



Christian Psychology Around The World

THE EMCAPP JOURNAL

24 / 2025

Main Topic:

Suffering, Pain, Misery, Misfortune, ... from a Christian Psychological Perspective in Theory and Practice.

- Repairing Moral Injury
- The Mystery of Pain
- Walking through the Night
- And others ...

contents

3	Editorial
4	The first 23 numbers of the eJournal
5	About the artist: Davi Rabelo (Brazil)
7	Around The World: The Contributors

Articles to „Suffering, Pain, Misery, Misfortune, ...from a Christian Psychological Perspective in Theory and Practice”

10	Rodger Bufford and Kenneth Logan (USA): Repairing Moral Injury: Integrative Perspectives from Psychology and Christian Theology
23	Comment: Dallas Gold (Canada)
25	Miguel Ángel Alcarria (Mexico/Spain): Suffering and Resignification: The Key to Resilience
31	Comment: Maksym Bondarenko (Ukraine)
32	Alan Palmer (UK): The Mystery of Pain: An Attempted Interface between Psychology, Theology, Literary and Biblical Studies
42	Comment: Paloma Alonso Stuyck (Spain)
43	Marie and Lowell Hoffman (USA): A theology of suffering for a profession of sufferers
50	Ewa Jakubek (Poland) – Accompanying Terminally Ill and Dying Individuals – Psychological and Spiritual Aspects / Towarzystwo osobom terminalnie chorym i umierającym - aspekt psychologiczny i duchowy
55	Olga Krasnikova (Russia): The influence of personal self-value on experiencing grief: a Christian Psychologist's perspective / Влияние самооценности личности на проживание горя – точка зрения христианского психолога
66	Ullah Dahlen (Finland): Walking through the Night: Experiences of suffering, growth and companionship from the perspective of Christian therapy
81	Comment: Gregory Jensen (USA)
84	Kelly O'Donnell and Michèle Lewis-O'Donnell (Switzerland / USA): A global perspective as Christian psychologists on understanding and alleviating "Suffering, Pain, Misery, Misfortune."
104	Patrycja Ewa Longawa (Poland): Creative Forms of Talking to God dealing with ADHD / Kreatywna modlitwa dla osób z ADHD
107	Samantha Griffiths (USA): "William Cowper: Suffering, Creativity, and Christian Psychology"

Christian Psychology in General

111	Aender Borba (Brazil): The practice of Christian Psychology in Brazil: challenges, institutional tensions, and emerging possibilities / A prática da psicologia cristã no Brasil: desafios, tensões institucionais e possibilidades emergentes
117	„Why would you describe yourself as a Christian psychologist?" Questions to Nathaniel Marino (USA)
121	Werner May (Germany): The Heart of the Healing No / Das Herz des heilenden Neins
124	Invitation to Barcelona 2026: II INTERNATIONAL CONGRESS OF CHRISTIAN ANTHROPOLOGY AND MENTAL HEALTH SCIENCES - Integrating religion and spirituality in psychotherapy
125	Next Number / About us
126	Seven Statements of EMCAPP

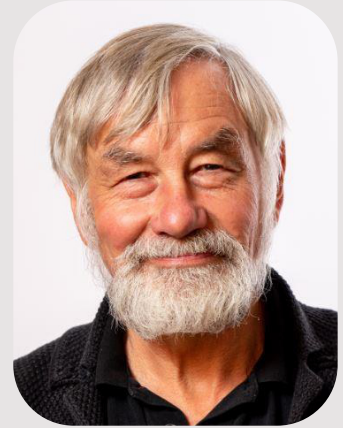
editorial

God never sees us alone. Especially when experiencing suffering, pain, misery, or misfortune, it is not only desirable, but essential, that we seek help— immediate assistance, and also longer term support, therapy, or counseling. Suppressing and waiting, as we may hope, mostly is not a profound solution.

Of course, God's presence itself is helpful, strengthening, comforting, and healing. Furthermore, our Christian faith opens up new insights into suffering, pain, misery, and misfortune.

I am delighted by the numerous contributions, which are primarily based on long term professional experience, offer perspectives on practical help, and repeatedly open up creative new approaches. Thank you to everyone who wrote and shares with us.

Yours, Werner May
emcapp.eu
info@werner-may.de



Why do we have a bilingual journal?

In our movement for Christian Psychology, we meet as Christians with very different backgrounds: different churches, different cultures, different professional trainings...

There is a common desire for the movement, but highly “multi-lingual” ideas of its realization! Therefore, a bilingual journal is just a small reference to our multilingual voices to remind us:

Languages are an expression of cultures, countries and of their people. By writing in two languages, we want to show our respect to the authors of the articles, to their origin and heritage, and at the same time symbolically show respect to all the readers in other foreign countries.

There are many foreign languages that we do not understand. Within our own language, we intend to understand one another, but we fail to do so quite often. To really understand one another is a great challenge, and we also want to point to this challenge by offering a bilingual journal.

“When languages die, knowledge about life gets lost.” (Suzanne Romaine, 2011)

Finally, there is a pragmatic reason: As we want to have authors from one special country to write the main articles of every journal, it will be easier for them to distribute the journal in their own country, when it also is in their own language.

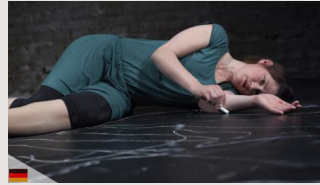
Note: By clicking the desired contribution in this Contents list, you immediately reach the relevant page.

the first 23 numbers

of the eJournal Christian Psychology Around The World



JOURNAL NO. 1 - 2012
Poland



JOURNAL NO. 2 - 2012
Germany



JOURNAL NO. 3 - 2013
Russia



JOURNAL NO. 4 - 2013
Switzerland



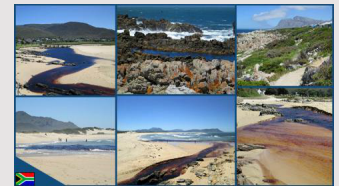
JOURNAL NO. 5 - 2014
USA



JOURNAL NO. 6 - 2015
Finland



JOURNAL NO. 7 - 2015
Canada



JOURNAL NO. 8 - 2016
South Africa



JOURNAL NO. 9 - 2016
Focus Topic: „Therapy Goals“



JOURNAL NO. 10 - 2017
„Conscience“



JOURNAL NO. 11 - 2018
„Who is leading me during practicing
Christian Psychology?“



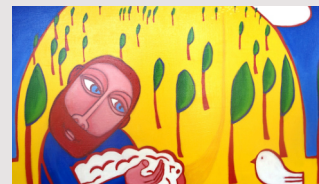
JOURNAL NO. 12 - 2019
„Christian identity“



JOURNAL NO. 13 - 2019
Body Aspects in Christian Psychology,
Psychotherapy and Counseling



JOURNAL NO. 14 - 2020
„Coping with Stress in Theory and
Practice of Christian Psychology“



JOURNAL NO. 15 - 2020
„Basic trust and secure attachment -
Christian anthropological, educational
and psychotherapeutic aspects.“



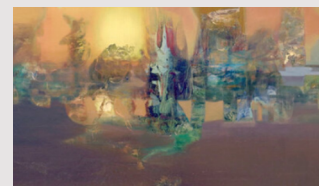
JOURNAL NO. 16 - 2021
„A Christian Perspective on the True
Self and False Self“



JOURNAL NO. 17 - 2022
„Situating Grief in Redemptive
History for the Sake of Joy“



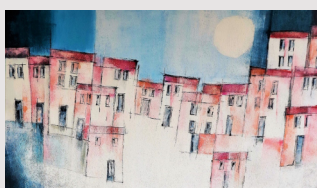
JOURNAL NO. 18 - 2022
„Ways out of the Shame-Fear Cycle“



JOURNAL NO. 19 - 2023
„Spiritual Formation“



JOURNAL NO. 20 - 2023
„Christian faith in everyday life“



JOURNAL NO. 21 - 2024
„Love in different dimensions“



JOURNAL NO. 22 - 2024
„The Importance of the Holy Spirit
in Theory and Practice for Christian
Psychology“



JOURNAL NO. 23 - 2025
„Personal Freedom from a Christian
Psychological Perspective in Theory
and Practice.“

The EMCAPP Journal "The Christian Psychology Around the World" is published in Germany, the main editor is Werner May. Since 2011 the internet bilingual Journal is published two times a year. The authors of articles and comments are psychologists, psychotherapists and scientists from different countries of the world. This journal is published by the European Movement for Christian Anthropology, Psychology and Psychotherapy in co-operation with the IGNIS-Akademie für Christliche Psychologie.



about the artist davi rabelo

I am pastor, graphic designer, and printmaker, based in Brasilia, Brazil. I strongly believe in the power of word and image, which is manifested through my vocation as minister and visual artist. My work as is artist is inspired by my faith in Christ, and his creation, specifically some of the scenery of my hometown and central parts of Brazil. Through the arts I seek to express the beauty, joys, and also sorrows of the human experience.

Since I was a kid, I enjoyed drawing, mainly influenced by my grandfather who was always drawing, scribbling something. He worked as a professional cartographer but was enjoyed spending time with his grandkids. Also, I remember being very influenced by a cousin that drew very well cartoon characters and superheroes, and ended up studying graphic design. So, since a young age, I always enjoyed working on creative projects and ended up studying



graphic design. I worked at a few different companies, and for several clients before becoming a pastor.

While I was doing my undergrad in graphic design, I had a few classes in printing techniques and an entire semester on engraving. This sparked at the time a special interest in combining graphic design with a more manual and artistic approach for some works. And while I was doing my master's program at Regent College, in Christianity and the Arts, decided to work on a series of images as part of my final project which were all made with linocuts. This happened during the pandemic, in a time where classes and everything went online, I felt the need to work on something more embodied and less digital. This art-making technique enables to create reproducible, yet unique pieces of art.

The process involves engraving a piece of linoleum (or wood), which works as a stamp. Afterwards, paint is applied over the linoleum, and with a blank piece paper, a copy can be made. Since every step is made by hand, each copy is unique. Even the small flaws become part of the aesthetics and gives this art its character. Through the process I am remind of my own imitations, and how God continues to work in my own life.

Youtube link:

www.youtube.com/watch?v=C1nAK4xbQNk

www.schindellgallery.ca/exhibitions/2021/under-the-sun





Canada

USA

Mexico

Brazil

UK

Germany
Switzerland

Spain



Finnland

Russia

Poland

UK



Articles to „Suffering, Pain, Misery, Misfortune, ...
From a Christian Psychological Perspective
In Theory and Practice”



Dr. Ken Logan is a licensed psychologist, professor of clinical psychology, and Director of Integration at George Fox University's Graduate School of Clinical Psychology. With over 30 years of experience, he specializes in helping first responders, ministers, chaplains, and therapists heal from complex trauma, moral injury, burnout, and compassion fatigue. His research and writing focus on forgiveness, compassion, grace, and spiritual meaning-making in trauma and moral injury recovery. A Christian clinician and integrative thinker, Dr. Logan is committed to honoring the whole person—mind, body, and spirit—while working respectfully with clients and students of all backgrounds.

Former contributions by Ken in our eJournal you can see her:

<https://emcapp.ignis.de/13/#p=50>

<https://emcapp.ignis.de/12/#p=84>



Rodger K. Bufford Ph.D. is a professor and former Chairperson of the Graduate School of Clinical Psychology at George Fox University in Newberg, Oregon. He has authored two books and numerous articles on psychology and religion. His research interests include theoretical and empirical psychology of religion, spiritual well-being and grace as pathways to thriving and well-being, and the effects of human and natural adversities on psychological functioning. He has contributed significantly to study of spiritual well-being and the development of measures of the experience of grace and natural disaster.

Former contributions by Rodger in our eJournal you can see her:

<https://emcapp.ignis.de/15/#p=100>

Repairing Moral Injury: Integrative Perspectives from Psychology and Christian Theology

We live in an age where we have become quite adept at biopsychosocial repair. After injury, shattered bones can be reset, infections can be easily cured, relational discord can be mediated, and emotional struggles can be worked through. Yet, there is a type of wound that we still struggle to address. These are moral wounds. It seems that when a wound is moral—when what we know to be good and just is betrayed—modern approaches to care can prove to be inadequate. Contemporary approaches to care often avoid the language of conscience and morality, which results in moral wounds being overlooked and untreated.

These are the very areas we tend to avoid. So, how do we start helping when the hurt is hidden in places no one wants to explore? Strategies for spiritual, religious, and moral well-being are missing from our modern models of care.

Moral harm emerges as a form of suffering that is frequently avoided and unspoken (Litz & Kering, 2019; Shay, 2014; Brock & Lettini, 2012). Clients, weighed down by shame or regret, often conceal the depth of their wounds from themselves and others. Unlike physical suffering, marked by bruises or fevers, or emotional suffering, which is revealed through tears and

cries for help, moral suffering can often remain silent and secret. It then works within, contaminating hearts and minds, all while remaining unseen. Therapists can contribute by avoiding the language of moral violation. Therapists are often uneasy with moral language as it can feel too closely associated with judgment, too entangled with religion or philosophy, insufficiently scientific, or ethically risky. Similarly, moral perspectives on suffering do not fit neatly into medical definitions or diagnostic categories, and they do not facilitate insurance reimbursement. This also reflects a clinical culture that tends to explain behavior in terms of biology or environment, with less emphasis on human agency, the role of the will, or personal responsibility. Instead of naming and working with moral rupture, treatment tends to focus on resulting surface-level symptoms.

In contrast, clients commonly frame their suffering and pain using terms like guilt, betrayal, failure, or wrongdoing, which are unmistakably moral in nature. Avoiding this language in clinical care risks muting a client's deepest pain. Moral language gives expression to the voice of conscience, naming injuries to trust and integrity that cannot be fully conveyed by symptoms alone. Far from adding shame through judgment, acknowledging moral weight can actually bring relief, affirming that moral struggle is a profoundly human experience. Healing moral injury requires more than symptom relief—it calls for meaning making, restoration, and moral repair. Used with humility and ethics, moral language can be used without imposing values. Using the moral language of our clients can open space for greater honesty, responsibility, and hope. This is why theologically and spiritually integrated care or interprofessional collaboration is so vital when addressing a client's moral suffering.

Differentiating Moral Harm from Trauma

When experiences of moral harm surface in therapy, they extend beyond the typical symptom complaints we see with most clinical conditions. What emerges are soul-deep laments of rupture, disillusionment, regret, and loss. Clients often express moral suffering in deeply personal ways, not just recounting what happened but also describing how it shattered their

sense of self and responsibility. They may say things like, “I failed the people who mattered most to me” (a statement of guilt and self-blame), “I never thought I could do something like that” (shock at violating one's moral identity), “It feels like the ground has been ripped out from underneath me” (a loss of stability and trust in the world), or “I know I couldn't stop what happened, but I still feel like I should have been able to do something” (a painful struggle between rational awareness and lingering self-condemnation from powerlessness). Entangled in shame, shock, complicity, self-hatred, and anger, this pain often stagnates within. Without a framework to name or make sense of it, moral suffering frequently stays hidden—unspoken, unprocessed, and unresolved—even though its wounds cut just as deeply as those in post-traumatic stress disorder (PTSD). Unlike PTSD, which is rooted mainly in autonomic fear reactions, moral injury wounds the conscience and disrupts one's sense of identity, often leaving individuals disoriented, burdened by shame, and struggling with feelings of worthlessness (Litz et al., 2009). To highlight the distinction, the following vignettes illustrate the core features and differences between a typical PTSD response and a moral harm response.

Maria and her two young children were trapped on the roof of their home as the waters rose during a devastating flood. She and her children managed to scramble to the roof. For hours, she hung on to her children and the chimney tightly, terrified the waters would sweep them away from her before help arrived. When a rescue team finally pulled them to safety, her body shook with relief, but the fear never left her. Weeks later, Maria was incredibly distressed when she heard the sound of rain, avoided driving near rivers, and woke up screaming from nightmares of her children being pulled from her and drowning. She couldn't stop reliving the sense of helpless terror she experienced on that roof.

Notice that in this case, the wound is likely PTSD, due to the characteristic symptoms that were encoded through fear and rooted in the threat to her and her children's lives. In contrast, moral harm does not arise from fear itself, but from the actions we take, the wrongs

done to us, the betrayals of those we trust, or the painful realities we witness. Consider this change to our story:

Before the storm, Maria's neighbor had promised to come with his boat and evacuate her and the children before the worst of the flooding. But as the hours dragged on, he never showed up. Though Maria and her children were eventually rescued, she was haunted by a profound sense of betrayal. In therapy, her primary focus was not on hypervigilance, flashbacks, or avoidance—although she would come to address these issues later. Instead, her complaints centered on the betrayal of her neighbor: "Why didn't he come for us?" "We could have died." "Did he decide we weren't worth the risk or something?" "We trusted him." "How could he just leave us there?" In the first weeks of therapy, it wasn't fear that consumed Maria, but the weight of moral harm that manifested as hurt, betrayal, disillusionment, and anger. The primary wound she initially carried was not about her and her children almost perishing in the flood. It was about a broken moral trust—a moral injury rooted in betrayal by someone she had counted on in her hour of greatest need.

The second part of Maria's story illustrates how not all harm is rooted in fear. Although she later confronted symptoms like hypervigilance and flashbacks, her initial anguish was centered on betrayal. The wound that consumed her was not the danger of nearly drowning or losing her children, but the collapse of trust when her neighbor—someone she depended on—failed to keep his word, which put her and her children at risk. Her primary suffering arose from a moral violation, not from nearly drowning. This example underscores a crucial point: while some clients' wounds flow from fear, others are born of moral harm—violations of trust, conscience, and core convictions of right and wrong. To truly understand these deeper wounds, we must look at them not only psychologically but also philosophically, spiritually, and theologically. These perspectives help bring questions of meaning, conscience, sin, grace, and human dignity into sharper focus, allowing us to understand moral harm more clearly. Only then can we begin to determine the most effective ways to care for individuals whose deepest struggles

involve integrity, conscience, and moral identity.

Defining Moral Injury

Moral injury is described as the enduring distress that arises when one's deepest moral beliefs and values are violated. Drawing on a range of research and theoretical perspectives, scholars have identified four primary forms of moral harm (Shay, 1994; Litz et al., 2009). While not mutually exclusive, these categories offer a helpful framework for tracing the different entry points into moral suffering.

Acts of commission refer to having done something that violates one's conscience—perhaps harming another person, breaking a vow, or acting in a way that contradicts one's most cherished values.

Acts of omission arise when someone fails to act in a moment of responsibility, watching harm occur without stepping in, and later carrying the unbearable question: "Why didn't I do something?"

