doing; one builds it up or tears it down one choice at a time. C.S. Lewis (1960) writes hauntingly about the self-shaping quality of our choices in *Mere Christianity*:

> Every time you make a choice you are turning the central part of you, the part of you that chooses, into something a little different from what is was before. And taking your life as a whole, with all your innumerable choices, all your life long you are slowly turning this central thing either into a heavenly creature or into a hellish creature: either into a creature that is in harmony with God, and with other creatures, and with itself, or else into one that is in a state of war and hatred with God, and with its fellow-creatures, and with itself. To be the one kind of creature is heaven: that is, it is joy and peace and knowledge and power. To be the other means madness, horror, idiocy, rage, impotence, and eternal loneliness. Each of us at each moment is progressing to the one state or the other (bk. III, ch. 4, p. 87).

Health or flourishing in the volitional domain can broadly be referred to as the integral enduring dispositions of practical reason, will, and affect in relation to what is humanly good. This also can be called moral health. Right order at this level entitles one to be called good in an unqualified way, which is true of none of the other orders. Neither physical strength nor logical genius nor technical proficiency implies that a person is good as a person. Because of this, right order in this domain of a person's life

holds a place of primacy in overall human flourishing.

IV. Interpersonal Relationality

The anthropological domain of interpersonal relationality corresponds to all four of Aquinas' orders. As an object of the social sciences, it corresponds uniquely to Aquinas' fourth order, the order that human reason "establishes in the external things that [one] produces" through art, craft, technique, or rhetoric (Schall, 2007, p. 26). Although social relations and society are not physical things, they are nevertheless created through human acts, which themselves are combinations of the practical content of the third and fourth orders. Society has no existence apart from the members who compose it, and so, as Aquinas puts it, society is not a substance (Brennan, 1941).[9] Nevertheless, it is real and a product of human action—or, rather, human interaction. Although healthy relationships presuppose a foundation in the moral order, they also require the mastering of human skills the possession of which are more analogous to a craftsman's technique than to moral virtue. Within the social sciences, an especially clear recognition of social relations as human products is found in various phenomenological approaches to social life (Berger and Luckmann, 1967; Schutz, 1967). For example, the character of technique or craft is very evident in Harold Garfinkel's (1967) description of social life as "ongoing accomplishments of organized artful practices of everyday life."[10] In clinical psychology, there are numerous therapeutic approaches that conceptualize problematic social relationships as deficiencies in skills of relationality (Guerney, 2005). A danger is that the social sciences will reduce human sociality to the order of technique (Aquinas' fourth order), ignoring the more foundational truth that the deliberations, judgments and choices constitutive of healthy relationships also (and more importantly) presuppose order at the levels of practical reason and will.

Relationality differs from the first three domains in that it is not an ontological faculty analogous to bodiliness, rationality, and volitionality; there is no organ of relationality.[11] This in no way diminishes the importance of relationality as an anthropological domain. Rather, we can say that all our properly human faculties are in relationship. All are influenced by our experience of relationships and each is involved in our capacity for expressing relationships. There is a dynamic self-determining reciprocity between our bodiliness, rationality, and volitionality on the one hand, and our experience of and capacity for interpersonal relationships on the other. The centrality of this to human flourishing, especially psychological flourishing, is very significant. This is illustrated in various ways in studies over the years.

The Spitz (1945) studies on infants in orphanages found that infants who did not experience personal interaction from caregivers were more likely to withdraw, lose weight, become malnourished, and even die. The antidote was healthy human interaction (Wolin & Wolin, 1997).[12] The research of Moskowitz in the late 1970s indicated that interpersonal relationships are necessary for more complex forms of human development, like language development.[13] James Lynch (1977) compiled extensive research demonstrating the significant relationship between interpersonal companionship and biological heath.[14] John Bowlby's (1982) research into attachment styles illustrates the importance and impact of primary relationships, especially parent-child relationships, on long-term mental health. Further, Martin Seligman's (1975) "learned helplessness" studies on dogs and rats in the 1960s and 70s have been adduced as a model to explain the depression that sets in from loss of significant relationships.

Daniel Siegel's (1999) work on implicit memory suggests the importance of positive early relationships for lifelong emotional wellbeing. Infant memory takes place through a process called "implicit memory". Repeated experiences cause the infant's brain to make "summations" or "generalized representations," which are the basis of mental models that the infant brain uses to interpret experiences. Later retrieval of "memories" activates neural profiles, producing a feeling in the adult that does not correspond to any conscious memory the adult can recall: "These implicit elements form part of the foundation of our subjective sense of ourselves. We act, feel, and imagine without recognition of the influence of past experience on our present reality" (p. 29). The infant's early experience of relationships is a primary source of this "emotional memory." If infants experience consistent, gentle, and secure care, their later affective state is likely to be more trusting and secure. Infants who are poorly cared for are likely to experience insecure, mistrusting, lonely states of mind. The mental models that form the basis for emotional memory are deeply encoded by the end of the first year of extra-uterine life. Their retrieval will involve a person in characteristic emotional experiences that can become lifelong characteristic traits of a person (Siegel, p. 33). This remarkable research shows that the "hardwiring" of our brain circuitry is partially dependent upon our early experience of interpersonal relationships (Siegel & Hartzell, 2003).[15] Because of the impact of relationships on mental development and health, the domain of relationality holds primacy of place for understanding the origin

and remediation of mental disorder. But what does relational health look like? With all the diversity of populations, are there any generalizations that can be applied across the board?

Christian anthropology understands the example of Christ to be a paradigm for interpersonal relationships. Christ's example illustrates that relationships are founded upon reciprocal self-communicative acts of giving and receiving (though their form differs according to age and development). Adaptive and healthy expressions of interpersonal self-communication proceed from a commitment to self-giving love in which a person wants and wills the good of another for the other's sake. Speaking about the human need to receive and give love, Pope John Paul II (1979) writes:

> Man cannot live without love. He remains a being that is incomprehensible for himself, his life is senseless, if love is not revealed to him, if he does not encounter love, if he does not experience it and make it his own, if he does not participate intimately in it (no. 10).

The pope says this "applies primarily and especially within the family as such" (John Paul II, 1982, no. 18). The family is preeminent among human relationships. It is there that interpersonal relationality is first developed, and mental health is considerably influenced by the quality of family relationships, especially in the early years of life. Humans have both a natural need for family and natural inclinations and desires to begin families and live their lives within the context of family units.

Interpersonal relationality is not limited to inter-human relationships, but includes more importantly the relationships of men and women to God. God's perfect self-giving love is held out to all as a gift, the supreme gift to those who profess Christian faith. Every person is invited to enter into a living relationship with the life-giving all-loving God made manifest in Jesus Christ through faith (John Paul II, 1982, no. 10).[16]

Clinical psychology facilitates healthy relationships by attending to all four of Aquinas' orders. It attends to attitudes and beliefs as part of bringing order into the cognitive realm. It encourages the forming of adaptive behaviors as part of the volitional realm. It concerns itself with the neurological and biochemical health of clients in order to facilitate bodily and emotional order. And it employs technique-centered therapies, such as the sharing rituals of Relational Enhancement Therapy (Guerney, 2005), which aim to take the first steps toward inculcating healthy communication skills.

V. Substantially one

We have spoken about the domains of rationality and volitionality on the one hand, and the domain of bodiliness on the other. Rationality and volitionality can be referred to as properly spiritual domains. In Christian philosophy, they are called spiritual faculties (or powers) of the "soul." In using the term *soul*, we should avoid any trivialized conception of the soul as a vapor-like translucent substance located spatially inside the body. Soul (Latin—*animus*) in classical and Christian philosophy is the animating principle in living bodily things, that which accounts for life. It is an immaterial principle, referred to by Aristotle and Aquinas as the "form", which actualizes life in a material body.[17] All the powers of a person precisely insofar as they are animated, i.e. are living operations, are accounted for by the activity of soul—even bodily powers like growth, digestion, respiration, perception, and emotion. The soul is said to work through the bodily organs to animate their proper powers. Acts of intellection and volition that are not properly acts of a bodily organ are said to be acts of the soul alone.

Positing spiritual and bodily principles coexisting in a single being raises a fundamental anthropological problem for psychology, namely, the relationship between the two. Is the person more fundamentally a body or a soul? Is the body instrumental to the person, at the service of the spiritual subject and thus available to be manipulated according to the unfettered will of the conscious self?[18] These are difficult questions that psychology today rarely addresses. But a coherent answer is implied in many questions relevant to psychology, for example, those pertaining to sexuality, problems with body image, gender identity, dissociative disorders, and others.

Classical philosophy proposes that the human person is a substantially unified reality of body and soul, a complete, wholly individuated body-soul being. So, properly speaking, *I* am neither coextensive with my body (pace materialists) nor my soul (pace Descartes). Rather I am my body-and-soul. The human person is an inseparable psycho-physical unity. All living operations, including acts of intellect and will, are the acts of this substantially unified being and involve the interaction of soul (*psyche*) and body (*soma*). Such shared operations (although not all are shared to the same degree) involve changes both in body and soul, in what we call psychosomatic interactions.[19] So every psychosomatic interaction is a synthetic, inseparable act of a unified body-soul entity, that is, is the act of a person.

Speaking about the human person, to speak of every person as a "complete substance" may sound

counterintuitive to a science that depends heavily on a developmental understanding of the human subject. But asserting that a subject is a complete substance does not mean the subject is completely developed or that all faculties and powers are mature when the subject comes into existence. It only means that when the person begins the whole person begins. One is not less a person when small and undeveloped. One is merely less developed. This distinction is important to maintain against errors that would assign basic human dignity to someone based on whether or not that person is able to exercise certain faculties or maintain complete autonomy. If one was not fully human from the beginning, humanity would exist on a continuum. Some would be more human than others, which means that those who were unborn or unconscious would have less basic human dignity and be due less moral respect. It is not hard to see the dangers this view threatens.

The classical view holds that the whole human being comes into existence when the living body comes into existence; persons begin all at once. But they do not begin with all their faculties fully developed. Rather, they begin with a wide set of inherent capacities, most of which will not be useable until much later. These abilities unfold through properly human development. Human beings therefore have a principle of continuity which makes them the same person from the beginning to the end of their lives, namely, the soul. And they have a principle of change which develops and unfolds over time, namely, the body. But throughout all change and development, a single being continuous with himself over time endures. This is presuppositional for clinical psychology insofar as any significant irregularity in the self-perception of the psychosomatic subject is taken to be a disorder. Persons who perceive themselves as having significant splits within them, or whose personalities express multiple identities, or who experience other types of severe dissociations from a unified psychosomatic self-perception are presumed to suffer from some disorder.

Concept of privation

Having touched on the idea of human development, it is opportune to introduce the important concept of *privation*. Healthy human development is a process by which one's inchoate capacities unfold at the proper time in the proper way. Many factors account for the impeding of healthy development. Distortions introduced in development at the bodily, affective, interpersonal, cognitional, and behavioral domains deprive persons of the proper unfolding of their anticipated abilities. These distortions are referred to in philosophy as *privations*. A privation is the absence of a proper fulfillment of an inchoate capacity of human nature (Grisez, 1983, p. 117). The term *privation* signifies in particular the absence of something precisely that ought to be present. What is the rule or measure to determine whether something "ought" to be present? The measure is human fulfillment, human flourishing. So any disorder at any anthropological domain of the person (body, mind, will, relationships) that deprives one of fulfillment one could enjoy if not for that disorder is called a privation. Whether a cognitive distortion, or a biological anomaly, or a form of relational disharmony, or some maladaptive behavior, a privation impedes human well-being, holds people back from fullness of being, closes down authentic avenues for growth and new fulfillments. Illness in all its forms can be conceived as a privation fixed at some level of the person.

The term *privation* establishes a useful context for conceiving disorder and health in clinical psychology. Each mental disorder is a privation or lack of what might and even should be present. So rather than conceiving health in terms of the absence of disease, we conceive it in terms of that of which disease deprives a person, namely, human flourishing. Understanding health and disorder in this way establishes as the overall context for psychology a positive conception of human flourishing rather than a negative conception of deficiency. We might refer to this hermeneutical framework as a Christian positive psychology: mental disorder deprives persons of possibilities for authentic fulfillment; helping clients understand and overcome disorder means directing them towards types of fulfillment that are possible but not now actual. Facilitating health means assisting people in expanding opportunities for wellbeing, growing in capacity to actualize order in their lives, and in general being more fully what they can be.

The inseparable interconnection of the "big four"

The fifth domain makes clear that although we can distinguish the big four for purposes of analysis, there is no natural (ontological) separation between them in actuality. They are inseparably united and interconnected in persons. This is why we could not speak about bodiliness above without referring to relationality. Nor can we speak about the proper development of rationality without referring to volitionality (about what we do), or about relational health without referring to both our volitions and cognitions, and so on. Each domain reciprocally influences the other. Therefore, harm inflicted at one domain will have impact upon the others. This is particularly the case early in life, particularly in the bodily and relational domains. Bodily abuse and re-

lational dysfunction in one's early years almost invariably cause disorders in the cognitive and behavioral domains later on. We will come back to this later in the essay.

Theological Anthropology

Thus far we have introduced only anthropological domains of a philosophical nature, though some commentary on those domains has been derived from Christian revelation. But divine revelation makes known that the anthropological field stretches beyond merely temporal horizons to include transcendent realities not able to be understood clearly by unaided natural reason. For Christians the contents of these realities are illuminated in their sources of revelation (Sacred Scripture for Protestants, Sacred Scripture and Tradition for Catholics and Orthodox). In setting forth an adequate Christian anthropology, therefore, we need to incorporate truths about the human person made known by the special revelation of God.

Faith illuminates three additional universal anthropological domains relevant to understanding the concepts of disorder and flourishing: humans are created, fallen, and redeemed. These three domains share a characteristic of the fifth domain insofar as they do not describe any additional ontological faculties of persons, but rather posit truths necessary for understanding the other domains. Consistent with the other domains, however, the three articulate premises that are universally anthropologically relevant. So they are not proposed as relevant for Christians only, although Christian revelation is the means by which we come to understand them clearly.

VI. Created in God's image and likeness

The sixth domain specifies the precise source of the unique dignity and value of human nature: humans are made in God's image and likeness. This remarkable domain provides an epistemological ground for an assumption basic to clinical psychology, which is the goodness of human nature: humans are worth helping because despite all their maladies and disorders every human being is good.

The book of Genesis teaches that God created *ex nihilo* the heavens and earth. He made humans "in the image" and "after the likeness" of Himself (Gen. 1:26, RSV). As created by a good God, all things are by nature good. Each possesses value in proportion to the kind of thing it is. But human nature possesses special value by virtue of its likeness to God. This likeness is constituted precisely by the fact that humans are created as persons. All personal nature is intellectual and volitional and has as its proper *telos* or purpose the knowing of truth and living in loving communion. God is an uncreated communion of persons, a Trinity of Persons, living in perfect unity of mind and will and knowing and loving one another and the universe perfectly. Humans created in God's image have as their *telos* the knowing of all truth, especially about God, and living in loving communion with God and other persons.

The relevance of this domain for clinical psychology is not principally because the truths may be useful for treating religious clients, although they may indeed be. The value for psychology is rather presuppositional for the way therapists *see* and hence *understand* their clients. Their clients are images of God. When therapists see a client, they see something of the majesty and awesomeness of God. Beneath the overlay of disorder, which can distract from one's inherent beauty, is a person, destined to know and love God and live in loving community with God and neighbor. Each is an *imago Dei*. This domain provides a firm foundation for the unconditional regard that clinicians should show their clients.

VII. Fallen as a result of sin

The seventh domain identifies the ground for the existential problems of disorder, suffering, and death. Despite the basic goodness of creation, something is undeniably wrong. Disharmony is all around. Decay and death await everyone. Disappointment, betrayal, abuse, and tragedy are inescapable. And possibly worst of all, the ones who are least responsible for evil in the world often suffer the most: children, the innocent, the weak, the poor, and the disabled. What accounts for this terrible existential problem? Is the universe fundamentally bad? Is existence meaningless?

Sacred Scripture teaches that because of human sin, epitomized in the disobedience of Adam and Eve, all human nature is fallen. Its natural condition is one of alienation from God. The consequences resulting from this alienation include disorder at every level of human existence. Sin, weakness, decay, and death are now constitutive of human temporal life, although they are secondary to the goodness of God's creation—that is, a basic order remains intact.

Moreover, because of original sin the whole complex of human emotions is distorted by the fear of death. Our normal human condition in this fallen world is actually abnormal and somewhat perverse, a privation of God's original intent (Grisez, 1983, p. 415). Even morally conscientious Christians find it difficult to integrate their emotions into their wider commitment to Christian faith. St. Paul's words in Romans 7:23 express a universal human reality: "I experience a law in my members at war with the law

of my mind" (RSV).

The Christian doctrine of the Fall sets forth an epistemological ground for understanding the origins of mental disorder. Mental illness is a distortion of proper order, a privation within and between persons. But it can exist only because there is something fundamentally good in the first place that is capable of being disordered.

This domain assists clinicians in being realistic on the purposes and possibilities of their profession. The problem of disorder is constitutive of human existence *per se*. The best that can be hoped for in psychotherapy are partial remediations, not complete cures from fallen human nature. This does not preclude healing of particular maladies.

VIII. Redeemed from its condition of alienation from God
The final domain establishes the truth that disorder is not definitive, that the Fall is not the end of the story. Divine revelation illuminates the truth that human nature, because of Jesus' perfect faithfulness to the will of the Father, is "redeemed". The alienation between God and the human race has been overcome. Although sin, death, and disorder still characterize temporal life, they are definitively overcome in eternal life for those who share the gifts made possible through Jesus' redemption. Before the coming of Christ, sin and death had the final word. Death illustrated the final insult of a life begun and lived in alienation from God. Now, for those who are "in Christ" (i.e., who are baptized and who live a life of faith), death stands as a doorway to a deathless life liberated from all disorder.

But sin and death are even radically relativized temporally. For those who through faith unite their lives with Christ—those whose "life is hidden with Christ" (Col. 3:3, RSV)—their sufferings and death mysteriously share in Christ's redemption. St. Paul writes: "Now I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the church" (Col. 1:24, RSV).

Each human person is invited into a relationship with God as God's adopted son or daughter in Christ and through baptism; each is called in this world to a life of love of God and neighbor, and to the life of good works which God prepared beforehand for each person to walk in (Eph. 2:10, RSV); each is given a personal vocation, a divinely chosen role, unique and unrepeatable, in carrying out the divine plan; and each is called to eternal happiness in the life to come.

Human nature remains weakened by sin. Saint Augustine called this weakness "concupiscence". He meant that human emotions, reason, and will, even after baptism, remain weakened as a result of sin, even though humans are restored through Christ to friendship with God. But human nature can be assisted, and in certain ways healed and transformed—the Eastern Fathers called it being "divinized"—by divine grace. Another way of saying this is that persons can become holy (1 Pt 1:14-16).

This final domain provides a transcendent ground for hope in the universe. It establishes definitively the truth that in Christ my eschatological tomorrow will be better. This provides a powerful source of motivation for Christian clinicians never to lose hope in their clients, and for Christian clients never to lose hope in God.

Relevance of Anthropology for Clinical Psychology

Thus far we have argued for a unified conception of the person as bodily, rational, free, and relational, created by God, weakened by sin, and invited to new life in Jesus Christ. This conception sets forth normative truths that can be useful to clinical psychology in aiding understanding of its own proper subject matter. It is not meant to replace any valid empirical knowledge investigated by or concluded from the clinical science. The philosophical and theological truths—in particular, the big four—serve rather a complementary role in relation to the empirical subject matter.

First, they can provide a normative optic for organizing empirical information. The domains, particularly the big four, provide dominant anthropological categories around which to organize information pertaining to human personality, pathology, and future flourishing. Organizing information in this way can assist psychologists in seeing more deeply into particular aspects of the person: "In what way are these symptoms indicative of deeper problems at the relational level of your client?" "What does this say about your client's experience of bodiliness?" "Is bodiliness really the problem here, or is there a deeper problem in regard to the ability to give and receive love?"

This optic can play a predictive role in investigating and coming to understand the origins of disorder. If an adult client experiences problems with intimacy or always feels uncomfortable in interpersonal settings and says he cannot be 'himself' in relationships, even if he does not report relational problems in the early years, he likely experienced deficient care-giving when he was young. This is a fair (though by no means infallible) presumption for therapists to make in guiding the direction therapy should take as rapport develops.

Secondly, the domains can provide a norma-

tive hermeneutic or interpretive lens for interpreting clinical information. Each domain sets forth normative truths about the human person which have implications for human flourishing: engendered embodiment, spousal complementarity, the need for selfless love, the objectivity of the moral law (of "the good"), the centrality of the family, the responsibility of freedom, the knowability of truth, the perfectability of nature assisted by grace, and so on. These can be useful as interpretive principles for empirical data. They can steer us away from false conclusions that the data interpreted in light of erroneous principles might justify.

Thirdly, they provide a normative cosmological, ontological, and eschatological backdrop for situating human existence in a disordered world. They provide answers to weighty transcendent questions such as the origin, nature, and destiny of the human person and the problem of evil, which are relevant to a profession that deals daily with the gravest disorders of the human soul. And they provide an epistemological foundation, as stated above, for psychology's underlying assumption of the basic goodness of the human person as well as grounds for hope in the universe.

Although the theological and philosophical domains must necessary hold together for a complete anthropological picture, nevertheless the five philosophical domains do not rely on the theological domains to be understood and assented to. They can stand on their own and do their own normative work in organizing and interpreting empirical findings. But even in relation to these, the controversial implications are obvious enough. Positing the giving and receiving of self-sacrificing love as the centerpiece of human relational flourishing will conflict with the selfist tendencies of many modern systems of belief; positing the importance of knowing God and willing the good will conflict with the beliefs of those who deny the reality of the Transcendent and the objectivity of the good; and positing the nuptial significance of human sexual complementary will conflict with those who believe that gender is self defined. But in each case, the opposing belief is just that—a belief. It is not a conclusion necessitated by empirical fact. It is a belief that proceeds from some other clearly defined or at least manifestly implicit normative anthropological framework which serves to organize, interpret, and existentially situate the empirical findings.

Conclusion

This brings us back to the thesis of this essay: psychology needs a sound conception of the human person. But the fact is that all psychologies implicitly presuppose theological and philosophical truths about the human person. Determinists, for example, believe humans are not free, indeterminists believe that they are, atheists that God does not exist, deists that he is impersonal, and theists that He is our loving Father; materialists believe that human life is sufficiently explainable in physical terms, non-materialist that it is not; ethical realists believe good and evil are objective, relativists and emotivists that good and evil are social constructions.

The big question that underlies this essay, therefore, is not, Will psychology make room for normative anthropology? but, rather, From where will it derive its normative truths? The account here states frankly its sources: traditional philosophical reasoning broadly within the Aristotelian-Thomistic tradition, and Judeo-Christian divine revelation. It aims to be an explicit, coherent, and systematic account, which is put forward as a self-consciously Christian anthropology, although much of what is said, especially about the big four, will be agreeable to non-Christians as well.

The Christian anthropology set forth here has implications for all areas of psychology: for personality theory, professional ethics, psychological assessment, diagnosis, therapy, and the formation and education of psychologists. I set it forth with the hope that it will stimulate dialogue.

Notes

1. It would be rejected, of course, by naturalists who believe the world and its phenomena can be explained sufficiently in terms of empirical science. It should be said, however, that the underlying premise of naturalism—denial of God and of a world of immaterial realities—is not reasoned to deductively nor arrived at through empirical observation, but assumed by an act of faith. And so the naturalist premise stands along side the Christian premise (that the 'heavens and the earth' are created by God) as a first principle of reasoning on ultimate questions.
2. Protestant Christians ordinarily believe that Sacred Scripture is the sole source of revealed knowledge, while Catholic and Orthodox Christians, while affirming the centrality of Sacred Scripture, believe that divinely revealed truth is preserved also in oral form in Sacred Tradition. Catholics believe the latter is transmitted under the guidance of the Holy Spirit by the successors of the apostles, who are the bishops of the Catholic Church and those Churches in communion with the Catholic Church. For a discussion of the Catholic Church's understanding of Christian Revelation, see the document of the Second Vatican Council, *Dei Verbum*; for a discussion of the Catholic doctrine

of apostolic succession see Vatican II's *Lumen Gentium*, ch. 3; for its understanding of the Catholic Church's relationship to other Christian communions, see the Decree on Ecumenism, *Unitatis Redintegratio* (1964); see also John Paul II's Encyclical *Ut Unum Sint* (1995). Documents can be accessed at http://www.vatican.va/archive/index.htm.

[3] Aquinas, *Commentary on Aristotle's Nichomachean Ethics* (Notre Dame, IN: Dumb Ox Books, 1993, book 1, lecture 1, no. 1. Aquinas is interested in these categories because they provide the basis for a division of the different branches of knowledge or, to use a term from Medieval philosophy, different *sciences*; those sciences include respectively natural philosophy, logic, moral philosophy and various technical sciences (e.g., house-building, horsemanship). Also see a discussion of these four in ch. 2, part 1 of Finnis, J. (1998). *Aquinas: Moral, Political and Legal Theory.* Oxford: Oxford University Press.

[4] This does not exclude the possibility that there are other types or species of rational animal in the universe. If such is the case, they too would be persons, though not human persons.

[5] Catholic intellectual tradition affirms a realist epistemology.

[6] This would appear to conflict with the conclusions of contemporary neuroscience, which demonstrates that abstract reasoning involves activity in the pre-frontal cortex of the frontal lobe of the brain in connection with activity in the temporal, occipital, and parietal lobes. But this only sufficiently proves that abstract reasoning requires cortical function. Unfortunately, much neuroscience has drawn the further fallacious conclusion that abstract reasoning (indeed all rational activity) is *reducible* to cortical function, something which the research does not, indeed cannot prove. I address and reply to materialist assumptions in E. C. Brugger, "Aquinas on the Immateriality of Intellect: A Non-materialist reply to Materialist Objections," *The National Catholic Bioethics Quarterly*, vol. 8, no. 1 (Spring 2008), 103-119.

[7] This is not to say all therapy must be Cognitive or Rational in type; it merely means that all therapy presupposes that clients are at least minimally capable of mentally engaging the clinician; and all successful therapy presupposes clients understand the value of the therapeutic process and can mentally envisage for themselves a future, more positive state of affairs.

[8] Grisez defines character as "the integral identity of the person—the entire person in all his or her dimensions *as shaped by morally good and bad choices*—considered as a disposition to further choices" (1983, p. 59, emphasis added). For a more in-depth discussion of the related concepts of free choice and self-determination, see chapter two of his *Christian Moral Principles*.

[9] Aquinas (following Aristotle) defines a substance as something that acts and has existence of itself and not in something else (see Brennan, p. 32). Society has its existence in and through its members and not in itself.

[10] The social constructionism at the heart of much of this work leads some writers to assume that there are no limits to the form of relationality that human beings can construct. Thus, radical modifications of the family are proposed simply as alternative forms of relationality. Yet, just as any physical craft or technique can be evaluated in terms of the quality of the product produced, so too can the practices and skills exercised in the maintenance of a human family be evaluated by the results for the happiness and harmony of that social unit and society itself. Of course, a family system can also be evaluated with respect to the moral order and the volitional domain discussed above.

[11] Presumably, this is why Aquinas does not include relationality in his philosophical definition of a "person". He adopts the definition of the 6th century Christian philosopher Boethius, who in his work *De persona et duabus naturis* defined a person as "an individual substance of a rational nature." This definition has been criticized by some theologians who believe it lends itself to an understanding of the person as isolated and solitary by nature. Aquinas did not think so. His failure to include relationality in his substantial definition of the person, was not a denial of human nature's natural relationality. See Joseph Ratzinger's critique of the Boethian definition in Ratzinger, J. (1990). Concerning the notion of person in theology, *Communio International Catholic Review, 17,* 439-454; defending Aquinas, W. Norris Clarke replies to this criticism in Clarke, W. N. (1992). Person, Being, and St. Thomas, *Communio, 19*, 601-618.

[12] Wolin and Wolin (1997) write: "Since the 1940s, when Rene Spitz (1945) first investigated hospitalism in institutionalized infants, researchers have … uncovered the myriad ways that children's psyches can be harmed by disruptions in their parent's, family's, and community's functioning. Their work has filled libraries with data on the maladies that beset children with schizophrenic mothers, divorcing parents, alcoholic fathers,

handicapped siblings, premature separations, and other similar traumas."

[13] Moskowitz showed that language does not develop simply from hearing it. The study followed a child from infancy to age three who had normal hearing but deaf parents. His parents and associates communicated exclusively through sign language. The child was exposed to English language television every day. After three years he was fluent in his parent's sign language; but he could not understand nor speak any English. See Moskowitz, B. A. (1978, November). The acquisition of language. *Scientific American, 239,* 92-108, esp. 94.

[14] Lynch's research illustrated a statistically significant relationship between the experience of the loss of a loved one through death or divorce and the onset or worsening of disease and sudden death, especially from heart attack: "Death rate from coronary heart disease for 40-year-old divorced males . . . is 2.5 times greater than for married males of the same age" (Lynch 1977, p. 87).

[15] "Neurons fire (are activated) repeatedly, the genetic material inside those neurons' nuclei becomes "turned on" so that new proteins are synthesized which enable the creation of new neuronal synaptic connections. Neural firing (experience) turns on the genetic machinery that allows the brain to change its internal connections (memory)." (p. 34)

[16] John Paul II (1979) continues: "The man who wishes to understand himself thoroughly—and not just in accordance with immediate, partial, often superficial, and even illusory standards and measures of his being—he must with his unrest, uncertainty and even his weakness and sinfulness, with his life and death, draw near to Christ. He must, so to speak, enter into him with all his own self, he must 'appropriate' and assimilate the whole of the reality of the Incarnation and Redemption in order to find himself" (no. 10).

[17] For Aquinas on soul, see *Summa Theologiae*, part I, q. 75, aa. 2, 5; *Summa Contra Gentiles*, book II, ch. 49, *In De Anima,* bk. 3, lecture 7, no. 10 (no. 680).

[18] A common anthropological error in Western thinking is called mind-body dualism which conceives the body (material) and soul (spiritual) as coexisting in persons as bifurcated realities utterly distinct from one another. On the spiritual side is the consciously experiencing self, the side of self-awareness, conscious freedom, self-determination and responsibility; on the bodily side a biological substrate in which experience is realized. The spiritual is the domain of the personal; the bodily is the realm of the biological, of organs, members, and natural physiological processes. The spiritual is the properly personal side and the body sub-personal: the person *has* a body, but fundamentally is not a bodily reality. One conclusion is that human bodies are instrumental to persons; bodies are to be used in the service of the consciously experiencing self. For a coherent reply to this philosophical error see George, R. P. and Lee, P. (2008). *Body-Self Dualism in Contemporary Ethics and Politics.* Cambridge, England: Cambridge University Press.

[19] This is no novel insight. St. Thomas Aquinas spoke at length about this 750 years ago: "Since the soul is the form of the body, soul and body have but one being; and hence, when the body is disturbed by any bodily passion, the soul, too, *must* be disturbed" (*ST*, III, q. 15, a. 4c, emphasis added; Aquinas says elsewhere, the "mind (can) be weighed down so much, that even the limbs become motionless" *ST*, I-II, q. 35, a. 8c; see also Aquinas, *De Veritate*, Q. 26, a. 10).

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Commentaries on E. Christian Brugger's "Psychology and Christian Anthropology"

Each issue of Edification seeks to promote edifying dialogues on issues of interest to the Christian psychological community. In one effort to accomplish that goal, commentators react to an introductory discussion article, which in this issue was E. Christian Brugger's "Psychology and Christian Anthropology." Commentaries on this discussion article appear below. Christian Brugger then offers his reactions to the commentaries in the next article.

Can We Scientifically Test Psychological Models which Contradict Each Other?

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Having been collectively involved in the world of academia for well over 30 years now, we have gained this insight: Academics are usually muted in their public praise of another's work, equivocating at least subtly so that others consider the reviewer to have an open and critical mind. At the risk of censure from our colleagues, we are not muted in our praise of Professor Brugger's work on a Christian anthropology for the social sciences. It is bold and long overdue. He lays out the model in explicit form in such a way that social scientists can begin studying parts of that model.

Yet (you knew there had to be a "yet" from fellow academics), we have a concern. No, the concern does not center on the work itself but on how the social sciences are likely to react to the work. Our decades of experience in the academy have given us another insight: We compartmentalize our models without testing them against one another. For example, we remember well in graduate school chewing on the fine points of the psychoanalytic, behavioral, humanistic, and sociobiological (materialist) models of human development. Each had its own assumptions and from those assumptions flow brilliantly deductive logical arguments about the nature of man. Each was deductively valid, but was each true? That would be impossible because of the contradictions among the models' most important assumptions. For example, the humanistic model posits that people have within them the means to effect good in society if we only allow that goodness to develop well within each person. The behavioral model's primary assumption is that goodness is manufactured through environmental engineering. Both might concede that the other has some valid points, but the *primary* assumptions of human anthropology underlying each are contradictory. They cannot both be true.

Few researchers ever try to venture from the comfortable room, in which their model is housed and protected, to request a scientific test of the best parts of the various models that are inherently contradictory at their core. In fact, we have never read an article that presents a thorough scientific challenge to two or more of the models we studied as graduate students. This approach of compartmentalizing models without testing them against each other is itself contradictory to the spirit of science which asks for tests toward resolving contradiction.

Might Dr. Brugger's approach suffer a similar fate of not challenging and remaining unchallenged by the existing models of man? It is our fervent hope that the Christian model advanced by Dr. Brugger is tested against some of the popular models of the early twenty-first century. In that spirit, we propose here a test of part of the Christian model against one other model to start getting a glimpse of the truth underlying each. In the limited space available, we will sketch out a plan of action in which at least a part of the Christian model might begin to be tested against the materialist model, with its assumptions that: a) human anthropology is devoid of spiritual content (except in the mind of individuals); b) is infused with the importance of self-survival; and c) is further infused with the importance of the survival of one's own genes in the gene pool.

