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HUMAN NATURE AND THE HUMAN PREDICAMENT: A COMPARISON OF VIEWS OF MODERN PSYCHOLOGIES AND BIBLICAL FAITH

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Human Nature and the Human Predicament

A comparison of views of Modern Psychologies and Biblical Faith

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This paper gives an overview of several historical trends in psychology and provides an evaluation and critique from a Biblical perspective. I will primarily focus on three psychological theories of personality that have especially influenced clinical practice and, more significantly, cultural beliefs and values. Along the way I will comment on how different views of human nature influence methods of psychotherapy or counseling. I hope these latter reflections will be of some practical as well as theoretical interest since most of us who will hear or read this paper work with students and are sometimes approached for help with personal and relational problems. We may also have occasion to recommend someone we know to a professional counselor and I hope these comments will reinforce why, when we do so, we are interested in knowing something about the professional's personal values and worldview.

My own values and worldview are shaped by my identity as a Christian and a Seventh-day Adventist who has a strong interest in the relationship between religion/spirituality and the clinical practice of psychology.   My advisor for my doctoral dissertation, Siang-Yang (1996) distinguishes between two approaches to thinking about and/or practicing the integration of religion and psychotherapy. These are "explicit integration," which involves the direct use of resources such as prayer, scripture or other spiritual activities and "implicit" integration in which the therapist's guiding values may be influenced by his/her religious beliefs and in which the therapist may pray privately for the patient, for example, but which does not overtly include spiritual resources. (A therapist may use both methods, of course, depending on the needs of the client). The primary focus of this paper is on issues related to the are of implicit integration.

I begin with two personal experiences which illustrate why I have been interested in the issues I discuss here and the reason for the focus of this paper. These occurred about 16 years ago when I was invited to teach a class in psychology and religion for students at a Christian university who were preparing for careers in counseling.

 The first experience happened the first day of class when I asked the students to write something about themselves that would help me get acquainted with them. One student, who I later learned spoke for a number of others in the class, wrote that she was very reactive against religion but that she didn't let her reactivity interfere with her work with clients. Her philosophy and practice, she wrote, was to "take whatever values the client brings to therapy and work with these values." I soon discovered that her statement was a kind of mantra for these students who believed that their therapeutic interventions should be and could be value free. They saw value free or value neutral therapy as a necessary precondition for compassionate, accepting and growth producing relationships with clients and for respecting a client's autonomy. These students were merely reflecting a viewpoint that they had been taught and that was widely held

by many practitioners in the profession they were entering. For them, a counselor's personal worldview was not to be brought into the counseling room and was not germane to clinical practice.

The second experience illustrates how, at the same time, a particular worldview was seen as important for good clinical practice. When I was making the preparations to teach the class, I asked one of the faculty members in the department for information about where students in the program were coming from spiritually and religiously. One comment he made was that the faculty had recently tried to work through some issues with a new student who had previously been in the ministry and who had trouble accepting the idea that people are basically good. Then he looked at me and asked, "How could someone do therapy if they don't believe that people are basically good?"

Leigh Bishop, a Christian psychiatrist and former colleague of mine at Loma Linda University, addressed the issue of the therapist's worldview and its influence on clinical practice in a paper he delivered for a meeting of the American Psychiatric Association in 1993.

> Those who think about the influences of worldviews in psychiatric care are compelled . . . to devote a good deal of attention to the question of the conflict between, on the one hand, the therapist's commitment to his or her own worldview, and, on the other hand, the patient's autonomy. For our contemporary ethos in psychiatry can be quite accurately, if briefly, described as an autonomy driven ethos. . . .Because of this, those who endorse a robust interaction between worldview and psychotherapeutic approach frequently find themselves on the defensive. In particular, they must answer to the criticism that this presents the threat of imposing a particular morality on their patients.