Betrayal experiences are wounds that occur when a trusted person, leader, group, or institution violates, abandons, or exploits the trust that has been placed in them. Such experiences fracture the very foundation of trust, often leaving individuals disoriented and uncertain about whom—or even whether—they can trust again.

Witnessing experiences capture the anguish of seeing atrocities, injustices, or abuse unfold and being unable to stop it. This leaves the witness haunted by what was seen or experienced, as well as the accompanying powerlessness of what could not be stopped or undone. Each of these destabilizes what philosopher Charles Taylor (1989) describes as a person's moral horizon—the invisible map of rightness, meaning, and trust in self, others, or God, that orients daily life. When this horizon is ruptured, people no longer experience themselves or the world in quite the same way. What was once taken for granted—trust in leaders, the belief that one would act bravely, or the assumption that justice will prevail—collapses, leaving the person disoriented, alienated, and struggling to find footing in a world that no longer feels morally coherent.

Theoretical Anchors

To deepen our understanding of the psychology of moral harm, let's draw on three primary theoretical perspectives related to the topic. Held in integrated dialogue, these approaches enable us to consider the psychological, developmental, and relational dimensions of moral harm, thereby facilitating the development of a more enriched clinical path toward healing.

Moral Disengagement Theory: Bandura (1999) outlined how individuals justify or minimize wrongdoing to protect their self-image. Mechanisms such as displacement of responsibility, euphemistic labeling, or dehumanization allow people to act against their values without feeling immediate guilt. He makes the case that, over time, these rationalizations often collapse on people, leaving behind chronic unresolved shame or dissonance that feeds moral harm.

Transtheoretical Model of Change: Another helpful concept is the understanding that healing is rarely immediate. The Transtheoretical Model (Prochaska & DiClemente, 1983) describes change and transformation through a stage model comprising five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. A critical aspect of this model suggests that relapse, or the back-and-forth movement, is a normal and frequent occurrence. For example, those who suffer moral harm often swing between facing what happened and pushing it away, or between reaching out for connection and then retreating back into isolation. This model helps us understand that moral repair is not a linear process, allowing us to resist oversimplified solutions.

Restorative Justice: Restorative Justice principles offer a path toward accountability and repair. Rather than reflexive retributive punishment, the focus here is on the importance of dialogue, genuine truth-telling (to self & others), restitution, and reintegration (Zehr, 2002). In cases of moral harm, such approaches enable survivors to express their experiences and allow offenders to take responsibility, creating space for both justice and reconciliation.

Taken together, these psychological perspectives remind us that moral harm is not a simple wound. It is shaped by the ways people justify wrongdoing, the non-linear rhythms of healing, and the need for truth-telling and repair. As

valuable as these frameworks are in directing us in how to understand the issue and provide care, they do not illuminate the deeper moral issues mentioned above. The deeper questions of moral harm—questions of meaning, conscience, forgiveness, and redemption—cannot be fully answered through psychology alone. For this reason, it is beneficial to incorporate a spiritual and theological perspective as well. Theological perspectives invite us to see moral harm within the larger narratives of sin and grace, judgment and mercy, alienation and reconciliation. Where psychology describes the mechanisms of harm and the processes of change, theology presses us to consider the nature of the soul, the impact of God's presence, and the hope of restoration. Holding these perspectives together enables us to envision care that attends not only to the body and mind, but also to the spirit.

Christian Theological Contributions

The old saying, "hurt people hurt people," has found its way into both popular wisdom and clinical literature over the past several years (O'Connor et al., 2021; Ren et al., 2018). At its core, it names the tragic reality that unhealed wounds often spill over, causing harm to others. This dynamic resonates through each of the four forms of moral harm, where suffering is not only personally endured but also has the potential to be passed on to others.

A core Christian theological consideration would ask: Where does this cycle begin? To ask who inflicted the first hurt is to risk an endless regression. The biblical account locates the roots of this cycle in the Fall: humanity is born into a world already marked by sin and rupture (Gen. 3; Ps. 51:5). Thus, moral harm is not only the result of external betrayal or failure, but also a condition woven into the human story. We live as fallen persons among other fallen persons, all implicated in a pattern of sin and harm that is both received and transmitted (Rom. 3:23).

This framing underscores both the universality and the inescapability of moral harm. Every person lives with a conscience attuned to moral violation—appalled when harmed, yet complicit in harming others. Moral harm, therefore, is not incidental but integral to the human condi-

tion. It is also why healing can never be fully accomplished by biopsychosocial repair alone. The theological horizon points us to a future hope, when God will bring about complete restoration, wipe away every tear, and finally heal the deepest ruptures of our moral existence (Rev. 21:1–4).

The Bible reveals that moral harm extends beyond psychology, penetrating the soul with feelings of guilt, shame, and a profound longing for redemption. Psychology helps us trace how harm is carried, while theology offers a language of restoration through grace, forgiveness, and the healing of identity. Across Scripture and church history, theological perspectives have shaped Christian understandings of moral harm, speaking directly to conscience, values, and meaning. Rather than standing apart, these perspectives enrich psychological models, offering practices and language that help carry the weight of moral suffering.

For much of history, faith communities carried the work of addressing moral and spiritual ruptures. When shame weighed heavily, when betrayal shattered trust, or when the conscience cried out in anguish, people sought out pastors, priests, and prophets for support. These guides provided support and a theological framework for understanding and addressing the fractured soul. Through interventions such as confession, lament, reconciliation, and hope, they located suffering within a larger story of God's presence and redemptive nature. Scholars note that while therapy now functions as a kind of "cure of souls," it risks neglecting moral and spiritual concerns once central to pastoral care (Frankl, 1955/2019; O'Donnell, 2014; Smith, 2011). Some writers even describe therapy as becoming a "new religion," offering a secularized form of moral authority that displaces the theological and existential grounding provided by faith traditions (Smith, 2011; Abdulsalam, 2025).

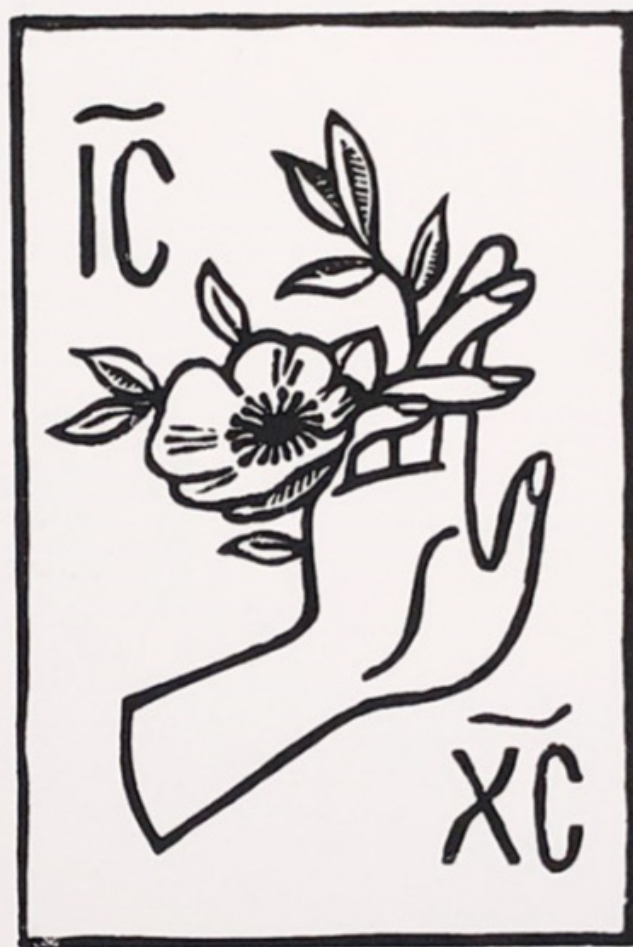
Theology can help address moral harm through explanation and context, while also providing practical pathways for restoration and absolution. Consider some of the wisdom from several Christian theological traditions. These ideas have spoken into the ache of conscience for thousands of years. See how they call to a deeper understanding of moral harm and more re-

levant care for the morally wounded soul.

Sin, Guilt, and Grace (Augustinian & Reformation traditions): Christian theology doesn't shy away from addressing the gravity of moral failure or the suffocating consequences of moral shame and guilt. In the Augustinian and Reformation traditions, the brokenness of the human will is laid bare, and sin is named for what it is. While sin is truthfully faced, the story does not end in our ruin. Grace enters as a holy interruption, an unearned gift that breaks the spiral of shame. When the fragile scaffolding of excuses collapses and guilt rushes in (Bandura, 1999), grace holds the weight without crushing the soul. It names failure in its whole truth, yet opens a path to redemption, where forgiveness frees us from hiding in the shadows of shame.

Lament (Biblical & Prophetic traditions): The Bible does not hurry us past our pain. In the Psalms of lament, in the searing cries of the prophets, and in the sorrow of Lamentations, we hear voices that name betrayal, confess sin, share disorienting reactions, and ask unanswered questions. Scripture teaches us that lament is not a sign of weakness or failure, but rather a witness. Lament gives shape to anguish without the premature insistence of resolution. As the Transtheoretical Model of Change reminds us, healing is not a linear process. Survivors of moral harm sway between states of reaction. Lament honors and normalizes this rhythm, offering a sacred space where grief can just breathe, protest can rise, and waiting itself becomes an act of faith, without the burden of premature clichéd answers.

Theology of Reconciliation (Pauline & Anabaptist traditions): At the center of Christian faith beats a divine call to reconciliation. Paul reminds us that in Christ, God has drawn us back to Himself and entrusted us with that same work of restoration (2 Cor. 5:18–19). Reconciliation, then, is no side task; it is the heartbeat of the gospel. This is more than conflict resolution. It is a divine summons to mend what harm has torn apart. Here, theology and Restorative Justice meet: both insist on dialogue, truth-telling, accountability, and reintegration. Yet in the Christian vision, this labor rests on holy ground, rooted and inspired by God's own re-



Davi Rabelo 2020

Gardener

conciling act. Sometimes reconciliation with others is simply not possible. The person who harmed us may be unwilling, unreachable, or even unsafe. In those moments, we are left with the painful task of learning how to live with unresolved rupture, how to find integrity, healing, and peace without the restoration of the relationship. Yet, there are also times when reconciliation is possible, even when it feels impossible. Wounds that seemed too deep to ever mend can, through courage, accountability, grace, and time, find pathways toward repair. What once looked like permanent separation can, with humility and mutual effort, be transformed into a surprising story of restoration. The challenge is to discern which is which—to honor the limits of what cannot be forced, while remaining open to the possibilities of repair that may still emerge when we least expect them.

The Cross (Lutheran/Bonhoeffer traditions): The cross transforms our view of suffering, betrayal, and moral failure, turning them from sites of horror and despair into the very meeting place between us and God. Bonhoeffer's vision of costly grace and solidarity presses this truth deeper: Christ does not stand apart from abandonment and betrayal but steps into their darkest depths. Through this lens, the disorientation of moral harm is neither denied nor ignored, but rather honored, for God is found precisely in that anguish. Yet the cross does not leave us there—it cradles both the weight of injustice and the shimmering promise of redemption, holding pain and hope in a single embrace.

Theosis and Healing of the Image (Eastern Orthodox traditions): In the Eastern tradition, the human problem is not merely guilt but the distortion of the divine image within us. Moral harm, in this light, is less about breaking laws and more about a fracture in likeness—an obscuring of what we were made to reflect. Healing comes through theosis, participation in the life of God, where grace restores the image and likeness marred by sin and harm. For those carrying shame and a collapsed sense of self, this tradition offers more than pardon: it speaks of transformation. In the long work of healing, identity is not only repaired but renewed, as wounded persons are invited again into com-

munion with the God whose life restores their own.

Sacrament and Embodied Grace (Catholic traditions): Catholic theology teaches that God meets us not only in words but in embodied, sacramental acts. Confession offers a tangible assurance of absolution. The Eucharist enacts communion—an embodied welcome back to the table. Reconciliation rituals re-knit the penitent into the life of the community. For those wounded by moral harm, these practices can hold profound meaning: they offer forgiveness that is not just spoken but enacted, visible, and repeatable. In a context where injury has often been communal, sacramental theology offers pathways of healing that are also communal, reminding the soul that grace is not only proclaimed but also experienced through touch, taste, and lived experience.

Justice and Liberation (Liberation Theology Traditions): Liberation theology emphasizes that harm is never solely personal; it is also systemic, rooted in unjust structures and the abuse of power. For the wounded soul, this means that the injury they carry may not be theirs alone but the imprint of oppression, betrayal, and exclusion. Healing involves acknowledging and addressing the systems that contributed to harm. This is especially important in betrayal injuries. Here, the language of liberation meets the language of psychology: moral harm will fester in silence and secrecy, but justice restores dignity. Solidarity, advocacy, and the pursuit of justice become integral to the healing journey, affirming that God's concern extends not only to the individual conscience but also to the oppressed body and broken community.

Voice and Dignity (Feminist & Womanist Theologies): Feminist and womanist theologies speak to those whose voices have been silenced and whose harm has often been minimized. These traditions demonstrate that simply telling the truth about what happened is part of the healing process and is even sacred in its own right. For those whose moral harm has been compounded by exclusion or abuse in patriarchal religious settings, feminist and womanist perspectives affirm the courage of naming harm without apology. Healing here is not found in quick forgiveness, but also in working toward reclaiming agency, recovering a sense

of dignity, and reasserting one's voice. God is viewed as one who hears and honors the voices of those who are silenced. In this frame, recovery from moral harm is tied to empowerment and the restoration of the wounded person's right to speak their story.

Levinas-Influenced Theologies of Responsibility (Contemporary Ethics & Theology): Theology reminds us, through the voice of Emmanuel Levinas, that the face of the Other is not simply observed—it calls to us, summons us, and places us under a sacred obligation. This vision highlights what pastoral care can uniquely offer in the context of moral harm. While psychology helps individuals name guilt and manage its weight, theology and pastoral care draw us outward into relationship, reminding us that healing is not only inward but deeply relational. Pastors, priests, and caregivers carry the language of sacred responsibility, helping those wounded by moral harm rediscover their capacity to answer the call of the Other and rejoin the fabric of community. In this sense, pastoral care is not just supportive work but a vocation of restoration, offering a moral and spiritual framework that can guide individuals beyond self-soothing toward active reconciliation, courageously taking responsibility, and re-establishing hope.

God in the Ruins (Post-Holocaust & Trauma theologies): In the wake of the Holocaust, theologians like Elie Wiesel and Jürgen Moltmann declined to speak of God without referencing suffering. Trauma-informed theology would insist that God is not a distant observer but the One who suffers with us. For those crushed by betrayal, silence, or injustice, this means that their moral harm is not alien to God. In protest, in lament, in the seeming absence of answers, God is viewed as present. This perspective validates faith experiences during crisis and resists rushing survivors too quickly into resolution. It honors the disorientation of the wounded conscience and insists that even there, in the ruins, the presence of God abides. Healing here is not triumphalist but humble: it is survival, solidarity, and the slow discovery that God is found even in struggle, protest, and doubt.

Countless other theological concepts could be drawn upon, though space here does not permit it. Taken together, these theological

perspectives and traditions deepen and complement psychology's theoretical insights, reminding us that moral harm is never merely a psychological wound but a profoundly spiritual and relational rupture at both human and sacred levels. What they share in common is the reality that healing is not simply about symptom reduction or regaining function, but about restoring integrity, reclaiming identity, reestablishing human and divine relationships, and renewing sacred responsibility.

An Integrated Framework for Moral Restoration

The most effective healing of moral harm calls for an approach that brings psychology and theology into dialogue. Bandura's insights into moral disengagement reveal how people defend themselves through excuses or rationalizations, but eventually those defenses collapse, leaving guilt and shame to be experienced and exposed. Christian theology addresses this collapse, insisting that sin must be named truthfully; yet, it also introduces the concept of grace, the unearned gift that prevents the person from living in unresolved self-condemnation. Clinically, this means helping clients move beyond rationalizations into honest truth-telling, while also guiding them to experience compassion, dignity, and forgiveness that keep shame from overwhelming them.

The nonlinear process described by the Trans-theoretical Model resonates with biblical traditions of lament. Survivors of moral injury often swing between facing the harm and retreating into avoidance, much as the psalms of lament move between anguish and trust. Both perspectives remind us not to rush people toward closure. Instead, clinicians can create space for protest, grief, and disorientation, framing these as natural and even sacred steps in the long arc of the healing process.

Restorative justice principles align deeply with theological visions of reconciliation. Both insist on dialogue, accountability, and the possibility of repair, yet they also acknowledge limits, where some relationships cannot be restored. Here, the clinician's role is to help clients discern the difference, supporting efforts at reconciliation when safe and possible, but also affirming integrity, boundary-setting, and justi-

ce-seeking when restoration is out of reach. At the same time, the theology of the cross insists that God is present even in the depths of betrayal and abandonment, assuring survivors that their anguish is not endured alone.

Traditions of theosis and sacrament can further expand this vision. Psychology may help individuals regain stability and reclaim agency, but theological voices add the promise and reassurance of transformation and embodied grace: the idea that the distorted image within can be restored, and that healing can be enacted not only through words but through tangible rituals of forgiveness, belonging, and return. Liberation, feminist, and womanist perspectives further refine this work by demonstrating that moral harm is never solely personal; it is linked to other contexts, silenced perspectives, and unjust systems. Healing, then, includes empowerment, advocacy, and reclaiming dignity, work that resonates with Levinas's insistence that the face of the Other places us under a sacred responsibility to respond.

Taken together, these perspectives weave a richer path of conceptualization and intervention. Psychology grounds us in processes of change, accountability, and symptom relief, while theology opens horizons of grace, reconciliation, and transformation. Both insist that healing moral harm involves more than reducing PTSD symptoms; it requires truth-telling, lament, repair, justice, dignity, moral identity development, and the rediscovery of hope. When held together, these resources equip caregivers to walk with clients into the deepest wounds of conscience, offering not only psychological support but also moral and spiritual restoration.

Addressing Spiritual Struggle and the Limits of Psychotherapy

A barrier to integrating theology and spirituality into treating moral harm includes the issues of religious harm and spiritual struggle. When faith has been a source of wounding, the very practices that might otherwise bring repair—prayer, confession, forgiveness, worship, or communal rituals—can feel unsafe or even impossible to approach. For some, the wound is compounded by a sense of abandonment by God or betrayal by spiritual leaders, leaving

them alienated from the very sources of hope and meaning that could sustain recovery. Psychotherapy can do much to initially address symptoms, provide emotional regulation, and create a framework for processing trauma. Yet the limits of therapy still become evident when it comes to addressing the moral and spiritual dimensions of the harm. Without engagement of the soul, on some level, therapy still risks stopping short, leaving clients somewhat more stable but still morally unsettled. In light of this, an integration perspective becomes even more essential.