We want to be clear what we are not testing. We are not testing the *basic assumptions* of either model because they are outside the realm of science in each case. The Christian model can no more amass scientific support that Christ is at the center of the universe than can the materialist model amass scientific support that humans were not created but emerged randomly from the first life substances which have an exclusive materialist cause.

What we can test are the deductive implications of the basic assumptions. One deduced implication of each seems to be centered in the moral psychology found in both models. The Christian model, for example, deduces that agape love, or the love that puts others before the self, is central to the good life. It is therefore central to survival. Our emphasis is on the extent to which people *give that love to others*.

In contrast, the materialist model seems to deduce that one must protect the self (so that one can pass one's genes to the next generation). (We say "seems to deduce" in the sentence above because we must ask experts in this field and not presume. If such a study is to be done, materialist philosophers and psychologists must be consulted.) Even if the claim is made that a person could self sacrifice for the sake of one's progeny (who will pass the genes to their next generation), it nonetheless follows that, at a minimum, the adults in the family should not practice agape love in a generalized way to all. This seems to be so because agape love has a sense of self-sacrifice which, when brought to its logical end, might mean, in limited cases, that the person might die for others. Also at a minimum, one's children should not be taught *as young children* to engage in self-sacrificial love to a greater extent than self-interest. This is so, until they themselves have children, to more greatly insure that they add to the gene pool.

The working assumption, then, for the Christian model is that self-sacrificial moral love is a paradox in that as one gives of oneself to another, both will tend to benefit. The working hypotheses, then, are that agape love consistently practiced by a husband and a wife, in and beyond the family, *and by their young children* will be beneficial to: a) the married couple; b) to the children as children (before they can pass their genes to the next generation); and c) to the family system. We do not expect materialist theorists to assent either to the Christian assumption or the hypotheses because of the deductions above.

We wish to be clear what we are not studying. We are not proposing a study of moral psychology *in general* such that we examine, for example, the degree of kindness, patience, and justice expressed by parents and children. Instead, the focus is explicitly and exclusively on that moral principle, agape love, developed with depth and logic in Christian philosophy and theology (see Benedict XVI, 2006; Kreeft, 1986, 1988; Lewis, 1960).

The design would be as follows: a) locate 20 families that *do not* value agape love more than a utilitarian approach in the husband-wife dyad, by the husband-wife dyad beyond the family, in the child-child dyad, or in the parent-children interactions. Instead, the researcher will choose families in which utilitarian philosophy guides the family unit. Utilitarianism is pragmatic, popular in the West since the mid-19th century, is focused on all benefiting from what works in the family interaction, and seems to be philosophically consistent with a materialist model of human interaction and growth; b) Randomly assign the families to an agape intervention or to a no-contact control group (an active control group can be included in subsequent studies); c) In the agape intervention the married couple, if each willingly chooses to do so, learns more about agape and begins to practice it within their dyad, beyond the family, and toward the children. At the same time, the children are taught about agape love and are encouraged to practice this toward each other and the parents; d) Administer dependent measures at pretest, post-test, and long-term follow-up (5 and 10-year intervals) of the families. We could choose well validated and reliable measures of marital satisfaction, emotional health, and family functioning. We could create a "family philosophy" index to assess the presence of utilitarianism and agape love within the family system. We could do detailed behavioral observations of the interactions within the family. The scientific details could be worked out later.

Following the completion of the intervention, the researchers could then ask: Which group demonstrated healthier emotional and relational development? If the Christian agape group fares better than the control group, which we expect to remain utilitarian in outlook and practice, then we will have shown that a vital deduction of the Christian model, that agape love should be front and center in families, has scientific support. It will then be the prerogative of the materialist theorist to respond. In sum, surely more than the one study proposed here is necessary to test the rich implications of Dr. Brugger's model, but this is a modest first step to insure that the various popular psychological models do not stay comfortably in their own room, devoid of scientific test of deduced conclusions that contradict each other.

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Summa Psychopathologiae: Psychiatric Nosology in the Light of Aquinas

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The primary and initial tasks of psychopathology are two-fold: first, to specify, in a very general way, the subject matter of psychopathology by specifying those conditions that are sufficient for constituting psychopathological phenomena; and, second, to specify criteria for distinguishing one type of psychopathology from another. Call the first task, the 'universal task' and the second the 'particular task' of psychopathology. Contemporary American psychiatry has accomplished these two tasks, at least to a first approximation, in the following ways: *first*, psychopathological phenomena are comprised of a set of psycho-behavioral features that either result in impairment in one or more major areas of functioning (variously specified as involving occupational, self-care, interpersonal or social, academic, and 'other important areas of functioning') or result in clinically significant distress; *second*, criteria for distinguishing one type of psychopathology from another are detailed in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), by (again to a first approximation) lists of symptoms and signs that are, more or less, objectively verifiable.

Not everyone has been happy with the *DSM* system of nosology. Among the myriad criticisms of this system of psychopathology is the charge, on the one hand, from biologically-oriented psychiatrists, that deep biogenetic differences between one mental disorder and another are what should inform mental disorder classification, not the potentially misleading signs and symptoms that are the at times loosely associated concomitants of these biological disturbances *and*, on the other hand, from psychodynamically-oriented psychiatrists who argue that sign and symptom clusters comprise surface structure phenomena that are relatively superficial reflections of deep psychological structure which can result, misleadingly, either in two or more nosological categories for the same deep structure, *or* in the assignment of two or more clinically distinct deep structures to relevantly similar surface features. Some psychoanalysts have eschewed the *DSM* classification system almost entirely, at least for the kinds of patients that they most commonly treat, opting instead to make 'structural' diagnoses in narrative form that are tailored to the particularities of individual patients. Other mental health professionals have proposed alternative systems of psychiatric nosology, including some Christian thinkers who have devised systems of psychopathology based on traditional categories of sin (see, for example, Roberts and Talbot, 1997).

This 'particular' task for psychopathology presupposes that one has already accomplished the 'universal' task, by providing an answer to the question: What *makes* one's condition a *psychopathological* condition in the first place? Attempts clearly and definitively to answer this question have made many psychopathologists quite uneasy. The degree of uneasiness involved is readily apparent in virtue of the fact that the official attempt to accomplish the 'universal' task by American psychopathologists has, as I see it, resulted in conceptual disintegration.

Although, for the most part, either impairment in functioning or the experience of distress is necessary for a condition's being classified in the current *DSM* as being psychopathological, there are exceptions. For example, neither a 'distress' nor a 'functional impairment' criterion are mentioned for the diagnosis of 'Pica.' Oddly, even some *psychotic* mental disorders in the *DSM-IV-TR* (e.g., Brief Psychotic Disorder) do not appear to require functional impairment or distress. Even more striking are the *DSM-IV-TR* diagnostic criteria for 'Pedophilia'. According to the *DSM-IV*, 'Pedophilia' was *not* a diagnosable condition in the *absence* of either clinically significant personal distress or significant functional impairment; while according to the *DSM-IV-TR* one *can* be diagnosed as suffering from Pedophilia in spite of one's *not* being distressed by one's sexual appetite for children and in spite of one's *not* being functionally impaired as a result of one's pedophilic sexual orientation (O'Donahue, Regev, & Hagstrom, 2000).

This abrupt *DSM-IV-TR* about-face with respect to pedophilic sexual orientation can likely be traced to an expected outcry over both the specifically forensic and the more general social consequences of one's not meeting official American psychiatric diagnostic criteria for Pedophilia in case – as is fairly often the case with pedophiles – one's pedophilic sexual orientation is both ego-syntonic and does not interfere with major areas of functioning (when this latter conjunct is understood in a specifically 'American Psychiatric Association' [APA] sort of way) .

Curiously, this rescinding of the standard function or distress requirement that appears in almost every other *DSM-IV-TR* diagnosis also reveals another important problem in American psychiatric nosology, viz. understanding the degree to which distress and function interact with the *seriousness* of one's psychopathology. For example, in the *DSM-III*, 'Ego-Dystonic Homosexuality' was a diagnostic category, but 'Ego-Syntonic Homosexuality' was not – as if one's homosexual orientation, if ego-*dystonic*

was *more serious* than if one's homosexual orientation were ego-*syntonic*. But there is reason to suspect – not just with respect to homosexuality, but also with respect to pedophilia, multiple other 'sexual orientations,' and multiple other categories of psychopathology – that an ego-*syntonic* variant of a psychiatric disorder is one in which the afflicted individual is *more disturbed* than if his condition were ego-*dystonic*, for in the former case, one might not be distressed by one's condition in virtue of *not having insight* into one's suffering from a psychiatric disturbance in the first place, and *ceteris paribus, lacking* insight into one's disturbance is worse than *having* insight. And given the intimate relationship between insight and functional impairment, it could be the case that one who is *not* functionally impaired lacks insight, in large part, *because* she is not functionally impaired (and, in virtue of this, does not 'notice' the mental disorder from which she suffers), so that, overall, at least in some cases, certain kinds of functional *impairment* conduce to greater psychiatric *health*. (There is another layer to this: As psychiatrist M. Scott Peck [1983] argues, *being evil and appearing good* – i.e., *appearing* to be a paragon of goodness in those environments where the surrounding goodness provides one's evil the cover it needs to hide – is *worse ceteris paribus* than *being evil and appearing evil*).

This is not to say that issues relating to functioning and distress are not relevant to psychopathology. Properly understood, the notions of well-being, human flourishing, and human fulfillment are bound up with some conception or other of proper functioning and with not only the *absence* of distress, but with joy. It is here where St. Thomas comes in. E. Christian Brugger has done not only the Christian community, but the community of psychopathologists in general, a great service in introducing St. Thomas's philosophical and theological anthropology into the domain of mental health. One's merely having successfully managed to avoid meeting criteria for any one of the diagnoses listed in the *DSM-IV-TR* might still leave one in a psychologically 'terminal' condition: unfulfilled, unsatisfied, emotionally denuded, more dead than alive. This is not so with St. Thomas' vision of humanity. Roman Catholic philosopher, G.E.M. Anscombe (1958) once famously stated that, "[I]t is not profitable for us at present to do moral philosophy; that should be laid aside at any rate until we have an adequate philosophy of psychology, in which we are conspicuously lacking." *Mutatis mutandis* with respect to theological or philosophical anthropology and an adequate practice of psychiatry and clinical psychology. Brugger should be commended for insightfully directing us to St. Thomas' profoundly important insights into the nature of human beings as a means of framing the foundations for the most human of sciences.

There is a caveat, however. Brugger has told us quite a lot about what his distinctively Thomistic vision for the future of psychology is. What Brugger has not explicitly told us, however, is that his project is one *from the ground up*. Not only is the human (rationally ensouled) *body* in Thomism conceived radically differently than how it is currently envisioned in the human sciences, but so are *emotions* (insofar as they are imbued with reason), *thinking* (which requires immateriality), *rationality* (a teleological conception bound up with truth), *voluntary, libertarian free action* (a complex, multi-component process that circumvents the laws of nature), *relationality* (which is ultimately grounded in God), *the existence of evil* (not *per se*, but derivatively, *via* privation), *health* (requiring a reference to God), and, correlatively, *the entire scope of psychopathology*. One might ask: Does everyone who falls short of Christ's ideal fit into a category of psychopathology in Brugger's nosological scheme? (For sympathy with this maximally broad vision of psychopathology, see Howsepian, 1997.) Or is only a proper subset of human psychological disintegration a proper object of psychopathological classification? If the latter, how is the range of psychopathology to be properly restricted? However these questions are finally answered, contemporary psychology will, I suspect, resist attempts at such enormous changes in their framework for the human sciences in the same manner that contemporary biology has so fiercely resisted the perceived paradigm-exploding intrusions of "Intelligent Design." Perhaps the most that Brugger can hope for is what Alvin Plantinga (1984) has advocated: not necessarily a supplanting of one model of psychology with another arguably better, richer, more fruitful, more unifying model, but a parallel track, a community within a community, a distinctive, thoughtful, and integrative *Christian* psychology for the Christian community and its friends.

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Philosophical Anthropology and the Psychological Sciences

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The psychological sciences have much to learn from E. Christian Brugger's cogent summary of foundational principles of philosophical and theological anthropology. As to the substance of his fine article, I am in nearly full agreement, and have little to criticize that would not amount to quibbling over minor details. My own comments will focus on the first four anthropological truths he mentions—namely, that the human person is bodily, rational, volitional, and relational. As Dr. Brugger points out, these four facts can (in principle) be deduced by sound philosophical reasoning, without the aid of divine revelation. I will dilate upon these by bringing them into critical conversation with theories from modern psychiatry and psychology. While not denying the value of the legitimate findings of the psychological sciences, I hope to show that experimental or clinical findings have often been erroneously situated within reductionistic or truncated theories of the human person. Such theories are often right in what they affirm, but wrong in what they deny: they emphasize one or two of the four anthropological facts to the exclusion of the others. The four taken together (by way of the fifth—the human person's substantial unity) offer a critical and corrective lens through which to critically view the modern psychological sciences.

Since their origins in the late 19th Century, academic psychology and medical psychiatry have often distorted or denied these four central features of the human person. Let us begin with Freudian psychoanalysis, which denied all but the first (the bodily dimension). Freud's theory can be understood in part as a reaction to earlier rationalist theories, with their one-sided emphasis on reason's role in determining human experience and behavior. Rene Descartes, the father of modern rationalistic philosophy, claimed that we are to give assent only to clear and distinct ideas—only to those ideas most immediately accessible to conscious awareness. According to Descartes and his rationalist descendents, reason was to be our exclusive guide.

Along came Freud a few hundred years later to shatter the hard won Cartesian confidence in reason. Descartes' extreme position begat Freud's opposite extreme. Following a philosophical trail blazed by Schopenhauer and Nietzsche, Freud claimed that our thoughts, feelings, and behaviors—no matter how clear, distinct, and rational they may appear on the surface—are for the most part controlled by tumultuous unconscious forces, operating relentlessly beneath the tranquil surface. Although the irrational unconscious was inaccessible to all but the psychoanalyst, it nevertheless influenced us in radical, often disturbing ways. In contrast to Descartes' portrait of "rational man," operating from the clarity of consciously experienced logical reason, Freud introduced us to "psychological man," operating from unconscious, irrational, and contradictory ideas, affects, fantasies, and wishes.

Freud's biographer Ernest Jones listed the six most common words Freud used to describe the unconscious: repressed, active, bestial, infantile, alogical, and of course, sexual. Such were the forces bubbling up from the seething cauldron of the unconscious. When the patient (with necessary assistance of the expert psychoanalyst) looked inward, what he saw was not pretty: the "ego" was a precariously constructed mask placed tenuously over the unconscious reservoir of sexual and aggressive drives.

With reason so dispensed with, free will was not far behind. It is easy to see from his theory why Freud argued that (again, despite outward appearances) we are for the most part controlled by deterministic forces outside of our awareness. Humans are not the freely deliberating, rationally choosing, autonomous beings that the rationalists claimed. As he famously quipped, man is not even master of his own house. Freud called his theory a blow to self-love, but it was more than this: it was a blow to any sort of love—for love can only be given and received freely, but freedom was precisely what his theory of the unconscious excluded.

As to the fact of our intrinsic relational nature, psychoanalysis believed that we relate to others only by way of "cathexis"—only by attaching to another person some fixed amount of libidinous energy. Here, as in all of mental life, the pleasure principle reigns supreme: other people became simply means to our own self-serving ends. The ego strategically utilizes others in the service of its own needs; others are never loved for their own sake. In fact, the other is a potential source of anxiety, a threat to the integrity of the self. Beginning with the mother (who first denies the infant its experience of pleasure by withdrawing the breast), human relationships in psychoanalytic terms are always characterized by some degree ambivalence, occasioned by the constant threat that the other may cause us pain.

A later development of psychoanalytic theory — object relations — tried to remedy this interpersonal deficiency. It attached less importance to unconscious drives, and rightly accorded more influence to interpersonal relationships in human development and flourishing. However, even here, the other person is never experienced and related to as truly another, as a personal "thou" (hence the curious term "object" to denote another person). One relates not to a "thou," but to one's own introjected image of the other. On this account, the self forms relationships of love or attachment not to other persons in themselves, but to other persons as conceived in one's own mind—a curiously solipsistic way of characterizing human relationships. The self in object-relations theory appears to be "relating" more than the self in Freudian analytic theory; but it nevertheless still remains basically alone.

Behaviorism turned out to be the next wave in modern psychology. Seeking the coveted designation as a legitimate science among the other hard sciences, behaviorism attempted to jettison all references to "mentalistic" language. Science is typically understood to examine only publicly observable, universally available (and, when possible, experimentally repeatable) phenomena. Reacting to the introspective program of the early psychologists like Wilhelm Wundt and William James, the American behaviorists of the 20th Century claimed that data gleaned by means of introspection and self-report was not scientifically valid. Behaviorism thus rejected all psychological accounts appealing to dynamic, intra-psychic, subjective notions. A true science of the mind, according to this theory, must be restricted to recording and collating only externally observable phenomena: measurable environmental inputs and observable behavioral outputs. What (if anything) transpired in the nebulous region of the subjective "mind" was of no interest to the behaviorists (who, unlike the psychoanalysts before them, set aside tweed jackets and proudly donned white coats, as a sign of the scientific legitimacy of their new "psychological science").

Environmental inputs and behavioral outputs: this is all we need to explain the human person and human psychology. As one might expect, this theory waved farewell to rationality and freedom. Relationships are reduced to one more environmental "stimulus" among others—an input or "conditioner," offering either reward or punishment, pleasure or pain, but nothing more. Amazingly enough, even the body was bracketed on this account: the brain itself remained a black box. It follows from this account that human beings had no distinctive stature among the animals. B.F. Skinner, the most famous American behaviorist, actually claimed that we could come to understand humanity completely by studying the behavior of rats and pigeons. His influential manual on childrearing recommended that parents feed their children according to rigidly controlled schedules and give them a minimum of attention and love. The title of his most famous book on human psychology is telling: *Beyond Freedom and Dignity*. There you have it.

Of course, this sort of nonsense could only continue for so long. The brain was smuggled back into psychology through advances in neuro-imaging and cellular biology. More refined and creative techniques in experimental psychology allowed for advances in studying such things as interpersonal relationships. The interpersonal dimension was given sustained attention, for example, in Bowlby's influential attachment theory; this was later studied at the neurobiological level, bringing the new science of the brain into contact with more conventional psychological experiments. While the bodily dimension (and to some degree, the relational dimension) has returned with a vengeance with the so-called "cognitive revolution," the rational and volitional dimension are often still denied by many neuroscientists who dabble as dilettantes in philosophy of mind. Popularizers like Stephen Pinker try mightily to convince us that all things distinctively human can be (or will be) reducible to neuronal discharges in the brain. (We should note, however, that they implicitly appeal to our reason and free will in asking us to consider and freely accept their arguments.)

Advances and corrections have been made, and continue to be made. Nevertheless, sound philosophical (and theological) anthropology still has much work to do in providing a guiding framework for the psychological sciences. Dr. Brugger's introductory article provides an excellent starting point from which we can take our bearings.

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Christian Anthropology and the Limits of Clinical Judgment

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The basic premise of "Psychology and Christian Anthropology" is correct. Clinical psychology does need "a conception of the human person;" it does need a philosophical anthropology. Brugger is also right in asserting that the work of psychotherapy assumes some conception of what he elegantly calls "human flourishing." Clinicians have implicit and explicit anthropologies, and Brugger's article can spark reflection on them. If one is to engage in this reflection, the Aristotelian-Thomistic tradition provides prime material for it. This tradition, especially on its Thomistic side, gives to Brugger's proposal confidence, because Thomistically, truth can never contradict truth, since all truth has the same Author. That being said (here comes the *sed contra*), one may question the extent to which this elaborately constructed rational edifice of the eight domains of human flourishing actually relates—it is admittedly abstract—to the concrete situation of psychotherapy. This leads me to two questions about this Christian anthropology. First, what is the meaning of this anthropology as normative in psychotherapy? Second, what are the limits of clinical judgment, given the ever-present possibility of psychotherapy being coercion with a velvet glove?

Interpreting a Philosophical Anthropology

Both these question hinge on the kind of knowing that applies to the clinical setting. It would be a caricature of Brugger's position that a Christian anthropology is normative to suppose that it could be made into diagnostic criteria or converted into a checklist for measuring the success or failure of psychotherapy. Why is this? It is because between the concept of the human person and the specifics of a psychotherapeutic situation the relationship is not one of the application of rules; it is not a relationship of the general and the specific; it is not a relationship of a category and instance of a category. It is, rather, a relationship of interpretation. For this point, I would draw on the analysis of hermeneutics or the art of interpretation that Gadamer (1989) provides in *Truth and Method*. Gadamer argues that interpretation is always translation, a taking up of something given and applying it to a situation. Each interpretation is occasional, meaning that it belongs to the occasion—the time, the place, the persons, the language—involved. Interpretation is occasional in a deeper sense, moreover, for interpretation is embedded in the historical moment in which it occurs, and it addresses in some way the concerns of the present. Indeed, Brugger's statement of Thomistic anthropology is an interpretation of that tradition in precisely this way, because in applying it to psychotherapy, Brugger is doing something that Thomas never considered. The backdrop for Brugger's interpretation is, in my opinion, the occasion of a Catholic thinker in the early twenty-first century addressing a concern of Pope John Paul II and his successor, Pope Benedict XVI: A pervasive relativism touching on nihilism that threatens the affluent West. Pope Benedict (2005), for example, warned: "Today, a particularly insidious obstacle to the task of educating is the massive presence in our society and culture of that relativism which, recognizing nothing as definitive, leaves as the ultimate criterion only the self with its desires." While this passage deals with education, it resonates with Catholic criticisms of psychotherapy that stretch back to the 1920s. Brugger's insistence on a Thomistic Christian anthropology explicitly takes up earlier Thomistic criticisms, such as Brennan's (1941), of reductionistic anthropologies in psychology. Relativistic trends in psychotherapy form an essential part of the occasion of Brugger's interpretation of Thomistic thought.

Herein lies a danger: The application of Thomistic anthropology in the clinical setting cannot be the occasion to address directly the philosophical and political issue of relativism, even though that issue in part inspires the deployment of the anthropology. To bend psychotherapy to this end would make of it an ideological tool, even though the cause be noble.

Drawing on Christian symbolism, we can say that this first question deals with the incarnational aspect of any anthropology, that is, with how the abstract statement of anthropological principles come to be applied in the here and now. But we are not speaking of any type of setting for the interpretation. The setting is that of clinical psychology, where individuals reckon with the challenges and disorders of their lives. Is there a meaning of this anthropology as normative in the clinical setting? It could be normative in the sense that clinicians have been

educated in this tradition, so that they can think in its terms. But since the interpretation of the anthropology in the clinical setting is occasional, clinicians deal with unique situations, for which, in another sense, there are no norms. That is, how a person will face life's difficulties depends upon many factors, some of which are specific to that person's life. The character of the interpretation, then, must reckon with the unpredictable. This is not a concession to relativism; it is a recognition that the clinical setting deals with unique events. So that the anthropology is not normative in the sense of providing an external standard—like the reading of a person's temperature—for discerning what is appropriate for a particular individual. That decision is beyond the clinician's authority. That is the *sed contra* on the first point.

The Limits of Clinical Judgment and The Lucifer Complex

The relationship of an anthropology to the psychotherapeutic situation is one of interpretation, which can only take place in the actual doing of psychotherapy. The clinical situation presents an actual human person dealing with a specific situation. The situation facing the client requires on the part of therapist and client alike the ability to interpret what is the case and how to proceed. The Thomistic psychologist, Charles A. Curran (1952) made a point that is useful here. He differentiated the psychotherapeutic situation from those of education and guidance, for in the latter contexts, one speaks in general terms. However, psychotherapy deals with an individual facing a singular life situation. Here, Curran said, the virtue of counsel is needed. Counsel is the virtue that enables a person to know how to act in a concrete situation: "The problems of each person's life are so interwoven with many minute factors in his own past and present, a completely prudent judgment about them could hardly be made by anyone but himself" (Curran, p. 31). The Thomistic anthropology does not dictate any particular action. Its value is negative: It is more useful in directing the clinician away from something than toward something.

Since psychotherapy deals with unique life events, we can ask: What are the limits of the judgment of the clinical psychologist? Some of Brugger's statements suggest sweeping authority for the clinician, for example, when the essay claims that mental health implies "true knowledge of ourselves and the world around us, of God and his divinely revealed truths, of what is good and bad and what should be done and avoided, and of what is beautiful, honorable and praiseworthy." Using this standard, no one has mental health, even if this statement is limited to "the intellectual domain." T. S. Eliot (1971) wrote in *The Four Quartets*:

> Go, go, go, said the bird: human kind
> Cannot bear very much reality. (p. 118)

Being open to the real does properly belongs to human flourishing as an ideal, but to what extent does the therapist have the ability or authority to judge the real or a client's apprehension of it? Is there not the possibility of the therapist manipulating the free will of the client?

The client typically comes to therapy in a weakened and dependent position, and the therapist has potentially an authority that is easily abused. Guggenbühl-Craig (1971) writes about the power that shadows those in the helping professions, particularly when therapists believe uncritically in their own benevolence. The one who knows, the one who pursues noble ends, can become manipulative and abuse his or her power, especially where the other, needy and confused, wants to be told what to do. Bruce Fink (1997) asserts that "the all-too-common view that it is the therapist's job to lead the patient to see reality clearly . . .instates the therapist as the *master of reality and knowledge*" (p. 233), leaving the other enslaved to the opinions and persona of the therapist. Clearly, my criticism could be carried to absurd lengths, but the warning is sound. Without the virtue of counsel, even the noblest truths of a philosophical and theological anthropology can be put to ill-conceived ends.

This question of application and interpretation of anthropological principles in the here and now of psychotherapy stem from a realization of what we can call a Lucifer complex in psychotherapy: Lucifer as in "the light bringer" who fell from grace with God; Lucifer, he who can quote Scripture for his own purposes. A Lucifer complex shadows therapy. That is the *sed contra* on the second point.

In Defense of Negative Definitions

While Brugger's call for "a Christian positive psychology," based on the anthropological depiction of human flourishing, is an important step, I would at the same time leave room for the negative definition of health as the absence of disease. I would go so far as to say that the negative definition of health—of flourishing—is an ethical imperative. Why? Because it is necessary as a reminder of what is authentic in the psychotherapeutic situation. An Other faces me, the therapist, an Other who exceeds all my categories and concepts, an Other who is "the idea of the infinite" (Levinas, 1969). Or in other terms, the Other is to me a mystery. I do not know his or her specific calling; it exceeds my grasp. For the individual, there is no norm.

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Theology, Relational Anthropology, and Christian Psychology

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E.C. Brugger provides a useful heuristic for extracting oneself from the box of mainstream psychology's mindset. Since psychology ran away from its philosophical family in the nineteenth century, psychology as a whole has burdened itself with an underdeveloped identity and truncated notions of what it means to be a social science. Brugger's proposal gently exhorts us to redress those aspects of developmental arrest and offers ideas on a broad sacred blueprint to engage in the process. In addition, his blueprint differs at least somewhat from the style usually offered in faith-psychology discussions. I shall address his blueprint, plus suggest some means to bolster it.

Augustine of Hippo and more so Thomas Aquinas provide the theological framework which Brugger proposes to think about a Christian psychology. It is appropriate to invoke the thinking of these earliest giants of western Christian theology as contributors to framing a Christian psychology, as numerous philosophers and psychologists have done in the past. A slant on Brugger's invocation that differs from most discussions is his perspective as a Roman Catholic who is also informed about Eastern Orthodoxy. Most discussions on faith and psychology are from Protestant evangelical perspectives. While I identify with Protestant voices, Catholic and Orthodox views serve to broaden the discussions and are heartily welcome. In addition, Brugger's emphasis on Thomism might further serve as a primer to those Protestant psychologists whose theological roots begin with the Reformation.

The worldview box that mainstream psychology put itself in at the end of the nineteenth century is the Cartesian view (aka Modernism) with its myriad associated 'isms — reductionism, empiricism, naturalism, linear causality, individualism, determinism — that regard the cosmos as essentially a machine. While this worldview has served the sciences and humanity well in countless valuable respects, it also has limitations, including setting rules for defining science in terms that allow atheists and agnostics latitude to erroneously judge Christianity as incompatible with science (MacDonald, 2008; Stark, 2003). Brugger's call for acknowledgement of a holistic humanity counters the voices in psychology that eschew spiritual and metaphysical considerations as aspects of the psyche. That is, God created a holistic universe with humanity as holistic beings, which includes our spiritual selves and our meaning-seeking and contemplative selves. Brugger's call to psychology to reengage with spirituality and philosophies (e.g., investigations into "soul") is warranted and, considering the upsurge of psychology's interest in spiritual-religious issues since the mid-1990s, timely (DiClemente & Delaney, 2005).

Another contribution is Brugger's emphasis on an anthropology of relationships. He stresses the importance of relationships in general and relationships between theology, philosophy, and psychology in particular. In this vein, his worldview seems to be proto-systemic. A fully orbed systems worldview rejects a few of the key assumptions about a mechanical cosmos that a Cartesian view holds. Thus, the most strident systemic thinkers eschew such Cartesian constructs as reductionism, radical empiricism, linear causality, and the unit of analysis being an individual or single part of the whole. Instead, systems thinkers espouse that a system consists of dynamic, ever-shifting relationships between members who are reciprocally linked with each other and,

as such, mutually affect each other. These reciprocal relationships function in such a manner as to tend toward relational homeostasis of the entire collective or whole. A system in turn reciprocally interacts with other larger and smaller systems. Systems and subsystems provide the essential context for human development and the understanding of individuals as affected by their current lives and significant influences (e.g., traditions) from the past. While the primary contexts for humans are their relations with other people, humans are linked with other life forms and other natural events (e.g., climate) (Carter & McGoldrick, 1999). While Brugger's discussion is not systemic, he appears to lean in that direction. In a related point, it might be that Brugger's focus on relationships links him to the cross-denominational relational theologies movement, which emphasizes God's connections with people and people-to-people connections in systemic ways (Sanders, 2007).

I hope Brugger continues his line of investigation and exhort him to consider some tweaks to his approach. These suggestions appear in no particular order. One matter is the type of psychology he has in mind. While he refers to clinical psychology, his purview could actually involve all fields of psychology. If he intends to single out clinical psychology, it is then unclear why his comments do not pertain to counseling psychology and other forms of psychotherapy outside of psychology as well (e.g., family therapy). Similarly, if Brugger is interested in all psychologies, then it is necessary for him to address how theological and philosophical considerations apply to learning and research on internal and external human functioning, which are foci of psychologies that are not psychotherapies (e.g., experimental psychology), plus other social sciences such as sociology.

Cross-denominational exchanges, while well worth the effort, can bring some assumptions that require clarification. Brugger's comment about baptism as a criterion for those who are in Christ, for instance, connotes an understanding that all Christian denominations have the same understanding of the sacrament. The centrality of baptism and especially practices of baptism vary (McGrath, 1997). Another example appears in Footnote 2, where Brugger apparently assumes that all Protestant theologies are strictly reformed (i.e., the sola scriptura characterization of Protestantism) when some denominations emphasize the importance of scripture in conjunction with other facets such as traditions, reason, and life experiences (Maddox, 1994). It is important that doctrinal matters be stated and explored for how they might affect theological applications to philosophy and psychology. Doctrinal differences are ones that can be worked through, and I look forward to further dialogue.

Another point is more clarification than anything else. I am unclear about Brugger's discussion of "privation" and original sin as apparently the only causes of psychopathology. Given his stress on a holistic humanity, physiological (e.g., neurochemical functioning), multicultural, environmental (e.g., toxins), and cognitive factors, to name a few, warrant consideration as contributions. Perhaps he was emphasizing privation and original sin, while keeping multiple other factors in mind as well.

My final suggestion is a caution about causal statements that might lack research support. The case in point is Brugger's assertion about bodily abuse and relational dysfunction in one's early years almost invariably cause disorders in the cognitive and behavioral domains later on. While research over the years indicates that many who suffer privations early in life are indeed at higher than typical risk to develop various disorders, it is not a near certainty (Barnett, Miller-Perrin, & Perrin, 2004). Granted, Brugger's article applies theology and philosophy to psychology rather than research outcomes. Nevertheless, statements of facts or principles call for citing support or acknowledgement of limited support.

I thank Dr. Brugger for his contribution to the discussion of Christianity vis-à-vis psychology. I also look forward to his future contributions.

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Countering Naturalism

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Professor Brugger's essay does what it sets out to do: it derives a clinically relevant conception of human flourishing from an anthropology that conceives of human persons according to one venerable stream in the Catholic intellectual tradition. There is a lot to like in this essay, including Brugger's emphasis upon the interpersonal conditions of individual human development and the fact that Brugger does not back off from asserting the universal relevance of specifically Christian anthropology. To put this last point in slightly different terms than he does, if God has created human beings to fulfill ends that stretch far beyond the current temporal confines of our lives, then our knowing this is crucial to full human flourishing. Yet those ends and the anthropological domains associated with them are empirically opaque to us, knowable clearly only by special revelation. Hence clinicians who are thoroughly acquainted with God's special revelation concerning these things have a distinct advantage in understanding all of the facets of specifically human being.