Dr. Bishop was right in acknowledging the importance of valuing patient autonomy. Those who come to hospitals and psychiatric clinics are often in an especially dependent position and vulnerable to inappropriate or ill-timed influences. Respect for autonomy is important for theological reasons as well. A central element in our Adventist understanding of the great controversy between good and evil is that God has allowed untold pain and injustice to flourish rather than violate individual freedom.

I will come back to Dr. Bishop's comments at the end of this paper. I want to first address the student's belief that therapy should be, and could be a value free activity.

The Centrality of Values in the Practice of Psychotherapy

While *theorists* within behavioral science fields have long noted the relationship between cultural values and the diagnosis and treatment of mental illness, (e.g. Benedict, 1934) *practitioners* of psychotherapy have, until recently, often expressed the value neutral assumptions expressed by my student. However, one now sees wide agreement among practitioners of what theorists have previously noted. Namely that the clinical practice of psychology is laden with values at every level, beginning with its concepts of what constitute abnormality or pathology (Benedict, 1934; Kaplin, 1983; Burr, 2003), its theoretical models for achieving growth and healing (Vitz, 1977; Browning, 1987; Rutan, 1992); and the moment by

moment interactions between counselors and their clients (Truax, 1966). This acknowledgment has been brought about by a number of social and cultural influences.

One of my favorite illustrations of how cultural values influence theories of abnormality was written in the early 1980's by Marcie Kaplan. Kaplan (1983) protested that the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders (DSM-III) was built on masculine based assumptions about what constituted healthy and unhealthy behaviors. One of her examples was the way the DSM-III applied the label *dependency,* particularly in its description of Dependent Personality Disorder. The DSM-III (1980, cited in Kaplan, 1983) described someone who had this disorder as an individual who, among other criteria:

> Passively allows others to assume responsibility for major areas of life because of inability to function independently, . . . subordinates own needs to those of persons on whom he or she depends in order to avoid any possibility of having to rely on self. . . [and] lacks self-confidence (789).

A significantly higher percentage of women received this diagnosis than men. But Kaplan argued that the DSM pathologized ways that women more often exhibit dependency but not how men do. She observed, for example:

> The DSM-III does not mention the dependency of individuals-usually men-who rely on others to maintain their houses and take care of their children, . . . [and] who, when widowed seek a new spouse to take care of them . . . [and] whose mental illness rates are higher when they are alone than when they are married [while] women's rates are higher when they are married than when they are alone (789-790).

To avoid bias, Kaplan argued, the DSM-III should label both types of dependency as pathological or add new diagnostic categories such as Independent Personality Disorder. Whether or not one accepts Kaplan's criticisms, concerns such as hers cannot be refuted on empirical or scientific grounds. One cannot contrast secular psychotherapy with religious counseling by saying one is about transmitting (or as it has sometimes been put, imposing) values and the other is not. When this point is accepted arguments for excluding religious values or topics from psychotherapy lose much of their validity.[1]

Browning (1987) observes that all modern approaches to psychotherapy hold at least two elements in common with religious faith. These commonalities are metaphors of ultimacy and models for ordering the inner life. When these similarities between psychology and religion are

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[1] The Experiential Humanistic therapist, Alvin R. Mahrer (1996, cited in Shafranske, 1996) complains that most therapists have a personal list of approved or disapproved personality forces and behaviors, but he allows that spiritual/religious practitioners are usually more honest and open about what their governing values are than many who would consider themselves secular therapists (pp. 450, 451).

acknowledged, it is easier to conduct a dialogue about which values should inform therapy and where they should come from.[2]

In addition to conceptions of normality, and meta-conceptions of meanings and purposefulness, the moment by moment interactions between counselors and counselees include a communication of values. Truax (1966) conducted one of two published studies of the recorded counseling sessions of Carl Rogers, whose methods of empathic listening and efforts to minimize the influence of the therapist's values on clients are legendary. These studies concluded that Rogers systematically reinforced some responses and discouraged or worked to extinguish others by what he chose to respond to and by the tone and timing of his grunts and non-verbal responses. The logical conclusion would be that if Rogers couldn't respond in a value neutral way, probably no one can.