Christian clinicians or careproviders outside the church can be a bridging substitute, creating safe spaces for honest struggle, where individuals can express anger at God, disappointment in faith, or doubt about meaning without judgment. Christian caregivers serving outside the church must embody humility and a nonjudgmental presence, creating space for clients to express doubt, anger, and disappointment in their faith without rushing them toward a resolution. They need theological grounding with the ability to translate Christian truths into bridge language—such as conscience, dignity, forgiveness, and reconciliation—so that spiritual depth can be engaged without exclusion. Above all, they must combine empathy, discernment, and integrative imagination to restore both psychological stability and the deeper moral and spiritual dimensions of healing. Clients may then gradually reengage life-giving spiritual practices or discover new spiritual groups and pathways for moral repair.

Engaging Non-Christian Perspectives in Moral Repair

While the frameworks we have developed for this article are based on Christian theology, acknowledging how non-Christian traditions engage the work of moral repair can broaden their relevance and open pathways for dialogue. Moral injury is not confined to any single faith or worldview. People across cultures and traditions struggle with guilt, betrayal, shame, and identity disorientation when moral expectations are compromised. Naming this universality affirms that the conversation is not closed but invites participation from all who grapple with conscience and integrity.

The psychological and ethical frameworks mentioned, of course, provide shared ground. Concepts such as moral disengagement theory, the Transtheoretical Model of Change, and restorative justice processes offer language that people from any worldview can engage with. These resources enable non-Christians to engage meaningfully with moral healing without requiring theological agreement. It is important to remember that other traditions bring their own wisdom to addressing moral harm. Examples include Jewish practices of teshuvah (repentance and return), Buddhist teachings on compassion, Indigenous reconciliation rituals, and secular philosophies regarding virtue, responsibility, and repair. Highlighting these parallels underscores that moral repair is a profoundly human endeavor, expressed through diverse cultural and spiritual vocabularies.

In professional and therapeutic contexts, non-Christian caregivers can also adopt practices such as lament, truth-telling, responsibility mapping, and restorative dialogue in ways that resonate with their clients' beliefs.

Christian caregivers, likewise, can respect and draw upon the client's worldview while offering their own traditions as a resource. Rather than diluting Christian theology, caregivers can draw out themes that connect with universal human experience (1 Corinthians 9:22, Romans 2:14-15 & 12:18, & Acts 17:22-23). Conscience, illuminated by God's Spirit, might be described as the inner moral compass shared across cultures, while human dignity, grounded in the image of God, can be expressed as the inherent worth of every person. In practice, this means that interventions can be framed to honor both Christian faith and diverse worldviews, such as forgiveness as the release of resentment, reconciliation as the repair of trust, and transformation as becoming more whole. Utilizing bridge concepts such as conscience, dignity, forgiveness, reconciliation, and transformation enables Christian caregivers to engage in moral repair without imposing theology, thereby making the work accessible to all.

Integrated Stages and Anchors of Care

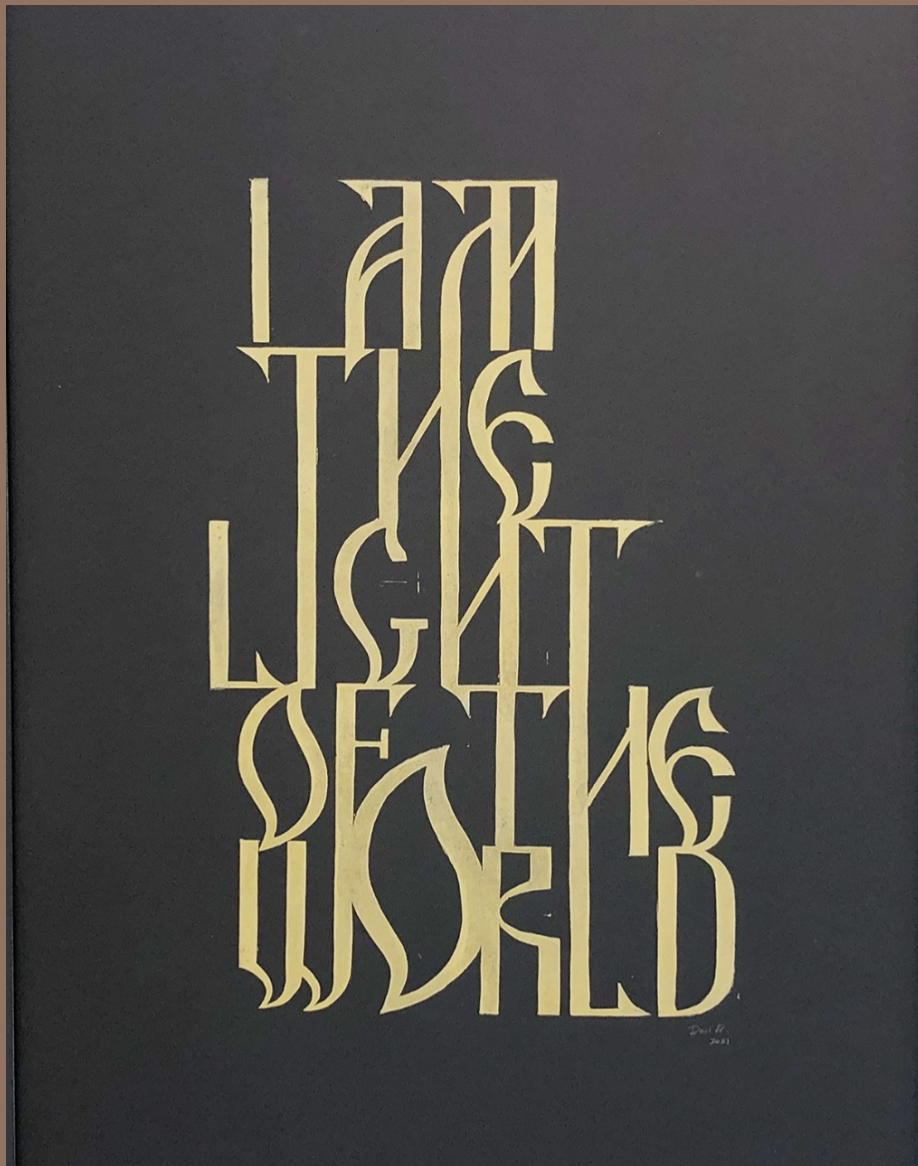
From the frameworks we discussed above, we can derive a set of stages and practical anchors to guide us in caregiving as we walk alongside

those who have been wounded by moral harm. These are not rigid steps but touchstones, each highlighting core movements in recovery and concrete practices that keep care grounded, compassionate, and ethically attuned.

Stabilize and Protect/Safety First. Healing begins with safety. Survivors cannot address questions of conscience or betrayal if they remain under threat or in a state of physiological overwhelm. Caregivers can help establish boundaries, reduce immediate risks, and steady the body. Even something as simple as asking, "What would make this week feel safer for you?" communicates that their life and dignity matter. Theologically, this resonates with the image of God's sheltering presence and the Cross as a symbol of divine solidarity.

Lament and Witness. Once basic safety is in place, survivors need a home for their grief. Whether voiced in prayer, spoken through a psalm, offered as testimony, or simply held in silence, lament allows anguish to surface without being hurried away. Here, lament functions as more than catharsis—it becomes sacred work, a way of honoring loss and bearing witness to the truth that something precious has been violated.

Compassion Without Partiality. The gospel calls us to show compassion without favoritism (James 2:1). Yet in a polarized world, it is all too easy to narrow compassion to those who look, think, or believe like us. When others differ from us politically, culturally, or theologically, our instinct is often to dismiss or minimize their suffering. Ingroup bias makes us protective of "our side" while distrusting or devaluing "the other." Bandura's (1999) model of moral disengagement explains how this happens: we excuse indifference through strategies like blaming, minimizing, or even dehumanizing those outside our circle. The difficulty deepens when those we are called to support are themselves harming or persecuting us. Here, the temptation is to withdraw care entirely, protecting ourselves by withholding compassion. Theologically, however, such responses distort the gospel, turning love into favoritism and compassion into a reward for belonging. Scripture reminds us that love is not conditional—it extends even to enemies (Matt. 5:44). To embody compassion without partiality does not mean ignoring harm



Light World

or tolerating injustice, but instead holding together two commitments: naming wrongdoing truthfully and refusing to let another's hostility strip us of our calling to love. In this way, we preserve the dignity of others while safeguarding our own humanity.

Moral Clarification. Moral harm often warps our sense of responsibility. Some take on blame that is not theirs, while others downplay their part. Caregivers can help untangle this by charting events, distinguishing between personal responsibility, the actions of others, and the influence of larger systems. This mapping prevents both misplaced shame and evasive denial, opening the way toward clearer moral accountability.

Truth-Telling and Voice / Name Without Numbing. Healing deepens when survivors can speak plainly about what happened. Euphemisms and numbing strategies must give way to honest language that names harm without cruelty. At this stage, restorative justice practices can establish safe structures for dialogue. Truth-telling restores moral clarity and validates survivors' experience.

Accountability and Repair. When responsibility is acknowledged, the next step is tangible repair. This may involve apologies, restitution, behavioral safeguards, or other concrete actions that are specific and realistic rather than vague or symbolic. Across Christian traditions, theology offers practices that support this work. In the Orthodox Church, confession before a spiritual father and participation in the Eucharist embody restoration and reintegration. In the Catholic tradition, the sacrament of reconciliation offers absolution and a profound experience of God's grace. In Protestant contexts, corporate confession with assurance of pardon, accountability groups, testimony, and prayer for healing all serve as ways to embody repair, affirm forgiveness, and restore relationships.

Discernment of Reconciliation. Reconciliation is often named as the goal of healing, but it is not always possible—or safe. Caregivers must help survivors make informed decisions about whether reconciliation is a wise option. What conditions are necessary for it to be trustworthy? Where restoration is not feasible, integrity and peace can still be pursued through release and protective distance. Where it is possible, recon-

ciliation must grow slowly under the conditions of accountability, humility, and mutual effort.

Identity Renewal and Embodied Grace. Moral harm shakes the foundations of identity, leaving survivors feeling defined by failure, betrayal, or silence. Caregivers can support re-narration, helping survivors tell a new story that acknowledges loss while also affirming grace and forward responsibility. These practices and disciplines, such as those mentioned earlier, help us cultivate an embodied experience of renewal, reclaiming our identity, and receiving grace at the deepest levels of our being. Within the Christian tradition, these disciplines remind us that our identity is not defined by our wounds or failures, but by our union with Christ. We are renewed through God's grace, not merely by our own striving, and our healing is deepened as we participate in the body of Christ, where forgiveness, belonging, and new creation are lived out in community.

Re-Orientation to Responsibility. Healing is incomplete if it remains self-focused and disengaged from the community. We must eventually turn outward again, re-engaging with the world in acts of service, advocacy, or peacemaking. These small steps serve to reestablish moral agency and reconnect us to the community. Levinas's vision of responsibility to the Other speaks powerfully here. Restoration moves us outward from self-soothing toward ethical presence and a renewed engagement with others.

Maintenance and Growth. Finally, caregivers help survivors develop rhythms that sustain the work. Healing is rarely linear. Relapse into avoidance, guilt, or despair does not mean failure; it is part of the cycle. Naming this openly prevents discouragement. Regular practices—lament, ritual, accountability, and justice-seeking—anchor survivors for the long haul. Liberation theology reminds us here that maintenance is more than holding ground; it is an ongoing rhythm of reflection and action aimed not just at personal resilience but an ongoing rhythm of reflection, action, and justice-seeking.

Conclusion

Moral harm is a profoundly human wound, one that reaches across culture, belief, and circumstance. It leaves its mark on the human soul,

affecting the conscience, damaging trust, shattering identity, and altering self-perception. Unlike fear-based trauma, moral injury hits at the heart of who we are, leaving us questioning our own goodness and sense of self. Moral harm isn't simply a mental health issue—it's an ethical, relational, and spiritual wound that requires an enhanced level of care. While psychology is helpful in aiding our understanding of the mechanisms of guilt, shame, and disengagement, theology offers a deeper moral language of conscience, sin, identity, grace, and reconciliation. These integrated perspectives take us beyond symptom relief and coping skills toward the deeper work of reclaiming integrity, restoring identity, and rebuilding trust in oneself, in others, and in community.

The integration of Christian psychology and theology provides profound insights for clinical work in healing moral harm. This involves naming wounds with honesty, understanding them within a holistic view of the person, and walking alongside individuals and communities as they seek healing and restoration. The Bible and Christian theology remind us that no moral failure lies beyond the reach of grace. Even in our deepest fractures, Christ meets us with the opportunity or reminder of forgiveness, solidarity, and a promise of transformation. Ultimately, moral restoration does not mean erasing moral pain, but learning to carry it differently. This is where guilt and shame give way to responsibility, betrayal transitions to trust, shame yields to dignity, and the wound itself becomes a place where integrity and hope are rediscovered. Likewise, it is a task that belongs not only to individuals but also to communities and institutions, which need to acknowledge their failures and participate in repair. When psychology and theology walk together effectively, they can open up a fuller vision of healing: one that attends to the wounds of body, mind, and soul, pointing us toward a redemptive horizon where integrity is restored and wholeness is made possible.

References

Chaudhary, A. S. (2025, April 14). Why therapy is becoming the new religion — And that's not a good thing. Medium. <https://medium.com/@Abdulsalamabdul864/why-therapy-is-becoming-the-new-religion-and-thats-not-a-good-thing-1bea9794d715>

- Bandura, A. (2016). *Moral disengagement: How people do harm and live with themselves*. Worth Publishers.
- Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, 3(3), 193–209.
- Bonhoeffer, D. (1997). *The cost of discipleship*. Touchstone.
- Brock, R. N., & Lettini, G. (2012). *Soul repair: Recovering from moral injury after war*. Boston: Beacon Press.
- Carey, L. B., Hodgson, T. J., Kruger, G., Nall, A., & Rumbold, B. (2016). Moral injury, spiritual care, and the role of chaplains: An exploratory scoping review of literature and resources. *Journal of Religion and Health*, 55(4), 1218–1245.
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17(1), 8–13.
- Exline, J. J., Wilt, J. A., Pargament, K. I., & Shook, N. J. (2017). Addressing religious and spiritual struggles in therapy: Why, how, and what if? *Cognitive and Behavioral Practice*, 24(4), 532–546.
- Frankl, V. E. (2019). *The will to meaning: Foundations and applications of logotherapy*. Penguin. (Original work published 1955)
- Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodology, and treatment considerations. *Journal of Traumatic Stress*, 32(3), 341–349.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706.
- O'Connor, K. E., Vizcaino, E. J., Tung, I., Clarke, A. T., Connell, C. M., & McLoyd, V. C. (2021). "Hurt people hurt people": Relations between adverse experiences and patterns of cyber and in-person aggression and victimization among urban adolescents. *Journal of Youth and Adolescence*, 50(5), 874–889.
- O'Donnell, J. (2014). Graduate education and the cure of souls. *Procedia - Social and Behavioral Sciences*, 116, 4526–4530.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395.
- Ren, D., Wesselmann, E. D., & Williams, K. D. (2018). Hurt people hurt people: Ostracism and aggression. *Current Opinion in Psychology*, 19, 34–38.
- Scott, K., Hirschinger, V., Cox, K. R., McCoig, M., Brandt, J., & Hall, L. W. (2017). The impact of critical incident stress debriefing on healthcare providers: A qualitative study. *Journal of Trauma Nursing*, 24(3), 158–165.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182–191.
- Smith, C. M. (2011). *Jung and shamanism in dialogue: Retrieving the soul, retrieving the sacred*. Paulist Press.
- Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, MA: Harvard University Press.
- Zehr, H. (2002). *The little book of restorative justice*. Inter-course, PA: Good Books.

comment

Logan and Bufford draw into the light an issue often concealed in the shadows of both clinical practice and personal awareness. Moral injury—frequently hidden not only from therapists and family, but even from oneself—represents a form of suffering that is avoided, unspoken, and often unnamed. The authors argue persuasively that the biopsychosocial model, for all its strengths, has inadvertently contributed to this neglect. By avoiding conversations about conscience, responsibility, and morality, mental health professionals may overlook wounds that cut far deeper than fear or dysregulation. In the absence of moral language, the very terrain where clients most long for honesty and meaning remains uncharted.

A major contribution of the article is its clarification of what distinguishes moral injury from trauma, particularly PTSD. While PTSD reflects a fear-based autonomic response, moral injury involves violations of one's deepest moral beliefs and values. Logan and Bufford's vignette illustrates that not all psychological harm is rooted in fear; some wounds come from betrayal, moral failure, or the collapse of one's inner ethical world. Therapy that ignores this dimension risks treating symptoms while leaving the core of the wound untouched.

The authors also highlight how clinical culture inadvertently contributes to this avoidance. Moral concerns are often displaced by medicalized definitions, insurance-driven diagnostic categories, and secular discomfort with concepts like guilt, shame, responsibility, and grace. As they note, this reflects a model that explains behaviour almost exclusively in terms of biology and environment, with limited consideration of human agency or the will. Acknowledging the moral wound, rather than turning away from it, becomes the first movement toward repair. Moral repair, the authors argue, is neither linear nor simple. The temptation to offer oversimplified solutions is strong—yet unhelpful. Drawing on the Transtheoretical Model, they show that healing involves nonlinear cycles of engagement, avoidance, lament, honesty, and gradual reconstruction of identity. Logan and Bufford's approach encourages clinicians to accompany clients into territory few are willing to explore, but where profound transformation becomes possible.

Theologically, the article traces how care for moral suffering has historically shifted. What once belonged primarily to pastors, priests, and spiritual directors has migrated into the therapy room. Rather than advocating for a return to exclusively religious or exclusively psychological care, the authors call for a holistic dialogue between psychology and theology. Such collabo-



Dallas Gold (Canada) served as a pastor for seven years before transitioning into the counselling field. With a Master of Arts in Clinical Pastoral Counseling, he specializes in integrating faith and mental health, helping individuals walk in the fullness of life Christ offers. He is passionate about guiding others toward healing, wholeness, and the abundant life found in Him.

ration would allow therapeutic spaces to embrace protest, grief, lament, and disorientation—not as signs of dysfunction, but as sacred elements of the healing arc. In doing so, Logan and Bufford offer a vision of care that is not confined to any single faith or tradition, but that resonates across worldviews by upholding what they call “compassion without partiality.”