Professor Brugger's Catholic framework for these theological aspects of his anthropology is catholic enough that I, as a Protestant standing firmly within the Reformed tradition, can agree with much of it. In a few places, Brugger's claims could be more carefully nuanced theologically. For instance, when he is highlighting the executive function that human beings exercise over their lives by means of their freedom, it would have been useful for him to consider how in the Scriptures this freedom is conditioned by God's sovereignty. Solomon declares that "The king's heart is a stream of water in the hand of the Lord; he turns it wherever he will" (Pr 21:1). The consideration of this verse and others such as Amos 3:6, Acts 2:23 and 4:27-28, and Philippians 2:12b-13, suggest that there are subtleties to human freedom and responsibility that will not be adequately explored unless we are biblically motivated.[1]

Philosophically, Brugger's adoption of Aquinas' fourfold schema for organizing human knowledge seems to me to be much less satisfactory. This is in part because of apparent conceptual confusions. For instance, Brugger says that "each [of these four orders of knowing] has a distinct and irreducible basis of evaluation." In other words, evaluative judgments in each of these orders "cannot be reduced to judgments in the [other orders]." Yet his example of an appropriate evaluative judgment in the first order—that is, the natural order of the physical world that the hard sciences study—is "a bad storm," which seems to overlook the fact that storms are neither good nor bad in and of themselves but only by reference to some non-naturalistic standard of goodness and badness possessed by some person. In other words, it seems that he has here suggested a judgment that *must be* reduced to a judgment in one of his other three orders. Again, he says that "human persons occupy each order in different ways" and then links our existence as biological organisms with the physical order, which is, he claims, "unaffected by human thinking." Yet the biological life of human beings is shot through with human thinking and evaluating. For instance, because we are not instinctually "hard-wired" to anywhere near the same degree as some less-developed animals, our very survival as biological organisms during infancy and childhood hinges on other, more mature human beings thinking about and caring for us. The hungry baby cries, clueless as to what is bothering him, but his mother thinks, "He must be hungry," and so puts his little mouth to her breast. The fact that some person must figure out what is bothering him if our baby is to survive emphasizes the degree to which even our biological life is dependent on distinctively human ways of being.[2]

It is crucial for psychology to recognize that even what Brugger calls "the natural order of the physical world" is, *for us*, irreducibly related to distinctively personal ways of being, because far too often psychologists have been and still are seduced by the vain hope of turning psychology into one of the hard sciences: if human behavior can be explained in completely naturalistic terms, then (and only then), they think, will psychology become a proper science. Brugger quite correctly resists this. He asserts that human beings "exist in an integral unity of body and soul" that is not reducible to something less—more specifically, it is not reducible to the sort of naturalistic analysis of human nature that would be possible if we were only bodies. Yet his claim that the first order of human knowing is "an objective order that reason does not establish but only observes" fails to counter the all-too-prevalent modern scientific assumption that reality is fundamentally physical, and thus tends to play into the hands of these reductionistic

naturalists.

This broaches my second reason for finding Brugger's adoption of Aquinas's fourfold schema unsatisfactory. Broadly speaking, Brugger is right that "Both classical and Christian philosophy . . . as well as Catholic theology affirm that the substance of intellect is immaterial and that acts of intellect per se are not simple acts of the body." Yet the immateriality of intellect is not widely affirmed today, not even by some Christian philosophers.[3] As I see it, this sea-change has arisen through a plausible but false development of the early-modern distinction between primary and secondary qualities that was pioneered by the scientist Robert Boyle and classically formulated in the philosophy of John Locke (1975, p.134f.). Boyle and Locke claimed that material objects are best conceived as possessing two kinds of qualities, the primary qualities consisting of (supposedly) observer-independent properties such as size, shape, motion, number, and solidity and the secondary qualities consisting of observer-dependent properties such as color, taste, smell, sound, and warmth or coldness. Since the secondary qualities are taken to depend on the interaction of our sense-organs with the more minute parts of material objects' primary qualities and thus not to be properties that reside independently in those objects themselves, they are ultimately considered to be unreal or at least less real than the primary qualities.[4]

Locke was a Christian and so he affirmed that human beings have souls, although he was agnostic about whether our thinking can only be produced by an immaterial substance (1975, p. 540f.). As our culture has moved away from Christian belief, the motivation for most thinkers to assume that anything other than matter exists (and thus that we are anything more than complex physical systems) has waned. And as it has waned, the primary/secondary quality distinction has been transformed from being a distinction about one part of reality—namely, its physical or material part—to being the basis of a physically reductionistic view of reality. Reality, most thinkers in our culture now assume, consists in whatever the latest physics tells us exists. It involves arrangements of what (an appropriately enlightened) Locke would deem to be primary qualities. Of course, in everyday life, we experience this reality in terms of its secondary qualities—e.g., we experience objects that not only have (to oversimplify the physics) size and shape but also color and taste—but these last two qualities are not 'real' in the same way as the first two are.

Once this perspective has been taken, it is then a fairly short and easy step to start to think of values as tertiary qualities: as experiences that arise from processes that are even less objectively conditioned, less grounded in the nature of things, than our experiences of the secondary qualities—processes based merely in culture [5] or even in nothing more than mere personal predilection, perhaps produced by the individual's idiosyncratic experiences. The fuzzy but nevertheless enormously influential picture that many modern Westerners now carry about in their heads is, then, that what is *really* real is (to oversimplify) matter in motion, which somehow then has given rise to a second and less objectively real stratum consisting of the experiences produced by the interactions of our sense organs with external objects, and which in turn has given rise to a third and even less objectively real stratum of experience by means of whatever it is that has influenced us to value whatever we do in fact value.

Now this picture runs in the face of virtually everything that Brugger wants to maintain in his essay, yet it is unlikely to be altered even for Christians simply by assertions about what classical and Christian philosophers and theologians have affirmed in the past or about what the affirmation of the immateriality of intellect guarantees in the way of rationality and freedom. Arguments for the immateriality of intellect as well as for how it is that human beings possess the kind of freedom that allows them to exercise a kind of executive function over their lives are clearly necessary; and, to be fair, these arguments may be among the facets of his topic that Brugger intends to explore in further essays.[6] Yet what is actually most likely to lead to the alteration or replacement of the reductionistic physicalist picture is another and more powerful picture. And this, I think, is what the social sciences and phenomenology, as opposed to classical philosophy, can provide.

In Talbot (1997), I recount how the sociologist Robert Bellah and his colleagues (Bellah, Madsen, Sullivan, Swidler, & Tipton,1985) and the phenomenologist Charles Taylor (1989) have each in his own way shown that human beings cannot live as if the reductionistic physicalist picture is true. To put it more or less in Taylor's terms, mature and confident human agency can only be exercised within the context of what he terms "strong evaluations," which involve our affirmation of values that we take to be grounded in the nature of things. In other words, mature and confident human agency must at least implicitly reject the reductionistic physicalist picture of things because human flourishing is impossible within that picture. We human beings need to believe that at least some of what we value is objectively valuable.

Yet the most remarkable refutation of the reductionistic physicalist picture seems to me to be

found in the work of the psychoanalyst Heinz Kohut (1977, pp. 151-58). In studying the "narcissistic personality disorders"—all of which involve radical uncertainty about oneself and, consequently, about what one values—he found that in extreme cases his patients could lose their ability even to orient themselves in space. In other words, it is the stability of our sense of ourselves and our values that holds our physical perceptions in place. Our identities and our values (as an integral part of our identities) are not, then, some sort of tertiary qualities that are at least two removes from what is really real; they are, instead, what we must take as really real if we are even to remain capable of recognizing the reality of our world's physical part. This observation that our orientation in physical space is actually contingent on our experiences of identity and value in effect turns the reductionistic physicalist picture upside down. For us, physics arises from the projects of persons rather than persons arising from physics.[7]

The hard sciences' apprehension of the natural order of the physical world is thus contingent on human thinking and, especially, valuing in a much more radical way than Aquinas' schema would suggest.[8] If human beings did not value the investigation of reality's physical or material part, there would be no hard science. The hard sciences, as human projects, are thus *for us* irreducibly related to distinctively personal ways of being.

As some of my readers may realize, I am advocating a much more thoroughgoing phenomenological approach to human life than Brugger, following Aquinas, has given us. My motivation for doing so is twofold. First, this approach allows us to existentially situate human persons, as subject to mental health and illness, far more effectively than they can be situated in Aquinas' and Brugger's classical model. This has immediate and deep clinical implications. Secondly, such an approach allows us to recognize and stress to a degree that Brugger, following Aquinas, cannot, how much the whole gamut of human knowing and valuing is unified. Brugger is often at pains to emphasize this unity, but I would suggest that his adoption of Aquinas' schema of four orders of knowing implicitly opposes it. It is not as if there are independent anthropological domains of living, knowing, choosing, and doing; instead, human living-knowing-choosing-and-doing are all intertwined with each other in ways that make Brugger's reification of four orders and four domains far too abstract and thus far too artificial to capture the ways that each of these aspects of human personhood is affected by and implicated in the others. For my part, it has been careful attention to the ways that infants and children move from being radically undeveloped persons to being developed persons only through social interaction with already developed persons that has led me to re-conceive human personhood much more organically and interpersonally.

All of this is, of course, far too sketchy and far too quick. I find myself in substantial agreement with many of Brugger's particular claims. I would not even deny the importance of each of Brugger's anthropological domains. It is only the artificiality of forcing those aspects of human personhood into Aquinas' fourfold schema for organizing human knowledge that I find significantly unsatisfying.

Notes

[1] Brugger states that "we are responsible because we are free, that is, not determined to one act. If our doings were determined by something outside ourselves, then that thing and not us would be responsible for our lives." If, as this statement suggests, Brugger holds to the libertarianism characteristic of our time, then he must conclude that our doings are not free and responsible if God's will in some way accounts for them. Here Aquinas bids fair to disagree. Although there is philosophical and theological disagreement about what Aquinas' position is on free will, I think that Fergus Kerr (2002, pp. 44-46) sums up Aquinas' position most accurately:

> For Thomas, God is the cause that enables all agents to cause what they do. . . . There is no problem. He cites Isaiah 26:12 ["O Lord, . . . you have done for us all our works"] . . . together with John 15:5: 'Without me, you can do nothing'; and Philippians 2:13: 'It is God who worketh in us to will and to accomplish according to his good will'. *For Thomas, evidently, Scripture settles it; there is no need for theoretical explanations of how divine freedom and human freedom do not, or need not be thought to, encroach on each other.* . . . Thomas only excludes certain tempting views: yes, God does everything, God is not a partner in the existence and activities of the world; God does everything, however, in such a way that the autonomy and reality of created agents is respected. Above all: the effect is not attributed to a human agent and to divine agency in such a way that it is partly done by God and partly by the human agent; rather, it is done wholly by both, according to a different way, just as the same effect is wholly attributed to the instrument and also wholly to the principal agent—but now Thomas is referring us to an analogy, and either we see it or we don't. In the end, he excludes certain

views and leaves us simply with the mystery of the relationship between divine creativity and human autonomy. . . . Thomas has nothing more basic to offer than these observations.

C. S. Lewis, who in early works such as *The Problem of Pain* is a staunch libertarian, seems to have come closer to this position towards the very end of his life, as exemplified in his posthumously published *Letters to Malcolm: Chiefly on Prayer* (1963, 1964, p. 49f.):

> [S]trictly causal thinking is . . . inadequate when applied to the relation between God and man. . . . Our attempt to define causally what happens there has led to the whole puzzle about grace and free will. You will notice that Scripture just sails over the problem. "Work out your own salvation in fear and trembling"—pure Pelagianism. But why? "For it is God who worketh in you"—pure Augustinianism. It is presumably only our presuppositions that make this appear nonsensical. We profanely assume that divine and human action exclude one another like the actions of two fellow-creatures so that "God did this" and "I did this" cannot both be true of the same act except in the sense that each contributed a share.

For a careful philosophical statement of the sort of compatibilism that I believe Aquinas held and Lewis to have been working his way towards, see William E. Mann's (1988) "God's Freedom, Human Freedom, and God's Responsibility for Sin."

[2] Brugger's later recognition that "infants [in the Spitz studies] who did not experience personal interaction from caregivers were more likely to withdraw, lose weight, become malnourished, and even die" emphasizes the way in which human biological life—even regarding its "organismic dimension, the involuntary physiological systems of our vegetative nature"—is inevitably affected by human thinking and caring. Consideration of facts such as these suggests, I would argue, that we human beings do not have any "*merely* organismic dimension" (my emphasis) to our bodily selves or, if we do, then even those "involuntary physiological systems of our vegetative nature" are still dependent for their very survival on some human's thinking and caring.

Daniel Siegel's (1999) work, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, which Brugger cites, emphasizes that a human infant's interactions with other, more mature persons is crucial to the development of brain structures that support higher biological and psychological functions, as Brugger would no doubt admit.

[3] It is not even affirmed by a fairly large group of Christian philosophers, who call themselves "Christian materialists." See, for instance, Peter van Inwagen (1995), who is a Catholic Christian.

[4] The way that Locke puts this is:

> Had we Senses acute enough to discern the minute particles of Bodies, and the real Constitution on which their sensible Qualities depend, I doubt not but they would produce quite different *Ideas* in us; and that which is now the yellow Colour of Gold, *would then disappear*, and instead of it we should see an admirable Texture of parts of a certain Size and Figure. (1975, p. 301; the second set of italics is added)

Locke grounds this assertion of the ultimate unreality of the secondary qualities in scientific advance—more specifically, in what "Microscopes plainly discover to us."

My final claim that "Since the secondary qualities are taken to depend on the interaction of our sense-organs with the more minute parts of material objects' primary qualities and thus not to be properties that reside independently in those objects themselves, they are ultimately considered to be unreal *or at least less real* than the primary qualities" is meant to acknowledge Locke's Christian belief that God has contrived that physical objects have the secondary qualities they do for our good (1975, p. 302f.). So even if these qualities are not ultimately real, they possess a kind of 'reality' for us that allows them to serve a useful purpose.

[5] E.g., Clifford Geertz (1973, p. 5) has said that "man is an animal suspended in webs of significance he himself has spun" through culture.

[6] I have explored a number of these issues in Talbot (1997, 2003a, 2003b, and 2006a, 2006b, and 2006c).

[7] This is true not merely in the sense that no one is motivated to pursue physics, as a personal project, unless he or she sees the value of such a pursuit, but also in the sense that physicists must also be governed by their allegiance to the objectivity of values such as truth in order for their researches to have any value.

Of course, I am not claiming that the facts that constitute the subject matter of physics would not exist if such values did not motivate us. I am only claiming that we would not know those facts and, consequently, would not be tempted to take them as 'more real' than the

human values that prompt us to investigate those facts.

[8] If space limitations were not important here, I would try to show how the hard sciences arise out of more than mere observation. As philosophers like Michael Polanyi and Bernard Lonergan and psychologists like James Gibson have shown, Aquinas' and thus Brugger's account of human knowing as taking its genesis in particular sensible images is not accurate to how human beings actually come to know. (Marjorie Grene has shown that a Polanyian epistemology is not ultimately irreconciliable with an appreciation for Aristotle.) Among other things, interpersonal interaction figures prominently in the genesis and growth of human knowledge. Some of Daniel Siegel's observations in 1999 are apposite to this point as well as some of Jerome Bruner's observations in 1983.

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The Task of Practical Implementation

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My sincere thanks to the seven scholars who commented on my essay, "Psychology and Christian Anthropology." Each response was valuable and helped to strengthen my own thinking on this important topic. As was gently noted by Dr. MacDonald, the discussion essay is the work of a theologian/philosopher and not a psychologist. I acknowledge gratefully the restraint my commentators took with the essay's obvious limitations with respect to the particulars of their respective fields.

All the commentators seem to agree that psychology needs a sound conception of the human person, even if not all think I have succeeded in providing one. This common presumption alone is enough to justify this exercise in interdisciplinary thinking.

I would like to reply briefly to each.

Robert Enright and **Jeanette Knutson Enright**

Drs. Robert and Jeanette Knutson Enright are generally favorable to the Christian model set forth in my essay. But will its practical implications for psychology, they ask, ever be realized? By failing to be operationalized in the form of studies that both challenge and entertain challenges by opposing views, will the proposal end up in the great dustbin of good ideas that never made a difference? Taking the bull by the horns, the Enrights propose to test the implications of one basic assumption of the model against the more widespread evolutionary model of the human person. What, they ask, is the relative adaptive value for clients of the moral psychologies found in each? The Christian model proposes a standard of reciprocal self-sacrificing love at the heart of human relationships. The materialist model values a pragmatic utilitarian standard that evaluates the relative benefits of self-sacrifice against the burdens it promises to oneself and one's own. Which model, the Enrights ask, when lived and practiced by couples and families, would conduce to greater emotional and relational health? The working assumption is that the Christian model would. Yet if that is so, then it should be possible to find experimental evidence that it is so.

I strongly support the Enrights' general proposal. What practical difference does a Christian model of the human person make when applied to the clinical setting? The Enrights have distinguished themselves internationally by pressing this question as regards the concept of forgiveness. The results of their studies have received praise from Christians and non-Christians alike, because forgiveness—unsurprisingly—gets good results. In this epoch of the scientific method, empirical results are the gold standard for persuasion. The days are over when a G.K. Chesterton or Hilaire Belloc could stand in Speaker's Corner in Hyde Park in London and speak aloud an argument for the truth of Christianity and gain converts. Today's audience is full of Eliza Doolittles shouting from every corner, "Show me!"

The Enrights single out agapic love to test against the corresponding materialist value. Many other anthropological and moral truths could similarly be put to a test. An area of critical importance today is the relevance of maleness and masculinity to men, and femaleness and femininity to women. Do masculinity and femininity exist as essential properties of human embodiment, or are they merely conventional labels attached to socially constructed gender roles? No one doubts they have a socially constructed dimension. But are they more than this? Should the proposition, "I am a female in a male's body" or vice versa be entertained as a possibility, or should it be rejected, as we would reject the proposition, "I am a fly in a man's body"? We need not doubt there are males who feel like females. But is it possible that they *are* females?

The Christian anthropology I proposed would presume that where biological maleness is settled (in contrast with when it is uncertain, as in tragic and rare cases of chimeric hermaphroditism), personal maleness is settled. Discordance between the facts of one's engendered biological sex, and one's conscious feelings and desires about gender identity, would therefore be taken to be disordered. Risky business, this, indeed. And perhaps a study could not be constructed that would adequately respect the subjects. But if it could (and this is a challenge the researchers among us must face), then one might set out to test, for instance, whether clients with sexual identity conflicts, therapeutically assisted to identify peacefully with their biological sex, were better off after a designated time (i.e., experienced greater personal satisfaction, emotional health, and adaptive

interpersonal functioning) than clients who actively developed an alternative identity to their biological sex.

Along the same lines, studies could be developed to test the psychosocially adaptive value of Christian sexual morality over and against sexual libertinism and libertarianism. Is fornication better for teens than chastity? Is promiscuity better for adults than fidelity? Are men who experience same-sex attraction better off when they live continent lives, or when they are promiscuous? And so on. I am not interested here in quibbling over the obvious difficulties in constructing such studies. Smart motivated people can do remarkable things. I am interested rather in multiplying examples in the spirit of the Enright proposal.

If I understood them correctly, the central point of the Enrights' commentary is this: the Christian view of the human person is a psychologically salubrious time-bomb waiting to go off; but the fuse will fizzle out if we don't take its tenets to our intellectual opponents and engage and challenge the ideas and assumptions that have marginalized Christian thinking in psychology for a hundred years. On this, I agree with the Enrights one hundred percent.

A. A. Howsepian

Dr. Howsepian asks whether according to the account I propose everyone who "falls short" of the Christian anthropological ideal falls into a category of psychopathology, or whether only certain expressions of psychological disintegration would be proper subject matter for psychological classification? Underlying this question is a concern similar to the Enrights regarding the translation of an abstract account of human nature into categories and tools useful for clinical work. Since my essay only points in a clinical direction, but does not take us to the destination, this practical question is fair to put to the model.

The answer, therefore, depends on how we define psychopathology *for clinical purposes*. For philosophical purposes, I am satisfied defining psychopathology as a departure from right order in human psycho-somatic functioning. Thus what makes one's psychological condition pathological is by definition any expression of privation in the psychological faculties, which implies that everyone with a fallen nature suffers some psychopathology. Such a definition, however, has only limited clinical value. We need a clinically relevant definition. Thus, the first of Howsepian's 'two-fold tasks of psychopathology' (namely, the specification of conditions sufficient for constituting psychopathological phenomena) must be carried out in relation to my theory.

We begin the task with the eight-fold ontological picture of the human person specified in my anthropology. The subject of psychological disorder is a being at once bodily, relational, rational, volitional, substantially one, created, fallen and called to union with Christ and his body the church. The disorder per se will specifically inhere in and between the "big four" domains. Thus every disorder from mild adjustment disorders to severe personality disorders will be conceived as privations instantiated in and between these domains. If an identifiable privation exists, it will have some identifiable set of psycho-behavioral features. How do we determine when those features raise to the level of a *clinically relevant* psychopathology? The two common measures noted by Howsepian, despite their limitations under current diagnostic protocol, seem to me part of the answer: when the features of disorder result in significant *impairment in function* and/or *maladaptive distress*. But it is precisely here that we see a Christian anthropology providing a corrective to the subjectivist interpretation of the impairment/distress paradigm (an interpretation that gives rise to the inconsistencies that Howsepian notes).

A well articulated Christian anthropology (which includes moral implications) establishes a normative baseline for what constitutes *right* function and therefore in light of which judgments of clinically relevant disorder can be determined. A more adequate set of criteria for determining the expression of a clinical psychopathology might look like this:

a) If a set of psycho-behavioral features expresses a departure from right order in and between domains of the "big four" ("right order" in general means harmony in relationships, harmony in my inner life, a firm grasp of reality and an ability to pursue what is good; the term is obviously an important concept to operationalize, but doing so is beyond the scope of this reply. But I take it as a presumption that we can specify at the relational, bodily, rational, and volitional domains normative ranges of ordered or healthy functioning, and that those ranges can be used as benchmarks from which to identify departures);

And

b) The features seriously impair my ability to perform beneficial and avoid harmful types of behavior;

Or

c) To fulfill my primary responsibilities (to family, employment, and to other reasonable commitments);

Or

d) Cause me or those with whom I am in rela-

tionship serious distress;

And

e) They are recalcitrant to change through ordinary patterns of behavior;

Then

f) I express a clinically relevant psychopathology.

This set of conditions presupposes standards derived from an objective anthropological and moral framework. That framework must be flexible enough to accommodate differences between persons arising from personality and culture. Within the range of differences, however, it presupposes there are underlying normative features arising from our shared nature and its flourishing in shared goods. Using objective criteria can overcome the problem of categorizing ego-syntonic disorders or erroneously subjective applications of impairment of function and distress criteria. But the strength of using an objective framework is also its weakness, since such a frame of reference is avoided by many in psychology.

Will then a robust, psychologically versatile Christian anthropology be met with skepticism by conventionally trained clinicians in psychology and psychiatry? It is very likely. No one likes change, and for secular thinkers, change cloaked in the garments of a 13th century Dominican monk will be particularly threatening.

Must then the long-term usefulness of Christian anthropology to psychology be consigned to Plantinga's "parallel track"? That depends on whether Christians take up the task of translating Christian anthropology into a clinically relevant vocabulary and a set of accurate and useful instruments. Then accepting the Enrights' challenge to put the tools to trial in clinical tests alongside instruments designed in light of anthropological assumptions inconsistent with Christian faith and philosophy, we can compare the outcomes for psychological health and human happiness and let the outcomes speak for themselves.

Aaron Kheriaty

Dr. Kheriaty provides a brief but clear exposition of the way reductionist assumptions find expression in prominent theories of modern psychiatry and psychology, and so end by distorting or denying one or more of the anthropological domains. Christian anthropology can provide what he calls a "critical and corrective lens" for reading and evaluating contemporary psychological theories. Notwithstanding the limitations of these partial theories, I was struck in reading Kheriaty's response by how these theories, precisely in their reductionist dimensions, may be used to corroborate a Christian anthropology.

For example, Freud's "psychological man" provides compelling evidence for the anthropological domain specifying the "fallen" quality of human nature. When Freud examined his own inner life and that of his clients with a serious practical intent, he found disturbing things. He is not the only one. Upon frankly examining himself for the first time, C.S. Lewis describes what he found as follows: "a zoo of lusts, a bedlam of ambitions, a nursery of fears, a harem of fondled hatreds" (Lewis, 1955, p. 226). The words could have been written by Freud. Freud was an astute observer of human nature; but only one side of it—the fallen side. No one can deny that the "ego" is surrounded by an unconscious reservoir of destructive drives. But within *what frame of interpretation* are we to set this observation? Is chaos prior to goodness? Is disorder an original anthropological condition? Is darkness *all* there is? Without a normative anthropology to assist us in *interpreting what we see*, we are in danger of deriving the same pessimistic conclusions as Hobbes, Nietzsche, and Freud. A Christian anthropology enables us to sort out what is a genuine expression of our God-given telos (e.g., the human need to give and receive love, the inclination to benevolence, the resilience capacity, the thirst for transcendence), and what is the subversion of our God given possibilities by original sin and our particular sinfulness. As Dr. Kheriaty astutely observes, theories such as Freud's are often right in what they affirm—because they make penetrating observations; but wrong in what they deny—because they interpret their observations erroneously.

Behaviorism observes and describes the prominent relationship between pre-specifiable inputs and behavioral outputs. And the relationship is true enough. In so far as human persons occupy the material world, they are subject to the same laws of causality as other physical bodies, including other animals. So the behaviorist's observation that much about human behavior and pathology can be described in terms proper to empirical science is to be expected. And no one should find surprising the observation that we can learn a lot about human behavior from studying the behavior of rats and pigeons. The problem with Behaviorism, at least in its radical form, is that it takes a legitimate insight and inflates it into a master explanatory paradigm. So nothing *but* environmental input explains human behavior. Under the influence of faulty assumptions, its correct observation is used as a premise for faulty conclusions, i.e., the denials of the domains of rationality and volitionality. But the conclusion is a *non sequitur*. How does a theory that aspires to purely *scientific* pretensions make such a gross error? By assenting to bad *philosophy*.

The Christian anthropological model I defend holds that the three naturally explanatory legs, as it were, of the human behavioral stool are *nature*, *nurture* and *freedom*, the latter of which is an intrinsically indeterminate principle that can never be reduced to materialist explanations. But do you not see? Behaviorism's materialist assumption *requires* the denial of a principle of indeterminacy. It is Behaviorism's philosophy, not its science that is principally at fault here.

The question of how freedom is possible in a world of causal laws is not a scientific question. It is a metaphysical question. My Christian anthropology provides a coherent answer. Reason and will are non-corporeal faculties, and hence their acts are not dependent on bodily organs. If they were, then their acts would be subject to the same limitations to which all bodily acts are limited: bio-physical laws of causality. But acts of the rational will are acts of an incorporeal faculty, and hence are not determined by anything physical. The will causes itself to act; its act therefore is not sufficiently determined by anything other than itself.

As with psychoanalytic theory, Behaviorism's mistakes teach us that we need not only correct observations, but also an anthropological framework for interpreting our observations. The synthetic task of Christian psychology then includes—to use a metaphor from St. Augustine—'despoiling the Egyptians of their treasures.' Take from psychoanalytic theory, behaviorist theory, cognitive psychology, neuropsychology, etc. the true insights proper to each one's domain of expertise, and leave behind philosophical conclusions that conflict with sound Christian anthropology.

Robert Kugelmann

Dr. Kugelmann's insightful critique puts forward one overriding challenge to my Thomistic model, a challenge that all confidently rational systems of thought have had to face since the second half of the twentieth century. In the history of philosophy, it falls broadly under the problem of the one and the many, in political philosophy the problem of the individual vs. the State, in ethics, normativity vs. situationism. He asks of what concrete value is an abstract philosophically constructed anthropological paradigm for the bafflingly complex particulars that arise in psychotherapy? The clinical setting is concrete, occasional, unpredictable, and deals with a subject—the client—who is wholly unique. Thomistic anthropology is abstract, intended for universal application, assumes fixed premises and foreseeable conclusions, and deals in the realm of metaphysical constants. Such philosophical reasoning may be useful for didactic instruction or for political polemic, but how applicable is it to the particular perplexities of individual suffering clients? Will the paradigm not become a sort of Procrustean Bed into which the problems of patients will be forced to fit, no matter their dimensions, a sort of one-size-fits-all? Will not its application end in subtle forms of client manipulation?

Dr. Kugelmann's challenge is very worthwhile and deserves attention by all who would appeal to normative abstract sources for premises to be put to work diagnosing and treating client pathology. Clients are subjects, not objects. Their subjectivity defies reduction to fully explicable categories. Kugelmann's own phenomenological training sensitizes him well to the dangers of anthropological oversimplification.

But he himself affirms psychology's need for a philosophical anthropology and for valid conceptions of human flourishing. And this is the rub. Such conceptions are not intrinsically idiosyncratic and particular, at least not in their first principles. They are universal and hence normative. To return to the above example, if a male client tells you he feels like a woman trapped in man's body, you are posed with an anthropological problem. Can it ever be the case that female personal identity is masked behind a biologically male body? Is my embodied gender substantially related to my person? This is a philosophical and a normative question. Many clinicians today would deny the universal relevance of biology for personal identity. Christian anthropology affirms its primordial ontological relevance. The aims of psychotherapy will be influenced by which assumption one holds. Surely Kugelmann would not deny clinical psychology's mistakes over the past century arising from *faulty* anthropological assumptions, such as the generally adaptive value of divorce, the irrelevance or danger of religious devotion, the value of free sexual expression, the morally neutral nature of homosexual acts, and so on. Does employing a universal anthropological framework derived from divine revelation and tested philosophical tradition pose greater dangers than employing anthropological ideas derived from sources hostile to Christian faith and philosophy?

One's abstract anthropology and correlative morality will not comfort every sorrow, illuminate every perplexity, or take the experiential mystery out of every suffering; in other words, it will not meet all the needs or wants of the clinical setting. But it will provide direction—indeed *normative* direction—for many questions of great importance and of great significance to client well being. Consider the following questions that a therapist might confront in the

clinical setting. Would an elective abortion be advisable here (or ever)? Would masturbation be a good therapy to help relieve my client's anxieties? Should I employ flooding techniques for my religiously obsessed client suffering from OCD using blasphemous religious images, symbols, or verbal expressions? Should I facilitate the homoerotic relationship of the clients I am seeing in couple's therapy? Should I suggest sexual experimentation to help my client overcome inhibitions with the opposite sex? Even more abstract questions can have practical relevance. Are masculinity and femininity ontological qualities of persons or are they exclusively socially constructed? Is there normative adaptive value in helping males to understand, embrace and express masculinity, and females femininity? Is there such thing as a life not worth living? Do persons lose intrinsic worth as their human faculties fail? Do we live in a graceless universe? Is my client loved by God? Is it both right and good to forgive those who wrong me and don't repent? Is Christ-like love the highest, most desirable and most mentally adaptive form of interpersonal communication? Is there a real heaven and hell? Are my free choices relevant to whether I go to one or the other? The anthropological premises I propose provide practical and normative guidance for answering these questions.

In light of all this, I am forced to deny the plain meaning of the proposition at the end of Kugelmann's essay: "For the individual, there is no norm." Because individuals are always also human persons with common human natures, we can confidently conclude that divine revelation and sound philosophy teach many norms to *individuals*. I have formulated some in my eight anthropological premises. Their full value for the clinical setting still needs to be worked out. I expect that if the task is undertaken it will take decades. Is there a danger that these robust and normative Christian premises will be simplistically applied in ways that end up hurting people? Among men and not angels, this is practically inevitable. The only other alternative is to dispense with the formal and normative and rely on the concrete and occasional. I fear this is not much of an alternative.

Don MacDonald

Before I comment on Dr. MacDonald's friendly "tweaks" (for which I am most grateful), a statement he made in his opening paragraph seems important to comment on. He said that since psychology moved away from its philosophical foundations in the 19th century, it has labored under deficient notions of what it means to be a social science. This reference to psychology's self-understanding highlights a problem at the heart of the "social scientific" project in the modern period. The social sciences, such as economics, sociology, political science, cultural anthropology, and psychology, study the actions and interactions of individuals and groups. It studies them for purposes of understanding and prediction, and sometimes, as in psychology, for clinical purposes. And although this mode of inquiring rightly includes understanding the conditions which generate alternatives, including dispositions to act arising from biology and environmental factors, its focal subject matter are the reasons and purposes which move people to act. Although under controlled conditions, reasons and purposes as objects of scientific (third party) investigation can be estimated with a high degree of reliability, neither understanding nor prediction is subject to the kind of law-like certitude required by "hard" empirical sciences. This highlights the problem of subject matter.

The social sciences including psychology have human persons as their subject matter. And the human person's spiritual nature, as I said above, adds a principle of indeterminacy that eludes law-like description and prediction. So the "systems" thinking to which Dr. MacDonald interestingly compares my work, will not be reducible to its counterpart in, say, systems biology which, for example, describes the homeostasis of an ecosystem or the ordered development of a complex organism. Biological homeostasis (in persons) is different from the condition I have referred to as "flourishing," although it will constitute part of the condition. In the Thomistic account I put forward, human nature provides the possibilities for flourishing, but flourishing goes beyond simply meeting a homeostatic standard. Rather, it corresponds to the integral *unfolding* of a person's constitutive capacities. I have tried to articulate those capacities in my description of the "big four" domains. They both open and delimit the possibilities for human flourishing. They delimit them insofar as a person cannot become what is not already a potentiality of human nature. So unsupported solo flying is not a capacity of our nature and cannot be actualized. But it is part of a bird's nature.

But within ontological limits, our nature opens up a wide spectrum of possibilities—possibilities for bodily health and well-being, for diverse forms of knowing truth and appreciating beauty, for inner harmony between the various components of our internal life (e.g., emotions, beliefs and judgements), for moral goodness in the expression of multifarious types of virtue, for relational harmony with other human beings, and for harmony with a more-than-human source of meaning and goodness, namely, with God—these are all possibilities our nature opens up

to us (see Grisez, 1983, pp. 121-25). And the limits to which these capacities can be taken under the direction of human intentionality and with the help of grace *cannot be pre-specified* (which is not to say there are no limits).

So clinical psychology not only sets as practical limited goals the resolution of maladaptive and distressing psychological problems. It also maintains—or should maintain—the wider ideal of directing all clients towards a future of greater psycho-somatic flourishing, a future where clients *are* more of what they are capable of becoming, where they have actualized potentials not yet realized but realizable.

This endeavor to understand the conditions and expressions of human mental life, and what mental life is capable of becoming, is not only for clinical interest. It forms the general aim and motive of experimental psychology as well. In this sense the anthropological paradigm I propose can be adapted, as MacDonald suggests it should, for use in pedagogy and research in psychology.