Psychological Perspectives on Human Nature and their Influence on Practice

The comments by the faculty member in the story with which I began illustrate the importance that conceptions of human nature have played in psychological theory and practice. To put the issue another way we could ask, How do we understand the "self" that a therapist takes with him or her to therapy and encounters in those who come for help? The self is a large topic, but we can narrow it some by considering this question: *How do we understand the etiology and the resolution of the human experience of inner conflict, particularly when the conflict involves weighing one's feelings of obligation against those of one's inclination?* In more than a few cases, the differences between a prevailing psychological theory and Christian theology on this issue have been behind objections to introducing religious or spiritual issues into the practice of therapy.

We can illustrate how conceptions of the self influence therapy and cultural attitudes by considering the modern history of psychology. For Freud, conflicts between inclination and obligation or between the id and superego, were a defining characteristic of human experience. While one interpretation of Freud holds he believed that this conflict could eventually be resolved and eliminated through psychoanalysis, other pioneers of psychoanalysis, such as Carl Jung and Melanie Klein and their followers, held a different view. For them, guilt consciousness was only imposed from the outside but was present at the beginning of, or very early in human development. Jung held that morality is something we have "in ourselves from the start," which is, "a function of the human soul as old as humanity itself." The British psychoanalyst, Marion

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[2] A recognition of the value laden and culturally influenced nature of psychotherapy, along with an emphasis on sensitivity to cultural diversity, and a mounting body of research which demonstrates that religious belief and practice tend to have positive benefits for physical and mental health, have contributed to much more attention being given to religious issues in psychological publications than was true twenty years ago (Lamberton, 2004; Koenig, McCullough, and Larson, 2001; Koenig, 1988).

Milner, (1977, cited in Dilman, 1993) distinguished between "implanted" and "inherent" morality, and saw both as characteristic of human experience.   With respect to implanted morality she wrote:

> One feels guilty, not only because one has been made to, but also because one knows only too well that there are grounds for it; in the psychic reality of feeling and wish one has failed, one has certainly, some time or other, been callous and greedy and resentful and destructive (pp. 66-67, quoted in Dilman, 1993, p. 3).

The behaviorist movement, which arose in part as a reaction to the subjective and speculative views of psychoanalysis, was skeptical of attempts to study thoughts and emotions.

These were seen as overly subjective, outside the realm of scientific inquiry, and therefore as inappropriate topics for psychology. B. F. Skinner (1974), a leading advocate of behaviorism, refused to hypothesize about mental processes altogether. He insisted on using the term, "nervous system" as opposed to "mind" and said behavior was determined solely by contingencies in the environment. Behavioral approaches to treatment, (such as reinforcement, and extinguishment) many of which continue to be useful in certain situations, were consistent with this view of the self.

The third major trend in the psychology of personality, and the one which I want to examine more in depth, rose to prominence after World War II with Abraham Maslow and Carl Rogers as its most influential leaders. This movement is referred to variously as self-actualization theory, or humanistic psychology, or the human potential movement. It would be difficult to over-emphasize the influence of this movement on therapeutic practice and popular culture. Whereas psychoanalysis held that human beings had a multiplicity of basic drives, some of which were destructive and antisocial and some constructive or prosocial, self-actualization theory held that humans had basically one single drive, the tendency to self-actualize.[3]

Roger's theory of mental health and abnormality includes several key concepts and terms. He believed that if the parents of a growing child provided it with an atmosphere of unconditional positive regard and acceptance, the child would be blessed with a complete awareness of its actualizing tendency and valuing capacity. This awareness, or <u>self-experience</u>, of the child's natural inclinations would constitute a reliable guide for its ongoing process of actualization. As the child's conscious awareness developed, its <u>self-concept</u> (i.e. perception of who he or she actually is) would develop in a manner that was congruent with this self-