Ultimately, the article presents a compelling invitation for mental health professionals to reconsider the depth and breadth of what healing entails. It challenges clinicians to offer spaces where clients can explore wounds that guilt and shame typically bar them from entering—leading to deeper discovery, restoration, and personal integrity. Reading the article feels like a therapeutic experience in itself: an “aha” moment that reveals a fuller pathway to understanding human suffering and resilience. When placed alongside other established frameworks in psychology, the authors’ integrative model expands the clinician’s capacity to assess, understand, and walk with clients in the deepest sense possible. Logan and Bufford provide not only a robust conceptual lens but also a meaningful guide for the helping professions as we seek to engage the moral and existential dimensions of the human experience.



Miguel Ángel Alcarria, Clinical and Forensic Psychologist
Professor at the Faculty of Criminology <https://www.cleu.edu.mx/>
President of the hispanic-american Association of Christian
Psychologists (APC)

Former contributions by Migeul in our eJournal you can see her:

<https://emcapp.ignis.de/22/#p=18>

<https://emcapp.ignis.de/20/#p=7>

<https://emcapp.ignis.de/15/#p=56>

<https://emcapp.ignis.de/13/#p=90>

<https://emcapp.ignis.de/12/#p=104>

Suffering and Re-signification: The Key to Resilience

In everyday language, the terms pain and suffering are often used as synonyms; however, they represent distinct phenomena. Pain is a physical or sensory signal that alerts us to physical damage. Suffering, while often associated with pain, can also originate from emotional or existential situations like loss, fear, grief, experiences of injustice, or existential crises.

Unlike pain, which is typically a more concrete, localized, and objective experience, suffering is subject to an individual's subjective interpretation. This interpretation is influenced by thoughts, beliefs, and judgments that are not always based on objective facts. While pain has a more tangible nature, suffering can take on much more complex nuances, triggering both psychosocial and physical symptoms such as insomnia or fatigue. These symptoms can directly impact quality of life and lead to states of anxiety or depression. Additionally, persistent suffering can lead to severe mental disorders.

From this conceptual distinction, the re-signification of suffering—understood as the active re-evaluation of its meaning and interpretation—emerges as a key coping mechanism. Because suffering is conditioned by subjective interpretation, re-signification makes it possible to transform a painful experience and strengthen resilience.

Sufrimiento y Resignificación: La Clave de la Resiliencia

Los términos dolor y sufrimiento se utilizan comúnmente como sinónimos en el lenguaje cotidiano; sin embargo, representan fenómenos distintos. El dolor constituye una señal física o sensorial que alerta de un daño físico, mientras que el sufrimiento, aunque a menudo asociado con el dolor, puede originarse en situaciones emocionales o existenciales como la pérdida, el miedo, el duelo, las experiencias de injusticia o las crisis existenciales.

A diferencia del dolor, que se manifiesta, por lo general, como una experiencia más concreta, localizada y objetiva; el sufrimiento está sujeto a la interpretación subjetiva del individuo, influida por pensamientos, creencias y juicios que no siempre se basan en hechos objetivos. Mientras el dolor tiene una naturaleza más tangible, el sufrimiento puede adquirir matices mucho más complejos, desencadenando síntomas tanto psicosociales como físicos, tales como el insomnio o la fatiga, que inciden directamente en la calidad de vida y pueden generar estados de ansiedad o depresión. Además, en aquellos casos en los que el sufrimiento es persistente, puede derivar en trastornos mentales de carácter grave.

Desde esta distinción conceptual, la resignificación del sufrimiento, entendida como el replanteamiento activo de su sentido e interpretación, en tanto que está condicionado por la interpretación subjetiva, emerge como un me-

Resilience and Adversity

Resilience is defined as "the ability to overcome the difficulties experienced in the different areas of one's life with perseverance, as well as good awareness of oneself and one's own internal coherence by activating a personal growth project" (Sisto et al, 2019). Within this framework, resilience is not just a simple adaptation to adverse situations. Instead, it involves an active coping process where an individual seeks to give meaning to difficult experiences by mobilizing internal and external resources to face them with greater clarity, emotional balance, and purpose.

It is precisely in this context that the re-signification of suffering becomes a fundamental resource. It allows a person to transform suffering into an opportunity for learning and personal development.

Re-signification, Narrative, and Resilience

Traditional psychotherapy has primarily focused on mitigating or eliminating suffering, considering it a primary therapeutic goal. However, in recent decades, an approach has gained relevance that questions the need to eliminate suffering, instead proposing its re-signification. The process of re-signification involves giving new meaning and purpose to adverse events. This promotes a transformation in how one perceives oneself and their environment and actively rewrites their personal narrative. By modifying the interpretation of a potentially traumatic experience, giving it meaning, and integrating it into one's personal history from a constructive perspective, the individual moves away from victimization and turns adversity into a story of overcoming and learning. This process improves emotional well-being, strengthens an individual's ability to adapt to life's challenges, and makes re-signification an essential resource for resilience. Reinterpreting a disturbing experience is considered a key factor in coping, as it facilitates its integration into a broader framework of personal meaning.

Rather than viewing suffering as an inherently negative experience that must be eradicated, re-signification allows people to re-contextualize adversity, giving it a purpose that unleashes the capacity for resilience. This perspective has been progressively incorporated into several

canismo clave de afrontamiento que hace posible transformar la vivencia dolorosa y fortalecer la resiliencia.

Resiliencia y adversidad

La resiliencia se define como "la capacidad de superar las dificultades experimentadas en las diferentes áreas de la vida con perseverancia, así como una buena conciencia de uno mismo y de la propia coherencia interna mediante la activación de un proyecto de crecimiento personal" (Sisto et al, 2019). En este marco, la resiliencia no se limita a una simple adaptación ante situaciones adversas, sino que implica un proceso activo de afrontamiento, en el que el individuo busca dar sentido a las experiencias difíciles movilizando recursos internos y externos para enfrentarlas con mayor claridad, equilibrio emocional y propósito.

Es precisamente en este contexto que la resignificación del sufrimiento se convierte en un recurso fundamental, dado que permite transformar el sufrimiento en una oportunidad para el aprendizaje y el desarrollo personal.

Resignificación, narrativa y resiliencia

La psicoterapia tradicional ha centrado sus esfuerzos principalmente en la mitigación o eliminación del sufrimiento, considerándolo un objetivo terapéutico primordial. Sin embargo, en las últimas décadas, ha cobrado relevancia un enfoque que, aunque no es completamente nuevo, cuestiona la necesidad de eliminar el sufrimiento, proponiendo en su lugar la resignificación del mismo.

El proceso de resignificación implica otorgar un nuevo sentido a los eventos adversos dotándolos de propósito, promoviendo una transformación en la percepción de uno mismo y del entorno, y reescribiendo la narrativa personal de forma activa. Al modificar la interpretación de la experiencia potencialmente traumática, dotarla de sentido e integrarla en el marco de la propia historia personal desde una perspectiva constructiva, dejando atrás la victimización para convertir la adversidad en una historia de superación y aprendizaje, mejora el bienestar emocional del individuo fortaleciendo su capacidad de adaptación ante los desafíos de la vida, convirtiéndose la resignificación en un recurso esencial en términos de resiliencia.

contemporary psychotherapeutic approaches that emphasize the importance of finding meaning even in the most painful situations. In the words of Frankl, "suffering ceases to be suffering at the moment it finds a meaning" (1946/2006).

The ability to give meaning to suffering is fundamental to survival and emotional well-being, as it provides a purpose that transcends immediate discomfort. This approach is based on the premise that people are not only capable of enduring suffering, but can also transform it into a transcendent experience, fostering the construction of a more fulfilling life.

Recent studies have highlighted the benefits of re-signification in promoting well-being in approaches that consider human beings as a psychophysical, sociocultural, and spiritual unit. This process not only reduces the stress associated with suffering and improves quality of life, but also promotes self-esteem, self-efficacy, and resilience, which are fundamental factors for long-term mental health. Psycho-existential interventions like RIME (Relaxation, Mental Images, Spirituality), Meaning-Centered Psychotherapy (MCP), and Life Review Therapy have proven to be more efficient and faster than traditional brief psychotherapy, especially for cancer and terminally ill patients. These methods work by transforming the perception of suffering and strengthening resilience in the face of adversity.

Faith, Suffering, and Re-signification

From an integrative perspective, Christianity provides a profoundly transformative interpretive framework for suffering. In this context, the sacrifice of Jesus Christ is presented as a paradigm of suffering, understood as an inherent aspect of human life that opens the way to redemption and personal development.

This approach challenges concepts like karma or divine punishment, proposing instead an integrative and transcendental meaning that facilitates the re-signification of suffering, turning it into a process of personal transformation. Unlike other religious traditions, Christianity does not seek the elimination of suffering as an end. While Buddhism views overcoming suffering

De este modo, se considera que la reinterpretación de la experiencia perturbadora, es un factor clave en el afrontamiento, al facilitar su integración en un marco más amplio de significado personal. En lugar de concebir el sufrimiento como una experiencia inherentemente negativa que debe ser erradicada, la resignificación permite a las personas recontextualizar la adversidad, otorgándole un propósito que libera la capacidad de resiliencia.

Esta perspectiva se ha incorporado progresivamente en varias corrientes psicoterapéuticas contemporáneas, las cuales enfatizan la importancia de encontrar sentido incluso en las situaciones más dolorosas. En palabras de Frankl (1946/2006), "El sufrimiento deja de ser sufrimiento cuando encuentra un sentido". De este modo, la capacidad de otorgar significado al sufrimiento es fundamental para la supervivencia y el bienestar emocional, ya que proporciona un propósito que trasciende el malestar inmediato. Este enfoque parte de la premisa de que las personas no sólo son capaces de soportar el sufrimiento, sino que también pueden transformarlo en una experiencia trascendente, favoreciendo la construcción de una vida más plena.

Estudios recientes han destacado los beneficios de la resignificación en la promoción del bienestar en aquellos abordajes que consideran al ser humano como una unidad psicofísica, sociocultural y espiritual. Este proceso no sólo reduce el estrés asociado al sufrimiento y mejora la calidad de vida (Cardoso et al., 2023), sino que también promueve la autoestima, la autoeficacia y la resiliencia, factores fundamentales para la salud mental a largo plazo. Intervenciones psicoexistenciales como la RIME (Relajación, Imaginación guiada, Espiritualidad), la Psicoterapia Centrada en el Significado (MCP) y la Terapia de Revisión de Vida, han demostrado ser más eficientes y rápidas que la psicoterapia breve tradicional (Elías et al., 2015), especialmente en pacientes oncológicos y con enfermedades terminales, al transformar la percepción del sufrimiento y fortalecer la resiliencia frente a la adversidad.

Fe, sufrimiento y resignificación

Desde una perspectiva integrativa, el cristianismo proporciona un marco interpretativo pro-

ring as the culmination of a process of freeing the individual from desires and attachments, Christianity conceives suffering to achieve a higher transcendental purpose. This approach, focused on a connection with the divine, transforms the adverse experience into an opportunity to achieve greater fullness and purpose in life.

Therefore, faith plays a crucial role in the re-signification of suffering from a Christian perspective. By transforming suffering into a tool for learning and personal development, it helps the individual achieve a higher purpose that transcends the painful experience. This approach aligns with contemporary definitions of resilience, which emphasize the importance of finding purpose in adversity.

Within the hermeneutical framework of Christianity, configured by the Bible as the primary doctrinal source, there are principles that align with psycho-existential interventions. These include the recognition of suffering (2 Corinthians 1:8), the acceptance of vulnerability (2 Corinthians 12:10), the re-signification of traumatic events (2 Corinthians 4:17), and resilience (2 Corinthians 4:8). Recognition prompts one to confront suffering, while the acceptance of vulnerability allows a person to acknowledge their own limitations with hope. Through the re-signification of a potentially traumatic event, it is transformed into a resilient strength.

The use of these principles offers believers the possibility not only of reducing symptoms, but also of reconstructing their own identity and purpose in the midst of adversity, by finding the necessary support to overcome it through faith. This perspective works in harmony with psycho-existential interventions, which also propose a change in perspective to transform adversity into an opportunity for growth.

Conclusions

Suffering holds within it a profound potential for personal transformation. Scientific evidence and Christian tradition agree that resilience is not defined by the absence of suffering, but by the ability to re-signify it. This process of re-signification allows suffering to be perceived no longer as an insurmountable obstacle, but as a

fundamente transformador para el sufrimiento. En este contexto, el sacrificio de Jesucristo se presenta como paradigma del sufrimiento; entendido como un aspecto inherente a la vida humana que abre el camino hacia la redención y el desarrollo personal. Este enfoque desafía concepciones como el karma o el castigo divino, proponiendo, en su lugar, un sentido integrador y trascendental que facilita la resignificación del sufrimiento, convirtiéndolo en un proceso de transformación personal.

A diferencia de otras tradiciones religiosas, el cristianismo no busca la eliminación del sufrimiento como un fin en sí mismo. Mientras que en el budismo la superación del sufrimiento se entiende como la culminación de un proceso de liberación del individuo de sus deseos y apegos, en el cristianismo, el sufrimiento es concebido como un medio para alcanzar un propósito trascendental más elevado. Este enfoque, centrado en la conexión con lo divino, transforma la experiencia adversa en una oportunidad para alcanzar una mayor plenitud y propósito de vida.

La fe, por tanto, juega un papel crucial en la resignificación del sufrimiento desde la perspectiva cristiana. Al transformar el sufrimiento en una herramienta para el aprendizaje y el desarrollo personal, facilita al individuo alcanzar un propósito superior que trasciende la experiencia dolorosa. Este enfoque se alinea con las definiciones contemporáneas de resiliencia, que subrayan la importancia de encontrar un propósito en la adversidad.

En el marco hermenéutico del cristianismo, configurado por la Biblia como fuente doctrinal primaria, se encuentran principios que entran en concordancia con las intervenciones psico-existenciales. Entre ellos, destacan el reconocimiento del sufrimiento (2 Corintios 1:8), la aceptación de la vulnerabilidad (2 Corintios 12:10), la resignificación de los eventos traumáticos (2 Corintios 4:17) y la resiliencia (2 Corintios 4:8). El reconocimiento invita a confrontar el sufrimiento, mientras la aceptación de la vulnerabilidad permite reconocer las propias limitaciones con esperanza a través de la resignificación del evento potencialmente traumático, el cual se convierte en una fortaleza resiliente.

El uso de estos principios ofrece al creyente la posibilidad no sólo de reducir la sintomatolo-

steppingstone toward a more resilient and meaningful life.

Re-signification not only promotes psychological recovery but also emerges as a strength that allows people to face life's challenges with greater integrity, clarity, and adaptability. By changing the interpretation of suffering and integrating it into one's personal narrative, a path is opened to a more enriching life, characterized by greater resilience in the face of adversity.

Therefore, the re-signification of suffering is presented as a valuable resource in modern psychotherapy that seeks to maintain an integrative approach. Psycho-existential interventions have proven to be effective in transforming the perception of suffering and strengthening resilience. This perspective is consistent with the Christian worldview of suffering, which underscores the ability to transform it by achieving a transcendental purpose, thereby aligning with contemporary definitions of resilience.

References / Referencias

- Cardoso, A. R., Remondes-Costa, S., Veiga, E., Almeida, V., Rocha, J., Teixeira, R. J., ... & Leite, M. (2023). Meaning of Life Therapy: A pilot study of a novel psycho-existential intervention for Palliative Care in cancer. *OMEGA-Journal of Death and Dying*, 00302228231209654.
- Frankl, V. E. (2006). *Man's search for meaning* (Revised and updated edition). Beacon Press. (Original work published 1946)
- Elias, A. C. A., Ricci, M. D., Rodriguez, L. H. D., Pinto, S. D., Giglio, J. S., & Baracat, E. C. (2015). The biopsychosocial spiritual model applied to the treatment of women with breast cancer, through RIME intervention (relaxation, mental images, spirituality). *Complementary therapies in clinical practice*, 21(1), 1-6.
- Sisto, A., Vicinanza, F., Campanozzi, L. L., Ricci, G., Tartaglini, D., & Tambone, V. (2019). Towards a transversal definition of psychological resilience: a literature review. *Medicina*, 55(11), 745.

gía, sino también de reconstruir su propia identidad y propósito en medio de la adversidad, al encontrar en la fe el apoyo necesario para superarla. Esta perspectiva, por tanto, trabaja en sintonía con las intervenciones psico-existenciales, que también proponen un cambio de perspectiva para transformar la adversidad en una oportunidad de superación.

Conclusiones

El sufrimiento encierra, en sí mismo, un potencial profundo de transformación personal. La evidencia científica y la tradición cristiana coinciden en que no es la ausencia de sufrimiento lo que define la resiliencia, sino la capacidad de resignificarlo. Este proceso de resignificación permite que el sufrimiento deje de ser percibido como un obstáculo insuperable para convertirse en un trampolín hacia una vida más resiliente y significativa.

La resignificación no sólo fomenta la recuperación psicológica, sino que emerge como una fortaleza que permite a las personas afrontar los desafíos de la vida con mayor entereza, claridad y adaptabilidad. Al cambiar la interpretación del sufrimiento y al integrarlo en la propia narrativa personal, se abre un camino hacia una vida más enriquecedora, caracterizada por una mayor resiliencia frente a la adversidad.

Por lo tanto, la resignificación del sufrimiento se presenta como un recurso valioso en la psicoterapia moderna, que busca mantener un abordaje integrativo. Las intervenciones psico-existenciales, han demostrado ser eficaces en la transformación de la percepción del sufrimiento y en el fortalecimiento de la resiliencia. Esta perspectiva está en consonancia con la cosmovisión cristiana del sufrimiento, la cual subraya la capacidad de poder transformarlo por medio de alcanzar un propósito trascendental, alineándose así con las definiciones contemporáneas de resiliencia.



Dance of Eternity

comment

In practice the way from acceptance of the pain and suffering to re-signification is appears as quite big and long distance challenge. That's why mostly basic reaction of the regular people is to avoid pain or forget trauma, preferring by using one "magic pill". It seems like the easiest way. But the pain and suffering are only muted then. The real first stage of recovery is to understand and accept that pain and suffering can be a sign like a light on a crossroads, even if it's a logical consequences of negligence's. But even this consciousness/awareness does not guarantee the making decision and the starting process of self-work. Even more, this process of transformation to the re-signification of the trauma and suffering very often is long-term (could take years) and divided by stages and pauses in life period. It's very hard talk about succeed transformation-developing without friendly and wise therapeutic (both - psychological and spiritual) support and leading. This is important especially for recognizing the appropriate process of reflection and re-signification. Also such kind of supervision helps to avoid misunderstanding in meaning of acceptance of the suffering as a punishment or "burden of carrying the cross" itself, such common example of immature interpretation of Christianity. Otherwise, pain and suffering can transform and become entrenched in a victim mentality.