A word on MacDonald's other tweaks. My comments on baptism were not put forward as universally held by all Christian traditions. They were put forward as the view of the Catholic tradition. The original idea for this special edition of *Edification* was to propose to the community of scholars interested in Christian psychology, the majority of which is Protestant, a kind of scholarly "road map" of the direction that Catholic integration should (might) take for the next 20 or so years. It was not meant to be an interdenominational statement, but rather an account that stimulates—as it has—interdenominational dialogue. Having said that, a footnote identifying a diversity in thought on Christian belief in baptism would have been a good idea.

MacDonald also tweaks the essay for apparently assuming in a footnote that all Protestant theologies have similar commitments to sacred scripture. My statements in footnote 2 were referring to traditional Christian understandings of sources of *divine revelation*, that is, to modes in which Christians believe the narrative and propositional content of the deposit of faith has been preserved and handed on. Although I am aware of Protestant communions that esteem Christian tradition as a repository of privileged wisdom handed down over the ages, I am not aware of any Protestant communion (unless Mormonism is considered Protestant) that believes or teaches that divine revelation *subsists* not only in written form but in a parallel and authoritative extra-biblical form. I am however familiar with Protestant communions who no longer accept the 'traditional' meaning of divine revelation that I have put forward; and as a result, members of which might have found offense in my footnote. For such an oversight I offer my apologies.

Finally, I accept MacDonald's criticism about making statements that lack empirical support.

Mark R. Talbot

Dr. Talbot's response leaves me unclear as to whether he agrees or disagrees with my argument. Let me restate it. I argued that since clinical psychology aims to facilitate human health, it needs to understand the concepts of the *human* and of *health*. A true and clinically useful conception of each can be derived from philosophical (and theological) anthropology. Philosophical anthropology can be done in different ways. For example, one might take a hermeneutical approach as do liberationist and post-modernist scholars, or a phenomenological approach as does Karol Wojtyla (Pope John Paul II) in his marvelous *Theology of the Body* essays (2006), or an epistemological approach as does much of post-Cartesian modern philosophy. I have chosen to do metaphysics by setting forth an ontology of human personhood in the form of eight categories descriptive of human nature per se, that is, categories descriptive of *being* human. They are the philosophical categories of bodiliness, rationality, volitionality, interpersonal relationality and substantial unity, as well as the theological categories of being created, fallen and redeemed. I argue that these categories, what I call anthropological *domains*, can be helpful for conceptualizing psychological health and pathology, interpreting clinical information, and for more widely conceptualizing the perduring human condition of temporal existence. I do not see Talbot disagreeing with any of this generally. He does propose two specific criticisms, but I do not see them, even if valid, compromising the overall paradigm. I think this is important for the project we are pursuing here, which is trying to understand the relevance of Christian anthropology for psychology. Let me turn to his criticisms.

First he rejects the existence *in human persons* of the first of Aquinas' four orders, an order unaffected by human reason, an order that reason observes but does not constitute, what I referred to as the properly "organismic" dimension of the body. Talbot says *for us*—for human persons—physicality is always distinctively personal, there is no "*merely* organismic dimension." In one sense I am in full agreement. And the grounds for my agreement should be clear. The anthropological principle of *substantial unity* excludes the possibility that there is a biological realm in human nature unrelated to and unaffected by the wider anthropological reality. Singling it out as a distinct domain is an exercise in philosophical analy-

sis, identifying real conceptual distinctions in things that exist in the world as wider synthetic wholes. So just as we might distinguish analytically the term concept from the intellect that formed it and apart from which it does not exist in the world, so too we can distinguish organic bodiliness from rationality and volitionality, although *human* bodiliness only exists in rational-volitional beings. To the extent that my account lends to a view of the human person as ever merely somatic, it needs clarifying.

I disagree to the extent that Talbot thinks there is something flawed and even dangerous (—"tends to play into the hands of these reductionistic naturalists"—) about speaking of an irreducibly distinct organismic order in human nature. This is undoubtedly and—may I say in charity—dangerously false. Aquinas' four-fold distinction, remember, is a framework for organizing *knowable* orders. Each then is relative in different ways to our knowing. The evaluative correlate therefore is *a fortiori* relative to knowing. To assert that a storm is bad need not be an implicit affirmation of the non-irreducibility of the orders, as Talbot suggests. It is a statement fully intelligible within its own order. It does not mean the storm was expressive of logical errors, moral turpitude, or incompetence of skill. It means it was a cause of recognizable privation, for example, the disturbing of ecosystems, killing of animals, and disrupting of human endeavors. Yes, reason is required to identify the privation, just as it is to identify the correlative order. But the exercise of human reason does not constitute the privation.

Perhaps a better example is a "bad cough." The evaluation of badness arises from the recognition of a privation in human physiological functioning. That privation might have arisen as a result of privations in the other three areas. For example, contributing to my cough might be my decision to go outside without a coat thinking it is warmer than it is, or my choice to party to the wee hours in the New Orleans French Quarter, or my use of a winter coat of my own making worthless for blocking the cold. In the first case, my logical reasoning can be called bad, in the second my moral choosing, and in the third my technical competence at coat making. In each of these three, the disorder is constituted (not caused) by a privation in reasoning and willing. But the bad cold precisely as a privation of my physiological functioning, although perhaps caused (in part) by bad reasoning, bad choosing, or incompetence, is *constituted* by malfunction of organic processes (a privation of right somatic order), part of the domain of bodiliness. Bodily health is an intelligible concept. And although not sufficient for mental health (*pace* materialist psychologists), it is necessary.

Why do I say Talbot's error is potentially dangerous? Because in my estimation the poorest understood anthropological domain today in psychology, notwithstanding the triumphs of neuroscience, is the bodily domain. By bodily domain, I mean the entire relationship of the embodied reality to the psychological subject, which includes the organismic, engendered, sensory and perceptual, and complex emotional dimensions. In persons exercising rationality, none of these operates wholly independent from reason (Talbot's chief point). But as embodied—i.e., as materially instantiated—each is subject in unique and complex ways to causal laws which irreducibly constitute in part (though only in part) the human person's *directiveness to his proper telos*. As a result, the increasingly characteristic diffidence of the bodily reality in our day, and the intentional aim to alter it (by starving, purging, cutting, piercing, tattooing, augmenting, and reducing the body), to deny its personal normativity (as in the LGBT movement) and to destroy it altogether (as in the euthanasia and assisted suicide movements) is not likely to lead to greater mental health and human flourishing. I suggest we need to understand better our somatic reality as an irreducible given of our nature before we can understand fully the embodied human person.

Talbot's second criticism is directed to my defense of the immateriality of the intellect, although he himself appears to reject the materialist conclusion on the nature of mind. He says that many today, including Christian philosophers, reject the idea of anthropological immateriality. And he contends that my simple assertion (or reassertion) of the premise is unlikely to persuade disbelievers. I agree. But I am inclined to think Talbot is striking at a straw man.

Nowhere in my discussion essay did I claim or imply that the eight anthropological domains, and their constituent descriptions, are common conclusions or assumptions of today's intellectuals, even Christian intellectuals. Moreover, my discussion essay was not meant to do the work of a philosophical defense of the eight domains, something which would be far beyond the scope of this journal edition. I set forth a constructive proposal of anthropological propositions with grounding in divine revelation, credible philosophy, and empirical observation. My failure to engage opposing arguments is not expressive of an unwillingness or inability to engage critics of the idea (see Brugger, 2008). Nor is it expressive of uncertainly as to whether the immateriality of the intellect can hold its own in the deep waters of reductionist philosophy of mind. I think it can. So do other credible philosophers (see Haldane, 1999, 2006, Robinson, 2008, Oderberg, 2005).

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Reconceiving Personality Theory from a Catholic Christian Perspective

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Major secular theories of personality, e.g. Freudian, Jungian, Rogerian, are briefly identified and their typically unnoticed and undefended philosophical presuppositions made explicit, e.g. atheism, determinism, moral relativism, subjectivism. These presuppositions are contrasted with Christian presuppositions for understanding the person. Major Catholic/Christian characteristics of the person are then identified and briefly defended, namely: embodiment, including male and female differences; interpersonal relationships throughout the life span; a significant amount of free will; reason, that is, human intelligence; the importance of the virtues. The general relevance of such a theory for understanding mental pathology and finally its theological connections to Trinitarian theology are presented.

In order to reconceive personality theory, we must first understand what the existing secular theories of personality are. Next we compare and contrast the characteristics of these theories with a proposed Catholic/Christian theory of the person and personality, and finally we describe distinctive aspects of such a new theory.

First, what are the major personality theories in psychology, and how do they function in the discipline? Examples of such theories are those developed by Sigmund Freud, Carl Jung, Alfred Adler, H. S. Sullivan, the neo-Freudians such as Erik Erikson, and others like Carl Rogers, Abraham Maslow, and Gordon Allport. Most of these theories were developed inductively from experience with mentally troubled persons in a psychotherapeutic setting. As such these theories took shape over many years in various publications and were seldom systematized and summarized by their originators. A few, such as those proposed by Maslow and Allport, did focus on normal and positively functioning individuals, but these theories left out pathological aspects of personality. Some theorists focused on the first three years of life, others on the ideal mature adult, still others on the self and self realization as providing the answer to mental problems and purpose of life itself. Only Freud and Erikson provided a theory of personality development, and only Erikson included early adulthood, maturity, and old age. And Erikson left out religious life and other important aspects as well. In short, all these theories are useful, but quite limited interpretations of the person. Although some contradictions and conflicts between different theories remain, many of the basic contributions have been accepted and are now part of how most psychologists and psychotherapists view the person.

Taken together these theories represent what is meant by the psychological understanding of the person for our culture at large—a viewpoint that emerged and became common during the 20th century. This is especially true of the United States, but is now found in many countries. These theories underlie the popular psychology that dominates most discussions about the person today. It is hard to remember the older much simpler understanding of the person that existed in the 19th century and earlier that emphasized the conscious mind, reason, and doing what was morally right.

One issue to address concerning these theories is whether they can be considered scientific. Many psychology courses and textbooks implicitly treat these modern, secular theories as part of traditional natural science. This is, however, a serious mistake. Certain limited aspects of these theories have a genuine scientific basis. For example, anxiety and depression when described as part of a personality theory can often be reliably identified. Even then, such symptoms have many possible causes in addition to what might be postulated by the theory. In any case, by the time one gets to personality concepts such as the Oedipus complex, an animus archetype, or self actualization, traditional science has been left behind. No knowledgeable psychologist today understands Freudian or Jungian theory as based on science or even as likely to become so. These psychological theories of personality are really theoretical interpretations with no reliable methodology for scientific verification. They may contain practical and intuitive truths, but these truths are more like the knowledge found in the work of artists or artisans. Practical knowledge of materials, tools, and techniques is important and is genuine knowledge, but it is not the result of repeated public

experiments with independent and dependent variables, nor is it part of an explicit, coherent, usually quantitative system. In short, psychotherapists using personality theories are operating with what can be called "applied philosophies of life." In this context a Catholic/Christian integrative framework is conceptually appropriate.

Any attempt to present an integrative understanding of the person from a Catholic/Christian perspective must, however, take both the personality theories and the therapists applied knowledge into account. For example, much "outcome research" is being done today. This important research systematically evaluates the effectiveness of different therapeutic procedures and identifies those interventions that are associated with patient improvement. The scientific measurement of positive outcomes justifies some psychotherapeutic procedures and provides some indirect evidence for the guiding theoretical framework. Such studies, however needed and useful, are like correlation studies that show a general association between a set of ideas, assumptions, and procedures and a beneficial outcome.

Different Presuppositions

All theories of personality make a number of different major assumptions about the person. These are needed as foundations to the theoretical system which is then built on them. In most cases, these assumptions are never made explicit, much less defended. The assumptions need to be identified and contrasted with those which underlie a Catholic/Christian representation of the person. As examples, here are some of the underlying concepts most relevant to our topic. (See also Vitz, 1997.)

Atheism vs. Theism

All the major modern theories of personality and counseling are secular and either explicitly or implicitly assume that God does not exist. The major theories, regardless of the personal positions of their founders, are atheistic in the sense that God is omitted from the theory, and religious motivation when it does come up, is usually ignored or sometimes treated as pathological. Gordon Allport's moderately important trait and self theory was open to religious aspects of personality, and he was a believer, but religious concepts were not central to his approach and are not the major ideas for which he is known. The reaction of the typical psychologist to the important paper of Allen Bergin (1980), in which he addressed the absence of religion, is a test case of the neglect of religion, much less God, in mainstream psychology and especially psychological theory.

I claim that the rejection or omission of God, and the omission of religious life, is a central error of any personality theory. Since the Gallup Poll began asking the question in the 1940's, over 90% of Americans have consistently said they believe in God. Many have a religious life that is important to them. Even adult unbelievers were often reared religiously, and this has often affected their personalities (e.g., just ask so-called "recovering Catholics"). The revival of traditional religions and New Age spirituality in the last few decades continues to demonstrate the power and persuasiveness of religious life for Americans. Of course, throughout the world from Russia to India to the Islamic societies, religion is alive and expanding.

In contrast, a Christian interpretation of personality begins by assuming that God exists and that He is a person with whom one is in a relationship. This relationship has psychological consequences, to which we shall return. The assumption of theism is no less rational than the assumption of atheism. After all, atheists cannot prove that God does not exist. One psychological advantage of accepting the existence of God and the validity of most religious life is that one can then treat a religious client both more honestly and with a greater respect. If the therapist is an atheist or a skeptic, the religious life is taken to be an illusion, although most secular psychologists do treat the person with respect. If a therapist decides to steer clear of the client's religious life this ignores much that is psychologically important for the client.

Subjectivity v. Realism

Much secular theory, especially humanistic psychology, is based on the assumption that all we can really know are the states of our own minds. Sometimes these theories also accept the kind of knowledge found in the physical sciences, although that kind of knowledge is normally irrelevant to humanistic psychology, which has ignored even the relevance of human biology for understanding personality. With the exception of Freud's much criticized oedipal theory, even sex differences in personality have been almost completely ignored along with such hereditary factors as temperament.

Closely related to the subjective assumption is the notion that the important thing is to express, understand, and communicate one's own thoughts and feelings, whatever they are; to affirm them, whatever they are; and to be open to the same thing in others. "Truth" is therefore fundamentally psychological, and there are as many "truths" as there are individual psychologies. Our subjective world is the only significant one, and the final court of appeal for something's validity is what we think

— or rather, how we feel — about it. The view that feelings can be transitory, that they can be illusory or even false, is not found in such personality theories. In this psychology, our feelings are always authentic even if they change constantly as the self changes. Any unchanging moral basis for genuine flourishing is ignored. (Some recent psychologies have begun to address this problem directly in their study of the virtues, e.g. positive psychology.)

The objective nature of God as external to us, and of the external world created by Him, is assumed by a Christian personality theory. Although our own particular thoughts and feelings are of legitimate importance, they do not define reality and cannot be given highest priority. Moreover, we must submit not only to God, but to the lawful world that God has created. As noted above, this realism is at odds with the dominant modern philosophies. It is, however, in profound sympathy with the general assumption of realism found throughout science since its origin. Obviously I am not defending logical positivism, which was never very strong among scientists and is no longer much of a force even in philosophy. From a Catholic perspective Aristotelian/Thomist realism is often assumed, as is the case here.

Determinism vs. Freedom

Many modern secular theories of personality — e.g., Freud— explicitly reject human free will; others do so implicitly. Determinism is usually part of a materialist philosophy; but it need not be, since some believe that the mind, though different from body, is nevertheless strictly determined. Although such theories interpret, and consider important, such cognitive and emotional mental states as perceptions, thoughts, memories, and feelings, they generally ignore the will.

But psychologists, and especially psychotherapists, beginning with Freud, have not been consistent determinists. After all, psychotherapy assumes that the client will freely choose psychotherapy and as a consequence of it become less controlled or less bound by unconscious or other psychological forces. Freud inconsistently said that a purpose of psychoanalysis was that "where id was, ego will be." Psychotherapy that does not assume common sense understandings of free will can hardly function.

A Christian perspective does not deny a proper role to causal factors; witness its emphasis on making decisions, such as marriage, free of coercion. However, Christianity does accentuate both human freedom and the will expressing it. The emphasis on voluntary agency entails a strong focus on positive character traits — virtues — that support the will as it chooses a response. Some important secular theories, such as those of Carl Rogers and the existential theorists, affirm human freedom. In doing this, they made an important early anti-modernist statement. But they largely ignored the traditional virtues as traits that support the will.

Relative Morality vs. Moral Standards

Modern secular psychology assumes that values are relative to the individual. Wallach and Wallach (1983) have shown that every prominent modern psychology, from Freud and Jung to cognitive dissonance theory, assumes that the only good is what is good for the individual self. This view can take a variety of forms, ranging from the moral philosophy of ethical egoism to individual relativism of a radical kind. The nature and consequences of these views are rarely acknowledged or defended. Taken together, these moral views have helped greatly to undermine traditional religious teachings. They have also helped to bring about the "individualistic morality" so prevalent today and so frequently bemoaned by social critics (e.g., Bellah et al., 1985). It is worth noting that most relativistic systems of morality are absolutist about something — typically about moral relativity itself, and about those psychological processes that support moral relativism.

The existence of enduring moral principles, revealed by God, is fundamental to Christianity and to Christian personality theory. The two great commandments summarize this: Love God and love others. Love as understood here, i.e. as self giving, is a high value, and is clearly superior to hate. It is taken for granted that there are certain actions we should do, and others we should not do. Christianity also assumes the moral truth and psychological validity of the Ten Commandments.

Within a Catholic framework much morally is clearly spelled out, and it is assumed that this morality is for the benefit and flourishing of the person. Finally, it is understood that some of a person's mental pathology can arise from violating the moral law, which comes from God, and that psychological well-being develops from keeping the moral law.

Here again, some deeply relativistic systems have (paradoxically) "absolute" implications. For example, Rogers assumes that psychological pathologies can rise from disobeying the absolute principle that individuals should create their own values and rules. There is, then, a similarity between a Rogerian and a Christian theory. The difference — and it is major — is that the latter presumes that the law comes from God, not from the self.

Reductionism vs. Constructivism

Modern secular personality theory commonly as-

sumes that so-called "higher" things, especially religious experience and moral ideals, are to be understood as caused by underlying lower phenomena. For example, love is reduced to sexual desire; sexual desire to physiology; spiritual life or artistic ideals are reduced to sublimated sexual impulses (as in Freud); and much of consciousness is assumed to be caused by unconscious forces (again as in Freud or in Jung).

A Christian theory is constructionist. It emphasizes the higher aspects of personality as containing, and often causing or transforming, the lower aspects, and sometimes as being in conflict with them. Thus, my conscious thought causes me to seek what is good or true or beautiful. Searching for and experiencing the self-giving love of God and others is a transcending motive. Constructionist thinking is synthetic, bringing things together in an integrated pattern of coherence, while reductionist thought is analytic — breaking whatever is being studied into parts. Of course, good analysis is an important requirement for any successful integration or construction. However, much modern psychology has only provided the analysis with its reductionist consequences. Integration often results in a hierarchical understanding, whereas the modern mentality is generally anti-hierarchical. One of the few modern constructionist personality theorists is Viktor Frankl (1960, 1963), with his emphasis on the search for higher meaning. Recently however, the work of Seligman (Seligman & Csikszentmihalyi, 2000; Peterson & Seligman, 2004) and many others in the positive psychology movement have brought back a higher emphasis with their focus on the virtues and character strengths.

In short, these five pairs of contrasting principles clarify two things: many fundamental assumptions of modern personality theories are not grounded in empirical or scientific evidence, and these assumptions are often inconsistent with a Catholic/Christian interpretation of person and personality.

Different Psychological Characteristics of Personality are Emphasized

Embodiment

Almost no personality theory identifies our body as important in understanding personality. The closest any theory comes to representing embodiment in its theoretical concepts is Freud's distinctive male and female differences expressed in the Oedipus and the Electra complexes. These representations have been seriously critiqued, but at least Freud was willing to address the issue of sex differences in personality. Jung did propose opposite sex archetypes as present in each sex, but the consequence of this was to emphasize the unisex psychology of both men and women. After Freud, no personality theorist seems to have even addressed differences in male and female personality!

The recent findings about the powerful effects of bodily processes on everything from early mother child attachment, to language development, to mirror neurons, to the effects of the body on the content of even abstract and mathematical thinking make the neglect of the body a glaring oversight in all the modern personality theories. No doubt ignoring the body and how through maturation and experience it develops such important but limited capacities as walking, seeing, and hearing, much less language, allowed certain theories of the person to consider the self as autonomous and self created, that is, without regard to bodily limits and the contributions of others to our formation. Given this "oversight," it even seemed possible for some existentialists to conceive that a self could create its own essence after its existence.

As is well developed in other articles in this collection, a Catholic/Christian understanding of the person and personality gives a heavy but appropriate emphasis on both common embodiment and on the complementary nature and equal dignity of male and female.

Relationships

Much secular personality theory has tended to assume that the personality, at least when it is mature and healthy, is an isolated autonomous self. These psychologies, for example those of Rogers, Maslow and many existential psychologists, focus on how the individual becomes independent — how the individual separates from its mother, father, community, religion, and everything else upon which it was previously dependent. Individuation leading to autonomous self fulfillment is seen as the basic goal or purpose of all human life

Since Christianity does not assume that the goal of life is independence, and even sees a dark side to independence in the common pathologies of alienation and loneliness, a Christian personality theory gives a central role to the place of relationship in the formation of personality. The Christian view also sees the positive and often inevitable nature of dependence. For example, babies, children, the disabled, the elderly. The seriously infirmed, even most adults when sick or injured, are all dependent in crucial ways on others for their well being. And all are dependent on God. However, Christianity postulates *interdependence*, and mutual but freely chosen caring for the other as the primary type of adult relationship. Personality is fulfilled in self- giving love and

not in isolation: in ultimate union with God, and in love of other humans.

Interdependence is neither dependency nor independence. It is not dependency, which can be an inappropriate need for the other when it is not freely chosen. Nor is it independence, since in an interdependent relationship, persons choose to relate to another, and to give themselves to each other. As conceived by most modern psychologies, the notion of independence ignores the importance of relationships in bringing the truly mature person into existence.

Will

The will, or human agency, in the past has been given only modest emphasis in psychological theories of the person. Freud at the theoretical level denied the free acting will in personality formation. As noted above, many psychologists have ignored or downplayed the importance of human agency. This is not true of the humanistic and existential psychologists. Nor is it true of relatively recent models of the person proposed by cognitive and behavioral psychologists such as Albert Ellis and Aaron Beck or by the prominent social learning theorist Albert Bandura (1989). The emergence of positive psychology with its rediscovery of the virtues and character strengths as major contributors to personality also bodes well for the importance of free will and agency in secular psychology's new understanding of the person.

The traditional Christian emphasis on the person's freedom to choose the good is well known and as already noted is a central part of any Catholic/Christian model of person and personality.

Reason

From Freud and Jung to Rogers, reason or intellectual cognition, especially in the sense of the search for truth, has been given little emphasis. Of course, Freud did postulate an ego, but it was not master in its own house since it was primarily controlled by unconscious Id and Superego forces. Rogers put the emphasis on getting in touch with feelings. (What are the functions of id, ego, and superego if not a form of reasoning?) The big exceptions are the more recent cognitive and behavioral theories noted above.

However, reason has also long been an important aspect of the person in the Catholic tradition; indeed the Catholic Church borrowed much of its philosophical understanding of reason from the Greek philosophers. The Christian importance given to truth (e.g., as expressed in the words of Christ "I am the way and the truth and the light") is why reason was understood as central to personality from the beginning of the Faith. The gospel writers and St. Paul also spoke frequently of speaking and knowing the truth.

Virtues

Secular theories of personality seldom mentioned the traditional virtues. Instead they focused on what might be called the modern "virtues" of suspicion and doubt, of independence and autonomy, of breaking away from inhibitions and getting in touch with and expressing feelings and behaviors like sexuality. An important exception was Erik Erikson who introduced virtues (or ego strengths) into his eight psychosocial stages of development. Along with some of the concepts of Maslow, Erikson anticipated the present positive psychology movement which has brought virtues back into contemporary psychology (e.g., Seligman & Csikszentmihalyi, 2000.)

A Catholic/Christian representation of the person has always given the traditional virtues importance in understanding personality. In a Christian model of personality, the natural virtues such as justice, courage, wisdom, temperance are understood as needed for a naturally flourishing life, but also as the ground for the theological virtues of faith, hope and charity. This importance is maintained and given some emphasis in the present framework developed in these chapters.

The Origin of Mental Pathologies

A major theoretical proposition of a Catholic/Christian model of the person is that mental disorders and pathologies can be usefully interpreted as distortions or weaknesses in the above listed five domains of the person. Specifically, understanding a mental disorder can begin by first observing its effect or expression in the *body***.** This obviously allows medical treatments aimed at intervention in the body, including the use of medication and special diets. Being embodied means that all mental activity has a biological base, and thus a first thing to investigate with a patient is their bodily state.

The next important domain to evaluate is the condition of a client's *interpersonal relationships* both past and present. Here, theory and research on early attachment becomes especially relevant. In addition, a person's adult attachments or interpersonal relations need to be evaluated to gain an adequate grasp of the person's mental disorder.

The person's *will* also becomes a focus for evaluating mental state. The self-determining quality of free choice is so central to personality that the strength, the freedom, and the patient's understanding of the will are to be evaluated. In particular, any restriction of will as found in addictive behavior is to

be noted. Weakness of will caused by fear and anxiety is an additional aspect to be identified. In short, how much freedom of will, how much capacity for agency does the person have?

A further dimension to evaluate is the state of the person's *reason***.** The work of cognitive and behavioral therapists (CBT) is quite relevant to this aspect of the person. Does the patient show examples of the types of irrational thinking identified so well by the CBT psychologists? The point is to get a measure of the amount and type of irrational thinking the person exhibits. However, an integrated Catholic approach can also bring into therapy the development of reason, knowledge of truth and goodness not only with respect to the self and others, but also with respect to a general knowledge of God and self-giving love.

An additional characteristic to evaluate is the presence and strength of the major *virtues* in the patient's personality. What virtues seem to be almost absent? What virtues could be strengthened to help overcome the disorder? Disorders can at times be understood as the absence of certain virtues.

A final aspect of the person when evaluating the nature of the disorder is implied by the Catholic assumption of the existence of objective *morality*. Here the Catholic position is that some mental disorders are a consequence of breaking the moral law. These often may be sexual in character, e.g. promiscuity. However, a failure of committed love to a spouse or child, an absence of good works done for others are also moral failures which can have negative mental consequences. The Catholic position is that the relevant morality is spelled out by the Church with respect to issues that might come up with most patients.

Catholic/Christian Contributions to an Integrative and Synthetic Understanding of Person

Relationship and Theology

As many know, the word "person" comes from the Latin word *persona*, which means "mask," as worn in the Roman Theater, and also from the theatrical role that went with the mask. The Latin term translated the Greek word *prosopon*, which had the same meaning and was first used in this sense.

But this etymology of the word "person" is not very important or revealing. It is more important that the concept of a person rose to prominence, as a major philosophical and theological issue, in early Christian thought. Muller and Halder (1969) have gone so far as to claim that the concept of a person was "unknown to ancient pagan philosophy, and first appears as a technical term in early Christian theology" (p. 404). We do not need to agree with this extreme assertion to recognize that Christianity had a seminal place in the development of the concept of the person, and the Christian origins help us understand what a Christian model of the person and personality will entail.

The concept of a person was developed to help formulate the doctrine of the Trinity — God as three persons. This early theological use placed a strong emphasis on dialogue; it was largely through a dialogue of mutual love within the Trinity, that the plurality of persons in God was recognized. Dialog as explicit interpersonal communication was central to God's relationship to Israel and the prophets, and, of course, with Christ Himself. (From the very beginning, the theatrical mask also implied dialog between actor and audience.) Because we are made in the image of a Trinitarian — and thus interpersonal — God, we ourselves are interpersonal by nature and intention. Human beings are called to loving, committed relationships with God and with others, and we find our full personhood in these relationships.

According to the Protestant theologian T. F. Torrance (1983, 1985), the essential feature of the Christian conception of the world, in contrast to the Hellenic, is that it regards the person, and the relations of persons to one another, as the essence of reality, whereas ancient Greek thought conceived of personality, however spiritual, as an accident of the finite — a transitory product of a life which as a whole is impersonal (Torrance, 1985, p. 172). Torrance identifies two basic understandings of God as a person. The first view, which has dominated Western philosophy, comes from Boethius, who defines a person as "an individual substance of a rational nature," thus emphasizing what differentiates one such substance from another. The second understanding derives primarily from the patristic, primarily Greek, period of the church, and also from the twelfth-century French philosopher and theologian, Richard of St. Victor. The Fathers of the church and Richard of St. Victor derive their concept of the person from the idea of the Trinity. Richard defines a person "not in terms of its own independence as self-subsistence, but in terms of its ontic relations to other persons, i.e. by a transcendental relation to what is other than it, and in terms of its own unique incommunicable existence" (1985, p.176). So "a person is what he is only through relations with other persons" (1985, p.176). The Latin West's use of Boethius is an influential continuation of pre-Christian Hellenic tradition, which apparently failed to accept personal relations as part of the structure of reality itself. The early Fathers' view that makes relationship essential to personality is found also in Augustine, but it was largely displaced in the Latin West by the Boethian

stress on the individual.

The Catholic theologian Joseph Ratzinger (1970, 1990; now Pope Benedict XVI) took a position strikingly similar to Torrance. Ratzinger (1970, p. 132) wrote,

> Christian thought discovered the kernel of the concept of person, which describes something other and infinitely more than the mere idea of the "individual." Let us listen once more to St. Augustine: "In God there are no accidents, only substance and relation." Therein lies concealed a revolution in man's view of the world: the relation is discovered as an equally valid primordial mode of reality. It becomes possible to surmount what we call today "objectifying thought"; a new plane of being comes into view.

According to Ratzinger (1970, 1990) substance and relationship are each jointly necessary, but not individually sufficient, determinants of personality. In today's historical context, however, special emphasis needs to be laid on the place of relationship in personality. Like Torrance, Ratzinger pointed out that Boethius's definition of "person" as an "individual substance of a rational nature" had unfortunate consequences for Western thought. If substance dominates our thinking about persons, we may lose the earlier Christian insight that personality essentially involves relationship.

Finally, in a way similar to both Torrance and Ratzinger, the Eastern Orthodox theologian J. D. Zizioulas (1985) in his book, *Being as Communion,* reiterates the Eastern Church's understanding of the importance of relationship which had never gone into eclipse.

There is an enormous amount of psychological evidence for the importance of relationship in the formation of the person. Relationships are essential for basic human existence and development (e.g., Siegel, 1999). A newborn child who lacks a mothering relationship with another human will die, even if its physical needs are met. A person learns to speak through relationships that begin in the first weeks of life, when the infant first listens to its mother's voice. Language-learning requires relationships, and without language we are hardly human. Developmental psychology has provided evidence that the individual's sense of "I think" and of his own individual thought processes derives developmentally from a more primitive "we think." As Vygotsky (1978, p. 57) said, "An interpersonal process is transformed into an intrapersonal process."

Additional Psychological and Theological Characteristics

In light of these considerations, it is clear that from the Christian perspective Carl Rogers's well known book *On Becoming a Person* (1961) is mistitled. His book is about becoming, not a person, but an individual, and in particular, an autonomous, self-actualizing, independent individual. An individual is created by separating from others, by concentrating psychological thought, energy, and emotion on the self, not on God and other people.

Becoming an individual — that is, separating and distancing your self from others — has a logical progression. First, you break the "chains" that linked you to your parents, and then to others, and then to society and culture. Finally, you reject the self itself: that is, you separate consciousness from the illusion of the self. You reject the self and all its desires — and thus the process of separation culminates in an experience of a state of nothingness. Radical autonomy ultimately means separation from everything; it means total or ultra-autonomy, where even the self is gone.

To Summarize:

A Person is created by God in the image of God.

An Individual is created by the self in the image of self.

A Person loves and trusts God, and loves others as self; persons forgive those who have hurt them.

An Individual loves and trusts the self, trusts others, and rejects or ignores God;

Individuals forget hurts, and those who have hurt them.

A Person has the goal of committed relationships with others and union with God.

An Individual has the goal of separating from others, and, in the extreme of separating even from the self.

For a Person, true freedom is choosing complete dependence on God who is free.

For an Individual, true autonomy is choosing complete dependence on the self.

A Person accepts the reality of God, other people, and the physical world.

An Individual rejects everything outside of the self as subjective and a non-reality.

Putting the Individual in Perspective

These contrasts overstate the case in the sense that no individual is apt to take these modern principles to such an extreme. Reality does not let us; and most of us have enough common sense to protect us from taking our theories too seriously. The image

of a person is also idealized. We are all aware how poorly most Christians live up to such ideals. In the everyday world, it can be hard to distinguish who is operating from which of these two theoretically very different models.

The secular emphasis on independence and individuation can be good and historically has brought about major benefits such as the notion of individual rights. Independence from the unexamined views of others is also an important virtue, not just for the secular world but in the Christian world as well. Christian theology emphasizes free will or free choice. God gives us freedom to choose Him or not. Throughout Scripture, this is a central theme. The emphasis on freedom found in the world of the last few centuries can be understood as a basic Christian principle translated into the social and political world where often due to the secular enlightenment it has accomplished much good.

The Actual Process of Becoming a Person: "Personagenesis"

What is the process of becoming a person within such a Catholic/Christian theory of personality? What is "personagenesis," as Connor calls it (1992, p. 47)? Although the following describes a process of becoming a person it is really a process of how *the person who is already present at conception* expresses itself in increasingly complex ways through out a normal life span.

First, a Christian theory does not reject the claim that a person is a substance as represented by embodiment, but gives equal or greater emphasis to the person as relation. In the language of Karol Wojtyla (later Pope John Paul II), a person is constructed on the "metaphysical site" of substance, but the process of construction involves the dynamics of relationships (Connor, 1992).