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[3]Rogers (1951), asserted that, "the [human] organism has one basic tendency and striving--to actualize, maintain, and enhance the experiencing organism. Rather than many needs and motives, it seems entirely possible that all organic and psychological needs may be described as partial aspects of this one fundamental need (pp. 487,488). He further maintained that the movement of this single tendency is, "in the direction of an increasing self-government, self-regulation, and autonomy, and away from heteronymous control, or control by external forces [and that this tendency] appears to be in the direction of socialization, broadly defined (p. 488).

experience rather than in a manner that was determined by the expectations and evaluations of others. In addition, the child's ideal self, (belief regarding what it should be) would also be congruent with self-experience since it would not aspire to be something other than what it was.

Thus, a fully functioning and mentally healthy individual would be one whose self-experience, self-concept and ideal self are congruent. Such an individual would exist comfortably with his or her changing feelings and experiences and would be successfully guided by them. Incongruities that might occur would be minimal and able to be quickly overcome (Jones and Butman, 1991).

Roger's said that for him, the overarching purpose of life was "to be the self that one truly is." His theory naturally depended on the assumption that people are basically good. One of Roger's most far reaching assertions was that individual, as well as interpersonal and social problems, are caused by the failure of individuals to fully actualize and accept themselves. He wrote that:

> The implications of this aspect of our theory are such as to stretch the imagination. Here is a theoretical basis for sound interpersonal, intergroup, and international relationships. Stated in terms of social psychology, this proposition becomes the statement that the person (or persons or group) who accepts himself thoroughly, will necessarily improve his relationships with those with whom he has personal contact, because of his greater understanding and acceptance of them. Thus we have, in effect, a psychological "chain reaction" which appears to have tremendous potentialities for the handling of problems of social relationships (Rogers 1951, p. 522).

Roger's method of therapy, flowed naturally from his theory of personality. He recognized that children rarely, if ever, grow up in his ideal environment where the self-actualizing potential was uncluttered by outwardly imposed "shoulds" and "oughts" that become part of the ideal self and adversely affect one's self-concept.   The therapist's task then, was to create an atmosphere of unconditional positive regard so that the self-actualizing potential and innate valuing process could safely emerge and the various dimensions of the self would become integrated.

Humanistic psychology would not have experienced its wide and rapid acceptance if many of its ideas had not already been embedded in American political and economic philosophy (Bloom, 1987; Browning, 1987; Greening, T. 1984; Rogers, 1951). Rogers' and Maslow's theories were popularized during the years immediately following World War II when the American economy was enjoying rapid growth. The economic system that produced this prosperity championed individualism, creativity and the belief that the primary role of government was limited to that of protecting the freedom of its citizens to pursue their own self-interest. Humanism inferred that these political and economic principles could be applied with equal success to the arenas of individual and social morality. To return to our original question, humanism dealt with conflicts between inclination and obligation by insisting that the conflict was alien to one's true self—the path to being true to one's obligations was to find one's true self and follow its inclinations.

While there are a number of elements in self-actualization theory's schema for personal harmony that Christian's can affirm, there are others that are at odds with Christian thinking and that are ultimately detrimental for individual growth and social relationships. The idea that the self is motivated by a single, prosocial drive leads logically to attributing all individual and societal problems to influences outside of ourselves. It also, in the development of theories of family therapy for example, encouraged the frequent indiscriminate use of psychological tasks that emphasized emotional independence or individuation and deemphasized the importance of taking appropriate responsibility for others.

A quote from a 1983 family therapy textbook (Karpel & Strauss) identified the result of this tendency:

Much of the literature of individual and family therapy has either minimized [the need for an ethical dimension in family functioning], overlooked it, or contested it. The Gestalt Therapy Prayer of "I do my thing and you do yours" was only the most overt statement of a philosophy which existed in a variety of approaches. This philosophy derived from a recognition that many individual and relational problems seemed to stem from destructive and unrealistic obligations in relationships. In essence, the solution they proposed was to help people free themselves from these [destructive] obligations . . . in practice it often meant encouraging people to free themselves from all obligations. . . .