I'm in the first line of persons who afraid pain and do not want to suffer. I really do wish to live in the World without war, injustice, disease and hunger. But mature meaning is not in looking /making for or avoiding of life troubles and adversities. I'm really believe and already experienced that true recovery, healing psycho-physical process is strongly connected to the transformation of the way of thinking and acceptance adversities and own failures and limits or not. And here, the meaning, purpose with its eternal question WHY or WHAT FOR is becoming the key question. Question to myself faced as motivation which, through repetition, become a habit. And habit leads to transformation of the behavior of life style. Even when I must live rest of my life already with some limitations and consequences of trauma or negligence. But I still can live well with it.

Re-signification of transforming suffering into a tool for learning and personal development will be not possible without acceptance and hard systematic self-work with faith and humility. Faith and humility provide to acceptance which appears in Honestly admitting to myself that I have hit rock bottom and am unable to cope on my own, without the help of the Source of eternal Life and true Love (the Main First Reason, the God) and those whom He places on my life-path. This is will be first step in process from the wish of healing to the resilience.



Maksym Bondarenko
(Max Bond)
(Ukraine), father of
the 6 kids, family
counselor, war refu-
gee



Alan G. Palmer (UK) is a Canadian/British citizen. He has worked in the UK, Belgium and Canada as a Pastor. He was Member of the Senior Management Team at a Theological College in London. He has more recently been a Wellbeing Advisor, Faculty Member of our Hospital's Postgraduate Medical

Education Program, Lecturer in Psychology and Mental Health; Adjunct Professor at Ambrose University in Calgary, Associate Lecturer in Advanced Ethics for ERM based at Westminster College, Cambridge. He was also a Lead Chaplain for the NHS for eight years. He is now semi-retired. With his wife Val he live on the East Coast in the UK.

Educated:

London School of Theology, Regent College Graduate School, Vancouver; Oxford University, Anglia Ruskin University, Cambridge, Wesley House, Cambridge and the University of Greenwich.

Former contributions:

<https://emcapp.ignis.de/21/#p=59>

The Mystery of Pain: An Attempted Interface between Psychology, Theology, Literary and Biblical Studies

"Yet Man is born is born to trouble as surely as sparks fly upward." Job 5:7

"Seventy years are given to us! Some even live to eighty. But even the best years will be filled with pain and trouble..." Psalm 90

"Vita vacuus morsus est non vita." – "Life without pain is not life."

As C. S Lewis wrote in 1949¹, there is a problem with pain. It is a mystery, it comes in many forms, the causes are innumerable, it can seem to be beyond human control, and it can impact the whole of life and every conceivable relationship. Yet this pan-human experience is not easy even to define. It seems to hide behind a curtain of mystery. As David Morris writes in *The Culture of Pain*, 'Pain is necessarily veiled – because to a physician, pain is a puzzle, but to a patient it is a mystery, a landscape where nothing looks entirely familiar and where even

the familiar takes on an uncanny strangeness'.² As Lewis notes, whatever our attitude toward pain, ignoring it is not a viable option³. Morris' words resonate with Lewis' idea here when he says that 'Pain is part of life. Pain is as elemental as fire and ice.'⁴ In reviewing the imperfection of evolution, Hurst recognizes that evolution and adaptation works by things going wrong, causing pain etc. He notes that things must fall apart before adaptation can be achieved. Failure and the resulting pain and suffering seem to be hardwired into life itself. Hurst summarizes, 'imperfection seems to be hard-wired into evolution. If it were not so there would be no space for adaptation and development, improvement and progress'.⁵

And one more unsettling thought needs to be understood. In this life pain and suffering will never be fully vanquished. In a podcast

¹ C. S. Lewis, *The Problem of Pain*.

² David Morris cited in Melanie Thernstrom, *The Pain Chronicles*.

³ C. S. Lewis, *The Problem of Pain*

⁴ David Morris cited in Thernstrom

⁵ Laurence D Hurst, *The Evolution of Imperfection*.

by Sir Stephen Fry⁶, he reflects on the Genie thought experiment that is apposite to our discussion. A man encounters a genie and is granted one wish. The man deliberates and asks the genie to end all the pain and suffering in the world. The Genie grants the man's wish and immediately all life is extinguished from the planet. Fry explains, the result was inevitable because wherever there is life there is pain.

Towards a more Interdisciplinary approach.

Pain cannot be ignored, but it can be explored. My approach in this paper is to take an interdisciplinary approach. To view pain and how to manage it from a variety of angles. These will include in the main, Psychology, Theology, Biblical Studies and literature of various types. This is a similar approach I took in my former work on the ancient monastic malady, Acedia. There I investigated the interface between Spirituality and Psychology. As you can imagine this inclusive and holistic approach is no easy task. As we walk through the exploration portal, things widen and expand exponentially. To change the metaphor, every time we peel back a layer of understanding pain another appears underneath. So, although difficult, to get the best understanding of our subject we must be determined and use material from different sources. This is why I am tracking a similar path to Zimbardo and Johnson⁷ here. The authors in studying the psychology behind Shakespeare's plays take on an interdisciplinary, panopticon type approach. Zimbardo and Johnson note that they want to extend their approach by adding sciences, art and humanities. In doing so they suggest that 'human knowledge is like a 'multidimensional web' that interconnects across disciplines with links that we have only just begun to discover'. Importantly, the authors note that this 'interdisciplinary approach' helps to avoid over specialization and fragmentation of thought in research. I would add that this approach helps avoid 'silo working' and building academic echo chambers.

Interface between Theology and Psychology

In his book, *The Logic of the Body: Retrieving Theological Psychology*⁸, Lapine states that he tries to bring together things that have been unnecessarily kept apart: mind and body, psychology and theology. Lapine notes that we can retrieve a psychology that existed before the modern empirical science of the nineteenth century. He writes, 'it is important to remember that the psychology of the soul has a very long history.'⁹ We shall revisit this when we come to review the Psalms in terms of the psychology of the soul.

Lapine believes that intertwining theology and psychology, a 'theological psychology' is beneficial because it helps to resist the modern reductionist tendency to explain our emotional life exclusively in terms of brain function. We get a further warning from Vanhozer¹⁰ in terms of the dangers of bunkering down exclusively within our disciplines. He issues a stark warning, 'it is only when a discipline tries to be autonomous and work by its own light only – that it falls prey to reductionism in the modern sense of the term'.¹¹

Michael Polanyi adds further emphasis when he writes that, '...we don't know enough within our own disciplines. We need to work outside of disciplines and collaborate with other disciplines, and specialists.' Undoubtedly, modern psychology can augment historical theology.

Lapine goes on to make the case that Aquinas (1225 -1274) carried forward the notion of the person as a 'holistic composite', taking an Aristotelian idea into Christian Theology. Whereas John Calvin (1509 -1564) takes a more Platonic, dualistic approach. Calvin believed that the soul was the seat of the imago dei and needed to be distinct from the body to be eternal. Calvin believed that God is spirit, and it is the spiritual aspect of humanity that can reflect God as Spirit. This I believe to be a weakness in Calvin's theology and anthropology.

He believed that the body is of almost no importance ...it is the spirit that matters...a thoroughly Platonic almost gnostic idea? Lapine

⁶ Sir Steophen Fry 'The Seven Deadly Sins' podcast. Accessed 12/09/2025

⁷ Zimbardo and Johnson, *Psychology according to Shakespear*.

⁸ Mathew A. Lapine, *The Logic of the Body: Retrieving Theological Psychology*

⁹ Lapine, *The Logic of the Body*

¹⁰ Forward to Lapine, *The logic of the Body*

¹¹ Forward to Lapine, *The Logic of the Body*.

notes that a theology of the body would have been foreign to Calvin. An anthropological blind spot no less. The dualism between realms here shows how little Calvin saw the person as a holistic composite¹². We need a theology that is 'encyclopedic' more all-embracing than Calvin's according to Hastings¹³.

Can pain ever be a positive experience? Reflections of Philosophers, Polymaths, Psychotherapists and Literary Luminaries

To this question, most moderns would answer with an unequivocal No! Western culture in the 21st Century is an age of radical individualism and undeniable hedonism. In the West we tend to focus on what is in our personal self-interest. We lean towards embracing pleasure and eschewing all pain. However, there are those who argue that pain can be beneficial. They side with Keats and see this life as a 'vale of soul making'. A place to become stronger and more mature. Others doubt this to be the case, however. We will dip into writers like Martin Luther, Goethe, Kafka, Dostoevsky, Nietzsche, Schopenhauer, Freud, Jung, and Ian McGilchrist, to mine their wisdom.

Nietzsche (1844 -1900) and Schopenhauer (1788 - 1860)

Nietzsche is famous for stating in *Twilight of the Idols*, 'Out of life's school of war - what doesn't kill me - makes me stronger'. We can pick up here on an informative comparison between Nietzsche's and Schopenhauer's views on pain and suffering, by Victoria Sus¹⁴. Sus believes that Nietzsche and Schopenhauer disagree deeply on existence and the nature of human suffering. However, there are some commonalities here. Schopenhauer¹⁵ - the original pessimist, thought that life inevitably brought with it pain and suffering. And the best way to deal with this was by way of avoidance. Suffering should be avoided because it traps us. Schopenhauer's ideal was to retreat and become a recluse. To have nothing to do with the

world and all its wretchedness. Would this be the equivalent to becoming a Monastic or a latter-day Howard Hughes? However, Nietzsche believed that suffering was a spur to self-development, i.e. 'what doesn't kill me, makes me stronger'. Schopenhauer for his part pictured existence in less dynamic terms. He believed that life was an infinite treadmill. A boringly repetitive sisyphusian experience where humans are always dissatisfied. The things we desire are either just out of reach, a frustrating Tantalus' like experience, or we get what we want but it is soon superseded by the ongoing new items on our bucket list. For Schopenhauer, suffering defines our reality. We can experience happiness, but it is fleeting. The Book of Ecclesiastes, part of the Old Testament Wisdom literature takes a similar Schopenhauerian approach to 'happiness'. The Qoheleth (Teacher) says that true happiness is not to be found 'under the sun', that is in this life. At best, for Schopenhauer, happiness is merely a break from one kind of pain while waiting for the imminent arrival of another. For him, life is an exercise in feeling frustrated and trapped. Schopenhauer proposes three ways to break out of this miserable cycle:

- Asceticism - living remote from society, isolation, solitude.
- Aesthetics - enjoying the higher virtues of the arts, music, literature and nature.
- Absorption - engaging in activities that really capture imagination and fully focus your attention.

Like the idea of 'Flow' introduced to us by Csikszentmihalyi. Schopenhauer was influenced in his thinking by Buddhism. The idea of nirvana, reaching a state where desires are wiped out. We can also see the influence of Stoic philosophy here. Schopenhauer accepted Marcus Aurelius' advice that we should be indifferent to everything except the virtues. To only try to influence those things we can and leave those things we cannot. There are definite echoes of this Stoic approach in the modern concept of 'Radical Acceptance'. This concept has found its home in Dialectical Behavior Therapy, and more popularly in the writings of Stephen Covey. In DBT we are taught to come to things we cannot change by fully acknowledging and embracing the painful or

¹² Lapine, *The Logic of the Body*

¹³ W Ross Hastings, *Where do Broken Hearts Go? An Integrative, Participational Theology of Grief*.

¹⁴ Sus, The Collector 'Nietzsche vs. Schopenhauer, and the Will to Power' July 21, 2025

¹⁵ Miraslav Volf, *Odium Mundi: 'Schopenhauer on Suffering...'* *The Gifford Lectures* 2025

difficult reality of the situation, without judgement or approval. To accept things, we cannot change. This process involves confronting and accepting the facts of the situation, rather than fighting against reality or catastrophizing. This enables us to foster growth and reduce anxiety. My question is this, would this DBT approach work in the face of intense and unremitting pain? Schopenhauer offers us no cheery thoughts about how to be content, just those on how we can understand our suffering for what it is.

Nietzsche disagrees with Schopenhauer that the solution to pain and suffering is avoidance. He thought that pain would be useful, even helpful. Athletes, for example, have a mantra of 'no pain, no gain'. These sports people feel intense discomfort, the burn of lactic acid for example, but keep going because they want to win. Artists take terrible sadness and use it creatively. For example, Nietzsche notes that the Greek Tragedies do not show a way out of suffering. They show how to live a life of courage in the face of extreme difficulties. Greek Tragedies for Nietzsche are not the context where suffering is denied. They are the place where it is explored as the essential aspects of being alive. For Nietzsche, pain and suffering are valuable. By working our way through suffering, we can emerge as better people. Nietzsche thought that Schopenhauer was too passive. Life is not about retreating, by being reclusive or detached. The opposite is true. Life is about staying involved, accepting the struggle and having agency in how things turn out.

For Nietzsche the question was, do you want to avoid suffering, or do you want to get good at it?' People who live meaningfully practice the 'Will to Power'. They don't shy away from challenges; they take them on board. The ultimate question for Nietzsche here is, do we want to embrace or escape life? For Nietzsche it is the fight that fortifies. Pain isn't a curse, but a source of growth¹⁶.

In our western hedonistic society, we are pain-avoidant or try to be. Therefore, Nietzsche's approach sounds counterintuitive and counter-cultural. We tend to be more like Schopenhauer in our approach to pain.

Freud and Jung

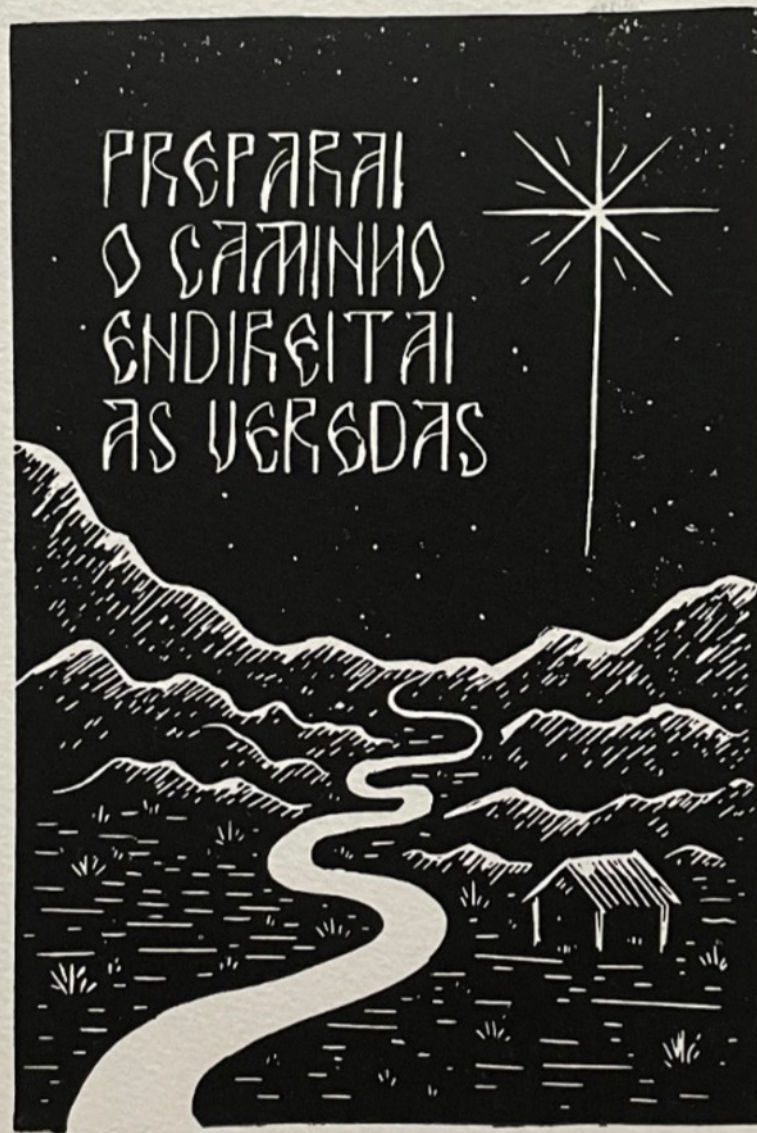
Sigmund Freud (1856 -1939) and Carl Jung (1875 - 1961), are widely recognized as pioneers of psychoanalysis. Although they went their separate ways theoretically and in terms of therapeutic practice, nevertheless they had similar views on the subject on pain and suffering. Freud viewed pain as a crucial part of life and a motivator for behavior. He explored these ideas in his book, *Beyond the Pleasure Principle*. Freud recognized that the human mind tends to be governed by the 'pleasure and unpleasure principle' which drives us to embrace pleasure and avoid pain. However, he believed that 'pain is not an obstacle to healing but the path itself'. This can be observed in Freud's concept of the 'reality principle', which helps the ego balance the pleasure principle with the demands of the external world and through the necessary process of bringing repressed, painful material into the conscious awareness. Put simply, Freud believed that pain could 'force' other buried pain to the surface of our awareness. This would aid the healing process.

Jung held a similar view about pain. He saw pain not as a random occurrence or punishment, but as a fundamental aspect of life that serves as a 'crucial catalyst for psychological growth, self-awareness, and individuation. For Jung, Pain acts as 'a messenger from the unconscious, urging individuals to confront hidden aspects of their psyche, acknowledge their "shadow side," and ultimately become more whole and integrated'. Jung's approach to pain is best summed up in his own words, "There is no coming to consciousness without pain."

Dostoevsky (1821 -1881) and Kafka (1883 -1924)

Dostoevsky viewed pain and suffering as inevitable. However, his views seem to be somewhat elitist. He saw pain as inevitable and beneficial, especially in the lives of those with 'intelligence and a deep heart', as he wrote in his novel, *Crime and Punishment*. Dostoevsky saw pain as an educational change agent, "Pain changes you, but it teaches. That is its mercy". The novelist understood pain as 'a pathway to understanding', not that dissimilar to Freud and Jung. For Dostoevsky, pain is a difficult but nec-

¹⁶ Sus



Prepare the Way

essary part of life that can lead to a deeper understanding and wisdom.

Kafka's thinking on this subject stands in stark contrast to Dostoevsky's. Kafka saw pain as 'pointless'. He writes, 'Pain changes nothing.' It just repeats itself until you forget who you were before it started'. Pain doesn't necessarily lead to change or growth but rather can be a source of endless suffering and gradually it erases one's sense of self. Kafka could see pain as an agent of negative change that is forced upon an unwilling recipient. That is, transformation against your will as seen in *The Metamorphosis*.

While others might see pain as a 'teacher' or a 'path' to religious freedom, Kafka's writings often depict it as a force of isolation, despair and painful involuntary reshaping.