For Wojtyla, the first step in personagenesis "seems to be passivity, receptivity of love from another" (Connor, 1992, p. 45). In the natural world, this is usually the love a newborn receives from its mother and father. In the spiritual realm, which is at the core of personality, it is listening to the call and love of God. Once initiated, the process of becoming a person continues as a "vertical transcendence" in which the person gives "the self to another" (Connor, 1992, p. 47). The process of lovingly giving the self to another both transcends and determines the self in its act of performing service. The giving of the self to another is how the individual self is transcended; it is also how one comes to know both the other and, from the perspective of the other, to know oneself much more "objectively" than one ever can from inside an autonomous self. Thus, one becomes a person or more accurately one fulfills in actuality the person who was there from the beginning.

Wojtyla (1979) noted that free will is at the center of a person's self-gift to another, for while man freely determines his actions, he is "at the same time fully aware" that his actions "in turn determine him; moreover they continue to determine him even when they have passed" (Connor, 1992, p. 48).

When the other person receives one's gift of love and gives him or herself in return, the highest form of intimacy results. Intimacy with God and others thus becomes a major characteristic of a person.

Relationship and Philosophy

Some have interpreted Aquinas as failing to appreciate and recognize the importance of relationships as central to the concept of person (See Clarke, 1993, "Introduction"). Recently, a significant Thomist response to this problem has come from Norris Clarke (1993), who argued that relationship was always implicit to the Thomist understanding of the person as a rational substance. Clarke draws out the Thomist appreciation of relationship and concludes: "All being, therefore, is by its very nature as being, dyadic, with an 'introverted', or *in-itself* dimension, as substance and an 'extroverted', or *towards-others* dimension, as related through actions . . . to be is to be *substance-in-relation*" (Clarke, pp. 15-17).

In conclusion, the preceding Catholic/Christian theory of personality presents in short form a distinctive model which includes some of the assumptions and emphases of existing theories but minus many secular presuppositions, combined with new assumptions and basic aspects of personality. In addition, unlike existing secular theories the present approach has an explicit listing and defense of the assumptions underling the theory.

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Training Psychologists and Christian Anthropology

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Several objectives, practices, and concerns for formation programs in clinical psychology come to light when analyzing the view of the human person, as outlined in the Brugger essay "Psychology and Christian Anthropology." When supported by such an account of the human person and motivated by a Christian vocation, a training program aims to capacitate future mental health professionals, not only to see more of the client and his surroundings than otherwise common in this work, but also to employ the psychological sciences to serve the whole person in ways consistent with a person's human dignity and transcendent destiny. In order to do so, the formation program will take into consideration: (1) the dignity and the flourishing of clinician and client; (2) the vocational embeddedness of psychologist and client; (3) presuppositions that underlie theory and practice; (4) implications for professional practice and ethics; (5) new paradigms and therapeutic techniques; (6) services that psychology can offer to the Church; and (7) the selection and support of students, faculty, and staff.

Inasmuch as the goals of psychotherapy are based upon a Christian anthropology, the objectives and practices of training clinicians will have to be commeasurably enlarged over most contemporary approaches. Even though there has been a secularization in culture and a disengagement of science from religion (Taylor, 2007), worldviews and value systems—Christian and non-Christian / theist, agnostic, and atheist—are inevitably present to the scientific and practical work of psychology (Bergin, 1980; Jones, 1996; Shafranske, 2000; Ashley, 2000; Ashley, 2006; Brugger et al., 2008). Moreover, the work of the psychologist is not only that of scientist and practitioner, but also that of philosopher, for the psychological sciences are influenced by philosophical considerations (O'Donohue & Kitchener, 1996; O'Donohue, 1989) and that of theologian, inasmuch as they are influenced by theological sources. In order to make use of a Christian anthropology (such as that of Brugger), therefore, psychologists need to be trained with special attention on how this philosophical and theological vision of the human person influences scientific and clinical levels of psychology. Such training in the meta-physical, ethical, and religious presuppositions and theory of psychotherapy will need to be introduced at the beginning of a course of studies and then accompany (in various ways) scientific and clinical course work.

The dignity and flourishing of clinician and client

The first objective of a training program rooted in Christian anthropology is that clinicians acquire a comprehensive positive vision of the human person and his social environment. Clinicians can come to understand themselves as well as their clients in terms of the types of complete flourishing and freedom that are necessary to actively pursue a good life. Such a life can only partially be understood in the best of psychological theories themselves, in as much as they involve modern notions that construe complete flourishing as possible without a relation to anything higher than the human person and society (Taylor, 2007). Inasmuch as the psychological sciences have disengaged themselves from ethics and religion, they require further insights on moral development and spiritual growth as well as hearty notions of human dignity and of the call to complete flourishing.

At the beginning of a training program, the student can be introduced to the basics of a Christian vision of the human person in the philosophical terms of being embodied, rational, volitional, relational, and substantially one and in the theological terms of being created, fallen, and redeemed. These and other philosophical and theological insights not only complement psychological goals of growth and healing, but also positively influence them. In particular, the Christian belief that all human beings are created in "the image of God" (Genesis 1:27, *Revised Standard Version*; John Paul II, 1998) and called to holiness in Christ (Ephesians 5:25-27; Peter 1:15-16; Baum, 1965a, *Lumen Gentium,* n. 39-42) will open the eyes of future mental health professionals to the person and to new possibilities. In particular, they can come to see disorders and maladies in the corrective con-

text of the human vocation to self-giving (which involves not only giving, but also receiving other persons as gifts; John Paul II, 2006, pp. 194-198), understood in the Judeo-Christian sacred scriptures (esp. the Sermon on the Mount and the Beatitudes, Matthew 5-7 and Luke 6; Pinckaers, 1996) as a particular type of happiness that imitates Christ's gift of self (John 15:13) and seeks God's kingdom and holiness (Matthew 5:25-27).

Mental health professionals will meet people who have been wounded and betrayed, and who have wounded and betrayed others as well. In a Catholic Christian perspective, therapists can be taught not simply to see a spouse abuser, an alcoholic, or an addict just in need of behavior modification, of anger control, or of cognitive restructuring. They can be taught to see the client in terms of his basic human dignity and vocation, created by God, fallen in sin, and redeemed by love. They strive to see the person they are called to help, as much as possible, as God sees the person. Thus, they see the client as being made in the image and likeness of God and destined to live eternally. Christian therapists are not trained to perceive these aspects of psychological, ethical, and spiritual challenge and promise as hermetically sealed compartments. Rather, they are shown that the ethical and the spiritual aspects have practical and therapeutic ramifications for the client, even if the therapists never mention God.

This vision of the human person, in terms of dignity and flourishing, gives a directive goal to the therapists' self-understanding and clinical work that in turn requires the identification of adequate means to achieve it. Future mental health professionals can be trained to see that freeing people *from* depression, addiction, obsession, and so on serves as the means to the larger goal of *freedom for* the types of intermediate and definitive flourishing that are consistent with one's ultimate destiny and calling, which can be summarized as to love God with your whole heart, soul, mind, and strength and to love your neighbor as yourself (Mark 12:30; Luke 10:27). Moreover, seeking the *freedom for* this type of flourishing, namely, the virtuous life, theoretically guides and practically motivates the work involved in bringing healing that overcomes particular "un-freedoms" (Moncher, 2001; Moncher & Titus, 2009; Titus & Moncher, essay in this volume) and sets the stage for understanding the place of vocation in clinical work.

Vocational embeddedness of psychologist and client

Traditional Catholic teaching notes that all Christians have a vocation, and that we can speak of the concept of "vocation" in three senses (Baum, 1965a, *Lumen Gentium*; John Paul II, 1988; Grisez & Shaw, 2003). Based on the sacramental life of baptism, the first and foundational sense of vocation is the call to become holy, develop in virtue, and live a good life consistent with one's faith (LG, n. 39-42). The second sense involves a freely accepted and chosen state of life as married, religious (i.e., consecrated life), or ordained. A third sense is the unique and personal work, to which God calls each person so that they can love and serve God and neighbor, and grow in holiness. Although even the father of psychotherapy, Freud, seemed to intuitively touch on the importance of vocation when he spoke of the central importance in life of work and love, nonetheless, the concept of the person as embedded in vocation is undeveloped in psychology and the principle of viewing the person as embedded in vocation is emphasized neither in personality theory nor in psychotherapy.

Given the central importance of the three types of vocation in a Catholic anthropology, a training curriculum for Catholic mental health professionals would include an introduction to the general concept of vocation as a call to holiness with exposure to relevant literature from the Bible and from the Second Vatican Council (especially the documents, *Lumen Gentium* and *Gaudium et Spes*, Baum, 1965a,b) and other relevant sources. In addition, students would be taught about the specific characteristics, responsibilities, and developmental challenges of single, married, religious, and ordained life. Given that the majority of adults choose marriage as their vocational state of life, it is especially important that the training curriculum include the theology of marriage and family, where the Catholic Church's teaching on the nature of marriage and family life is thoroughly explored. Such coursework would familiarize students with relevant Biblical sources, as well as the major ecclesiastical teachings on marriage and family (from the Council of Trent and Vatican II), papal teachings (Leo XIII, 1880; Pius XI, 1930; Paul VI, 1968; John Paul II, 1981 & 1994), and the recent *Catechism of the Catholic Church* (2007).

Given the importance of viewing clients as embedded within vocation, a training curriculum would necessarily integrate this perspective throughout the courses and clinical experiences. Finally, the training curriculum would provide opportunities for developing clinicians to reflect on the meaning of vocation in their own life—how they are called to holiness, the importance of discerning and developing in their state in life, and the profound gift and responsibilities that becoming a mental health professional brings.

When seeing their work as a part of their Christian vocation, therapists understand that their en-

counter with the client is providential and not random. They are an instrument for healing the person. Such a sense of vocation and service motivates therapists not only to observe the ethical principles existing within the mental health professions, but also to put into practice Christian love and self-giving for the good of the client. Thus, Catholic therapists have a sense of responsibility for the client and a holy accountability to God for the service rendered to or withheld from the person in need (Matthew 25:31ff).

Presuppositions (worldviews and value systems) that underlie theory and practice

A comprehensive curriculum studies the effective integration of biological, neurological, and behavioral sciences and empirically-proven psychotherapeutic techniques, on the one hand, and philosophical and theological presuppositions and sources, on the other. A comparatively rigorous training in philosophy, with special emphasis on philosophical anthropology allows students to explore the concept of human nature, freedom, and models of the healthy-happy person and a flourishing life, including a deeper grasp of the transcendent-spiritual, bodily-emotional, rational, volitional, relational dimensions that Brugger has described in his essay. Training in theological anthropology, furthermore, identifies what Judeo-Christian revelation has to offer about being created, fallen, and redeemed, and the impact of that knowledge on the relief of suffering through clinical practice. Such a curriculum also studies other world philosophies, cultures, and religions in order that the students can learn to examine the underlying presuppositions on which psychological theories and practices rest and which may motivate a client. A clinical training program based on Christian anthropology is thus not about matching up a therapist's faith tradition and presuppositions with those of the client, nor is it one of evangelizing the client, nor even about debating anthropological presuppositions. Rather, it trains therapists capable of caring well for all clients; it is about "seeing more" of the person with God's help (that is, understanding more of the person's strengths and weaknesses, including his spiritual and religious resources) in order to apply insights about the psyche that facilitate healing.

Professional practice and ethics informed by Christian anthropology

Clinicians need to acquire the skills to communicate to the client this coherent vision of the person and to implement it in practice. A formation program will need to train mental health professionals to interpret and use the empirically established psychological techniques in ways that are consistent with human dignity and flourishing. This general ethical standard is supplemented and even transformed by the religious responsibilities of the clinician and the client, because of the doctrinal and ethical standards communicated in their religious traditions and through their consciences.

Each psychological technique has its proper area of application, for particular psychological conditions and pathologies. However, some therapies, for example, dealing with trauma, exhibit assumptions inconsistent with Catholic Christian ethics, for example, when they advise that trauma victims need to be empowered to master their trauma by holding onto anger against the victimizer and by not encouraging forgiveness. The norms of Christian therapy, on the contrary, should always strive to be consistent with Christian morality. And so, for example, Christian therapeutic technique will promote forgiveness. Another problematic assumption involves the view of "nurturing the self" that underlies self-absorption techniques (that tend to promote narcissism and a loss of concern for others). Christian therapy, on the contrary, pays attention to the self, while seeking to help the person to attain healing and flourishing by reaching out to others and through constructive self-giving. A training program based on Catholic Christian anthropology thus seeks to call upon the practical wisdom offered by a Christian perspective of the person and make reference to sacramental resources, as appropriate. Furthermore, it seeks to train future mental health professionals to know how to help the client himself actively adjudicate what will inhibit or foster healing and flourishing and to avail himself to the resources, found in his family, among his friends, and in his religious tradition.

Furthermore, there are particularly therapeutic virtues that clinicians must practice in order to assure expert relationships with their clients (Pellegrino & Thomasma, 1993). Future clinicians, in all programs, need to be trained to practice skills of empathy, listening, communication, affirmation, encouragement, motivation, hope, constructive (and non-threatening) confrontation, interpretation (both verbal and non-verbal), respect, sustaining patience, ethical rectitude, and so on. In training programs based on Christian anthropology though, clinicians seek also to understand the theological dimension of these clinical virtues. For example, instead of simply seeking to instill "hope" for the removal of symptoms, the clinician seeks to foster a larger "hope" that reaches toward a more complete flourishing, with the therapeutic ramifications that such hope imports.

New paradigms and therapeutic techniques

The fifth aim of such a training program seeks an original synthesis, requiring the further development of new paradigms and language that the clinician must be able to employ effectively. From its specific (but non-reductionist) psychological perspective, this formation program will lead to theoretical training in new theories, such as Christian personality theory (Vitz, essay in this volume; Vitz and Felch, 2006), Christian developmental theory (Groeschel, 1984; Fowler, 2000); and practical training in new techniques, such as forgiveness therapy (Enright & Fitzgibbons, 2000), Christian marital and family therapy (Nordling, 2005), virtue theory (Titus & Moncher, this volume; Moncher & Titus, 2009; Moncher 2001), and others not yet imagined; and in new practices, such as Christian professional ethics, assessment, diagnosis, and consultation.

While the goals of psychotherapy include leading the client to exercise positive virtues—and not only to attain emotive homeostasis, relief of suffering, self-satisfaction, and social productivity (Linley & Joseph, 2004)—a training program based on the anthropology expressed in Brugger's essay will seek to educate the clinician in the positive virtues that flow from the structure of the whole person, including the spiritual domain. For there are two interrelated dimensions of each virtue that involves a human capacity, which is (1) developed toward human goals and (2) enlightened by grace toward divine ones; that is, this growth involves two levels, one informed by reason and the other by faith-informed reason (John Paul II, 1998).

Each virtue can be mapped onto the four anthropological domains, as demonstrated by Titus and Moncher (essay in this volume; Moncher & Titus, 2009). One of the clinician's greatest challenges, though, is to understand the Christian added-value to the virtuous life and to acquire the skill to communicate it in psychotherapeutic practices. Moreover, we suggest that the clinicians will become convinced of the value in their seeking not only a theoretical understanding concerning the development of these virtues of a good life, but in acquiring personal and practical knowledge of them as well.

Services that psychology can offer to the Catholic Church

A sixth aim of a Catholic program seeks to develop specific skills and expertise in areas of special interest for the Catholic Church, such as vocational evaluations; health care to ordained, religious, and consecrated members of the Church; basic psychological training for seminarians, priestly formators, and marriage tribunals; as well as serving with pastors, in order to facilitate spiritual development by freeing people of psychological impediments to such growth. An introductory understanding of such services can be provided, although complete training will need not only basic course work, but also extensive clinical experience, religious sensitivity, and continuing formation. The additional knowledge required for this service is rooted in a profound understanding of the spiritual growth of the human person and the life of grace. It involves distinguishing single, married, religious, and priestly vocations. Moreover, a clear understanding of freedom and psychology will serve to discern what constitutes the psychological blockage or the emotional immaturity that would inhibit the free commitment needed for valid marital, religious, and priestly vows.

Students, faculty, and staff: selection and support

In addition to the primary focus of a psychology training program, namely academic work and clinical experience, a Christian institution will also make available to its students, faculty, and staff, in a non-compulsory fashion, opportunities for spiritual growth and assistance, in order to support their growth in Christian faith and their understanding of Christian anthropology and vocation in relation to the mental health profession. It must be clarified though that the therapists' job is not spiritual direction. Rather, like John the Baptist in relationship to Jesus, therapists smooth the uneven ground by attending to psychological disorders and potential. They thus prepare for a deepening of the spiritual life.

The last point that we will raise here concerns whether the faculty and students applying to a Christian integrative program differ from those applying to a non-integrative one. Both students and professors are self-selecting. In the case of the Institute for the Psychological Sciences, they are interested in a specifically Catholic Christian program that has identified the need to go beyond reductionist views of the human person. These students and faculty members have an interest and curiosity in exploring the meaning of happiness and being human from a context wider than that offered by exclusively empirical approaches. The psychology faculty, for its part, brings an openness to build bridges and establish a common ground between their profession with its competencies and a Christian anthropology with its transcendent understanding of human nature. The philo-

sophical and theological faculty, moreover, brings openness to engage in dialogue with the clinical field's experience of human privations and growth in order to enrich what their disciplines can offer toward understanding the human person.

Conclusion

At the level of training objectives and practices, we have identified seven implications of the Brugger essay on psychology and Christian anthropology.

(1) ***The dignity and flourishing of clinician and client***. To train mental health professionals to recognize the human dignity of the client and to contextualize health and freedom in terms of both intermediate and ultimate flourishing.

(2) ***Vocational embeddedness of psychologist and client***. To promote a nuanced understanding of vocation, its pertinence to psychological assessment and treatment, and its relationship to the client's well-being and flourishing.

(3) ***Presuppositions that underlie both theory and practice***. To achieve comprehensive competency in the psychological sciences and to gain proficiency in appraising anthropological presuppositions of psychological theory and clinical applications.

(4) ***Implications for professional practice and ethics***. To attain a professional level of psychological practice in ways consistent not only with human dignity and flourishing, but also with the religious ethics and worldview of the client.

(5) ***New paradigms and therapeutic techniques***. To receive specific training in new theories and techniques that grow out of a Catholic Christian worldview.

(6) ***Services that psychology can offer to the Catholic Church***. To become introduced to the skills in vocational evaluations and mental health services specific to the Catholic Church and other religious communities.

(7) ***Students, professors, and staff***. To support the students, faculty, and staff in ways consequent to such a program, including through opportunities to deepen their own properly spiritual resources.

In conclusion, a formation program will need to include training not only at the levels of scientifically verified theories and practices, but also at the level of worldviews and value systems that influence both client and clinician; that is, training will also attend to the enlarged sense of origins, transcendence, and finality supported by metaphysical and religious views of the person and the world that serve as presuppositions for psychological theory, research, and practice. A complete training program will seek to make psychologists aware not only of their own vision of the human person, but also that of their client. For clinicians can be trained to recognize, respect, and engage (as appropriate) the world-view and value-system of the client and of the clinical theory and technique that they use. Lastly, the anthropology here outlined recognizes that the Christian vocation makes certain claims on clinical practice and training. Instead of being a burden to the practice of the mental health profession though, the Christian vocation provides insights into the strengths and weakness of individuals, families, and society that lead toward a fuller type of flourishing. As an extension of this vocation, students and licensed mental health professionals alike will seek basic training and ongoing formation in order to help integrate the empirically verified psychological sciences with the Christian vision of the human person.

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A Catholic Christian Positive Psychology: A Virtue Approach

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This essay argues that the philosophical and specifically Catholic Christian anthropological principles presented by Brugger lend themselves to construing a positive developmental and therapeutic psychology paradigm in terms of virtues, character strengths, and practices. This anthropology identifies a structure of human origins, developmental pathways, and flourishing. Such a positive psychology demonstrates that virtue (in its natural and supernatural dimensions) is not an afterthought, but rather an integral aspect of human embodied, relational, rational, and volitional factors. This approach to psychology anticipates a correlation between symptom reduction and the development of virtue strengths and the practices that promote or inhibit them.

At one time, the goal of providing a psychosocial vision of the human person was the competency of virtue theory (Plato, trns. 1961; Aristotle, trns. 1941; Aquinas, trns. 1981). In modern psychology, personality theories have claimed this task as their own (Lapsley & Power, 2005), though often having more focus and precision in describing pathology than health. Recently, the desire to understand the constructive goals of psychology has motivated a growing interest in the psychology of virtue and character strengths. It has focused attention not only on psychological function, but also on its correlation with moral and spiritual values that delimit and motivate the human person and societies. Recent attempts to re-appropriate the virtue tradition are displayed notably in the positive psychology movement (Joseph & Linley, 2006; Linley & Joseph, 2004; Peterson & Seligman, 2004; Seligman, 2002; Snyder & Lopez, 2002, 2007). Although space does not allow a thorough contrast of the Brugger anthropology and contemporary positive psychology approaches, we would like to acknowledge certain distinctions (See Brugger and the Faculty of the Institute for the Psychological Sciences, 2008).

In contrast to positive psychology approaches such as Seligman's, the Brugger philosophical and theological anthropology draws upon a longstanding tradition of integrating human wisdom, sciences, and revelation, and seeks to be in dialogue with the best of contemporary studies; this perspective permits tracing the expressly Christian aspects of virtue theory. Seligman employs a comparative method (of Eastern and Western sources) to define the virtues and then uses psychosocial empirical studies to track them. As a result, while sharing four primary virtues (which are traditionally called cardinal virtues), a significant difference between these two approaches is found in the way that they map spirituality and theological concerns. Positive psychology maps them broadly under the virtue called "transcendence." The Brugger account on the contrary considers them transversal aspects to all the four philosophical anthropological factors (i.e., body, relationships, reason, and will). Transcendental or graced influences are active not only in the three theological virtues of faith, hope, and charity-love, but also the theological virtues inform the cardinal virtues in regards to ends, means, and measure of acts and dispositions. The present essay delineates the major virtue areas following this classical list of seven virtues (instead of the six chosen by Peterson & Seligman, 2004).

Virtues as Standards for Mental Health

Mental Health and Virtue

In order to understand its correlation to mental health, we need to define "virtue." For the ancient Greek philosopher, Aristotle (trns. 1941), virtue involves a "state of character which makes a person good and which makes him do his own work well" (n. 1106a23) and entails not only knowing and freely choosing good acts for their own sake, but also acquiring dispositions to do so with "a firm and unchangeable character" (n. 1105a34). This notion of virtue does not compartmentalize psychological function or ethical norms. Rather, it serves to express (and study) the potential correlation between the psychological well-being and ethical goodness that constitute the types of human flourishing that are displayed in the various major virtues, especially the type of self-giving epitomized in love (charity).

Movements in humanistic psychology and resilience research, among others, have attempted to correct a negative bias in the construal of mental health as simply the absence of disorder. This bias stems

from pragmatic approaches to research funding (and insurance policies), as well as from genuine medical advances in overcoming physical maladies and treating psychological conditions. However, health is not simply the lack of disease or mental disorder. In general, mental health manifests itself throughout the four anthropological domains that serve to map the field of clinical psychology. In the four domains of embodiment, relationality, rationality, and volition, we find specific (although interconnected) biological bases and psychosocial dispositions that contribute to mature, free, responsible action; they might be considered as bases for assessing four axes of mental health.

The question arises as to whether there can be virtue without complete mental health. Certain genetic predispositions, psychological disorders, and substance addictions (e.g., schizophrenia, mental retardation, alcoholism) constitute systemic weaknesses that are not on the characterological level per se, but that nonetheless, on the one hand, become the unavoidable base points from which a person develops psycho-moral character and, on the other, render difficult or impossible certain character developments. Although such bio-psychological disorders negatively influence growth in character, psychological health always ultimately requires the development of dispositions from within limited human capacities and situations. Positive mental health therefore includes—without being equated with—the goal of mature (age-appropriate), free, and responsible agency that is constituted in a virtuous character that not only seeks to choose goals that promote human flourishing, but also to act consequently and to experience coherent emotions.

Major Virtues, Character Strengths, and Particular Practices

Health and virtue related dispositions can be organized according to three levels of specificity: (1) major virtues, (2) associated virtues or character strengths, and (3) particular practices. These three levels move from a more universal to a more specific and culturally diverse manifestation of human dispositions. Positive-virtue psychology seeks to identify these qualities (dispositions) that express healthy functioning and goals.

Seven major virtues serve most basically as general positive qualities in the dimensions of natural virtue (justice, temperance/self-mastery, courage, and practical reason/prudence) and graced virtue (both the theological virtues of faith, hope, and charity and the other virtues inasmuch as the theological virtues shape their ends, means, and measure). Having a threshold level of each of the natural virtues is the basis for good character and general mental health; we need to display some level of competency in these virtues across our emotions, relationships, reasoning, and willing. But no one lives at this level of abstraction; these virtues are played out in character strengths and particular practices that instantiate mental health, good character, spiritual well-being, and personal vocation.

Second, there are associated virtues or character strengths that in various ways constitute or support the exercise of the major virtues. Identifying them involves fine-tuned observations of the differentiated skills and dispositions that are the pathways through which a personality develops and mental health is promoted. In a traditional Aristotelian-Thomist (Aquinas, 1981; Aristotle, 1941; Titus, 2006, 2008) list, we find clusters of associated virtues that trace moral, intellectual, and theological dimensions. For example, courage is associated with constitutive strengths related to facing difficulty: on the one hand difficulty must be engaged through (1) hope and (2) initiative-taking; on the other hand, difficulty must be resisted through (3) patience and (4) perseverance.

Third, the major and associated virtues are only developed in specific situations (time, culture, religion) and through particular practices. In the practices exercised at home, at school, on the job, in civic institutions and religious communities, a person develops specific dispositions that exhibit the virtues in a more or less complete manner. Such familial, work-related, civic, and spiritual practices are guided by specific rules (MacIntyre 1999). On the sports field, practices involve rules internal to the game that incarnate, for example, respect for the safety of others and of self; ways to identify success (scoring) and to correct errors (penalty). Practices lead to the formation of the dispositions that we identify as associated and major virtues; in this example, practices contribute to the dispositions of fairness and pardon, justice and courage. Situational complexity and personal unity entail that several virtue skills can be operative in the same practice. It is at this level of specification (handling tendencies to be fearful, forgiving, daring, etc.) that the psychologist sees the working of health and disease, order and disorder.

While genetic and environmental diversity is situated at the level of practices, the major virtues are universal. A base level of each major virtue area is needed in order to be considered psychologically healthy or to have a good character. However, this virtue approach is not static; rather it aims at a complete connection of the four anthropological factors and identifies pertinent developmental and therapeutic pathways.

Nature and Grace

On a specifically spiritual level, the theological virtues of faith, hope, charity-love (and other virtues inasmuch as they are influenced by the theological virtues) provide further insights for understanding psychological function and therapy, especially with clients who are openly seeking to employ their spiritual resources in understanding, motivating, and changing their lives. They also provide religious-moral understanding of the origin, goals, and pathways of virtue and wellbeing. A Catholic Christian notion of human nature and divine grace construes human nature as imprinted with the image of God (Gn. 1:26-27). This image is at the root of the dignity, intelligence, and freewill that serve as the basis for understanding God's second gift (grace) in terms of the first (human nature). Theoretical discussions of positive psychology and virtue theory must contend with symptoms related to character weakness and the effects of sin at psychological, ethical, and theological levels.

However, in the working of the theological virtues, divine grace reestablishes a Christ-like order in the person. In the manner that Christ developed his embodied, relational, rational, and volitional capacities (being perfect, yet growing in these human capacities), he "fully reveals humanity to itself and makes our supreme calling clear" (*Gaudium et spes*, Baum, trns. 1965, n. 22). Nonetheless, the grace of the theological virtues does not overcome freewill nor forego struggles related to the lingering effects of psychological weakness and moral disorder.

This Catholic vision of virtue construes grace as building up (transforming) instead of covering up or destroying human natural capacities and developmental processes, so the potential consistency enabled by theological virtues does not negate freewill. Without providing ready-made solutions to concrete pathologies and challenges, it recognizes that grace (supernatural assistance) underlies a development of spiritual strengths and theological virtues (faith, hope, and love) and the type of consistency they assure. While this occurs as a result of divine gift rather than human achievement, nonetheless human participation is vital to this vision. Thus, in ways that respect human nature and each person's psychosocial history, grace elevates human capacities to know, love, perceive, feel, and relate.

A Catholic Christian Understanding of the Virtues

Now we would like to illustrate how the major virtues relate to the four philosophical anthropological factors as presented by Brugger. After indicating each factor's scope and relationship to flourishing, we will define the major virtues with their normative parameters and provide a Catholic Christian perspective on the interrelation of nature and grace.

Embodied Virtues: Temperance (Self-Mastery) and Courage (Initiative-Taking)

The Brugger anthropology delineates the bodily factor of human nature as organic, sensate, affective, and as sexually differentiated and historically situated. A positive psychology of virtue attends to these domains, with special attention to those emotions and other aspects that can be shaped through dispositions.

Recent neurobiological research suggests that human emotions are indispensible in human action (Damasio, 1994; Goleman, 1995; LeDoux, 1998). An Aristotelian-Thomist perspective, for its part, has argued that certain virtues reside in the embodied emotional dispositions (not just in reason and will). These emotional virtues express a pre-discursive or preconscious type of embodied participation in reason. Although responsible action demands further rational adjudication and choice, such emotional appraisals rely on instinctual and acquired neural circuitry, and thus are properly considered bodily. The virtue tradition has distinguished two large areas of affective virtues that accord with two types of embodied affectivity: the emotions of desire (the attractive good) and those of difficulty (the difficult good). This division has been variously named: appetitive and spirited parts of the irrational soul (Plato, trns. 1961); the concupiscible and the irascible passions (Aristotle, trns. 1941; Aquinas, trns. 1981); pleasure principle and death wish (Freud). The emotions of attractive good involve three general pairs: love and hatred, desire and repulsion, and pleasure (or joy) and pain (or sorrow). Those that relate to difficulty consist of: fear and daring; hope and despair; and anger. The two major virtue groups that rule these areas are called temperance (self-mastery of desires) and courage (mastery of initiative taking and of difficulty).

The virtues associated with temperance in managing the emotions of attraction and repulsion are: fitting shame, honesty, self-regulation (concerning food and mind-altering substances), chastity (regarding sexual probity according to one's state in life), forgiveness and meekness, modesty, humility, and love of learning. Such virtues of desire seek a middle course between: feeling no shame or being guilt-ridden; lacking a felt need for honesty or being immobilized by scrupulosity; not being able to enjoy food or overindulging, and so on. They support natural inclinations, human practices, and moral norms when developing well-ordered dispositions of

loving the good (e.g., sense pleasure, bodily health, and knowledge), which naturally tends to diffuse (share) itself. Family commitments (in conjugal love and raising children) are clear exemplars of where such virtues are essential to healthy psychological functioning and typical of self-giving.

Second, courage and the other initiative-taking virtues express emotional intelligence as: natural hope and self-esteem, constructive initiative-taking and generosity, patience and perseverance, and virtuous anger and meekness. They also involve an embodied-affective participation in reason. Thus, this type of virtue is situated in the rightly ordered first movements of emotion and in the emotions that follow upon reasoned judgment aiding in its execution and expressing one's intent, with obvious implications for healthy psychological functioning.

According to the theological anthropology of Brugger, religious norms and theological premises reveal something more about the intentional scope of a person's emotional life. For example, faith in God can transform bravery; thus the ultimateness of God's love (and a person's experience of it) re-contextualizes the reasons for facing rather than fleeing fearful situations involved in defending one's faith or the life of the defenseless. Both acquired and graced virtuous practices and dispositions can reorder the affective relations to desires and difficulties establishing such a unity with one's goal (a second nature) that it assists discernment and judgment about the means to the end, even at a pre-discursive, emotional level.

Relational Virtues: Justice and Charity

Relational virtues and character skills involve the ways that we find pro-social ordering in our desires and acquire further ordering therein. In natural human inclinations, we find a pro-social diffusive ordering from self to family to other social relations (McAleer, 2005). The signs of human relational character and nature—such as familial and social collaboration, language and literature, arts and science, civic society and religion—are evident, although not unambiguous (Goleman, 2006). From a positive psychology-virtue perspective, human social inclinations and capacities are underdetermined (i.e., they are general and open to further development). They tend toward their own proper goods, but sometimes at the expense of integrative reason. Through consistent efforts though, human beings can acquire more stable pro-social dispositions, like the cardinal virtue of justice. Justice, defined as the tendency to "give what is due to the other," is acquired in various manners through practices at personal, social, economic, cultural, political, and religious levels. Far from remaining a vague principle, the virtue of justice is delimited: (1) according to personal responsibilities for other individuals and for the common good; and in the inverse direction, (2) according to a social unit's responsibilities for particular individuals and institutions.

Justice constitutes a hinge on which turn associated character strengths and all good human dispositions in their social aspects (it is also considered a virtue of the will, as we will see later). Rectitude and truth, equality and fairness, friendliness and kindness, empathy and altruism, and generosity are correlated notions based on the recognition and respect of personal dignity, duties, and rights within the common good. The internalization of these qualities as relational virtues finds support through practices guided by civic laws and customs, family practices and educational programs, even spiritual exercises and religious rituals. In addition, to the extent to which a person is able to grow in these virtues, they will build immunity to psychological problems for themselves and in their significant relationships.

While affirming the universal value of justice, the Christian message further concretizes justice, through the personal norm of love of God and neighbor. Through the virtue of charity (and its cognitive content and motivational pull, that is, through faith and hope), we recognize the other as a brother or sister in Christ. God's love—the ultimate source of human love—influences our behavior motivating conjugal fidelity, generosity, pardon, fairness, as well as patience, kindness, and the transformed version of every positive human disposition taken in the perspective of the *City of God* (Augustine, trns. 1958). God's justice and gifts transform just relationships, whereby strict justice no longer suffices; or rather strict justice starts to recognize that all is gift and tends toward generosity. This vision identifies: the self-diffusive nature of goodness and truth; the need to give of oneself in order to attain ultimate fulfillment; and the spiritually efficacious example of Jesus Christ in these regards. Lastly, Christian justice also pertains to the human-divine relations that are expressed in virtues of religion, piety, and worship, which have been shown to correlate to psychological health (Koenig, McCullough, & Larson, 2001).