Many of these [therapeutic] approaches have a highly developed vocabulary and conceptual system for the process of individuating out of relationships with these destructive obligations, but virtually no vocabulary or theory for helping people move back into more or less satisfying, nondestructive relationships. . . *This gap in theory represents in our minds the most important challenge facing the family therapy field at this point* (Karpel & Strauss, 31-33, emphasis supplied).

Many people are attracted to the statement that humans are basically good because they equate being good with being of worth and value, and/or because they have been taught to believe that if people are not basically good they must be basically evil (which is interpreted as entirely evil). But Christian theology does not connect the issue of human worth with the issue of human nature. It emphasizes that people are of great value because God created them and loves them.

Some Christian's who have understood the lopsided and faulty nature of these theories of personality we are considering have reacted by leveling broadsides at the entire discipline of psychology. Such reactions are unwarranted. The beliefs of psychologists as well as their areas of study vary widely. Psychology is not so much a single discipline as it is a collection of sub-disciplines that focus on everything from the action of single neurons to social units. It is important to note that at the same time humanistic psychology was growing as a therapeutic and cultural force, the disciplines of social and cognitive psychology were accumulating a body of research that supported a much less optimistic picture of human nature.

Some of this research is well known and is referenced in almost any introductory

textbook of social psychology.   Christian social psychologist David Meyers (Meyers is the author of a social psychology test that has been widely used in universities throughout the country) published a book in 1981 titled *The Inflated Self* which focused on the disjunction between humanistic psychology's view of human nature, and the findings of social psychology and scripture. Among the studies he reviewed were those which pitted individual self-interest against the interests of a group they were part of. College students who participated in these experiments most often pursued what was best for themselves even when it hurt the group as a whole.

Other experiments Meyers reviewed focused on social influence by putting people with good intentions into bad situations. He summarizes Stanley Milgram's obedience experiments as an example.

> Under optimal conditions—an imposing, close-at-hand commander and a remote victim—65% of his adult male subjects fully obeyed instructions to deliver what were supposedly traumatizing electric shocks to a screaming innocent victim in an adjacent room. These were regular people—a mix of blue collar, white collar and professional men. They despised their task, yet most would not disengage themselves from it (Meyers, 1981, p. 17).

It is noteworthy that the experimental method Milgram used was to have his subjects deliver only small shocks at first, then subtly and gradually move on to administering stronger and stronger amounts of pain.

Muzafer Sherif began one the most significant experiments in social psychology by inviting a large group of 11 and 12 year old boys to an experience at summer camp.   He first randomly assigned the boys, all of whom were strangers to each other, into two groups. In order to establish a group identity he had the groups live apart from each other and participate in cooperative group projects. He then brought the groups together to take part in a number of competitive activities.

> Since there were prizes to the winning team, one group could achieve its goal only by defeating the other group. Before long, the two groups were calling each other names, making derogatory posters, hurling food, and attacking each other with violence. It was warfare on a twelve year old scale. . . . In Sherif's experiment, the conflict developed without any cultural, physical, or economic differences between the groups and with just ordinary boys taking part. The evil outcomes were a product of the transcendent power of an evil situation (Meyers, pp. 17, 18).

The experiments by Milgram, Sherif and others highlighted the effects that evil situations can have on social entities or groups. Another field of laboratory investigation has studied characteristics of individuals alone with equally discomforting results also. These studies have documented our tendency as humans to engage in self-justification, to claim personal responsibility when things we are involved in go well, but to attribute results that are

unsatisfactory to other people or circumstances. Many studies have documented how we develop and maintain false beliefs, how the pre-existing beliefs we bring to situations influence what we see and how we interpret what we see, as well as what we remember. Meyers (1981) makes a connection between these studies and the words of the apostle Paul.