We can summarize Kafka's thinking on pain under three headings. He saw pain as:

1. Erosion, not transformation. For Kafka pain is a 'stripping agent', peeling away one's sense of self, identity, agency, vitality and sense of direction.
2. Loss of self. If pain is not reflected upon it can 'hollow out' a person and cause loss of memory. That is, we forget who we were before the pain started.
3. Stagnation not Growth. Unlike Stoic philosophy, and to some extent Christian spirituality which both emphasize growth through endurance and reflection. Kafka suggests that pain if left unchecked leads to inertia and stagnation. And an inability to transition and transform.

Goethe (1749 -1882)

For Goethe, extreme pain is a transformative force, like that of extreme joy, that alters our perception of the world. In his work, including *The Sorrows of Young Werther* (1774), Goethe explores both moral and physical suffering caused by unrequited love and other life experiences¹⁷. Goethe also recognized the importance of enduring hardship through action and

reflection. To summarize, Goethe viewed pain as a universal aspect of life, that was:

- Linked to Joy. Pain and joy are both profoundly capable of changing one's perspective on life.
- Inherent in existence. Goethe saw life as a perpetual burden, not unlike Schopenhauer. It was a ceaseless sisyphusian task for Goethe, implying that pain is an unavoidable component of the human journey.
- Source of disillusionment. In his 'Werther work' Goethe explores how pain like the "endless joys" and "endless pains of the gods", can lead to a sense of disillusionment.

Goethe knew of what he spoke

For Goethe, pain was more than theoretical or a literary device. He experiences intense and chronic pain from a condition known as *Morbus Forestier*, a spinal disease. To try to alleviate this ongoing pain, Goethe found benefit from visiting spas in West Bohemia. However, despite his own suffering, Goethe did express some positivity toward it in his philosophical and artistic views on pain. For him, pain could be a catalyst for action. Pain could be seen as a 'driving force'. Goethe believed that action and growth can occur even amidst the ebbs and flows of pleasure and pain. He also considered that compassion could be issued from personal pain. Goethe believed that we can only understand another person's heart by sharing our own experience of pain and suffering. Comradery in pain seems to bring about compassion for fellow sufferers.

Luther's *Anfechtungen* (1483 -1546)¹⁸

In studying the German Reformer Martin Luther's life, it is possible to see how pain can impact the whole of a person's life.¹⁹ Luther's suffering included physical pain, mental and spiritual suffering. It had a profound effect on shaping his theology, particularly his understanding

¹⁸ See Eric Metaxis' excellent book on Luther, *Martin Luther. The Man Who Rediscovered God and Changed the World*.

¹⁹ Edward Bulmore in his book, *The Divided Mind* states that we should not use comorbidities. He writes, 'Co-morbid is a word with an antique resonance that sounds impressive. (However) when stripped down, my patient was saying "my physical and mental symptoms are coming together". My comment here is this, Comorbidities suggest that Health is fragmented not holistic. We should talk about 'health' not physical or Σ mental health. They are all of one piece.

¹⁷ It should be noted here that *The Sorrows of Young Werther* was highly controversial at the time and was banned in some countries because it led to an outbreak of suicides across Europe.

of *Anfechtungen*. Luther's disease was caused by the way he lived, rather than genetic disposition. The contributors were years of malnutrition on a frugal monastic diet, long days and nights of mental labor, having to deal with ecclesiastical and political intrigue and threats to his life. In later life, alcohol and food all had impacts on the Reformer's health and wellbeing²⁰. There is more than a hint about the presence of low mood, and depressive disorder in Luther's writings too. Pain and mental challenges seem too often to be partners. Luther constantly suffered from constipation and a variety of other stomach disorders. From 1526 he had to endure sporadic gall bladder and kidney stones attacks. Which, he said, brought to his mind 'death' because of the excruciating pain. Luther was consistently vocal about the pain he suffered, constantly complaining about its impact on his life and work. He attributed his experience to the kind of *Anfechtungen* that he believed was sent by God to remind Christians that life is a struggle with sin, death and the devil. The concept of *Anfechtungen* is not an easy concept to pin down. As has been said, some words defy adequate translation. *Anfechtungen*, as used in Luther's works, is such a word. It has a Latin counterpart, *tentatio* and can be translated as, temptation, trials, affliction and tribulation. *Anfechtungen* is a multifaceted concept that perhaps is best left untranslated. However, this could be a path to theological and literary cowardice. As one scholar states, '*Anfechtungen* is perhaps better understood not as one vocable in Luther's vocabulary, but a one-word theological concept. A combination of theology and spiritual psychology, of pain and suffering, of endurance of this condition with the help of God'.²¹ After 1530 Luther was plagued with migraine type headaches and what appeared to be a form of tinnitus. He suffered from what he said was 'a constant buzzing in his ears'. After 1541 these headaches forced Luther to interrupt his routine and even to avoid the bright light of a sunny day. Luther called

these headaches, 'the devil's ride through my brain'. He also had to deal with open soars, probably leg ulcers. One can see from Luther's life the all-encompassing impact of multifocal pain, what he called his *Anfechtungen*²². This was a condition, like so many others experienced that needs a multi-focal and interdisciplinary approach.

Ian McGilchrist. Pain and Mental Clarity

The Oxford Psychiatrist and polymath, Ian McGilchrist believes that his own experience of mental pain experienced in depression has been somewhat positive for him. McGilchrist writes, Depression has been repeatedly shown to be associated with greater realism. He notes the caveat here, as long as the depression is not severe. The evidence is not because insight makes you depressed, but because, up to a point, being depressed gives you insight. To understand one's role in bringing about a certain outcome, depressives are more 'in touch' with reality even than normal subjects. The Matter of Things 2021 In a recent interview, McGilchrist further suggests that experiencing depression causes one to view the whole of life differently including, priorities, purpose, pleasure and pain. Picking up on McGilchrist's reference to purpose (Greek *Telos*). I am reminded of the writings of the Holocaust survivor, the late Victor Frankl (1905 - 1997). In the two his books cited here, *Man's Search for Meaning* and the posthumous republication of his, *yes to life - In spite of Everything*, Frankl focuses on the need to see purpose and the agency of choice in all of life's experiences, including pain and suffering. His famous quotation sums up his approach, "Everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way." It seems we have some volition and can find some form purpose in the most difficult of circumstances, even during pain. But we cannot leave pain unattended. We must look for ways to manage it too. Ways that previously might not have been explored.

²⁰ Concordia Quarterly Volume 47. Number 1 January 1983

²¹ Concordia Quarterly

²² Consensus Vol.8 Issue 2 1982

Biblical Studies: The Psychology of the Psalms

Maybe we can use Psalms in our practice to give clients/patients a language with which to express their pain and find a literary context in which to do so. John Calvin stated that the psalms act as a mirror in which we can see into the depths of our psyche²³. He also said that the Psalms contain the anatomy of the soul. There is a suitable Psalm for all the seasons of life. Joni Earekson Tada, who because a diving accident in her youth, ended up a quadriplegic wrote, 'when pain comes lumbering through the door, we need language for our pain'. She found this language in the Psalms. She writes, 'The Psalms wrap verbs and nouns around our pain better than any other (literature)'.²⁴

Psalms, Poetry and Pain

Stephen Fry writes in *The Ode Less Travelled* that 'poetry is a primal impulse within us all. That poetry can comfort as well as discomfort'. Allender and Longman²⁵ note that 'The Psalms are composed in poetic and musical form. Poetry reaches the realm beyond the word of sight and sounds revealing what our senses long to hear'. Again, Allender and Longman's comments on Psalms are informative. They write that the Psalms use a form of language not so much of the truly real. The language used here cannot be grasped through scientific precision. The language of joy, love and pain which do not yield themselves to purely cerebral evaluation. The Psalms may contain language that is beyond 'reason' in the traditional meaning of that word. Like all poetry, the psalms can be provocative, pressuring us to move out of our denial – away from the adept numbing we use against powerful and painful emotions. Alain Emerson²⁶ experienced the devastating loss of his young wife, just a year after their marriage. In his profound and insightful book into bereavement, grief and loss, he tells of the 'tough love language' he found in the Psalms. He writes: The Hebrew prayers of the Old Testament are more veracious than our current Western subculture of self-help and

pop Christianity. The Psalms have caressed the souls of millions through the centuries, providing the language for emotional experience. At the heart of these sacred texts is, Don't be stoic! Weep it! Call it for what it is, offer it all to God. The Psalms refuse to pretend everything is Ok. They stay clear of moralizing and won't settle for platitudes. The Psalms speak with candor and allow us to do the same²⁷.

The Hebrew title of the psalms is Tehillim, in English 'praises'. But the psalter doesn't contain 150 joy songs. There is a preponderance of what are called Laments, to which we will return. There are also accusatory and imprecatory psalms. The Psalms contain the music of confusion, doubt and heartache that significantly outnumber the hymns of joy. And remember these songs were written for public worship. There was apparently no stigma about pain and speaking candidly about it. Instead, the Psalms invite us to question God in the context of worship. Allender and Longman write that: 'God invites us to bring before Him our rage, doubt, and terror. But He intends us to do this as part of our worship'. This kind of outpouring of raw emotion is rarely witnessed in the context of worship, especially in some of our more formal church settings. Often churches simply do have the time, the patience, the confidence or the liturgy to deal with real pain.

Psalms of Lament

The psalms of Lament give voice to our pain and anger. They encourage us to risk the danger of speaking boldly (venting?) and personally to the Lord of the Universe. However, Walter Brueggemann adds some positivity to the discussion of Laments when he writes, 'the Laments are refusals for the ways things are – the status quo. They are acts of relentless hope that believes no situation falls outside Yahweh's capacity for transformation. No situation falls outside Yahweh's responsibility'.²⁸ In the Psalms in general and Laments in particular we cannot escape paradox.²⁹

²³ Calvin's *Commentary on the Psalms*.

²⁴ Parenthesis added.

²⁵ Dan B Allender and Tremper Longman III, *The Cry of the Soul*.

²⁶ Alain Emerson, *Luminous Dark*.

²⁷ Emerson

²⁸ Brueggeman cited in Alender and Longmann.

In *Finding God in the Psalms*, Tom Wright describes the paradoxical nature of the Psalms in this way: This is the place of intense pain and intense joy, the sort that perhaps only music and poetry can express and embody'. In his book *Letters to a Young Poet*, Rainer Maria Rilke encapsulates something of the spirit of paradoxical discovery when he writes, "Be patient toward all that is unsolved in your heart and try to love the questions themselves."

Journey of the Psalms

We should be aware that the Psalms are not stationary. They are mobile and head in a psychological direction, as Brueggemann points out in his classification of Psalms. He sees three psalm classifications that take us on a psychological, emotional and spiritual journey. These are:

- The Psalms of Orientation. All is well with my life.
- The Psalms of Disorientation. All is not well with my life,
- The Psalms of Reorientation. I have journeyed through the 'dark night of the soul' and have emerged into a new way of looking at life, a new way of living.³⁰

Josh Moody in his book, *Journey into Joy* writes that 'the Psalms were written to help us put our feelings in the right place'. To reorientate and to recalibrate us. The Psalms, according to Moody give us what someone has called "Psalmnotherapy".

The Psalms in our Practice

Obviously, a lot more work needs to be done before we can begin to use the Psalms as part of our psychological practice. We need to experiment with psalms ourselves. We need to identify the psalms that fit the context and condition of the client. We need to learn how to use psalms in ways that help to bring about psychological stability. But note, what *AI Overview*³¹ reports, 'the Psalms are already being used in psychology to help with emo-

tional regulation, stress reduction and trauma recovery by providing a structured language to express and process difficult emotions, such as grief, anger and despair. All of which are basic emotions for people in pain. The Psalms offer a framework for connecting with a spiritual source, fostering hope and identity with others' struggles, serving as a "spiritual reservoir" during hardship and a tool for mental and emotional healing. This practice involves reading, reflecting on, and discussing psalms, potentially in therapy or personal devotion, which can deepen a person's relationship with God and lead to increased self-awareness and inner peace'. I am going to do more work on the Psalms and see how they can be used in the treatment of chronic pain related to PMR, GCA and Fibromyalgia. If you are already working on this or would like to investigate it further, I would love to be in contact.

aandvpalmer@gmail.com

Conclusion

The mystery of pain has not been solved in this paper. However, we have been able to explore pain from a variety of perspectives, and to acknowledge its multifocal impact on sufferers' lives. It now falls to us who practice psychology to continue this investigation into new ways to give hope to those in pain. To offer in the closing words of *The Salt Path*, "Life shaped by hope."³²

References

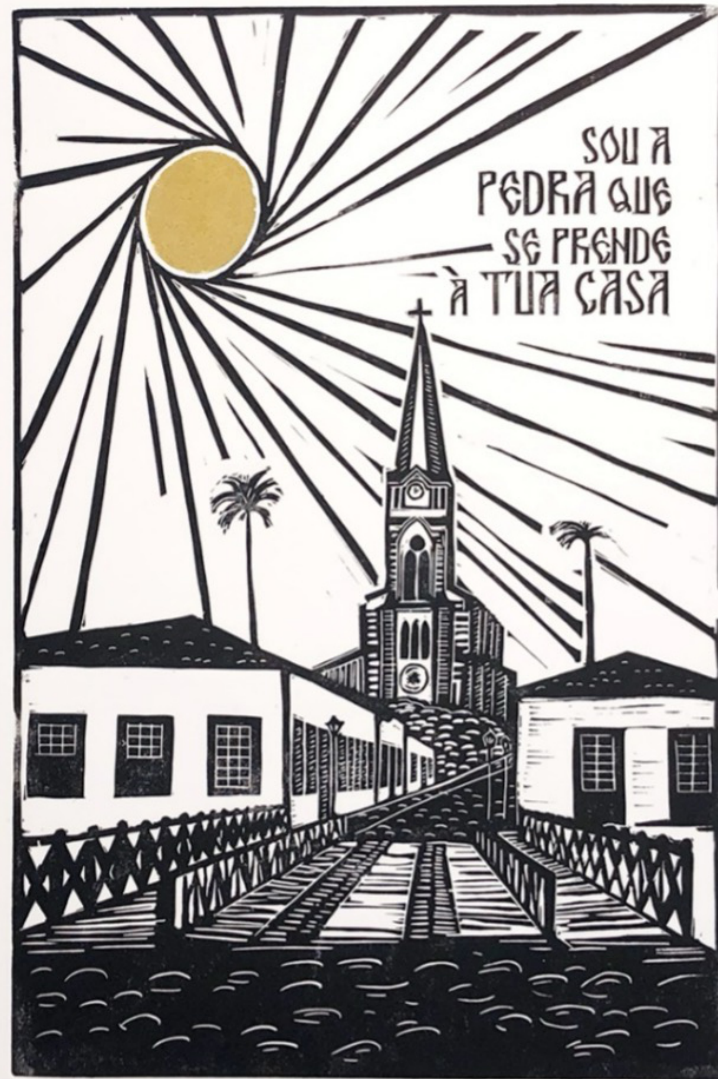
- Allender, Dan B and Longmann III, Tremper. *The Cry of the Soul* (Colorado Springs, CO: NavPress, 2015)
- Bullmore, Edward. *The Divided Mind* (London: New River Books, 2025)
- Emerson, Alain. *Luminous Dark* (Edinburgh: Muddy Pearl, 2018)
- Hurst, Lawrence D. *The Evolution of Perfection* (Princeton, NJ: Princeton Press, 2025)
- Lapine, Mathew A. *The Logic of the Body*. Retrieving Theological Psychology (Bellingham, WA: Lexham Press, 2020)
- Moody, Josh. *Journey into Joy. The Psalms of Ascent* (Wheaton, IL: Crossway, 2013)
- Thernstrom, Melanie. *The Pain Chronicles* (New York, NY: Farrar, Straus and Giroux, 2010)
- Zimbardo, P.G. and Johnson, Robert L. *Psychology according to Shakespeare* (Guildford, CON: Prometheus Books, 2024)

²⁹ See Parker Palmer and G.K Chesterton on 'Paradox'

³⁰ W. Brueggemann, *The Message of the Psalms*.

³¹ AI Overview. Accessed 04/10/2025

³² Raynor Winn, *The Salt Path*. Audio book accessed 07/08/2025



The Rock

comment

This article offers an interdisciplinary exploration of pain, highlighting its complexity and universality. The author rightly critiques reductionist tendencies in modern psychology and advocates for a holistic approach that includes spiritual and existential dimensions. It challenges us to broaden our therapeutic frameworks to help patients move from disorientation to reorientation through suffering.

Nietzsche and Jung's suggestion invites us to view suffering as a possible source of meaning, as a tool for resilience and individuation.

The discussion on Schopenhauer and Stoic philosophy leads us to encourage patients to accept what cannot be changed, aligning with Dialectical Behavior Therapy for addressing chronic pain and emotional distress.

The proposal to use the Psalms as a "therapeutic language" recalls narrative therapy, providing a structured way to express grief, anger... and ultimately reach hope.

We could add the logotherapeutic perspective—the fact that even in the most adverse circumstances, the human being retains "the last of the human freedoms": to choose one's attitude toward suffering. Likewise, St. John of the Cross, in the "Dark Night of the Soul," offers an interpretation of suffering as a process of purification that leads toward integration and hope.

In conclusion, we can emphasize that the multifaceted nature of pain—physical, psychological, spiritual—finds great richness in interdisciplinary collaboration, especially in contexts of chronic illness or existential crisis.



Paloma Alonso Stuyck (Spain)
Specialist in Family Therapy and PhD in Psychology, my academic and research career has been enriched by the evolution of my professional and teaching experience, thus promoting my lines of work around the Language of Nature and its influence on Family Relationships and Healthy Lifestyles.



www.brookhavencenter.net
mhoffman@aol.com
lowellwmhoffman@aol.com

Former contributions of Marie and Lowell Hoffman:

emcapp.ignis.de/11/#/4#p=24
emcapp.ignis.de/12/#/4#p=108
emcapp.ignis.de/20/#p=34

Lowell W. Hoffman, Ph.D. is a clinical psychologist and a certified psychoanalyst trained at the New York University Post-doctoral Program in Psychotherapy and Psychoanalysis. For forty years he was co-founder and co-director of the Brookhaven Center in Fogelsville, PA, in 2007 co-founder and co-director of Society for Exploration of Psychoanalysis and Christian Theology, and in 2009 co-founder and co-director of the Psychoanalytic Track in the Christian Association for Psychological Studies. He is the author and co-author of numerous articles and book chapters, and guest editor of a special journal issue on Psychoanalysis and Christianity.