Rational Virtues: Practical Reason (Prudence) and Faith

The pervasiveness and intricacy of human intelligence and its relation to willing and emotions puts it at the center of virtue psychology. Human cognitive dispositions underlie human intuitive, specu-

lative, and practical capacities to explore the environment, appreciate beauty, identify goals, discern means to achieve ends, give fitting counsel, and to enjoy good lives. The cognitive intellect builds upon sense knowledge, memory, and imagination, but is the proper domain of intuitive understanding and discursive reasoning (of wisdom, knowledge, evaluation, planning, and commitment). Although characteristic of the human species, the rational factor involves an underspecified natural inclination to know the truth and manifold dispositions that need development: deciphering information and pursuing science, planning for goals and solving problems, seeking meaning and achieving works of beauty, and in family, civic, political, and religious settings and practices. Cognitive skills and practical reason promote the interconnection of the virtues through adjudicating between the claims of various goods among themselves and in rapport with the ultimate good. Through a person's practical reasoning, each aspect of virtuous character participates in the good of reason either directly in the rational adjudication of what is right and good or indirectly according to its own proper manner: tending to positive friendships, constructive emotional patterns, dependable choices, and so on.

Faith-informed reason brings the content of this anthropology to bear on one's understanding of human origins, developmental pathways, and life-goals as well as to the three levels of virtue, character strengths, and practices. Thus, faith is both a divine gift and a subjective quality. Through faith, a person receives confidence in and knowledge of God, as well as a transformed value-system and world-view. Lastly, practices of graced-practical reason (discernment, counsel, and action) apply this understanding of truth and goodness to issues related to psychological health and flourishing, at both temporal and ultimate levels.

Volitional Virtues: Natural Love, Charity, and Hope

Brugger's anthropology posits a premise that in general human beings are subjects of free, responsible, self-determining, creative, and loving choices. Nonetheless, psychologists have expressed misgivings about the extent of freewill. Admittedly, compulsivity or external force can override one's decisions; and fear, ignorance, passion, weakness of will, or habit can impede the exercise of one's choice. Nonetheless, Bandura (1997) has demonstrated that human self-efficacy extends to the capacity to alter one's motivation and to influence wellbeing. The exercise of some measure of self-determinacy and relative autonomy evidences freewill.

According to the Brugger anthropology, this volitional factor springs from the natural inclination to desire what is good and to avoid what is harmful. Since basic inclinations and particular knowledge do not directly produce right choices, it is the role of education, self-help, and therapy to build up dispositions that not only discern fulfilling goods, but also choose effectively to partake in them. The volitional factor is manifest, moreover, in the intuitive and discursive motivational capacities that human beings need in order to intend, consent to, and choose the goods that constitute human freedom and flourishing, especially the good of self-giving that constitutes the natural virtue of love. The embodied agent formalizes the virtues (and vices) of the will through practices in many areas relevant to psychological health such as marriage, friendships, civil responsibilities, and so on. In addition to what we would call natural love (which is not limited by emotion, but anchored in commitment), justice is another major virtue related to the will. As a virtue of the will, justice and its associated virtues demand the development of a firm agentive disposition to value the life of the other and to give him his due in the form of respect, just pay, equitable treatment, caring, and the like. Through such practices, which constitute a basis for creative liberty and efficacy, one becomes inclined to do just, fair, and generous deeds, in a timely manner with ease and even joy; such a surety of action does not make one less free, but more free, and ultimately is partially constitutive of optimal mental health.

The Christian difference in the volitional factor is not simply a more efficacious motivation, through steady love, constant hope, and firm justice. Charity-love also informs the virtues with a new measure for ordering the gift of self. Charity is expressed in every true and good virtue and practice; and Augustine (trns. 1958) has discussed every true virtue as an "ordering of love." Hope in the promises of Christ influence behavior, at a personal and civic level as well. Although deficiencies of charity can result in affective disorders, failed commitments, and cognitive errors about the object of love, certain general difficulties in charity are also characteristic of the need for further growth, without indicating fault per se.

At the theological dimension, charity calls forth an interconnection of the virtues that is both normative and developmental (Aquinas, trns. 1981; Augustine, trns. 1958; Benedict XVI 2005, 2007; St. Paul, 1 Cor 12-13). Christian charity calls for continued growth while enabling the other virtues to develop as well. Because of God's love for us and our graced-response, a person seeks to live in Christ at a level of consistency and self-giving that is otherwise improbable: faithful to spouse, guiding and nurturing to children and extended family, just to neighbor,

generous to those in need, and defending human life and the environment.

Conclusion

The Brugger anthropology is conducive to a positive psychology-virtue theory that helps to understand human capacities for excellence, continuity, and creativity, as well as the human tendencies to mediocrity, decline, and monotony. This essay has suggested that the developmental virtue perspective correlates with important aspects of clinical psychology such as the goals of psychotherapy. Elsewhere, we have argued that a Christian psychotherapy might seek not only the reduction of symptoms but also growth in acquired virtues (Moncher, 2001; Moncher & Titus, 2009). Furthermore, employing a Catholic notion of nature and grace, this essay has suggested that spiritual resources and practices aid in a further development of spiritual strengths and virtues, which build up the basic capacities according to their proper geniuses. Although such growth is ultimately based on divine gift, human participation (in education and therapy, for example) is necessary as psychological disorder is not easily overcome. It is our hope that future works in psychology will employ conceptions of virtue, character strengths, and related practices to inform personality theory, assessment and diagnosis, therapy and consultation.

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Beyond DSM-IV-TR: Some Considerations for Psychodiagnostics from a Catholic Perspective on the Person

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After reviewing development of the Diagnostic and Statistical Manual of Mental Disorders, the authors suggest that the diagnostic categories of the manual can better capture the fullness of the human person if they are placed within the framework of the anthropological domains proposed by Brugger in this issue of Edification. The approach is illustrated by applying it to Avoidant Personality Disorder. The authors also discuss the interactive nature of the anthropological domains by drawing on the findings of attachment theory, the latest research on relational processes, and interpersonal psychology.

The proposed revision of the Diagnostic and Statistical Manual of Mental Disorders (*DSM*) (APA, 2000) scheduled for 2012 has inspired numerous research reviews and theoretical papers on the subject. In this paper, we join this effort by suggesting a means by which the diagnostic categories of the *DSM* can be used more effectively when placed within a conceptual framework that encompasses the fullness of the human person, including the spiritual and religious (or transcendent) aspect of human desires and development. Brugger in the discussion essay of this issue of *Edification* asserts that a complete approach to psychotherapy must be based on carefully considered notions of human potential. Without this perspective, any diagnostic system of psychotherapy lacks direction and context. Here we intend to explore how the anthropology proposed by Brugger can supply that context by offering a set of unifying principles regarding human privation and flourishing.

The Diagnostic and Statistical Manual as a Tool in Diagnosis

The *DSM* is a guide for systematically ordering symptoms into categories and classifying various categories into diagnoses. By portraying in a systematic manner what the patient is manifesting and experiencing, it provides the practitioner with information about the likely prognosis as well as guidance in the selection and use of appropriate clinical interventions.

Early attempts at understanding psychopathology began similarly to most scientific disciplines: organizing naturally occurring events into mutually exclusive and exhaustive subcategories that then become tools of communication. Such categorization helps in describing, predicting, controlling, and understanding the elements that make up the area under consideration.

The search for categories of psychological disorders began in antiquity and proceeded through the middle ages and throughout the nineteenth century. However, it was not until the twentieth century, and more particularly at the time the *DSM* was first being planned and organized, that the classification process became sufficiently rigorous to reflect the principles of science. Even then, the process was in its early stages, or what might be called alpha taxonomy (Bruner, Goodnow, & Austin, 1965). As the first *DSM* took form in 1952, the tendency was to draw on elements of abnormal behavior that were global and imprecise. They were drawn often from abstractions derived from psychoanalytic theory. They referenced personality structures, defense mechanisms, traits, neuroses, etc. (Adams, Luscher & Bernat, 2001). They also carried assumptions about etiology. All of these factors contributed to the problems of reliability and validity that were critiqued in the *DSM*'s early versions.

The approach to the *DSM* III (1980) changed radically. There was an attempt to stay closer to observables for which there could be greater consensual validation. Methodological innovations included more explicit diagnostic criteria, a multi-axial system, and a descriptive approach that tended to be theoretically neutral. Task forces and working groups conducted a three-stage process that involved comprehensive review of published research, reanalysis of archived data, and extensive field trials (APA 2000, p. xxvi*)*. The cooperative work resulted in improvements in reliability and validity and in the facilitation of fruitful scientific research in areas ranging from the impact of medications to the identification of best practices for psychotherapy.

The Underlying Model of *DSM-IV*

However, the manual as it currently stands still has shortcomings, some of which will be addressed in the *DSM-V*. Users have cited deficiencies in the categorization of personality disorders or have been concerned that relational disorders are inadequately addressed (First, Bell, & Cuthbert, 2002). While we agree that these are areas to be strengthened, our principal dissatisfaction with the *DSM-IV* is that human psychological pain, disability, and suffering are not examined in the context of what constitutes a complete and thriving person.

To provide that context, one needs to clarify a positive model or conception of human flourishing, a goal or ideal that serves to guide the diagnostic and therapeutic process not only in a contrastive diagnosis (the privation of health), but also in the assessment of resources that put the symptoms into personal context and serve as footholds in treatment. In any field, the identification of disorder or pathology requires at least an implicit model of health and well-being. Medical science, for example, provides numerous parameters of normal functioning that help medical professionals identify bodily systems that may need special intervention or treatment. In the *DSM,* that model of well-being is less obvious, but may best be revealed by examining the Global Assessment of Functioning scale where the highest level of psychological well-being is summarized as follows: "Superior function 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" (APA, 2000, p. 34).

As a statement of well-being, this one is brief, but it does suggest something about the implicit model that underlies the *DSM*. "Superior functioning in a wide range of activities" implies high performance in major domains of adjustment. The individual is actively engaged in the world in a variety of areas and interests, adaptable and properly functioning in varied settings. The statement, "life's problems never seem to get out of hand," suggests self-control; the individual is level-headed in the face of problems and competent when facing the unexpected. The person "who is sought out by others because of his or her many positive qualities" is one who has meaningful relationships with others and is interpersonally attractive. Finally, "no symptoms" implies an absence of maladaptive features.

Summarizing the model of well-being underlying the *DSM*, it is an image of an individual with a high level of physical and mental functioning, highly adaptive to life, having the ability to control or mitigate threats from external sources, and actively engaged in the social world. The traits specified are undoubtedly good. However, because it recognizes little or nothing of any transcendent origin or purpose, the model is materialist. Indeed, in the same vein, some authors (Wakefield, 1992; 1999) have proposed Darwinian theory as the foundation for models of human adjustment, where one's theoretical considerations concentrate on issues of adaptation, survival, and the potential for propagation of the species. Yet such a reductionist focus, by excluding the moral and spiritual aspects of the person, neglects much of human psychological life.

A Catholic Anthropology as a Diagnostic Framework for the *DSM*

In spite of the materialist assumptions underlying its model of well-being, the *DSM* project remains the most rigorous and best researched diagnostic tool available to clinical psychology, and we have no wish to question its status in the discipline. However, we believe that a full use of the *DSM* requires an approach that encompasses the complete range of human potential for flourishing. Over the years, developmental and humanistic psychologists have suggested approaches that seek this goal. Maslow (1943) posed an increasingly transcendent hierarchy of needs. Erickson offered stages of development that span a lifetime and become oriented to the welfare of future generations (Marcia, 1966).

In an important paper, Bergin (1980) claimed that Christian values provide important parameters for examining human potential and flourishing. We can paraphrase his proposed values and assumptions as follows: God is supreme; personal identity is derived from the divine; self-control is employed in the pursuit of absolute values; love is primary; service is central to growth; there is commitment to marriage, procreation and family life; responsibility is essential; there is acceptance of guilt, suffering, and contrition as keys to change; forgiveness is important; and meaning and purpose can be derived from reason and intellect.

While Christians may differ on the content of certain values that promote human happiness, there can be little debate among them about the source of an appropriate model of human flourishing: the person of Jesus Christ. Christians of all traditions understand that they are called to imitate Christ in their lives. Indeed, the very label "Christian" means a follower of Christ. Catholic doctrine is clear about this point. John Paul II often quoted the Second Vatican Council that stated: "The truth is that only in the mystery of the incarnate Word does the mystery of man take on light. Christ, the final Adam … fully reveals man to man himself and makes his supreme calling clear" (*Gaudium et Spes*, sec. 22).

Yet the critical methodological question is how one operationalizes this model, for it is not obvious how we are to relate the person of Christ to diagnostic categories in psychology.

A promising means to operationalize a Christian model of well-being is provided by the anthropological domains set forth in the discussion essay of this issue of *Edification*. These domains suggest a diagnostic process that broadly reflects a Christian understanding of psychological flourishing as well as psychological privation. Insofar as a Christian model of well-being captures, more fully than the current materialist model, the range and content of human flourishing, it can serve as a more complete framework for interpreting the content of diagnostic categories as the failure to realize fully some human potential or faculty.

The eight domains are well articulated by Brugger. The first four philosophical domains—embodiment, rationality, volition, and relationality—serve as a useful framework to recast and expand the scope of diagnosis to include a wide range of potential areas of human flourishing as a guide to the clinical practitioner. These four domains can help to fill out the *DSM* project by offering several continua of human function that range from privation to human flourishing, while also incorporating theological (or transcendent) aspects of human nature that emerge through insights found in the Christian tradition. The advantages to this can be illustrated by focusing on a diagnostic disorder that is well documented in the *DSM-IV-TR*.

The Framework Applied to Avoidant Personality Disorder

Most clinicians during the course of their careers will have occasion to treat people with Avoidant Personality Disorder (APD). The *DSM* characteristics that are cited for this condition are summarized as follows:

> A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following symptoms: (1) avoids interpersonal contact, because of fears of criticism or rejection, (2) is unwilling to get involved with people unless he or she is liked, (3) shows restraint within intimate relationships because of the fear of being shamed, (4) is inhibited in new interpersonal situations because of feelings of inadequacy, (5) views self as socially inept, personally unappealing, or inferior to others, (6) is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing (APA, 2000, p. 7).

From the perspective of Brugger's four domains, we can locate this disorder on a series of continua of human flourishing. That is, APD can be conceptualized as a particular manifestation along four dimensions defined by the four anthropological domains. Table 1 may help communicate this idea. In the table, manifestations of human flourishing in each of the four domains are located at the top, while indications of privation—as illustrated in this case specifically with symptoms associated with APD—are placed at the bottom. Manifestations of human flourishing are borrowed both from the Brugger article in this issue and from other ongoing work at the Institute for the Psychological Sciences.

Highlighting first the domain of bodiliness, we can focus especially on the emotions as bodily functions that incline us to move toward or away from

Table 1
Conceptualization of Avoidant Personality Disorder (APD) on the Four Domains

	Bodiliness	Rationality	Volitionality	Relationality
Human Flourishing	Accurate perception of the sensible world and preconscious adjudication of what attracts and repels; enduring emotional dispositions ordered in accord with what is truly good for the human person	Includes the faculty to know oneself and to make discerning judgments about one's environment; accurate intuitive and discursive judgments about what is true, good, real, and beautiful	Capacity to pursue intuitively and discursively what is good for oneself and for others through responsible and free choices and self-determination	Strong inclinations and needs for life in society; natural sociability expressed in acquired relationships in family, with friends, and in larger community
Human Privation	APD: fear leading to restraint even in intimate relationships; feelings of inadequacy that inhibit the formation of new relationships	APD: cognitive distortion and an avoidance of truth; underestimation of one's own worth	APD: lacks the will-power to take on the risks of dealing with others; unwillingness to face and correct one's weaknesses	APD: avoidance of interpersonal contact; restraint shown even in intimate relationships; inhibition especially in new social settings

perceived stimuli or environmental events. Human emotional flourishing is indicated by enduring affective dispositions ordered in accord with what is truly good for the human person. In contrast to this ideal, the *DSM* symptoms above indicate a serious privation in this area. Symptom 3 speaks of the emotion of fear leading to inordinate restraint even in intimate relationships. Symptom 4 mentions feelings of inadequacy that inhibit the person's ability to form new relationships. Other symptoms speak of fears of rejection or criticism. Furthermore, when individuals experience fear or anxiety repeatedly or with sufficient intensity with regard to specific stimuli, such as new social situations, they can become classically conditioned to the point where the distressed responses become habitual and lead even to tissue changes that involve disorder in central nervous system stimulation, as in the case of an overly reactive amygdale or changes in biochemical reactions and RNA transfer.

These manifestations of bodily privation are echoed in the second domain, rationality. Human flourishing in the domain of rationality includes having a balanced and truthful view of oneself (and of the world and transcendent realities). The symptomology of APD outlined above indicates at the very least an avoidance of truth manifested in both an underestimation of one's own worth and an unwillingness to face and correct one's true weaknesses. This cognitive distortion can lead to unwarranted expectations or conclusions about social events. "People will see me with a critical eye and will reject anything that is not perfect about me." "I will be trapped in my own embarrassment." Thus, on a continuum from flourishing to privation we have, at one end, a truthful appraisal of one's talents and character (or at least the desire to do so), and at the other, a false appraisal of self that both underrates itself but also hides from opportunities to correct the falsehood.

The symptoms of APD also demonstrate a privation of volitionality, the third domain. A flourishing human volition is manifested in the enduring ability to exercise one's freedom in personally and interpersonally adaptive ways; in other words, a flourishing volition is self mastery easily exercised in human relationships. In contrast, as we see in symptom 2, an individual may lack the will to engage in social interaction with others unless assured of their positive evaluation. Or, as is evident in symptom 6, the person with APD may lack the strength of will to take on the risks of dealing with others, significantly curtailing his or her opportunities for flourishing. The will to succeed and experience the fruits of life's challenges becomes attenuated.

Finally, the symptomology of APD is perhaps most closely associated with the fourth domain, relationality. This domain reminds us that humans are naturally social with strong inclinations and needs for life in society. They are inclined naturally towards self-communicative acts of giving and receiving. Love is the highest expression of interpersonal self-communication. Yet, without exception, the APD symptoms listed above all manifest significant privation in this important domain. The avoidance of interpersonal contact, the restraint shown even in intimate relationships, the inhibition especially in new social settings, all demonstrate how far the individual is from a level of flourishing in the domain of relationality.

Interaction among the Domains

As Brugger explains, the four domains are irreducible, without being independent. They mutually influence one another, so that in clinical practice one often sees problems arising in one domain that manifest themselves in another as well. For example, the research literature provides many illustrations of the effects of relationality on the other domains. Attachment styles forged in early parental and family relationships predict adjustment in many aspects of a person's life (Bowlby, 1999; Fraley, Waller, & Brennan, 2000). Primary relationships, such as parent-child relationships, have been shown to have a profound impact on the neural systems that govern emotional control and susceptibility to psychopathology (Beach, Wambolt, & Kaslow, 2006).

Other researchers, following their own conceptual frameworks, have provided evidence-based schemes that illustrate further the interactive nature of the anthropological domains by examining quantifiable aspects of interpersonal behavior. For example, in work over the past thirty years, Benjamin (2003) has generated dimensions of interpersonal behavior that capture with some precision the interaction of the emotional elements of interpersonal behavior with the control elements. Work in progress by Scrofani (2008) follows portions of Benjamin's scheme and introduces an additional dimension of interpersonal interaction. He combines aspects of the anthropological categories of bodiliness (specifically, the emotional components of interpersonal behavior) with volitionality (through an expansion of Benjamin's control component). He then introduces a third dimension (which he labels the "person" dimension) that casts many aspects of giving and receiving into psychologically measurable terms. This allows us to measure how the relational environment might promote either privation or flourishing in a person. It also takes relationality beyond Benjamin's parameters to an ideal of interpersonal flourishing

captured by John Paul II's concept of total self giving and expressed in religiously based commitments and service (marriage and consecrated life) and in divine worship (John Paul II, 2006).

Reductionist explanations that locate the primary causal agent in only one of the domains do not capture accurately the interaction among them. Nor do materialist models that exclude religious aspects of affection, cognition, motivation, and relationships. Rather, we think it is more appropriate to conceptualize this interaction by drawing an analogy with music; that is, as a kind of "resonating" process in which "concordant" or "discordant" patterns in one domain either enhance or impede the harmonic performance in the others. It is the whole person that must be the concern of the effective clinical practitioner.

Conclusion

Each of the four domains delineates a level of human flourishing that serves as the ideal to which a given *DSM* symptomology is compared. By framing the diagnostic process in this manner, the objectives of clinical intervention are made explicit for the clinician and patient. Rather than the vague sense of environmental adjustment characteristic of a materialist model of health, the anthropology underlying the four domains embraces a level of authentic fulfillment as the natural end of the human person, while also providing a basis for understanding divine support in these domains. And because the goal is complete human flourishing (natural and grace-assisted) rather than merely relief of symptoms, the patient understands more clearly why the hard work of overcoming psychological disorder is worthwhile.

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Implications of Catholic Anthropology for Psychological Assessment

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This essay reviews the implications of the specifically Catholic Christian anthropological premises presented by Brugger in this issue of Edification for the standard professional task of psychological evaluation and assessment. The anthropology identifies a structure of human origins, developmental pathways, and flourishing that provides a helpful framework for considering how traditional psychological assessments can be enhanced to reflect a more comprehensive view of the person evaluated. This response also discusses some currently available instruments in light of the anthropological premises, as well as outlining some specific applications that are unique in working from a Catholic Christian perspective or in a Catholic environment.

Assessment (from the Latin, "to sit with") as a formal psychological process endeavors to discover, measure, describe, and, if possible, classify a person's psychological condition, functioning, and prognosis. This information is then utilized for treatment planning, educational or job screening, and placement. Traditionally, this process has involved the use of interviews, review of prior records, observations, work samples, and test instruments designed to capture a person's psychological functioning. Depending upon the theory to which the psychologist subscribes, the focus of the assessment might be on the person's behavior, cognition, emotions, relationships, or personality. Psychological assessment assumes that psychological traits and states exist, that they can be measured qualitatively or quantitatively, and that the information obtained through the process correlates with or predicts some future functioning of interest.

I propose that the anthropology put forth by Brugger in this volume of *Edification* provides a comprehensive schema and new categories for approaching psychological assessments, and provides valuable insights into how the process can be approached more ethically while retaining its utility. The anthropology provides new contents for traditional categories (emotions, relationships, cognition) as well as consideration of the spiritual aspects of the person which, while not always quantifiable, nonetheless have an effect on a person's behavior.

Much of what follows will be a re-visioning of what occurs already in sound psychology practice, as a Catholic approach shares much with mainstream psychology. For example, an ethical psychologist practicing under the guidelines of the profession will undoubtedly share many of the beliefs about how persons should be treated; any difference might be a matter of emphasis, as the practice of psychology consistent with Christian anthropology will have certain beliefs in constant awareness, not only as abstract principles. Further, the standard assessment tools and methodologies that have emerged in the field over the decades offer a substantial amount of reliable and valid information that should be respected and utilized in any assessment. Nonetheless, there are elements about the human person that the standard assessment tools do not measure well, and the anthropological domains provide a meaningful framework for considering these aspects of human functioning.

The Assessment Process

A comprehensive psychological evaluation involves the interpretation of the test results obtained from the variety of assessment procedures and the generation of recommendations based on these findings. The assessment process is at risk for being conducted in an impersonal, unbecoming manner because without due discretion, the person being evaluated can become perceived as merely an object of investigation. The theological domain specifying that humans are created by God "in the image" and "after the likeness" of God (Gen. 1:26), and as such are good and "have special dignity and value as persons" dictates that the overall assessment process should be approached with an emphasis on ensuring respect for the dignity of the person evaluated. While this is implied by many mainstream psychologists, an explicit emphasis on the importance of this suggests the need to go beyond the minimally required professional ethics to ensure proper treatment.

During the intake process, the focus of the assessment centers on the philosophical domains reviewed below (as well as crisis management when necessary). Of utmost importance is choosing instruments that are fair to the unique culture and situation of the evaluated person. In addition, as-

sessment does not necessarily end with intake, and as an alliance is formed and strengthened, additional assessment into areas of functioning that may not have been safe to pursue in the initial phases of treatment (e. g., details of trauma experiences) may be undertaken. Nonetheless, it is important for the psychologist to have the full theological and philosophical anthropology in mind when assessing a client, to be interiorly curious about understanding the client's worldview and value system and patterns of behavior over time, so that the therapist is prepared to review these areas when the client is ready. In addition, naturally, the competency of the assessor should be clear-cut so that the results obtained and the interpretations provided are as accurate a reflection of the person's functioning as possible.

Finally, it is essential to interpret the results in a manner that optimizes the probability that the person's best interests and needs are addressed. That is, a clinician should interpret the data obtained in a manner that preserves not only the integrity of the data but also takes into consideration, as much as is foreseeable, the consequences of such interpretation in the person's life. Given that the purpose of psychological assessment includes both describing an individual's psychological status and functioning, as well as potentially guiding treatment or placement decisions, clinicians should diligently reflect on the likely outcomes of the evaluation and be discerning in how they interpret and phrase results. While it would of course be unethical to distort or withhold unfavorable results from an assessment report, it is also unethical to include results which would result in an unjust treatment plan or placement decision. When this type of conflict arises, the clinician should discuss clearly the best use of the assessment results, making recommendations that are not only psychologically sound, but also not inconsistent with the good of the client. For example, one would avoid prescribing certain sexual therapies that would compromise the moral welfare of the person or others with whom they interact. Furthermore, the psychologist's formation and understanding of the human person has an important a role to play in the evaluation of the tests. A thorough, accurate, and helpful assessment requires an examiner who not only has the requisite technical abilities, but also an understanding of the human person adequate to interpret the data correctly.

Psychological Assessment Tools

Psychology has traditionally relied upon the clinical interview, records, behavioral observations, and psychological test instruments to gather information about patients. Depending upon the information sought, a wide variety of functional aspects of the person can be assessed, such as the cognitive ability of those struggling educationally, the behavior of self-harming children, the emotional status of those who have attempted suicide, the personality of those with relationship problems, and the sensory-perceptual ability of those who have suffered brain damage. Some professionals address only the presenting problem articulated and fail to capture the fullness of the person's strengths and weaknesses. Although other professionals make concerted efforts to expand their assessment beyond the focal point of interest in order to fully represent the person, these at times result in a series of facts that are not discussed or evaluated in a connected manner, because there is no universal coherent understanding of the person into which to integrate the findings. The Brugger anthropology provides a template for organizing clinical impressions, observations, and test results in a coherent, logical framework which can promote more precise treatment plans and better placement decisions for the person assessed. For example, while an evaluation report might retain the classical form of a traditional psychological evaluation, the categories might be reorganized according to the anthropological domains and the person's unique condition and history, ordered in such a way that the unity of the person is seen developing as the report unfolds. Instead of a traditional dichotomy into sections on "cognitive" and "personality" functioning, along with a separate narrative on the person's history, the report would fold the history into sections that parallel the domains: bodily-emotional, rational, volitional and free, and interpersonal relationally. In addition, a treatment plan might include the goal of growth in virtue in addition to symptom elimination, or the use of spiritual resources targeting those qualities assessed which will lead to long-term flourishing.

Aspects of the person assessed by traditional psychological measures, though sharing a similar name, may not reflect the intended dimension in the anthropological domains; for example, IQ tests could be thought to capture the rational domain, but that domain is in fact much broader and would need data about cognitive style as well as moral and aesthetic understanding and development. It is important to recognize that Brugger's first philosophical domain, that "the human person is substantially one, constituted of a material body and an immaterial, incorruptible, and immortal soul" is relevant to each of the other domains, though some acts of the person pertain to the spiritual more so and therefore are measured less directly. A consequence of the inseparableness of the body and soul is that any act of any capacity is always and necessarily the act of the

person per se. For purposes of *analysis,* I will follow the structures of human nature outlined by Brugger: bodiliness, rationality, will/freedom, and interpersonal relationality.

Assessment of the Body

Brugger's analysis suggests that assessment of the body would include a person's sensory, perceptual, emotional, and motoric functioning in a particular ecological context in which the person exists as male or female. Traditional methods assessing these areas include a range of neuropsychological instruments such as the Halstead-Reitan Sensory – Perceptual Examination (Reitan & Wolfson, 1993), Bender Visual-Motor Gestalt-II (Bender, 2003), measures of psycho-motor functioning, attention, impulsivity, or organicity such as subtests of standardized IQ tests; as well as a multitude of inventories developed to assess a person's emotional status such as the Beck Depression Inventory (Beck, Steer, & Brown, 1996), the Rorschach Inkblot Test (Rorschach, 1921) or the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) to name but a few. Each of these tests to varying degrees provides input into the bodily aspect of a person's functioning at a specific point in time and context, and thus are beneficial to the overall understanding of a client. I would exclude here any "measurement" of a person's sex per se (e. g., varying degrees of sexual orientation), accepting the biblical assertion that God made the human person male and female thereby excluding any additional categories that are at times found in the literature. However, it would be consistent and useful to develop coherent measures of masculinity and femininity that describe the balance of these characteristics in a person, to understand a client's capacity for giving himself or herself to another in a manner consistent with his or her engendered being. In addition, development of measures of emotional virtues such as temperance and fortitude would be of great assistance in meeting the goal of planning for client's movement toward flourishing and not ceasing treatment following symptom remediation.

Assessment of Rationality

Brugger's anthropology suggests that assessment of peoples' rational functioning would include their ability to know themselves, God, truth, moral norms, and beauty. Further, it would address their inclinations to seek truth and their development of intellectual virtues (i.e., especially the virtues of prudence and wisdom; Aquinas, 1966). Traditional assessment methods include measures of IQ, academic achievement, cognitive processing style, memory, and neuropsychological functioning. The majority of these types of tests would best be understood as attempting to measure a person's ability to know truth at the natural level. Knowledge relating to transcendent realities, moral norms, aesthetic beauty, and the development of virtue is typically excluded from the purview of these traditional clinical methods. Interestingly, Alfred Binet's original scale of intelligence included items that asked children to identify the pretty girl from a series of drawings, suggesting that there was a conviction at the time that the ability to appreciate beauty was a bona fide aspect of intellectual functioning. Furthermore, some research tools have been developed in an effort to capture some of the other dimensions, for example, measures of virtue (Values in Action Scale by Peterson & Seligman, 2004; the Virtues Scale by Cawley, 1997). Historically as well, some efforts have been made at measuring moral development from a cognitive perspective (Kohlberg, 1981), though the success of these efforts has been found wanting. Consistent with Brugger's anthropological account, however, more recent work on moral development has begun to integrate emotion (empathy) and interpersonal factors (attachment) with cognition (e. g., Gibbs, 2003; Hoffman, 2000). While discussion of the development of additional measures is beyond the scope of this commentary, methods of measuring a person's rational capacity to know themselves, God, beauty and morality would enhance psychologists' ability to understand their patients more thoroughly.

Assessment of the Will/Freedom

Brugger's account suggests that assessment of the person's will/freedom would include measurements of their level of responsibility, self-determination, creativity, ability to give and receive love, and the development of moral virtues (e.g., justice, love, hope, etc.). Traditional assessment methods for this area are more difficult to identify because the psychological sciences have historically presumed either a deterministic stance denying the concept of free will (e.g., psychoanalytic, behavioral and biological approaches) or have not uniquely measured the constructs of interest. However, there is some literature on efforts to measure self-control which show promise (see Tangney, Baumeister, & Boone, 2004, for a measure and a review). Also, measures of personality functioning and style (e. g., MMPI-2, Butcher, et al. , 1989; 16 Personality Factors (16PF), Cattell, Cattell, & Cattell, 2000; NEO-PI-R, Costa & McCrae, 1992; Rorschach Inkblot Test, Rorschach, 1921; Thematic Apperception Test (TAT), Murray, 1938) often have scales or interpretive schemes that seemingly are related to some of the concepts of in-

terest here: particular examples include measures of ego strength (MMPI), conscientiousness (NEO), self-control (16PF), and some interpretations of projective responses (Rorschach, TAT). Nonetheless, it appears that development of a more sophisticated or precise way of understanding this aspect of the person's functioning is needed.

Assessment of Interpersonal/Relationship Functioning

Brugger's anthropology indicates that assessment of relationship functioning would include an understanding of the person's family functioning, interpersonal acts of giving and receiving love, relationship with God, friendships, and connections to others in the local community. Traditional assessment methods include measures of interpersonal style (e.g., SASB-IS; see Benjamin, 2003), some subscales of standardized personality inventories, social skills (e.g., through behavioral observations), attachment behavior (e.g., Adult Attachment Interview; George, Kaplan, & Main, 1985), and marital and family dynamics (e.g., Sound Marital House Questionnaires, Gottman, 1999; circumplex model, Olsen, Russell & Sprenkle, 1989). Each of these approaches provides input into the relational aspect of a person's functioning and thus are beneficial to the overall understanding of the human person. However, critical aspects of relational functioning reflected in the Catholic Christian anthropology are not fully addressed. For example, the core components of one's ability, capacity, or experience of giving and receiving love and establishing authentic and healthy friendships in a community of persons with whom they identify, while tapped to some degree in measures of empathy (16PF subscale, e.g.), need more comprehensive coverage. The Person Scale, developed by Scrofani (2008), attempts to address some aspects of relational functioning by assessing key areas of relational and interpersonal behavior to reflect the Catholic Christian orientation of self-giving. Discussion of the development of these measures is beyond the scope of this commentary, but the creation of such methods enhance psychologists' ability to understand their patients more thoroughly.

Unique Applications of Assessment

In addition to the traditional uses of psychological assessments for the diagnosis and treatment of mental disorders, there are at least three ways in which assessment informed by a Catholic Christian anthropology can be utilized to assist the pastoral work of the Catholic Church: (a) evaluation of applicants to the priesthood and religious life; (b) evaluation of petitioners and respondents in tribunal cases; (c) evaluation of a client's spiritual resources.