> Our human predicament stems not only from our vulnerability to external and internal pressures toward evil, but also from the foibles and fallacies of our thinking. New research in cognitive and social psychology is reminding us that human wisdom is, as St. Paul indicated, not nearly so wise as God's foolishness. Our limited reason is not inclined to understand its own limits, and this renders us susceptible to all sorts of sincere but erroneous beliefs (p. 45).

The Biblical View of Human Nature and its Significance for Practice

Psychological descriptions of human nature, as Meyers (1981) notes, have points of convergence with the Biblical account and reinforce it, but they do not replace it. The Biblical account gives a more comprehensive picture. As humans we were created in the image of a loving God and were designed to depend on him for life and happiness, but we turned away from God and came to fear and mistrust Him. Consequently, we perceive dependence as weakness and obedience as bondage. In our efforts to avoid God, we have turned to ourselves and to idols for meaning and fulfillment. As a result our thoughts have become distorted and our behavior destructive. (Romans 1:18-32).

Christian theologians have disagreed on just what human beings lost at the fall, but even those who have emphasized the doctrine of total depravity have not meant that human nature is just shot through with rottenness. They have meant that no part of human nature has been untainted by sin. Sin does not, as some have believed, reside primarily in the emotions or passions but not so much in the intellect. We cannot reason ourselves out of our predicament any more than we can feel our way out of it. Adventist theology, in line with our Armenian heritage, holds that the Image of God in human beings was badly marred at the fall, but not completely obliterated. (Psychological studies of positive qualities, such as empathy, that seem to be innate in humans may be relevant here.) Thomas Aquinas suggested that what happened at the fall was not so much a total loss of all good qualities but a disordering of them.

I stated earlier that all approaches to therapy depend on implicit or explicit assumptions about human nature. It is now time to ask how a Christian understanding of human nature could serve as a guide for Christian counselors? I believe C.S. Lewis (1943) is helpful here. In the beginning of the book, *Mere Christianity,* Lewis gives a concise presentation of what theologians call the moral argument for the existence of God. I won't take time to repeat Lewis' argument here, but two of his main points are these:

> First, that human beings, all over the earth, have this curious idea that they ought to behave in a certain way, and cannot really get rid of it. Secondly, that they do not in fact behave in that way. They know the law of nature; they break it. These two facts are the

foundation of all clear thinking about ourselves and the universe we live in (p.7).

Lewis cautions that one would never know that humans have a knowledge of how they ought to behave by observing their actions. But this knowledge can be perceived by listening to their words, particularly the way they argue. Arguments about what is right and wrong and what is fair or unfair are inevitably based on an appeal to some standard. Lewis identifies a number of reasons why the Moral Law can't simply be dismissed as a social convention or as an instinct or as one of our natural impulses. He ends his discussion of the moral law by saying:

> It is after you have realized that there is a real Moral Law, and a Power behind the law, and that you have broken that law and put yourself wrong with that Power—it is after all this, and not a moment sooner, that Christianity begins to talk.(1943, p. 39).

Lewis's argument for the existence of a moral law within human beings did not start with him, of course. Kant believed in humankind's sense of moral obligation and saw it as the beginning point for religion (Barbour, 1966, p. 75). Much earlier still, the apostle Paul spoke of those (Gentiles) who did not have access to God's written law, but who, "do by nature things required by law. . . . [They] show that the requirements of the law are written on their hearts" (Romans 2:14-16).

The psychological theories of human nature we have considered differ in fundamental respects from the Biblical view but they also support it.   Psychoanalysis and humanistic psychology start with the recognition that humans are out of sorts with themselves, and that the sense of conflict and guilt are part of human experience. The Bible starts there too. The first two chapters of Genesis are not only about the origin of life, but about the origin of the human experience of fear and shame. Although they differ on the cause and the cure, the Bible, psychoanalysis, and humanistic psychology each agree that feelings of guilt and inadequacy, fear and shame are characteristic of the human condition.