Marie T. Hoffman, Ph.D is a clinical psychologist and a certified psychoanalyst trained at the New York University Post-doctoral Program in Psychotherapy and Psychoanalysis. For forty years she was co-founder and co-director of The Brookhaven Center in Fogelsville, PA, in 2007 co-founder and co-director of Society for Exploration of Psychoanalysis and Christian Theology, and in 2009 co-founder and co-director of the Psychoanalytic Track in the Christian Association for Psychological Studies. She is author of *Toward mutual recognition: Relational Psychoanalysis and the Christian Narrative*, and *When the roll is called: Trauma and the soul of American Evangelicalism*.

A Theology of Suffering for a Profession of Sufferers

Mental health practitioners are trained to understand human mental, emotional and embodied suffering through the lens of a manualized nosology (ICD-11) of symptom clusters. We are taught and are committed to adherence to the most efficient and effective techniques that are empirically supported by a randomized controlled trial (RCT) methodology as the treatment of choice for symptom reduction and the ethical practice of psychotherapy.

As Christian practitioners, we are committed to providing a psychotherapy that integrates our faith in the transforming death and resurrection of Jesus Christ as the ultimate change agent in our work with each patient. We rely on this ultimate Truth in our work, and we trust in the presence of the Spirit of God in our consultation rooms to guide, comfort and sustain both therapist and patient alike.

The ubiquitous denial of suffering

More so for us as Christian psychotherapists than for many Christians, we are tasked with encountering the ubiquitous problem of suffering. As Christians, we understand that suffering remains in our present sojourn between the already present and not yet fully realized kingdom of God. Yet, all too often we sit with Christian patients who experience their suffering as a consequence of a failure of their faith, or a state of spiritual immaturity and stagnation, or even an abandonment by God. Their comprehension of knowing Christ is limited to knowing Christ in "... in the power of His resurrection, ..." (Phil. 3:10). They have not received and applied Christian instruction emphasizing that an intimate knowing of Christ is to know Him in both the "... the power of His resurrection, and the fellowship of sharing in His sufferings ,.... "

A theological preoccupation with the power of Christ's resurrection and the implications of this power for the believer has left the church without adequate guidance for the back and forth oscillation between suffering and "victory" in the already extant and progressively coming kingdom of God. Karl Barth (1956) observed that only the early church prior to Constantine demonstrated a pathos capable of being a church in weakness with the accompanying competence through grace to suffer, and to suffer with the other who suffers. From Barth, one can understand that the church since Constantine has perpetuated a defensive reaction formation against suffering by ensuring through countless ignominious compromises, rationalizations and even atrocities that it remains a church in power. A prophetic Barth looked forward to a time when a post-Constantinian church could be a church in weakness, a church that "... set its hope wholly and utterly on grace" (1956, p. 338).

Jurgen Moltmann (1993) is widely known for his assertion that what is distinct and singularly true of the God of the Bible is that He is a suffering God. The Son who lost His Father for us, and the Father who lost His only begotten Son for us, is the same God who empathically weeps now for His children who are suffering loss presently on earth. Jesus weeps for our losses as surely as He wept for Mary and Martha's loss of Lazarus which was also his own loss (John 11: 35).

The apostle Paul propounded a theology of suffering that is robust. Paul intimates that there can be only a partial knowledge of Christ without an individual fellowship of suffering for the believer in Jesus. He asserted a comprehensive knowing of Christ in "the power of his resurrection, and the fellowship of sharing in his sufferings, becoming like him in his death, and so, somehow, to attain to the resurrection from the dead" (Phil. 3:10-11 NIV, italics added).

The task (calling) of the Christian psychotherapist

The Christian psychotherapist must find consilience with the necessity of entering into a patient's suffering; this intimacy of suffering with Christ includes becoming like Him in his death. Jesus, the promised Messiah is our exemplar:

The Spirit of the Lord God is upon Me, because the Lord has anointed Me to preach good tidings to the poor; he has sent Me to heal the broken-hearted ... to comfort all who mourn, to console those who mourn in Zion. To give them beauty for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness; that they may be called trees of righteousness, the planting of the Lord, that He may be glorified (Isaiah 61: 1-3) NKJV

We as disciples of Jesus, are empowered through the accomplished and applied resurrection of Jesus the promised Messiah, and the always, everywhere presence of the Holy Spirit, the Comforter to replicate the transformational work of Jesus as we sit in and with the ashes of our patients' sufferings. Pivotal to the process that transforms the ashes of our patient's suffering is mourning with those who mourn.

The psychoanalyst Winnicott (1969) helps us to understand that our task includes the laying down of ourselves for the other who suffers, and the survival of the other's destructive attitudes and behaviors for the other's well-being. Marie Hoffman thoroughly and convincingly explicates the course of each psychotherapeutic process as: 1) Incarnation, 2) Crucifixion, and 3)

Resurrection in Relational Psychoanalysis and the Christian Narrative (2010). Hoffman (2013) presented a clinical vignette to illustrate this therapeutic process.

Polly, a young mother of two, who suffered for years with depression, was completely involved in all facets of her church community. She came to see me after several attempts at counseling were only minimally helpful. No one in her church community knew the depth of her despair. Her isolation was profound.

Polly's history was devoid of maternal love; as an adult she prayed and believed that one day her mother would care. Polly's denial of her mother's lifelong aloofness and neglect was sublimated through Christian service, and her internal emptiness was suppressed. After her mother's diagnosis of Alzheimer's dementia, her hope waned. She suffered in silence to maintain her testimony of Christian victory within her Christian culture. In our therapy sessi-

ons, I was a witness to her emptiness. Because significant deficits in my own life had been witnessed and comforted during my training analysis, I was able to comfort her with what I had “received from God” (2 Corinthians 1:4). Polly and I mourned her losses of love, dreams, and illusions. Within Polly’s void of losses, she became known by me in ways her mother and her church family did not know her. As Polly and I mourned together in the ashes of her suffering, we together experienced redemptive and authentic Christian relating—the one who has mourned and received comfort, witnessing and comforting another. Our authentic bonds of love become the very relational fabric of the present and coming Kingdom of God. (Adapted, Hoffman, 2013)

The authors understand human suffering since Jesus’ resurrection as a shared project between the God who discerns good from evil and chooses the good, and the joint heirs in Christ (Rom. 8:17) who can now also discern good from evil and choose the good. While human knowledge of good and evil could not be reversed to an original human innocence (Gen. 2:17, 3:3ff); God in Christ and through the Holy Spirit has empowered regenerated ministers of reconciliation who can now live in the ambivalence of good and evil and choose the good and overcome the evil with the good (Rom. 12:21). In this fellowship, or partnership with God, we surrender to His project of shalom, and live in the eternal present to do the greater works than those done when Jesus was here with us (John 14:12).

Central to our role as psychotherapists is our service as ministers of reconciliation. Staying in the suffering with our patient until there is resurrection, often compels us to sit with the other “among the ashes” for much longer than a week of days (Job 2). A theology of suffering calls us to persevere with the other in the ashes with our own distress of sometimes not knowing what to do or say.

When the psychotherapist falters

Suffering with a patient is a trying event. Such suffering can induce the psychotherapist to tacitly if not actively relinquish some or all of the

therapeutic alliance with a patient. These ruptures in the therapeutic alliance are also trying for the patient and can be a source of new suffering for him or her. Henry, Schacht & Strupp (1986,1990) have identified the following practitioner behaviors in poor-outcome cases: hostile control (i.e. belittling and blaming), hostile separation (i.e., ignoring and neglecting), complexity (i.e., messages simultaneously conveying contradictory information), and less affiliative autonomy granting (i.e., affirming and understanding). (See also Castonguay, Boswell, et al. 2010).

Boisvert & Faust (2006) have demonstrated that practitioners tend to under-estimate the incidence of negative treatment outcomes. Other studies reveal similar findings: see Foa & Emmelkamp (1983), Mays & Frank (1985), Strupp, Hadley & Gomez-Schwartz (1977) and Strupp & Hadley (1985). Lilienfeld (2007) has convincingly argued that a necessary but largely missing variable to be studied in therapeutic outcomes research is the problem of potentially harmful treatments (PHTs) and has published a list of empirically based PHTs.

Wampold (2006) offered evidence that harmful psychotherapists’ blindness to their own intrapsychic deficits may be more predictive of therapy outcomes than the therapeutic alliance. For instance, practitioners who were assessed with low self-esteem and elevated levels of impulsiveness, worry and emotional expressiveness in relationships (i.e. anxious attachment styles) were found to be less empathic in the provision of psychotherapy. Henry, Strupp et al. (1993) found that practitioners who were hostile toward themselves were more likely to be hostile to patients.

A psychotherapist’s early developmental formation can also contribute to harmful outcomes. Christianson (1991) and Hilliard, Henry, & Strupp (2000) have separately found that practitioner memories of parental negative perceptions during their child and adolescent development correlated with negative interpersonal psychotherapeutic process. Henry & Strupp (1994) found sufficient evidence to assert “a theoretically coherent link between early actions by parents toward the therapist, the therapist’s adult introject state, [and the therapist’s] vulnerability to counter-therapeutic pro-

cess with their patients and differential outcome” [of a treatment] (p.66). Freud (1937/1964) warned of the potential for practitioners to unconsciously perpetrate interventions with patients in order to experience reparation of their own hostility or guilt.

Psychoanalytic training emphasizes a personal training analysis that is integral to preparation for the ethical and effective practice of psychoanalytic psychotherapy. Psychoanalytic training programs usually stipulate 150-300 hours of personal psychoanalytic psychotherapy so that a psychoanalytic psychotherapist will be better prepared to facilitate a therapeutic process less adulterated by the vicissitudes of his or her inner world. Tragically, many psychotherapists’ training programs include little if any personal psychotherapy. Surrendering to an extensive personal psychotherapy is in itself a form of suffering. The present authors believe that when psychotherapists have dedicated themselves to doing their own work, they reduce their risk of providing potentially harmful treatments.

Conclusion

The way of the kingdom of God calls practitioners committed to integration to an experiential fellowship of sharing in the suffering of Jesus with each patient. Attunement to a theology of suffering will often guide practitioners to humbly recognize the necessity within themselves to do the work of their own personal psychotherapy. The practitioner engaged in Judeo-Christian integration who is attuned to a theo-

logy of suffering, is mindful that his or her treatment can have harmful effects (e.g. potentially harmful treatments, PHTs) that may intensify and further ensconce the patient in suffering.

Thinking therapeutically, the practitioner whose therapeutic sensibilities are guided by a theology of suffering and the psychotherapy outcomes research cited above, recognizes that the speediest path to a patient’s symptom relief – in order to circumvent patient and therapist suffering – may not provide long-term benefit to the patient, and may in fact contribute to the patient’s ongoing suffering and despair. “Cruel though it may sound, we must see to it that the patient’s suffering, to a degree that it is somehow or other effective, does not come to an end prematurely” (Freud, 1910/1955, p. 162).

Thinking Christianly, we are called to deny ourselves, take up our cross and follow Jesus:

To approach the cross with too much faith, to stand in its shadow with certain confidence of Easter light, is finally to confront no cross at all, only the unrepentant echoes of our religious noise. Amid the creation which groans for redemption, ... [we] must stand as if before Easter: open to its inbreaking, but unassuming of its prerogative. (Plank, K, 1994).

May God our Father give us the grace, may Jesus the Son imbue us with His heart, and may the Spirit of God, the Comforter, be always present as we endeavor to be ministers of reconciliation.

References

- Barth, K. (1956). Church dogmatics, I: 2, G. T. Thomson & K. Knight (Trans.). Edinburgh: T. & T. Clark.
- Boisvert, C.M., & Faust, D. (2006). Practicing psychologists' knowledge of general psychotherapy research findings: Implications for science-practice relations. *Professional Psychology: Research and Practice*, 37, 708-716.
- Castonguay, L.G., Boswell, J.F., Constantino, M.J., Goldfried, M.R. and Hill, C.E. (2010). Training implications of harmful effects of psychological treatments. *American Psychologist*, 65: 34 – 49.
- Christianson, J. (1991). Understanding the patient-therapist interaction and the therapeutic change in light of pre-therapy interpersonal relations. Unpublished doctoral dissertation, Vanderbilt Univ., Nashville, TN.
- Foa, E.B., & Emmelkamp, P.M.G. (Eds.). (1983). Failures in behavior therapy. New York: Wiley.
- Freud, S. (1964). Analysis terminable and interminable. In J. Strachey (Ed. & Trans.). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 209-253). London: Hogarth Press. (Original work published 1937).
- Freud, S. (1955). Lines of advance in psycho-analytic therapy. In J. Strachey (Ed. & Trans.), *The Standard Edition of the complete Psychological Works of Sigmund Freud* (Vol. 17, pp141-151). London: Hogarth Press. (Original work published 1910).
- Henry, W.P., Strupp, H.H., Butler, S.F., Schacht, T.E., & Binder, J.L. (1993). The effects of training in time-limited dynamic psychotherapy: Changes in therapist behavior. *Journal of Consulting and Clinical Psychology*, 61, 434-440.
- Hilliard, R.B., Henry, W.P., & Strupp, H.H. (2000). An interpersonal model of psychotherapy: Linking patient and therapist developmental history, therapeutic process, and types of outcome. *Journal of Consulting and Clinical Psychology*, 68, 125-133.
- Hoffman, M. (2010). Relational psychoanalysis and the Christian narrative. London: Routledge.
- Hoffman, M. (2013). Born to relate: In trauma, transformation, and transcendence, The Table, Biola University Center for Christian Thought.
- Lilienfeld, S.O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2, 53-70.
- Mays, D.T., & Franks, C.M. (Eds.). (1985). Negative outcome in psychotherapy and what to do about it. New York: Springer.
- Moltmann, J. (1993). The Trinity and the kingdom, Kohl, M. (Trans.). Fortress: Minneapolis.
- Plank, K. (1994). Mother of the wire fence: Inside and outside the holocaust, Procession of the crucified. Westminster John Knox Press.
- Strupp, H.H., Hadley, S.W. & Gomez-Schwartz, B. (1977). Psychotherapy for better or worse: The problem of negative effects. New York: Jason Aronson.
- Strupp, H.H., & Hadley, S.W. (1985). Negative effects and their determinants. In D.T. Mays & C.M., Franks (Eds.), *Negative outcome in psychotherapy and what to do about it* (pp. 20-25). New York: Springer.
- Wampold, B.E. (2006). The psychotherapist. In J.C. Norcross, L.E. Beutler, & R.F. Levant (Eds.), *Evidence based practices in mental health: Debate and dialogues on fundamental questions*, (pp. 200-208). Washington, DC: American Psychological Assoc.
- Winnicott, D.W. (1969). The use of an object and relating through identifications. In *Playing and Reality*. New York: Basic Books, 1971, pp. 86-94.



Ocean

comment

Marie and Lowell Hoffman highlight the importance of the theology of suffering for Christian counsellor. The disease classifications familiar to psychiatrists, psychologists and counsellors aim to describe a common understanding of symptoms, the significance of which is then investigated in treatment. Classifications designed for good purpose may overlook human suffering in such a way that the experience of the person being helped is not conveyed to the counselors, and the patient bears the suffering alone.

Over the years, more diagnoses have been added to disease classifications in order to understand everything that is involved in human experience. Another direction of development is to combine diagnoses and seek ways to encounter our inner world of experience. It has been suggested that the structures of the mind can be condensed into six basic processes related to negative emotions, positive emotions, cognitive thinking functions, social functioning, arousal regulation and sensorimotor functioning. It's clear that the experience of suffering manifests itself in all of these, and yet we may still fail to understand the experience of suffering.

Marie and Lowell Hoffman describe the understanding of suffering in the history of the church and God's plan. In my therapeutic work, I often see how suffering separates people from one another. There are losses that we cannot repair. At the same time, people are separated from each other by suffering. There is not (yet) common understanding of suffering between people. Often, as counsellors, we also must seek this understanding.

In God's plan, suffering is not an obstacle. God has not distanced himself from people because of their suffering. Because of suffering, God himself came to earth and was willing to suffer.

Understanding one's own suffering is the key to even partially understanding the suffering of others. In therapy work (and training) the importance of one's own treatment is in increasing self-awareness and the ability to tolerate and live together with others during suffering. Only in this way can everything that the experience of suffering contains be understood.

The article describes how we as counsellors tend to underestimate the prevalence of negative treatment outcomes. Good treatment requires more than just a good therapeutic alliance. We also need space for our own personal process throughout our careers as well as supervision in which communication between counsellor and patient can be discussed as accurately and honestly as possible.

As Christian counsellors our attitude toward suffering also depends on how we think about God relates relating to our suffering and how we relate to God's suffering. Just as caring for our own minds continues throughout our lives so does caring for our relationship with God. We need a relationship with God in our own lives that is honest and tolerates suffering.



Akseli Mäkelä (Finland), MA, is psychoanalyst (IFPS), training psychotherapist and clinical supervisor. He works in own practice and serves as a pastor in the Finnish Pentecostal Church.



Ewa Jakubek (Poland) psychotherapist in the process of certification. Works in the integration stream. Graduate of the Faculty of Health Sciences at the Collegium Medicum UMK. Completed postgraduate studies in family mediation. Completed a clinical internship at the Psychiatric Hospital in Toruń. Previous experience gained as a volunteer and leader of the Alpha Course for addicts in addiction treatment centres in Czerniewice and Toruń, as well as a volunteer at "Powrót z U" (Kujawsko-Pomorskie Society of Families and Friends of Addicted Children). She is an animator of the Ministry of People Helping Others at the Jesuit church in Toruń. On a daily basis, she works in a hospice, gaining experience in helping people in mourning and struggling with the effects of terminal illnesses. She is a member of the Association of Christian Psychologists.

Accompanying Terminally Ill and Dying Individuals – Psychological and Spiritual Aspects

During a conference in Warsaw this June, organized by the Association of Christian Psychologists to celebrate their 30th anniversary, I was asked to lead a session on the topic: "Accompanying the Terminally Ill and Dying – Psychological and Spiritual Aspects."

This was something very personal to me, yet also relevant to my daily work, as for over 20 years I have been working in a hospice, where I support both those struggling with terminal illness (usually cancer) and their families and loved ones.

The specificity of this topic lies in the fact that dying is not something that can be learned repeatedly. Even if someone has previously had a brush with death, for example, in a car accident and survived, and many years later is consumed by a terminal illness, this does not mean they are any better prepared for death. As a quote from a poem by Polish Nobel Prize winner Wisława Szymborska says, "Dying is a lifesaver." "Nothing happens twice": "Nothing happens twice, and it never will. For this reason, we were born without practice and we will die without routine."