Applicants to religious life.

Making a commitment to a religious community (e.g., to the Franciscans or Dominicans) or the diocesan priesthood requires not only deep religious faith, but also personal responsibility, an ability to cope with stress, and a considerable amount of public trustworthiness. This requires applicants to be reasonably psychologically healthy in order to be considered for entrance. Discernment of a religious vocation in the Catholic Church involves both spiritual and human aspects, and the Church in modern times has relied upon clinical psychologists to understand more thoroughly an applicant's psychological readiness (Plante & Boccaccini, 1998). In his Apostolic Exhortation *Pastores Dabo Vobis,* John Paul II (1992) discusses at length the necessary human characteristics. Blanchette (1997), a priest and psychologist, states that evaluations of applicants for the religious life should screen for impulse control, motivational factors, interpersonal functioning, and personality strengths and limitations. The rationale for evaluation is often two-fold: (a) to decide if the applicant has any grave psychological barriers to fulfilling the vocational requirements and (b) to help both the applicant and the vocation director gain a clearer understanding of the functioning of the applicant and identify areas for formation (Plante & Boccaccini, 1998).

This type of psychological assessment, often called a "Vocational Evaluation," frequently consists of a structured clinical interview and a battery of tests including intelligence tests, personality tests, and self-report measures, and can usefully be organized by the anthropological categories outlined by Brugger. Similar to a typical clinical evaluation, these address areas of strengths as well as areas of weakness or concern that might be addressed in formation (Graveline, 2006). However, vocational evaluations have unique considerations. For example, some research has demonstrated individuals undergoing psychological evaluations for vocational screening tend to present in a socially desirability manner (Butcher, 1994; Detrick, Chibnall & Rosso, 2001; Plante, Manuel & Tandez, 1996; Putnam, Kurtz & Houts, 1996), while other research suggests that these applicants actually do possess certain socially desirable or virtuous characteristics (Graveline, 2006). Alternatively, seminary training and community life in religious orders often require individuals to have both a high level of integrity along with the ability to adhere to schedules and be highly self-disciplined, highlighting the importance of the anthropological premise regarding freedom/will. Thus, some psychological test results that might indicate a somewhat elevated (non-clinical) degree of compulsiveness or

similar characteristics might be desirable. Therefore, results of vocational evaluation need to be interpreted carefully and require adequate knowledge of the formation circumstances and life situations of priests and the religious in order to accurately reflect an applicant's suitability.

Catholic Tribunal courts.
Psychological assessment has also begun to be utilized in those cases where the discretion or capacity of the persons making marital vows is at issue. In these circumstances, where a civil divorce has already been procured, the Church is being asked to judge whether the persons had the capacity to offer consent and fulfill freely the commitment to the obligations of a sacramental marriage at the time vows were exchanged. The principle that "it is … consent that makes marriage" has always been a hinge of Church doctrine regarding marriage (cited in Wrenn, 1994; Canon 1081; Canon 1057). Because consent is a human act which depends on rationality and the will, "the task of the expert is to instruct the judge regarding the existence, nature, origin, and seriousness of the psychic disturbance of the subject" (cited in Wrenn, 2002, *coram Bruno*, 80, 749 n. 7) that might compromise their reason or will.

Although formal testing might not be utilized, the psychologist serves as a *peritus* (Latin for "expert") and offers professional opinion to the Tribunal. This information is then utilized by the court to determine the validity of the marriage in question, and at times to rule on the capacity of an individual validly to consent to marriage in the future. In those cases where there is a restriction (*vetitum)* on a future marriage due to a true incapacity, the psychologist may also play a role in further assessing an individual, as well as making recommendations for intervention that might provide healing for a person such that they would be capable of assuming the essential responsibilities of marriage. In addition, canon lawyers and jurists are instructed to choose psychologists "who adhere to the principles of Christian anthropology" (cited in Stankiewicz, 2006; Canon 1095, article 205 &2). Such principles are understood to be based on a conception of human nature open to transcendent values, and of human vocation open to a theocentric self-transcendence, that gives proper value to the personal autonomy of responsibility and freedom (Rulla, 1986). Psychologists should be chosen who offer "a truly complete vision of the person" and are not closed to transcendent values and meaning which "transcend the immanent 'given' and which allow human beings to tend towards the love of God and of neighbor as their final vocation" (John Paul II, 1987, pp. 1454-5).

A*ssessment of spiritual resources*
Advances in reporting and assessing the quality of religious-spiritual life and experience of clients have been considerable in the last two decades. Such work attended to religious-spiritual experience by providing deeper accounts of human experience, for example, distinguishing quest, intrinsic, and extrinsic religious orientations (see, e. g., Hill & Hood, 1999). By spiritual resources here is meant the spiritual influence active within cognition, willing, emotion, and relationships. Despite advances, there is a challenge in assessing the spiritual life, as these qualitative dispositions of a person are neither directly observable nor quantifiable, and the state of spiritual resources (including friendships and support from one's faith community) are not within the usual competency of statistical methods that quantify observations of human behavior. Nevertheless, a person's spiritual life can be assessed indirectly through their effects as expressed in language and behavior. For example, the Catholic Church has a long tradition of "canonizing" (i.e., recognizing the sainthood of) persons who have "practiced heroic virtue and lived in fidelity to God's grace" (Catechism of the Catholic Church, 1994, no. 828). This judgment is made by looking at the person's acts and words which reflect their thoughts, intentions, and desires. While the goal of psychological assessment is not intended to discern a person's state of grace, it can nonetheless come to some understanding of peoples' spiritual life through self-reports, and its impact on their psychological functioning by employing narrative and evocative approaches. In particular, psychology can assess aspects (as in Brugger) of the dispositions involved in reasoning and willing, emotion and interpersonal relations which can be expressed in the language of virtue or spiritual strengths and weaknesses. Therefore, although spiritual-religious experience most often transcends statistical measurement, its higher aspects should not be denied as vital to assessment and to developing a treatment plan that considers a client's complete range of strengths and weaknesses.

Conclusion
In summary, the anthropology set forth by Brugger provides a constructive framework for organizing psychological assessments. While traditional measures are able to provide much of the needed information, additional measures corresponding to anthropological domains not traditionally assessed would be beneficial. Finally, grounding psychological assessment more rigorously in a coherent Catholic anthropology could facilitate the assistance that psychology provides to religious orders and dioceses for purposes of vocational evaluations and expert testimony.

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Implications of a Catholic Anthropology for Developing a Catholic Approach to Psychotherapy

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The anthropological premises identified in the essay by Brugger in this issue of Edification have important implications for the practice of psychotherapy. This essay offers a working definition of such an anthropologically informed psychotherapy. Implications for Catholic mental health professionals are examined at three distinct levels: the therapist, the therapist's understanding of the client and treatment planning, and the selection of therapeutic methods. The concept of "personal vocation," which is derived from a synthesis of multiple anthropological premises, is used to illustrate the profound way in which such an anthropological framework forms the identity of the therapist, his understanding of the client, and the ethical principles guiding treatment. Finally, the essay examines how such an anthropologically-informed approach to psychotherapy appears to be consistent with many current trends within the field of psychology.

Our working definition of a Catholic approach to psychotherapy is one in which a mental health professional, viewing his or her profession as a vocation, and guided by ethical principles, utilizes a Catholic understanding of the person, marriage, family life, and human flourishing, in order to assess problems and plan and implement therapeutic interventions. Such interventions are chosen with regard to their proven effectiveness and consistency with this view of the person and with regard to the uniqueness of the particular client.

From this definition, it follows that the eight anthropological domains proposed by Brugger in this issue of *Edification* (i.e., created, fallen, redeemed, substantially one, bodily, interpersonally relational, rational, and volitional) have implications for psychotherapy at three distinct levels of analysis: the therapist, the therapist's understanding of the client and treatment planning, and the choice of therapeutic methods. In order to assist psychotherapists in developing a richer understanding of the relevance of the eight domains for work with clients, this analysis will also examine broader anthropological constructs such as the concept of personal vocation. It will demonstrate the connection between the domains and the everyday work of the therapist by examining some more specific aspects (e.g., how a Catholic understanding of the nature of the marital relationship informs his or her approach to psychotherapy).

As we begin our analysis it should be noted that such an approach is neither in opposition to, nor a radical departure from the current field of psychology and psychotherapy. On the contrary, it builds upon the wealth of knowledge about the human person produced by the science of psychology. This approach also owes a debt to the earlier efforts of Protestant theorists to develop faith-informed approaches to psychotherapy. Nonetheless, we believe that a Catholic approach offers a new, useful, and comprehensive anthropology around which to organize scientific data and inform the practice of psychotherapy.

The terms "Catholic anthropology," "Catholic view of the person," and "Catholic approach to psychotherapy" as used in this essay are meant to be associated with the anthropological framework set forth in the Brugger essay. They are not meant to be taken as asserting *the* definitive "Catholic approach" to therapy, but rather one authentic application of Catholic faith and morality to clinical psychology. Nor should "Catholic" be taken in a narrowly sectarian sense as excluding common doctrinal beliefs and practices of a spectrum of Christian traditions. Many theologians, philosophers, and mental health professionals outside the Catholic Church would agree—or at least not disagree—with the broad anthropological premises identified by Brugger, as well as with many implications for psychotherapy to be discussed in this essay. However, as greater specificity is given to the anthropological domains (e.g., identifying the *sacramentality* of marriage as a specification of the interpersonal domain), it seems to the authors prudent to use the adjective "Catholic," not to emphasize division or superiority, but instead to respect differences.

Psychotherapy as a Personal Vocation

A helpful concept for organizing a discussion of the relevance of the anthropological domains for psychotherapy is *vocation*. Traditional Catholic teaching notes that all Christians have a vocation, and that we can speak of the concept of "vocation" in three

senses (John Paul II, 1988; Grisez & Shaw, 2003). The first is the vocation of all Christians to live a life of holiness consistent with one's faith. The second is vocation as one's chosen state of life: single, married, or religious (e.g., priesthood and consecrated life). The third is the unique role which God calls each baptized person to fill in the divine plan – one's personal vocation. Professional career is an important part of one's personal vocation. For a Christian, becoming a therapist can be a response to a unique call by God to provide mental health services to suffering clients. All aspects of the therapist's person are involved in the fulfillment of his personal vocation. He integrates the scientific knowledge and skills received in his professional training with the anthropological principles as an organizing framework for assessment, treatment planning, and selection of therapeutic interventions.

A therapist freely enters into a caring therapeutic relationship with the client (volitional domain, relational domain). Although the therapist earns his living through his profession, the relationship he forms with the client is not simply a business relationship. The good of the client is primary. Viewing his chosen profession as a personal vocation motivates him not only conscientiously to observe his professional ethics, but also to practice in accord with Catholic ethical principles. Called to holiness through his personal vocation, the therapist willingly engages in many acts of self sacrifice required for effective practice. He is motivated to persevere when work with a client becomes difficult and is willing to make sacrifices of time and money when needs arise.

A therapist must even invest his own body in his professional work. He endures and contains the physiological stress that comes with working with clients. In addition, he empathically places his own emotional life in the service of the client. In doing so, he willingly brings the pain, sadness, anxiety, and experiences of his client into his own emotional experience so that he can understand clients and can assist them therapeutically.

Implications for the Therapist's Understanding of the Client and Treatment Planning: Viewing the Client as Imbedded within Vocation

It follows that the therapist understands that the client's true happiness will come through developing virtue and holiness, successfully meeting the challenges and commitments in his chosen state in life, and thriving in his professional life. For example, in the case of a married man seeking therapy for depression related to his marriage and family, a therapist understands that involving both the client and his spouse (and possibly children) in treatment in order to heal the marital relationship and help the couple effectively to parent their children is likely to be a more fruitful way of addressing his client's problems. Given that the therapist sees the well-being of the client as being integrally linked to the well-being of his vocational commitments, the therapist must proactively work to ensure that any therapeutic work ideally supports, or at least does not negatively impact these commitments. In the case of the married man seeking treatment, ideally therapy would foster the development of virtue and holiness, an increased capacity for living out of his marital commitments, and ability to function more effectively within his chosen personal vocation. If referral to another mental health practitioner is required, the therapist ethically would be obliged to evaluate not only the referred therapist's competence, but also the ability to practice in a manner consistent with Catholic moral principles.

The therapist's understanding of the client and planning of treatment are not only informed by an understanding that the client is embedded within vocation, but also by recognition that the client is embedded within a family, a culture, and often a faith tradition. An anthropologically informed approach to psychotherapy views the family, culture, and religious traditions of the client as formative of the client's understanding and experience of basic human goods, including those related to parent-child/family relationships, marital relationships, citizenship, and relationship to God (see John Paul II, 1981, 1994).

With reverence towards these gifts of culture, the therapist understands that therapeutic work must be done in a manner which respects the worldview which has developed from these diverse sources, since it is through this context that therapeutic learning and change are most accessible for the client.

However, the therapist also realizes that in a fallen world, the client's family, culture, and religion are imperfect transmitters of human goods. Good and bad lessons have been taught. It is here that a therapy based on the anthropological premises diverges considerably from its secular counterpart by positing a universal view of human nature. This serves as a standard by which the lessons taught to the client by the client's family, culture, and religion can be evaluated from the perspective of a model of the flourishing person.

Such an approach to psychotherapy demonstrates a profound respect for diversity by starting with the fundamental principle that the client is a unique, unrepeatable person made in the image of God. As such, the client possesses and must be treated with dignity. In addition, it is a moral imperative ultimately to allow the client to freely make self-de-

fining choices in accord with conscience.

It is here that a vitally important question emerges. What is a Catholic therapist to do when a client's worldview and understanding of some problem is at odds with the worldview of the therapist? Let us point out that nearly all secular personality theories and their derivative therapeutic methodologies can confront secular mental health professionals with similar dilemmas. However, such personality theories tend to be far less comprehensive in scope (e.g., they seldom speak of the moral life) and are generally less specific (e.g., they seldom provide normative concepts of the nature of marriage and family life). If a therapist's conception of the problem and subsequent treatment plan cannot be embraced by the client, a referral should be made.

Implications for the Choice of Therapeutic Methods

A central criterion for the therapist's selection of therapeutic methods is that such methods and their underlying personality theory must address multiple anthropological domains. Although early schools of psychotherapy tended to emphasize only one aspect of the person – rational (cognitive therapy), interpersonal (systems theory), volition and freedom (existential therapy), or bodily/emotional (psychiatric approaches) – more recent developments in the field have emphasized more comprehensive approaches to psychotherapy, such as Lazarus' (1989) multimodal therapy (1989), Ellis and Dryden's (2007) rational emotive behavioral therapy (REBT), Beck's (1979) cognitive behavior therapy, Guerney's relationship enhancement therapy (RE) (Guerney, 2005; Scuka, 2005), Guerney's filial therapy model (FT) (Landreth & Bratton, 2006 ;VanFleet 2005), Benjamin's (2003) structural analysis of social behavior (SASB), and Scrofani's (2008) person dimension analysis. Such models are valuable given that they address the anthropological domains specified as "philosophical," although to varying degrees. For instance, REBT and CBT place a heavy emphasis on the rational and emotional aspects of human adjustment, whereas SASB and Person Dimension Analysis interventions elect relationality as the centerpiece and gauge its impact on emotions and cognitions. The RE and FT models are skills training models which target both the relational and emotional/bodily domains with the expectation that clients will develop greater understanding of self and others and develop more deliberative (rational and free) ways of relating to others. One of the differences between the CBT and REBT models and a Catholic approach to treatment is the role of emotions. In RET and CBT, as originally conceived by their authors, emotions are seen largely in terms of their relationship to cognitions and cognitions are seen in terms of their implicit reasonableness. However, in an anthropologically-informed psychotherapy the emotions have a teleological significance in that they move us toward "the good" and away from that which would thwart "the good". Additionally, cognitions are generally not morally neutral mental formulations of events and situations. Cognitions can lead us to flourishing when they, through the application of reason, inform us of "the good" as Christianity defines it. All of these aforementioned models to some degree presume the capacity for choice or volitionality in the human person in order to be successful. However, once again, the anthropological premises clarify that such freedom is fundamental because it allows us to choose the good as we understand it in revelation and through natural reason.

The anthropological premises posit that the person is continually developing bodily/emotionally, interpersonally, rationally, and volitionally/morally and that the final goal of such development is the flourishing life. Therefore, the role of the therapist and goals of therapy are expanded beyond the simple amelioration of existing problems (psychopathology) to include the prevention of problems (a prevention perspective), and assisting the client in fully developing and flourishing (an enrichment perspective). Seligman's development of a positive psychology model which emphasizes character strengths and virtues (Seligman, Linley, & Joseph, 2004), Titus and Moncher's work on virtue therapy that was examined in an earlier article, and Bernard Guerney's relationship enhancement model (Guerney, 1977; Scuka, Nordling, & Guerney, 2004) that serves as a basis for both marital and family therapies and programs aimed at problem prevention and enrichment are welcomed developments. Additionally, Benjamin (2003) offers an inter-dimensional model that identifies a sector for interpersonal flourishing. Scrofani (2008) poses an interpersonal approach to intervention based on the "person dimension" that can be used to guide clients beyond self centered interactions and quid pro quo arrangements to interactions that foster the best interest of the other person, regardless of the material payoff to self; a step that is further down the path of virtuousness.

Conclusion

It important to note in conclusion that such an anthropologically informed approach to psychotherapy is not meant to be in opposition to the science of psychology. Therapeutic methods are chosen with consideration of their proven effectiveness, as well as their ability to address the complexity of the person.

In addition, although a client may have desires for both psychological and spiritual healing and growth (and both goals may have significant overlap in terms of issues involved), the primary focus of the therapist is on the psychological functioning of the client, leaving more specific spiritual issues to clergy, spiritual directors, or pastoral counselors.

In summary, in planning the treatment of clients, the therapist chooses therapeutic methodologies which have been proven effective in addressing the foundational dimensions of the person most in need of attention. Such a determination is made through a thorough assessment made through the filter of a Catholic understanding of the person, marriage, family, and the moral life. Such a treatment plan includes not only the amelioration of psychopathology, but is aimed at the prevention of future problems and the fostering of human flourishing.

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Connecting Catholic Anthropology to a Secular Culture

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Philosophical anthropology provides a link between faith and science and a bridge to the secular culture. It considers questions that are equally urgent for the believer, the agnostic, and the atheist, concerning the nature of the human person, the centrality of personal relationships, and the preconditions of freedom. The damage done by liberationist ideas has been felt in every aspect of modern life, and it is a damage that follows inevitably from the false philosophy of the person that gained hasty acceptance in the 1960s. Undoing the damage involves overthrowing that philosophy, and the conceptions of sex, the family and individual freedom that have flowed from it. This philosophical task is one that is helped by the tradition of Catholic thinking; but the message contained in that tradition is one that can be understood and accepted by all modern people, regardless of their religious faith.

If psychology has a use for philosophy, it is partly because philosophy can provide a bridge between faith and science, showing how you can take off from the one and land in the other without being swept away by superstition. The project of integration is one special case of the comprehensive problem which all believers at some time must encounter, which is that of reconciling reason and faith. But it has a special urgency in psychology, since faith here directly intrudes on the subject-matter claimed by science. The vision of the human being presented in the gospels is one in which freedom, immortality, and accountability to God are fundamental to everything that we are and do, and also the guides to our life on earth. How can that be so, if we are also animals, obedient to the laws of neurophysiology and genetics? That question is philosophical, and it is not new, even if the theories of neurophysiology and genetics are new. Aquinas had his own version of the question, and much of the *Summa* can be seen as an attempt to reconcile the vision of the human being that is contained in the Christian theological tradition with what we know, from observation, of our embodied state.

Because Aquinas has such authority for a Catholic, and because he got much further than any predecessor in identifying the distinguishing features of the human condition, it is tempting to adopt his language and his doctrines, and to present Thomism, on the one hand, and reductive materialism on the other, as exclusive and exhaustive contenders for the truth about what we are. This, however, is not integration but disintegration. It involves radically separating the vision put forward by faith from that assumed in the prevailing science, so that the two seem to have nothing to say to each other, and nothing to learn from each other. The task, it seems to me, is to show how faith and science are both directed towards the truth, and how the truths presented by one of them can be reconciled with the truths contained in the other. Hence the need for a philosophical anthropology that will make the links between faith and science in a way that is acceptable to scientists working now – a need that was apparent to John Paul II, and which caused him to turn Catholic theology in new directions.

In addition to the intellectual problem of fitting faith and science together, however, there is the *cultural* problem, of acting out the Faith in a secular society like this one, with its inherited suspicion of preaching, and its official ideology of toleration towards alternative "life-styles." Here again there is work for philosophy to do, first in mounting a proper challenge to the secular orthodoxies, and secondly in showing that the culture of toleration is not without problems of its own, and that it could benefit from sharing the vision of the human condition which opens the way to faith. Here are some of the areas in which the secular culture is weak and open to challenge on those grounds:

Since the sexual revolution, the secular culture has painted itself into a corner from which it cannot easily emerge, accepting every form of sexual escapade as an "alternative lifestyle," and finding itself unable to draw the line at behaviour which all normal people find to be unacceptable, such as bestiality, and – more importantly – unable to defend an idea of normal sexual fulfilment, or to protect the institutions such as marriage and the family which have grown around that idea. These two weaknesses have enormous psychological consequences, first in exposing people – and young people in particular – to predatory sexual advances of a kind that risk producing serious trauma; secondly in undermining

the legitimacy of family life, and so making the family ever less of a home and a refuge, ever less a place of peace and settlement. This too has serious adverse consequences on the development of children, and the effects of it are witnessed in the clinic every day.

At a certain point, in the unfolding of the 1960s libertarianism, psychologists turned on the family, blaming it for all kinds of disorders of which it is, in truth, not the cause but the first and most vulnerable victim. Laing and Esterson (1994) famously identified schizophrenia as a family disorder, with the schizophrenic as the innocent victim of a parental process that refuses to concede his identity, and therefore forces him to fragment. Liberation from the family was the order of the day, and was backed up by a full barrage of philosophical arguments propagated in the secular culture by thinkers like Foucault. Combating these arguments is in part the work of philosophy, and what that philosophy will show is, I think, the role of the family in creating the sense of obligation, the primary duties and loyalties, and the sense of identity which helps the free individual to form. False notions of freedom, false ideas of power, and false perspectives on human development were all popularised by the family-bashers, and by countering those ideas, you make room for the recognition that families are indispensable to mental health and free development.

Associated with the attack on the family were the liberationist movements concerning sex. These go deep in the secular culture, and were really set in motion by Freud's mischievous theory of infantile sexuality and its "repression." Again powerful philosophical considerations can be brought to bear on that theory, to show it to be both pseudo-scientific and destructively metaphorical. Dismiss it, however, and we must dismiss the principal argument given for the view that it is harmful, dangerous, or unjust to "repress" our sexual desires, and that "alternative life styles" should be accepted as providing sexual fulfilment to those who freely choose them. This opens the way to a more objective assessment of what actually ensues, when someone goes down the path of homosexuality, pornography addiction, or sado-masochism. It also permits a proper exploration of something that even impeccably liberal people regard with revulsion, which is paedophilia. Just what is it, what is its object, and why do we recoil from it? These questions are in part philosophical, and the secular culture refuses to address them because it is afraid of the answers – answers that would feed back into the realm of sanctified permission, in particular the permission of homosexuality.

It is philosophical sleight of hand that has made such a permissive space for this practice, and made it dangerous to attack it as a perversion. It will for a long time remain dangerous to do so; but without some philosophical exploration of the intentionality of homosexual desire, and the relationships extolled by the gay culture, it will be difficult to help someone who is trying to escape from that culture, or to mount a proper defence of the kinds of therapy that a Catholic would propose to him.

The secular culture of toleration involves a naïve idea of freedom. It does not see freedom as something that you acquire through discipline, something that defines the position of the responsible adult, and which is governed by moral constraints. It sees freedom simply as liberation, and its opposite as coercion or constraint. This deep philosophical error is responsible for the misperception of mental illness in our society – and the "reforms" that have led to mentally ill people being released into the streets to enjoy a freedom which, in truth, they can only regain through winning through to mental health. A Catholic worldview sees clearly that the secular idea of freedom, as the absence of constraint, is a chimera, and that all freedom is also a form of mental and moral discipline. But this worldview needs the backing of philosophical arguments that are available equally to the agnostic and the atheist, and this is another area in which philosophical anthropology can bridge the gap.

The "freedom delusion," as I call it, has penetrated modern psychology so completely as to be itself a powerful cause of mental illness. The idea that you can choose your values, your identity, your sexuality, and so on, and that these things are only truly yours through being chosen, persists as a major premise of therapy. If the client is suffering, the orthodoxy goes, then it is because of some "oppressive" burden in the form of an identity, values, sexual orientation, etc., that have been imposed by parents, by the culture, by the structures; and the therapist is there to help the client to freedom and authenticity. Free the client, and his suffering will cease. Whether or not embellished with Freudian ideas of the unconscious and repression, that argument has lodged itself in the therapeutic brain, and can be excised only by some hard philosophy. Until it is excised, however, there is no opening for a Catholic vision of the human person, as a creature who comes to full personhood through discipline, habit, and obedience, and whose freedom is also an exercise of natural law.

There remains the task of legitimising a Catholic approach to psychology and clinical practice to those who, for whatever reason, do not belong to the Catholic faith – the majority. This means showing, in terms acceptable to secular thinking, that the Catholic vision encapsulates something that is

needed, and which can be expressed in other ways more easily acceptable to the agnostic conscience. Again, this is a work of philosophy, and I think particularly of the need to persuade people that one of the principal causes of unhappiness in modern societies is the "self delusion," about which Vitz (1994) has written in other terms: the delusion that what I truly am is this inner thing that is hidden from the world, and that my happiness consists in nurturing it and taking from others what is needed to supply it with its needs. That delusion is the opposite of the truth. Happiness comes from forgetting the self; from thinking of others; from seeking to give and not to take – and that idea, which is of course contained in the doctrine of Christian charity, can be phrased in secular terms that make it immediately apparent to the ordinary agnostic that therapy based in the Christian faith might be exactly what people suffering from the self delusion require.

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Interview with Paul C. Vitz: A Catholic Looks at the Past, Present and Future of Christian Psychology

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ECB: Paul, you are perhaps the best known Catholic psychologist in the past thirty years offering a self-consciously Christian critique of secular psychology. Yet you were not a committed Christian when you began your studies. Did psychology play any role in your conversion to Christianity? Can you tell us about this journey of faith?

PCV: In many ways, my conversion was a return to Christianity by a process of elimination. After my marriage and the arrival of our first child, I began seriously to investigate what I stood for. What kind of father would I be for my family? Who was I? At the time, I saw only four possible world views: liberal politics; eastern religion and related spirituality; self-worship and professional ambition for personal success; and traditional religion, which, for me, meant Christianity.

During the 1960s at Stanford in California and at Greenwich Village in New York, I was immersed both in liberal Marxist socialist politics and in a good deal of early new age spirituality. Though I had met many people active and influential in both fields, none of them impressed me very much. New age spirituality struck me as a tourist religion. People picked and chose whatever snippets they wanted of eastern spirituality until a configuration of more convenient or popular beliefs came along. I found leftist politics filled with viciousness, intellectual denial, and clichés. My experience of reality had already inoculated me against the promise of a government-sponsored utopia.

Self-worship held a more powerful draw and naturally attracted me. The secular professional world presented it as normal, and, in many ways, still does. I had already begun to suspect, however, that whoever worships himself worships a fool. In time the hopeless illusion would be shattered by inexorable reality.

After these three were eliminated, I was faced with the remaining possibility, which didn't excite me—Christianity. I remembered having read quotes from time to time in the New York Times from Billy Graham or the Pope. And I knew the quotes were true. But I could not believe them. I was in the strange position of knowing something was true but unable to believe it. Despite the reasonable, even irrefutable, kernels of truth that I heard from Christian sources, the prospect of accepting the whole system was more than I could swallow. Nevertheless, in January of 1973, I began exploring Christianity. At first I was very doubtful about the intellectual basis for Christianity. Like many academics who know little about the faith, I had a negative attitude based on only a few stereotypes. Then I began reading authors such as C.S. Lewis and G.K. Chesterton. It quickly, and surprisingly, became clear that Christianity had answers; that it was a deep, consistent, and powerful framework—indeed a coherent worldview. It made the completed and exhausted secular ideologies look very limited. In short, the intellectual basis for my disbelief evaporated quickly.

The real issue that remained was with my will. I had to change the way I lived. This became a long

struggle which is still far from over. Most of my steps have been small with only moments of big change. (The story of my Christian conversion is discussed in more detail in "A Christian Odyssey," in *Spiritual Journeys*, R. Baram (Ed.) 1988. Boston, MA: St. Paul Books & Media, pp. 375-394; and in "The story of my life up to now," in *Storying Ourselves*, D.J. Lee (Ed.) 1993. Grand Rapids, MI: Baker Books, pp. 111-129.)

ECB: Would you elaborate some of your criticisms of secular psychology?

PCV: In the 1960s and the 1970s, I was exposed to humanistic, self-actualizing psychology. I could not believe that people took it seriously. It seemed to me intellectually naïve. It emphasized narcissism and explicitly claimed, with a purported scientific rationale, that self-realization was the goal and endpoint of life. It seemed to me that the most ancient heresy, the same that was swallowed by Adam and Eve – "you shall be as gods" – had simply robed itself in scientific guise and taken a new incarnation. The self "actualized" in Christianity comes through following Christ and in obedience to Him. The self actualized in humanistic psychology comes through obedience to your own will. This is the self Jesus asked us to deny.

Although I was and remain critical of "self" psychology, I did not criticize experimental/cognitive psychology or psychoanalysis. I do have important differences with both, especially with respect to certain of their assumptions and attitudes. However, these psychologies are serious intellectual endeavors. Self/humanistic psychology had little of the genuine scientific basis of experimental/cognitive psychology, and lacked the depth, complexity, and awareness of tragedy and evil found in psychoanalysis.

I am happy to report that the extreme self-focused psychology dating from the period of roughly 1955-1985 is now history. Although the "culture of narcissism" still lingers, its intellectual legitimacy has faded considerably. And its decline matches an increase in support for Christianity, the worldview that I came to accept.

ECB: Are you more hopeful for psychology now? If so, why?

PCV: Yes, I am; and I might add, much to my surprise. Beginning around 1990, I began to notice important and positive changes within the discipline of mainstream psychology. Evidence for the positive importance of religion in persons' lives was published and became widely accepted. Divorce was clearly recognized as harmful for children. A psychology of forgiveness began to emerge thanks to Enright and Worthington (Enright & Zell, 1989; McCullough & Worthington, 1994, Worthington, 2001). Seligman and others championed the development of a positive psychology focused on acknowledging the importance of the virtues (Peterson & Seligman, 2004). I became part of a growing network of Christian psychologists, mostly evangelical Protestants, who encouraged me to continue my work integrating psychology with Christianity.

Psychology today is much more realistic as a discipline, and, as a result, I believe, contributing more honest and valid conclusions. It is also more humble. Its explanatory realm has been clipped. Biology as a discipline has begun to explain a good deal of mental pathology previously thought to be primarily psychological, such as obsessive compulsive behavior. The array of mental behaviors accounted for by psychology had been reduced from the biological side. On the other hand, there is an awareness of religion—at least understood as spirituality—as important for human well-being. Some decades ago people searching for meaning and purpose in life would often seek it in psychology. Today, many recognize that psychology can't provide this, but religion or spirituality can.

ECB: How do you see psychology and Christian theology interacting positively? Practically, how can psychology add anything to the Christian worldview?

PCV: In many ways, psychology gives us an understanding of barriers to human freedom and obstacles to faith. Pathologies are ways in which persons are bound or trapped. Psychology can be used to make straight the way to the Lord. John the Baptist, then, is the patron saint of a Christian understanding of psychology.

I have written at length in my book *Faith of the Fatherless* (Vitz, 1991) how psychology gives support to the understanding of God the Father. Freud's psychological theories also can contribute to Christian theology. Freud claimed that the Oedipus complex comprises the fundamental structure of every person. Within each man is the drive of violence and sex: every man wants to kill his father and every authority figure and to have sex with his mother and every mother figure. Christians can read Freudian anthropology as a conceptualization of the Old Man – such is the depravity of original sin. Psychoanalytic psychology has given us an insight into fallen human nature.

ECB: And vice versa, how can the Christian intel-

lectual tradition contribute to psychology?

PCV: The most obvious contribution of Christian theology to psychology is insight into the basic nature of the subject matter. Christian theology understands what it means to be a person. This present journal issue deals with this at length.

Christian theology also contributes to psychology in other ways. I believe that theology answers dilemmas—unanswerable problems—intrinsic to existing secular psychological theories. For example, I have argued that Christians are able to resolve the Oedipal dilemma presented by classical Freudian theory (Vitz, 1993). Jesus is the anti-Oedipus and the transformer of the superego. Christ also resolves a dilemma in Jungian theory. Jungians have proposed four basic archetypes underlying masculine psychology: the King, the Warrior, the Lover, and the Wiseman/Magician. These archetypes, however, create two large unresolved problems. Jungian psychology has no moral framework identifying how to live these archetypes in a positive rather than a destructive way. A second, larger dilemma is integrating and balancing these four archetypes together in a man's life. Christian theology contains within itself material for conceiving of Christian archetypes. The Divine Persons of the Father and the Son can be seen as exemplifying the four Jungian archetypes and unifying the types around the service of others. The concept of Father for Christians represents masculinity as the paragon of generosity and self-gift as it unites the four archetypes. The archetype of Christ represents the Father as the highest form of ethical masculinity: Christ the King, Christ the Lover, Christ the Warrior (spiritual warfare), and Christ the Wiseman/miracle worker. Other psychological theories contain dilemmas resolvable with theological answers but with no genuine psychological answers.

ECB: You have published on the concept of the transmodern world. What do you mean by transmodern, and how do you see psychology as being part of it?