How is the belief that humans have an inner knowledge of right and wrong relevant for psychotherapy?   I believe it addresses the concern of the faculty member who didn't see how anyone could do therapy unless they believed people were basically good. He understood that psychotherapy depends to a large extent on the process of recognizing and working with thoughts, feelings, desires and reasoning abilities that lie within the experiential world of the individual or family the therapist is focused on helping. While it involves more than this process to be sure, if there is nothing good (e.g. a longing after God, or an awareness of good and evil) in an individual that can be identified and built on, the practice of psychotherapy loses its potential for good. However, if Lewis' view of the human experience is accurate (and I believe it is) then the therapist can generally trust that when she goes with another person to the deepest levels of the human spirit, that the moral law is there. The Christian therapist does not have to find some skillful technique for implanting (or imposing, as critics would charge) a sense of right and wrong where not a shred of it exists. Her role includes helping the person identify and overcome resistances to morally responsible behavior, and to hear the voice of God speaking to the heart.

These tasks will sometimes involve the appropriate sharing of the Christian therapist's

worldview but they will always involve listening and responding from a framework of agape love and from values informed by the therapist's personal morality. Psychotherapy should always be conducted with utmost respect for the clients freedom and autonomy, but how it is done will inevitably be influenced by the therapist's worldview and understanding of human nature.

I believe that a difference between a humanistic therapist and a Christian therapist would be seen over time by a videotape of counseling sessions. Self-talk containing self-directed "shoulds," "oughts," or "musts" (expressions humanistic therapists have generally worked to extinguish) would be responded to and explored for validity in a qualitatively different way. When a client expresses despair about obligations or responsibilities over which he falls short, the Christian therapist's default position would not be that the guilt itself is pathological. While guilt may be pathological it may also be evidence that the Holy Spirit is revealing the moral law. By recognizing the reality of the moral law, and the work of the Spirit within, the client may be prepared to see that the solution for guilt and shame is not the renunciation of unwanted obligations, but repentance and acceptance of God's grace.

The Centrality of Christian Hope

As significant as the above points may be, they miss what is probably the most compelling benefit of a Christian worldview for mental health. I began this paper with a reference to the Christian psychiatrist, Leigh Bishop's response to the argument against a therapist sharing his/her worldview with a patient because to do so would result in the therapist imposing a particular morality on a patient. Bishop (1993) noted that this objection frequently put therapists who "endorse a robust interaction between worldview and psychotherapeutic approach . . . on the defensive." But his further comments on this objection make a point that is instructive for any Christians who is involved in helping people who are hurting:

> Now when I first began to think about it, this [defensive stance] seemed to me—from one perspective—a very curious thing; because for most of those colleagues personally known to me to endorse such a robust interaction [between their approach to therapy and their worldview], there is at the center of their shared worldview an even more fundamental message than that of a particular moral tradition. Make no mistake about it: in that worldview to which I am referring, morality is given due place. But the most fundamental message of this worldview is one of hope. Or, in the words of the prophet Isaiah, it is a message of release to the captive, healing to the brokenhearted, and comfort to the bereaved (Isaiah 61).

> When we take into account a worldview that is principally about offering hope, I think that it casts a new light on these matters. For one thing, observe that hope has this curious feature: unlike moral interdiction, you cannot impose it on anyone. Hope has no power to go where it is not wanted.

Erick Eriksen (cited in Bishop, 1993) observed that, "Hope is that without which moralities become mere moralism. Arguments about how the various psychologies foster or

erode morality, or the claims of obligation vs. inclination can easily degenerate into mere moralizing without the hope that Isaiah speaks of. This hope is built on the establishment of the kingdom of God and the new heaven and new earth Christ promised to establish. As Seventh-day Adventists we grew up singing "We have this hope that burns within our hearts, hope in the coming of the Lord." Adventist faith has much to say about the nature of human nature, about the kind of morality that builds up families and communities, and about the kind of living that fosters health, but mostly it is about offering hope.

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