PCV: Almost all cultural theorists today recognize that we are in a period of late and decaying modernism. For want of a better vocabulary, this era is described as postmodern; (I have sometimes referred to it as "morbid" modernism). A generally nihilistic and deconstructive attitude characterizes the intellectual climate of our period. Many Christian writers have critiqued this morbid modernity. Pope John Paul II, for example, in his justly famous encyclical *Evangelium Vitae*, called it a "culture of death." Certainly, trends within the arts and popular culture celebrate death. And present day cultural enemies of the West recognize well the self-destructive weakness created by the culture of death.

I have proposed the term transmodern to describe a new era or historical period which I believe is dawning. The transmodern culture would take the best of modernity and *transform, transcend,* and *transfigure* it. Transforming modernity means taking the developments of modernism and contextualizing them within a larger framework. Rather than rejecting modernity, the transmodern removes the anti-religious bias, but retains the core objective findings. Transmodernism contrasts sharply with fundamentalism. Fundamentalists of whatever stripe – Protestant, Catholic, Islam, Hindu – seek to reset the world to where it was 150, 200, or 500 years ago. Transforming modernity does not return to the past, but lives in the present without discarding the past. Transcending modernity incorporates a religious or spiritual view and an idealistic moral system. Transmodern culture recognizes that the human person is not a mere machine, but called to go beyond the self. As a result of this transforming and transcending, modernism will be transfigured, such that the actual shape or physical environment in which we live will be changed. Such a vision is implied in John Paul II's request that we "cross the threshold of hope" and envision a "new culture of love."

I see many modest but important signs of such change already occurring. Of course, the dominant aspects of our dying modern cultural framework are obvious and all around us, yet there are reasons for optimism. I see the Christian approach to psychology itself, including its emphasis on forgiveness in psychotherapy, as one of these new, small, yet significant examples of a transmodern culture. The placement of psychotherapy within a Christian context transforms the best elements of existing modern practices. The acceptance and reinforcement of a theistic interpretation of the spiritual life of the patient transcends psychotherapy. Thus, the future practice of psychotherapy is transfigured and placed within church, family, and retreat settings.

On Mondays, Wednesdays and Fridays I am optimistic about this proposed new cultural era. On Tuesdays, Thursdays and Saturdays, I am pessimistic about its possibility. And on Sunday, I let theoretical speculation rest!

ECB: You have already identified positive interactions of psychology and Christian theology and signs of a coming transmodern world. Looking forward to the next century, what advances do you see in psychology and how do you see the field changing?

PCV: First, I think the psychology of the virtues will develop very steadily. Secular psychology will be supported by the labor and insight of Christian psychologists. A psychology based on virtue will change the whole focus of psychology from an attempt to explain maladies caused by past traumas to an emphasis on human flourishing by the development of virtues both in and out of the context of therapy. The prominence of virtue within psychology returns to an idea foundational not only within the Western intellectual tradition, but also within the cultural past of most world traditions. I think this will slowly remove the victim mentality so common today in psychology and bring a new focus. In the future, once a person is identified as suffering from a dysfunction based on past traumas or developmental inadequacies, the focus will then turn to what the patient is going to do about it.

Second, I think psychology will continue, in a modest way, to lose ground in explanatory power. On the one side, biological-neurological-genetic approaches will advance in explaining mental problems, and, on the other side, spiritual, religious, and moral responses to mental pathologies will continue to make progress. As a result, I think that psychology will play a smaller role in the understanding of the human person by the end of the 21st as compared to the 20th century.

Third, positive mental health practices may become part of our culture. In the history of public health, one of the major contributions was the discovery of the causes of disease, thus allowing us to prevent them. Most of increased life expectancy is not due to the improved ability to cure diseases, but to the fact that most persons do not get many diseases in the first place. We learned about bacteria and viruses, clean drinking water, good plumbing and sewage systems. The common biological pollution found before the year 1800 which previously resulted in such poor physical health has been cleaned up. Similarly, we are just beginning to learn the causes of poor mental health. For example, we are learning about the importance of both mothers and fathers to healthy children. The early mother-child relationship crucially affects later relationships. Well-documented research shows the importance of fathers for helping their sons avoid criminal behavior and their daughters make positive relationship choices. Because of discoveries like these, a mental health culture could be created in our society that takes precautions to ensure the most positive environment possible for the healthy development of children. In that culture, modern individualism, selfishness and pleasure-seeking will be seen as mental pollution. Therefore, pornography, divorce, etc. would be seriously discouraged. An atmosphere supporting the positive mental health of children may become integrated into our society's laws, customs, and preoccupations.

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Review of Vitz and Felch (2006)

The self: Beyond the postmodern crisis

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Invitation:
Readers of *Edification* are invited to submit reviews of books that they have found stimulating and that fit into the discussion of Christian Psychology. Please contact the book review editor to explore this possibility. His email address is bmaier@biblical.edu.

Featured Review

Vitz, Paul C. & Felch, Susan M. (2006). *The self: Beyond the postmodern crisis*. Wilmington, DE: ISI Books, Pp. 341, $30.00. (Reviewed by Michael J. Donahue, who is an Associate Professor of Psychology and Director of Training Research at the Institute for the Psychological Sciences, Arlington, VA. He can be contacted at mdonahue@ipsciences.edu.)

There Is Really Nothing to All That Nihilism

There is general agreement that devotion to something greater than the self is required for a truly fulfilling life.

This understanding has been challenged of late by an understanding of the self which is referred to as "postmodern." This is defined by Paul Vitz in an introductory essay to this volume as a rejection of all overarching meaning-endowing theories and as "characterized by a rejection of universal truth and objectivity and by a rejection of systematic, binding morality" (p. xii). In contrast, the "transmodern self" is characterized as attending to a stable, rational self, the recognition of the importance of spirituality, and the presumption that the self is cohesive and relatively permanent (p. 163), or again as a self that is embodied, relational, and humble (p. 199).

Postmodernism has not been without its critics. As long as ten years ago, Daniel Gilbert (1998), one of the editors of the fourth edition of *The Handbook of Social Psychology,* referred to it as "today's glorification of the irrational," and quoted with approval the opinion that "postmodernism has invited an obscurity and a pretentiousness almost unmatched in the long, often obscure and pretentious history of philosophy. . . . [It] isn't a philosophy. It's at best a holding pattern, a cry of despair" (p. 135). But this of course has not prevented academics, for example Gergen (1991) and others, from proposing postmodernism as an acceptable understanding of, and model for, personality in contemporary times.

The selections in this anthology seek to note the inadequacy of postmodernism as a model for human flourishing, and propose transmodernism in place of it. It is a particularly broad introduction, including sections that present philosophical reflections (section I. New Theorists of the Self), therapeutic understandings (II. Love, Values, and the Self), the view from cognitive psychology and neuropsychology (III. The Body and the Self), sociological critiques (IV. Contemporary Society and the Self), empirical social-psychological research (V. College Students and Self), and theological essays (VI. The Trinity and the Self). Thus individuals with almost any form of interest in the topic will find a discussion in a voice to which they are accustomed, as well as insights from other intellectual approaches.

In spite of the diverse viewpoints, some consistent themes emerge. The rejection of Descartes' maxim, "*Cogito ergo sum*" is sounded by several of the authors. Gil Bailie's contribution on "The imitative self" suggests that the basis of personhood is the desire to imitate another, a model, an ideal self; Christ for the Christian. Thus a Cartesian approach of beginning inside the self – in isolation, away from the social reality – is inherently insufficient. Bailie notes that Rousseau's declaration of ultimate individuality is likewise artificial, given that it requires a society that one is unique in contrast to. Bert Hodges defines the self as a locus of inherently social *values* and proposes that development of a "value-realizing psychology" will demonstrate the bankruptcy of Cartesian-based self-centered approaches.

Karen Coats' analysis suggest that, in contrast to Descartes, a more adequate maxim would be "I love therefore I am," fleshing out the theme with psychoanalytic analyses of *Charlotte's Web* and *Where the Wild Things Are.* David M. Holley's essay suggests that "Finding a self-love" – the proper love of a properly nurtured self — in concert with love of others, would be most appropriate.

William B. Hurlbut's and Vitz's essays both ex-

amine neurological and psychological considerations of the degree of "embodiedness" involved in human personality, thus rejecting both Descartes' cerebral emphasis and the supposed transitory, self-declared basis of selfhood championed by the postmodernists. Hurlbut employs a natural science - evolutionary perspective, describing the place of the individual in the broader development of the material universe. We are far too much a part of a cosmic "big picture" to simply invent and re-invent ourselves. Calling to mind Carl Sagan's "We are star stuff contemplating stars," Hurlbut concludes "We are cosmic matter come to community and moral consciousness . . . Just as our body and mind have been formed and fashioned by the cosmos from which we have emerged, could it be that the manifestation of love further complements and complete that which is" (p. 111).

Vitz considers both the common themes in human development across cultures and the inherently social nature of the self to suggest that mature adulthood involves recognition of a "trajectory of transcendence," a "moving beyond and above their previous understanding" (p. 127), in contrast to a postmodern "modeling" of a set of equally valid selves. Glenn Weaver reflects on the perspective that the progression of Alzheimer's has on making manifest a root sense of self through the very experience of its loss.

Moving out into the broader societal context, the next set of essays examine the temptations to postmodern fragmentation of the self through consumerism (David J. Burns) and technology, most notably computer culture (Kent Norman and John Bechtold). These essays present expositions more likely familiar to readers of this journal, and their critiques (embrace voluntary simplicity, p. 165; turn from technology to God p. 180, 199) are less insightful than some of the other contributions.

The essay by Norwine, Ketchum, Preda, and Bruner, and the following essay by Latinga present social science empirical reflections on the concept of self in postmodernism. The piece by Norwine et al. on "Personal identity" presents the results of an attitude survey conducted at a variety of both church-related and public universities. The purpose was to examine the prevalence of both radical postmodern attitudes ("I oppose any limits on my personal choice and autonomy") and attitudes consistent with transmodernism ("True freedom is choosing to be a loving servant"). Unfortunately, the results are present in tables reporting how many students agreed, disagreed, or were undecided about each statement, which leads to a fairly muddy picture of the findings. Surely any of a variety of data reduction techniques (e.g., factor analysis) would have provided far greater insight. Latinga examines the struggle of teaching a (psychologically-grounded) social psychology course while instilling a respect for a Christian view of the person, and also presents content analyses of essays by students about what the concept of "self" means. She finds for the most part an overly rationalistic, individualistic understanding.

It is interesting to note in this context that a well researched concept in social psychology would seem to map on to the postmodern-transmodern construct fairly well. Snyder (1974) developed the concept of "self-monitoring." High self-monitoring is characterized by people who assert, "In different situations with different people, I often act like very different persons," while low self-monitors assert, "I would not change my opinions (or the way I do things) in order to please someone or win their favor." Thus, respondents who score high on this scale would seem to be endorsing precisely the sort of views that Gergen (1991) espouses, while those low on the scale would seem to be more amenable to a transmodern view of the self. Those interested in an empirical approach to personality differences between postmodern and transmodern self-understandings might find this body of research informative, and a source of useful hypotheses for further research.

The second essay in the book (Emerson) and the last two (by Stratton and Lowry) reflect on the relevance of the theology of the Trinity for an understanding of the person, the first through a consideration of the philosophy of Bakhtin, the latter two through attachment theory and the concept of agency (Stratton) and straightforwardly Christian theology (Lowry). Each of these essays present underpinning for an understanding of a transmodern concept of the person in their respective disciplines.

What, then, is the transmodern view of the self? It is a rejection of the postmodern rejection of ultimate meanings and truth. It embraces the transcendent significance of each person, as a part of broader, ongoing processes (evolutional development, physical maturation, the physical groundedness of human life), and as a unique and meaningful contribution to the ongoing human experience. The transmodern perspective embraces rationality and a critical realism. As I have noted, many of the authors bewail the philosophical pit into which Descartes lead Western philosophy; if you start inside the head, there is really no way out. A complete view of the person must also take into account the fact that it is immersed in a wider environment. A transmodern approach is ultimately theistic, since the meaningfulness of existence is

grounded in that in which "we live, and move, and have our being."

For those who are examining postmodernism, or who wish to engage postmodernism as a viable, not to say preferable theory of the contemporary self, this anthology provides an excellent broadly based background of critiques and alternatives to that approach, based on a more rounded view of the person.

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Miller, Philip J. Henry, Figueroa, Lori Marie and Miller, David R. (2007). *The Christian Therapist's Notebook: Homework, Handouts, and Activities for use in Christian Counseling*. Binghamton, NY: Haworth Press. Pp. 332, $44.95. (Reviewed by Steve Bradshaw, Bryan College, Dayton, TN, and Richmont Graduate University, Chattanooga, TN.)

As a professor and practitioner of psychology, I am a firm believer in the use of homework in counseling. Clinicians generally use it to assess motivation for change, and to export therapy to the real life situations of the client. It is also useful therapeutically to move insight from a client's head to his or her heart for the activation of passion and will, and to the hands for demonstration of changed behavior. The Christian Therapist's Notebook is an excellent resource for the clinician who wants to use practical and simple assignments to aid in the change process. Henry, Figueroa, and Miller are professors and practitioners at Palm Beach Atlantic University where they focus on the theory and practice of clinical work. Their book contains in-session exercises, handouts, and homework divided up into three sections: the first for working with individual clients; the second for couples and families; and the third for children and adolescents. Each exercise has a specific focus based on a spiritual principle and supported by a scriptural reference. A distinct strength of this work is that it formulates the assignments based on biblical rationales. For each of the forty activities, the authors have included a guiding scripture reference, an objective for the exercise, a description for its proper use, specific instructions on how to explain and implement the activity, a vignette illustrating its use with an actual client, suggestions for follow-up, contraindications for the exercise, resources for the therapist and client, and related scripture references. The authors include easy to reproduce and generally easy to understand handouts at the end of each chapter, usually one or two pages in length. The book's size further aids the photocopying of the handouts on standard-sized paper, and permission is given freely to make copies for use in therapy. The graphics in the child and adolescent section are creative and would aid in keeping the client's interest during the activity.

The authors state that their book is written to help clinicians in the counseling session have new and innovative activities to do with clients during the therapy hour. The selection of activities is balanced and appropriate for the various therapeutic issues the counselor might encounter such as panic, control, self-esteem, and self-injury. The exception might be the couples and families section, which has a heavy divorce bias, with half of the activities dealing with divorce or its aftermath. Including more activities for strengthening families and the marital relationship would provide a more balanced approach. There is an extensive introduction in the book, prior to the activities, explaining how the clinician can use the various assignments, and the biblical basis for the activities being used as an agent for change. These biblical and spiritual rationales and applications throughout the work are a definite strength for those who work in church or Christian settings. The authors acknowledge that therapy is a process and that the resources are application guides in that process.

Most of the activities are cognitive in nature, which might frustrate more behaviorally-minded therapists. It might be wise in subsequent editions of this work to include activities that are more behavioral and less handout-driven, such as premeditated acts of kindness, behavioral acts of self-nurturing, journaling, and even some metaphorical interventions.

The section in the introduction dealing with using wisdom to discern the attitude of the heart was especially well-written and very helpful for a practical application of the Matthew 13:3-8 passage regarding the casting of seed on various soils. The authors state that there are several types of wisdom necessary to conduct therapy: wisdom in discerning the attitude of the heart, in recognizing responsibil-

ity, in recognizing key issues, in recognizing your own issues, in timing, and in the relationship (p. 4). Throughout the book, the authors point the therapist to dependency on the Master Therapist for true discernment and healing. This Christ-centered focus is woven through the entire work.

One of my favorite activities is the "Magical Sunglasses" for use with children. The handout provided is actually a pair of sunglasses that one can cut out and use with the child. The child is encouraged to put on the glasses and envision his or her family as they would like for it to be, helping them see their circumstances from a different perspective. In the child and adolescent section, the activity for "Self-Esteem" detailed various types of self-esteem and provided extensive biblical support for each of the types addressed.

Another particularly clever activity is the "Love is…" exercise based on 1 Corinthians 13. The handout actually includes the various descriptions for what love is, and is not, according to that passage. The authors recommend using the exercise as a pre-test and post-test for the therapy process, having each spouse rate their partner on the various scales. The "New Beginnings" exercise for second marriages covers perceived needs and expectations of the marriage for both partners. Since most marital difficulties tend to be repeated in second marriages, this exercise can help identify and change those patterns.

Many of the exercises also lend themselves to possible homework assignments to help the therapist and client in exporting therapy into real life circumstances. Some such handouts would need further instructions and explanations for use outside the therapy session.

This work would be appropriate for use by clinicians who wish to make overt the covert through therapy, and seek an avenue of practical application for exercising the concepts covered in the counseling process. Less experienced therapists should guard against the possibility of overuse or misuse of the activities by applying them in certain situations or assuming too much client understanding. More seasoned therapists, on the other hand, would be readily able to handle various responses or reactions that might not be covered in these activities. The authors should be commended for their attention to detail in the instruction and vignette sections for the activities. This specificity of explanation will help to guard against the misuse or misapplication of the exercises.

I was surprised not to see John Trent's (1998) Life Mapping book as one of the additional resources for professionals or clients, since many of the activities in the first section for individuals are similar to the content of Trent's book in which the activities encourage reflection on the course of the individual's life up to the present day, as well as hopes and dreams for the future. The other resources provided in The Christians Therapist's Notebook for the therapist or the client are extensive, appropriate, and good choices for the specific issue being addressed by each exercise. Therapists who would like additional tools to use in and out of the therapy session will find this work very helpful in the transformational process of behavior activation of various cognitive interventions and for helping clients apply truth in real life situations.

In short, The Christian Therapist's Notebook is an excellent contribution to Christian counseling literature. Therapists will profit not only from its handouts, but also the excellent descriptions of the therapy process in the instruction and vignette sections. There are endless possibilities for additions to this work. Henry, Figueroa, and Miller have been true to scripture and biblical principles in their formulation of each scenario. This work would be a worthy addition to any Christian therapist's clinical library.

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Hallman, Janelle (2008). *The Heart of Female Same-Sex Attraction: A Comprehensive Counseling Resource*. Downers Grove, IL: InterVarsity Press. Pp. 311, $17.00. (Reviewed by Veronica Johnson. Regent University, Virginia Beach, VA.)

In The Heart of Female Same-Sex Attraction: A Comprehensive Counseling Resource, Janelle Hallman assists therapists who meet with adult women experiencing conflict over same-sex attractions (SSA). She works with women who claim some level of spirituality, and as such, Hallman writes from her own Christian worldview. Although she holds theological convictions regarding God's design for gender and sexuality, Hallman respects the autonomy of her clients by allowing them to choose their sexual identity and path in life. In fact, by working with women in the way she does, Hallman enables women to have choices within relationships like they may have not experienced before. Many of Hallman's clients have repeatedly lived in patterns of emotionally dependent relationships or isolation, unable to free themselves from these destructive patterns.

Hallman suggests that the patterns are due to an

underdeveloped or unstable sense of self, resulting from an interaction between physical, psychological, relational, and spiritual influences. The Heart's interactionist perspective of the etiology of female SSA is similar to Jones and Yarhouse (2000), and reflects Diamond's (2008) conclusion that relational factors contribute heavily to a woman's sexual identity. Hallman looks at common dynamics seen in women in conflict with their same-sex attractions and concludes that her clients' difficulties are the result of a conglomeration of unmet needs. She writes, "At the heart of female SSA is often an unconscious or symbolic search for mother, secure attachment, a sense of self, specialness, femininity, safety, and fun" (p. 96). This model is different than the current zeitgeist of secular psychology, in which it is commonly believed that the nature of mental health difficulties among lesbian, gay, and bisexual (LGB) individuals stems primarily from a heterosexist environment (e.g. Meyer, 2003). There are advantages and disadvantages to The Heart's model. On one hand, clients may find the explanatory framework to be a non-shaming and intuitive understanding of their concerns and attractions. Therapists can also benefit by being alert to the potential presence of these themes in a client's life, and thus assess and address the concerns as appropriate. One disadvantage, however, is that some clients may not find it beneficial to attribute their same-sex attractions to a needs deficit. In addition, therapists who tend to focus on the client's present concerns, as opposed to historical concerns, may find it difficult to engage with the material Hallman offers.

Hallman's overarching goal with women is to help them become whole, with a fully developed sense of self. It is noteworthy that Hallman's goal is not to change a woman's sexual orientation or even to reduce same-sex attractions. Rather, her goal is to nurture and affirm the woman in the therapeutic relationship so that she internalizes positive aspects into her identity. Based on her theology of gender and the theory that the female identity develops within relationship and attachment (Jordan, Kaplan, Miller & Stiver, 1991), Hallman recommends a model of therapy that is primarily relational in nature. As such, attachment is therapeutically foundational: "for women, attachment is the basis of a sense of self, life, and love" (p. 148). Hallman suggests that corrective attachment experiences allow these women to form and learn to live out of their own authentic self. This model concurs with Sherry (2007) who highlighted the need to focus primarily on the quality of the therapeutic relationship with clients who are lesbian, gay, or bisexual. Hallman gives many examples of how to create a safe environment and authentically engage the women even amidst potentially difficult defenses. It is within this safe relationship that the client can develop her own identity. In addition to relational strategies, Hallman offers practical exercises to help move the woman along in her journey of identity development. For example, she suggests using a genogram to help a woman explore and understand contributors to her development. Instead of concluding, "This is just how I am," a genogram can help the woman make choices for her identity based on a more nuanced understanding of her self as it has developed.

Hallman describes four profiles of women with relevant developmental issues, clinical symptoms, and personality patterns. Her profiles are broad enough to resist labeling, yet specific enough to help therapists develop appropriate therapeutic goals depending on the particular presentation of their client. While Hallman uses empirical research to inform her understandings, the characteristics she describes arise primarily from her clinical experience and should not be viewed as representative of all same-sex attracted women. Yet Hallman's descriptions of same-sex attracted women were so relevant that images and stories of previous clients continually came to the forefront of this reviewer's mind.

The Heart offers a four-stage model of therapy. The first stage is meant to help a woman form a positive and stable sense of self. Toward this end, Hallman teaches therapists how to establish basic trust with their clients. The second stage is a time of transformation in which the woman learns to connect with and relate out of her true self. Now that the woman has developed a sense of self, the therapist can address the woman's tendency to live out of another woman's identity through emotional dependence. Integration is the goal of the third stage, during which a client comes to accept parts of her self that have hitherto been repressed or denied, such as her vulnerability. Upon accessing more parts of her identity, the woman develops a truer psychological agency to be able to make more meaningful choices. The final stage of therapy includes a woman's consolidation of and maturation in her newly attained self. For example, this stage may include embracing a more feminine gender identity.

Clearly, identity development takes time. Therapists working in the manner Hallman describes may find themselves in tension between their client's desire "to be in relationship" (p. 123), and a professional pressure to see progress and positive outcomes. With the impressive goals of identity formation, transformation, and integration, this approach is not brief therapy. It would seem imperative to disclose this information to a client at the commencement of the professional relationship so they may give fully

informed consent to in-depth therapy. Yarhouse (1998) has detailed advanced informed consent for clients struggling with same-sex sexuality, but neglected the complexities of the client's presenting condition. Hallman noted the distrust and shame often present in clients, but did not offer tips on how to approach the process of informed consent in light of this. Bringing together these two perspectives will be an important step in future writings.

Dependence is another difficulty that can arise within this population in concert with the recommended therapeutic authenticity. Hallman reminds helpers of ethical boundaries to hold to in the midst of such dependence. In addition, she assures her readers that clients who are allowed to become dependent upon their therapists within firm boundaries will grow through their dependence into autonomy. However, it may have been helpful to include (a) a realistic duration for the dependence, (b) signs that the dependence is becoming destructive rather than constructive, and (c) how a therapist might proceed if the dependence does not abate.

Hallman's theologically nonjudgmental approach to her clients may cause some to feel uneasy. While there are many clients who work very hard to live holy lives, some may have seasons where they are less concerned with holiness and obedience. Other clients may come to interpretations of scripture that conflict with the therapist's theology. It can be very difficult to counsel an individual who acts in ways that a helper believes are destructive or sinful. Professional ethics codes call for varying levels of respect for a client's choices, with the American Psychological Association (2002) being very clear in calling for psychologists to respect their client's right to self-determination. Professionals can hold deep convictions, but it may be unwise to impress them on their clients. More may be required of nonprofessional helpers walking alongside women facing SSA in terms of determining their spiritual role in the woman's life. There may be cycles of offering grace, exhortation, rebuke, and encouragement. To be sure, Hallman's stance does not preclude any of these actions. Rather, Hallman's position seems to necessitate reliance on the Spirit of God to know how to proceed through the intricacies of relational counseling.

In conclusion, Hallman's framework incorporates a large amount of research and theoretical literature from varying perspectives. It is based on extensive clinical experience with this population, which is good and noteworthy, but may be criticized by academic psychologists for not being the product of empirical study. Additional levels of scrutiny are likely because it is a framework for addressing concerns often marginalized by some within academic psychology. Nevertheless, Hallman uses psychodynamic constructs without being obscure; attachment theory largely without blaming caregivers; gay affirmative writers without losing sight of orthodoxy; and Christian theology without becoming moralizing. In addition, her psychology of SSA women is built upon the elements of a Christian personality theory, such as agency, attachment, and inwardness (Roberts, 2003). This reviewer found The Heart to be full of hope, realism, and promising suggestions.

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Yong, Amos (2007). *Theology and Down Syndrome: Reimagining Disability in Late Modernity.* Amos Yong. Waco, TX: Baylor University Press. Pp. 450, $39.95. (Reviewed by Eric L. Johnson, Southern Baptist Theological Seminary, Louisville, KY.)

Christian theology (and psychology) have focused a lot on the psychological disorder of sin over the centuries, but have spent tragically little time exploring the subject of mental retardation (aside from the laudable efforts of Stanley Hauerwas, 1977). Amos Yong's ambitious and lengthy work seeks to help fill that significant gap in the literature. Of special interest is the fact that Yong is a Pentecostal, a perspective which has a commitment to divine healing for

physical (and presumably mental) disorders. A more personal and more pertinent fact is his acknowledgement of the influence that his younger brother has had on his life, for his brother has Down Syndrome.

The scope of the book is wide-ranging. Though the title indicates it is about Down Syndrome, more time is spent on the subject of disability in general, and even mental impairment, than Down Syndrome per se. As a result, perhaps we could say that the focus of the book consists of three concentric circles: Down Syndrome, which he deals with rather cursorily; then mental impairment, which may be the primary theme of the book; and disability in general, as the broadest concern that the book addresses. Among the important tasks that Yong accomplishes is a summary of the relatively sparse biblical material that is relevant and a critical overview of the medical approach to disability that currently dominates the care and education of the disabled. And he takes the reader on an adventurous postmodern trip into the subject, in which he tries to deconstruct and reinterpret disability in a way that takes with great seriousness and respect the viewpoints and lives of the disabled, as best he can, while also examining feminist, multicultural, world religions, and global perspectives that shed light on disability. But Yong is a systematic theologian, and his major agenda is "reimagining" the doctrines of creation, providence, the Imago Dei, ecclesiology, soteriology, and eschatology with disability as the interpretive lens. So this is quite a book!

There is much of value here. Yong is an obvious advocate for the mentally disabled, and one is drawn into that perspective by his passionate concern to understand, hear from, and learn from the disabled. I appreciated the distinction he makes between disability and disease, suggesting that the latter is improvable, while the former is not. He points out that part of the challenge for those with disabilities (and those involved in their care) is the recognition that some conditions may not be able to be improved. "Salvation," he wisely says, "includes the process of coming to grips with disability" (p. 250).

An especially valuable part of the book contains an exploration of how one views disability. Yong argues that one can still be whole with a disability, and he distinguishes between its cure—which may not happen—and the larger scope of the "process of healing" that is ongoing in and through the disability to produce a holier person. This is a crucial insight, and has obvious relevance for those who struggle with the effects of earlier child abuse and those who counsel them. His discussion of friendship as a Christian virtue was also outstanding.

Enlisting the work of Hauerwas, Henri Nouwen, and Jean Vanier and the L'Arche communities in his argument, he envisions Church communities coming to value the role of Christians who are disabled as equal members, and he believes that recognizing their value will help to transform the Church into a more faithful image of the communion of the triune God and the love that God has for his people (compared to God, we are all disabled). He points out that church members with disabilities should not be merely ministered to (though they may need extra assistance), but they should also be seen as ministers to the rest of the body, and part of our salvation is coming to recognize the role that God wants them to play in the lives of those with fewer or lesser disabilities. He suggests that "a theology of body emphasizes plurality and difference" (p.181), so that the Holy Spirit can unleash "multiple forms of corporeal flourishing" through such openness. Such considerations have important implications for ministers and counselors of people who have serious psychopathology, for example, severe personality disorders, addiction, and schizophrenia, since these are also forms of disability, in some measure.

When I first obtained the book, I was excited. No evangelical theologian has addressed these topics, at least to my knowledge. And I appreciate so much of where Yong is going. However, he takes some unnecessary and at times misguided theological, conceptual, and rhetorical paths to get there. One of the book's more bothersome traits was the strong sense of "presentism" throughout. Often the theology of classic Christian theologians and the "traditional views" of Christians are criticized, as it seems to be assumed that contemporary, progressive thinking is always best. Sometimes he even takes aim at Scripture. For example, he bemoans prophecies about God healing blindness as reinforcing an "ableist notion of embodiment that suggests both that people with 'disabilities' are less than whole, and that bodily 'disabilities' must be cured before such person can be fully included in the kingdom of YHWH" (p. 24). He writes remarkably that "people with 'disabilities' are marginalized in the gospel accounts through their portrayal as dependent on God's healing power, through the continuation of the idea that 'disability' is related to sin, and through a new association (not present in the Hebrew Bible) between 'disability' and evil spirits" (p. 27). So "a redemptive theology of disability for our time has to go beyond a merely surface reading of scriptural texts on disability (because the plain interpretation of such texts has over the centuries been oppressive to people with disabilities), and set them within a wider biblical and theological—even pneumatological—horizon" (p. 42). I may be sheltered, but this is the first time I have ever read a

Pentecostal take a hermeneutics of suspicion towards the Bible.

So strong was his endorsement of a postmodern orientation that at times it sounded like he was saying disabilities are not imperfections (p. 243) and that they are only strengths. That sounds like some postmodern double-talk to me, and I think that ultimately we do a disservice to those with disabilities, if we do not take them seriously. God redeems us in our disabilities.

Yong strongly advocates that very point throughout the book, so perhaps I am being uncharitable. Western culture certainly has matured in some respects regarding the value and treatment of the disabled, but that progress seems much more a result of the influence of classical Judeo-Christian notions of the Imago Dei than the evolutionary values that flow from natural selection or the postmodern values of a Peter Singer. There are many agendas swimming around in our contemporary culture, but the only critical questions Yong raises are directed at classic or "traditional" Christians. The following tone is typical: "After a long history of marginalizing the body, Christian theologians are finally beginning to see the importance of articulating a theology of embodiment" (p. 181). Is there nothing of value in Aquinas? But Yong cites with approval Eiesland's idea of Jesus as the "disabled God" (pp. 174-6). There is a very good point he is trying to make about God's identification with the poor and suffering of this world, but borrowing this particular phraseology is simply inapt. He later explores Eiseland's critique of the traditional view of heaven as a place where people will have no disabilities, saying that if people do not have their disabilities in heaven, this would threaten "the continuity between their present identities and that of their resurrected bodies" (p. 269). However, the same point could be made about our future sinlessness. Yong has given me a lot to think about regarding disabilities in heaven (that he says may be transformed), but his critique of the "traditional views" (like those of Joni Eareckson Tada) seems uncharitable, at least, and dogmatic (and repressive?) in its own way. One wishes Yong might have shown some of the same charity he has for "the disabled" to those classical theologians and "traditionalists" from whom he spends so much effort distancing himself.

Perhaps most troubling, he rejects the idea that God is involved in any way in the allowing of disabilities. "The traditional theodicies … are much less plausible in the twenty-first century" (p. 162). Preferring process and open theologians, he suggests that disabilities are "random and fortuitous features" of the world (p. 166). So God cannot in any way be implicated in genetic problems. This will seem encouraging to some at first glance, by making clear that God is on the side of the disabled, but so much is lost in this "new and improved theodicy:" the meaningfulness and calling that comes from embracing the plan that God has for one's life, which often includes a cross.

It is very important for Christians to be intellectually active members of contemporary culture. But I wonder if the strong presentism in the book is due to Yong's willingness to equate contemporary social trends with the Spirit's work in the world. His Pentecostal emphasis on the Holy Spirit could be very compatible with my reformed emphasis on common grace (or as I prefer, creation grace), and I would like to explore such connections. However, I found nothing to keep in check the excesses of such openness to contemporary culture, as one obtains with the corollary reformed doctrine of the antithesis, going back to Augustine's City of God and beyond to that to Paul: "See to it that no one takes you captive through philosophy and empty deception, according to the tradition of men, according to the elementary principles of the world, rather than according to Christ" (Col. 2:8). Together the doctrines of creation grace and the antithesis allow us to recognize the good in non-Christian culture, as well as what is foreign to a Christian worldview (for example, in radical postmodernism and identity politics). Too much of either teaching by itself results in distortion.

Yong's style bears much in common with current liberal theological reflection, which enjoys "reimagining" more than submitting to Scripture and the Christian tradition, and which tends to be so enamored with contemporary thought. But Christians—traditionally—have chosen Scripture and the texts of the Christian tradition as the primary texts by which they steer their interpretive ships, particularly when interpreting one's contemporary ethos. Many of Yong's intuitions about the disadvantaged and the Church are right on. But one's destination is not the only point of a journey—how we get there is also important and some routes are better than others.

And yet, so important is the topic! And there are so few books written by a Christian that take such a compassionate view of the mentally impaired as this one. So until a more discerning book comes along, this will be the book to buy.

References

Hauerwas, S. (with Bondi, R. & Burrell, D. B.). (1977). *Truthfulness and tragedy: Further investigations into Christian ethics*. Notre Dame, IN: University of Notre Dame Press.

EDIFICATION

Journal of the Society for Christian Psychology

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