The recently published second volume of poems by another poet, psychotherapist and su-

Towarzyszenie osobom terminalnie chorym i umierającym - aspekt psychologiczny i duchowy

Podczas warszawskiej konferencji w czerwcu tego roku, organizowanej przez Stowarzyszenie Psychologów Chrześcijańskich z okazji 30-lecia jego istnienia - zostałam poproszona o poprowadzenie ścieżki dotyczącej tematu: "Towarzyszenie osobom terminalnie chorym i umierającym - aspekt psychologiczny i duchowy".

Było to dla mnie czymś bardzo osobistym a zarazem dotyczącym mojej codziennej pracy, gdyż od ponad 20 lat działam w hospicjum, gdzie wspieram zarówno osoby zmagające się z prowadzącą do śmierci chorobą (zwykle onkologiczną) oraz ich rodziny i bliskich.

Specyfika tego tematu polega na tym, że umieranie nie jest czymś powtarzalnym by można się tego nauczyć. Nawet jeśli wcześniej ktoś np. podczas wypadku samochodowego otarł się o śmierć i wyszedł z tego żywy, a wiele lat później trawi go terminalna choroba - nie oznacza to, że jest on bardziej do śmierci przygotowany. Jak mówi pewien cytat z wiersza polskiej noblistki Wisławy Szymborskiej pt. "Nic dwa razy": "Nic dwa razy się nie zdarza i nie zdarzy. Z tej przyczyny zrodziliśmy się bez wprawy i pomrzymy bez rutyny".

Przywołanej tematyce poświęcony jest również wydany niedawno drugi tomik wierszy innej poetki, a zarazem psychoterapeutki i superwizora - Anny Ostaszewskiej. Tomik pt. "Rzeka i

pervisor, Anna Ostaszewska, is also devoted to this topic. The volume, titled "River and Dying", is a record of the author's personal experiences and reflections as she accompanied her sister, who was struggling with a terminal illness.

Already in the first centuries after Christ, the beginnings of palliative care, unknown in the pagan world, began to emerge. Its name comes from the Latin word "pallium" meaning cloak. In ancient times, this item served as more than just clothing. It enveloped the entire person, creating a protective barrier with a hood not only on cold and windy days but also as a blanket at night. Folded into a cube, the cloak could serve as a pillow during sleep or a comfortable resting place. Hence the reference in the New Testament, when the Apostle Paul, imprisoned in Rome, asks his disciple Timothy to bring him his pallium (cloak) and books and parchments.

In this case, the pallium symbolizes the all-encompassing, holistic care that should be provided to the dying person and their loved ones, who are often the unsung heroes of this story. In providing care, every aspect of the human person must be considered: body, mind, and spirit. This will include selecting painkillers and appropriate nutrition, as well as caring for emotional and spiritual needs.

The goal of support is to manage the "total pain" faced by a patient whose recovery is no longer possible. This is achieved by preserving their autonomy, dignity, and self-determination. It is important to eliminate the overprotectiveness often seen in such situations, which is a form of violence. The art of providing support is to ensure that the dying person does not feel alone or overwhelmed by our care.

It often happens that a terminally ill person does not want to burden their immediate family with their fear, or they, out of fear of losing a loved one, are reluctant to discuss the difficult topic of their approaching death. This makes it easier to confide in an outside helper, who can help them during this difficult time of reflection and farewells.

Relationships form and strengthen quickly during this unique moment. Typically, in a shorter

Umieranie" jest zapisem osobistych przeżyć i przemyśleń jakie były udziałem autorki, towarzyszącej swojej zmagającej się ze śmiertelną chorobą siostrze.

Już w pierwszych wiekach po Chrystusie zaczęły powstawać nieznane w pogańskim świecie początki opieki paliatywnej, której nazwa pochodzi od łacińskiego słowa "pallium", oznaczającego płaszcz. W czasach starożytnych przedmiot ten służył za coś więcej niż odzienie. Otulał on całą osobę, tworząc wraz z kapturem ochronną barierę nie tylko w zimny i wietrzny dzień ale i jako przykrywająca kołdra w nocy. Zaś złożony w kostkę płaszcz mógł służyć podczas snu za poduszkę lub wygodne miejsce do spoczynku. Stąd wzmianka w Nowym Testamencie, gdy przebywający w rzymskim więzieniu Apostoł Paweł prosi swego ucznia Tymoteusza, by ten odwiedzając go przyniósł mu jego pallium (płaszcz) oraz księgi i pergaminy. W tym wypadku pallium jest symbolem wszechogarniającej, holistycznej opieki jaką należy otoczyć osobę umierającą a także jej bliskich, którzy często są cichymi bohaterami tej historii. W niesieniu pomocy należy uwzględnić każdy aspekt osoby ludzkiej, jakimi są ciało, psychika i duch. Będzie to zatem zarówno dobranie środków przeciwbólowych i odpowiedniego żywienia, jak również zadbanie o potrzeby emocjonalne oraz duchowe.

Celem wsparcia jest opanowanie "total pain", z jakim zmierza się chory, którego wyleczenie nie jest już możliwe. Dokonuje się to przez zachowanie jego autonomii, godności i samostanowienia o sobie. Ważne jest wyzbycie się u jego bliskich często występującej w takich sytuacjach nadopiekuńczości, która jest formą przemocy. Sztuką jest takie towarzyszenie by umierający zarazem nie czuł się osamotniony, jak i przytłoczony naszą troską.

Często zdarza się, że śmiertelnie chory nie chce obciążać najbliższej rodziny swoim strachem, lub to oni z lęku przed stratą ukochanej osoby nie chcą podjęcia trudnego tematu zbliżającej się śmierci. Wtenczas osobie przychodzącej z pomocą z zewnątrz łatwiej się zwierzyć, która pomoże w tym trudnym czasie podsumowań i pożegnań.

time than usual, the patient reveals things that even those who have known the patient for a long time are unaware of. I often feel honoured by the trust placed in me. I try to turn this into a positive experience, for example, by inspiring the dying person to write a letter to those they once hurt or severed contact with, if they feel the need to apologize and make amends for what they did and regret. It's equally important and comforting to express gratitude to those our patient never thanked but now feel the need to do so.

During the conference workshop, I shared numerous anonymous examples from my work demonstrating how challenging yet rewarding it is to accompany the terminally ill. I also shared several psychotherapeutic techniques, drawn from Victor Frankl's logotherapy, among others, regarding working with values.

There are also other, quite universal methods of helping in such situations, one of which I will present below.

Dying people are particularly vulnerable to depression and anxiety. As Luther said, "I cannot allow the black birds of thought to fly over my head, but I can prevent them from building a nest on my head."

That's why Rational Behavior Therapy (RBT), a component of psychotherapy, is so helpful.

Here are some questions that I answer honestly, which can sometimes be very helpful in facing the truth and sobriety, and helping to overcome hopelessness and "tunnel thinking":

1. Is my thinking based on facts?
2. Does it help protect my life and health?
3. Does it help me achieve my goals?
4. Does it help me avoid or resolve unwanted conflicts?
5. Does it help me feel the way I want without resorting to psychoactive substances? (excluding prescribed medications)

If the answer is "Yes" to at least three of the above questions, the thinking is rational and healthy.

A modified and expanded version of this internal dialogue is:

Relacje w tak specyficznym momencie szybko się tworzą i zacieśniają. Zazwyczaj w krótszym niż zwykle czasie chory zwierza się z rzeczy, o których nie wiedzą osoby nawet długo znające naszego pacjenta. Często czuję się zaszczycona zaufaniem jakim zostaje obdarzona. Staram się zamienić to w dobro jakim jest zainspirowanie umierającej osoby np. do napisania listu do osób, które kiedyś skrzywdził lub zerwał kontakt, o ile czuje potrzebę przeproszenia i naprawienia tego co zrobił i żałuje. Równie ważne i kojące jest również wyrażenie wdzięczności osobom, którym nasz pacjent nigdy nie podziękował, a teraz mają potrzebę to zrobić.

Podczas warsztatu na konferencji dzieliłam się licznymi, anonimowymi przykładami z mojej pracy pokazującymi jak niełatwe ale zarazem satysfakcjonujące jest towarzyszenie śmiertelnie chorym. Podałam również kilka psychoterapeutycznych technik, wziętych m.in. z logoterapii Victora Frankla, dotyczących pracy na wartościach.

Istnieją również inne, dość uniwersalne metody pomocy w takiej sytuacji, z których jedną zaprezentuję poniżej.

Umierające osoby szczególnie narażone są na stany depresyjne i lękowe. Jak powiedział Luther: "Nie mogę by czarne ptaki myśli przelatywały nad moją głową, ale mogę nie pozwolić by zrobiły sobie gniazdo na mojej głowie".

Dlatego pomocna jest RTZ (Racjonalna Terapia Zachowania), będąca elementem psychoterapii.

Oto kilka pytań, na jakie uczciwie sam sobie odpowiada czasami bywa bardzo pomocne by stanąć w prawdzie i trzeźwości umysłu oraz pomóc wyjść z beznadziejności i "myślenia tunelowego":

1. Czy moje myślenie jest oparte na faktach?
2. Czy pomaga chronić moje życie i zdrowie?
3. Czy pomaga mi osiągnąć moje cele?
4. Czy pomaga uniknąć niepożądanych konfliktów lub rozwiązać je?
5. Czy pomaga mi czuć się tak jak chcę, bez uciekania się do środków psychoaktywnych? (za wyjątkiem leków przepisanych przez lekarza)

1. Is this (thought/action/attitude) serving me?
2. Will there be any negative consequences?
3. Will there be any positive consequences?
4. Will something happen emotionally?
5. Does this thought threaten me in any way?
6. Is the negative option a fact?
7. Can something bad happen without action?
8. Have similar situations ended well?
9. What is important to me in this situation?

This is a type of self-therapy that is worth learning for people in crisis, especially those with cognitive impairments and a tendency to see everything in black and white.

Faith is extremely important and protective of the dying person's psyche and spirit – understood as a trusting relationship with the living and loving God.

This is often a time of deepening or a crisis of faith.

Secular psychology indicates that a person needs three things for psychological well-being: 1. To know where they come from. 2. To have a role model. 3. To have a supportive person on whom they can always count. It so happens that the Holy Trinity (Father, Son, and Spirit) perfectly aligns with these three deepest human needs.

Therefore, during my over 20 years of hospice service, I have never met a deeply religious person who suffered from (so common in others in this situation) neogenic neurosis – characterized by a lack of a sense of meaning in life.

Jeśli odpowiedź brzmi: „Tak” na co najmniej trzy z powyższych pytań – myślenie jest racjonalne i zdrowe.

Zmodyfikowana i rozszerzona wersja tego wewnętrznego dialogu to:

1. Czy to (myśl/działanie/postawa) mi służy?
2. Czy będą tego jakieś negatywne konsekwencje?
3. Czy będą tego jakieś pozytywne konsekwencje?
4. Czy wydarzy się coś na poziomie moich emocji?
5. Czy ta myśl w jakiś sposób mi zagraża?
6. Czy wariant negatywny jest faktem?
7. Czy bez działania może wydarzyć się coś złego?
8. Czy podobne sytuacje kończyły się dobrze?
9. Co jest dla mnie ważne w tej sytuacji?

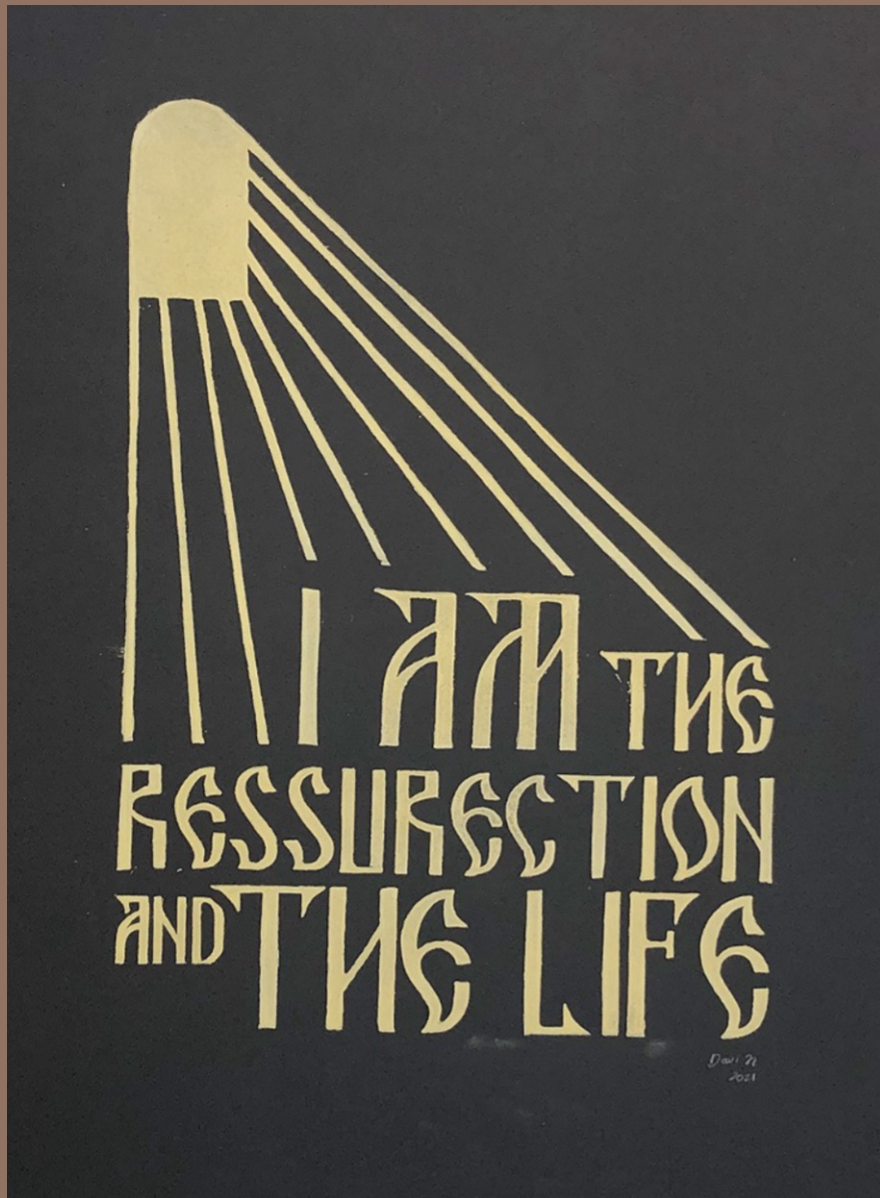
Jest to rodzaj auto-terapii, którą warto nauczyć osoby znajdujące się w kryzysie, zwłaszcza gdy mają zaburzenia poznawcze i tendencję do widzenia wszystkiego w czarnych barwach.

Niezwykle ważnym i chroniącym sferę psychiki i ducha osoby umierającej jest Wiara - rozumiana jako oparta na ufności relacja z żywym i kochającym Bogiem.

Często jest to czas pogłębienia bądź kryzysu wiary.

Świecka psychologia wskazuje na to, że człowiek do dobrostanu psychicznego potrzebuje trzech rzeczy: 1. Wiedzieć skąd pochodzi. 2. Mieć wzór do naśladowania. 3. Mieć kogoś wspierającego, na kogo pomoc zawsze będzie mógł liczyć. Tak się składa, że Trójca Święta (Ojciec, Syn i Duch) doskonale wpisują się w te trzy najgłębsze potrzeby człowieka.

Dlatego podczas mojej ponad 20-letniej służby w hospicjum nie spotkałam głęboko wierzącej osoby, która cierpiałaby na (tak częstą u innych w tej sytuacji) nerwicę neogenną - cechującą się w braku poczucia sensu życia.



Resurrection



Olga Krasnikova (Russia) Psychologist, lecturer of psychology, author of numerous books and articles on family psychology and personality psychology, member of the European Movement of Christian Anthropology, Psychology and Psychotherapy (EMCAPP), assistant rector at the Institute of Christian Psychology in Moscow. e-mail: 71.89.91ok@gmail.com

Former contributions by Olga in our eJournal you can see her:

<https://emcapp.ignis.de/3/#/122>

<https://emcapp.ignis.de/3/#/136>

<https://emcapp.ignis.de/4/#/130>

<https://emcapp.ignis.de/6/#/150>

<https://emcapp.ignis.de/10/#p=36>

<https://emcapp.ignis.de/13/#p=89>

The influence of personal self-value on experiencing grief: a Christian Psychologist's perspective

- The concept of self-value in Christian psychology.
- Factors influencing grief.
- The role of self-value in grief.
- An example of practical help in working with grief.

Throughout life, every person encounters pain, loss, and illness, therefore the topic of experiencing grief will unfortunately never lose its relevance. Today, the grieving process has been studied and described in sufficient detail, yet there are still some important nuances that need to be added for a fuller picture. This primarily concerns the factors influencing how a person experiences traumatic events. As Christian psychologists, we are particularly interested in the role of one's sense of self-value in the process of grief.

The concept of self-value in Christian Psychology

The topic of personal value is one of the central themes in Christianity and Christian psychology. This is no coincidence, since it was Christianity that first spoke in human history about the concept of the Person. Initially, of course, about the Person of Christ, and later about the human person. Christianity gives the human

Влияние самооценности личности на проживание горя – точка зрения христианского психолога.

Понятие самооценности в христианской психологии.

Факторы, влияющие на проживание горя.

Роль самооценности в проживании горя.

Пример практической помощи в работе с гореванием.

Каждый человек на протяжении всей своей жизни сталкивается с болью, утратами, болезнями, поэтому тема проживания горя, к сожалению, никогда не потеряет своей актуальности. На сегодняшний день процесс горевания изучен и описан достаточно подробно, но есть некоторые важные нюансы, которые было бы полезно добавить в это описание для полноты картины. Это касается, прежде всего, факторов, влияющих на процесс переживания человеком каких-либо травмирующих событий. Как христианских психологов нас в этом вопросе особенно интересует роль ощущения собственной ценности личности (самоценности) в процессе горевания.

Понятие самооценности в христианской психологии.

person the opportunity to attain their true dignity. (Krasnikova, 2023, 203-216 pp)

Before Gregory the Theologian (4th century), no one had spoken such exalted words about humanity: "And if you think lowly of yourself, let me remind you that you are a creature of Christ, the breath of Christ, an honorable part of Christ, therefore you are both heavenly and earthly, a memorable creation, created god, proceeding through the sufferings of Christ toward incorruptible glory". (St. Gregory the Theologian, 2011, p.93) The Apostle Peter also spoke of the dignity of man: "But you are a chosen race, a royal priesthood, a holy nation..." (1 Peter 2:9)

The concept of self-value (the sense of one's unconditional worth as a person and of one's life), as opposed to self-esteem (evaluation of oneself and one's actions), has become known in Russia relatively recently from a scientific perspective. When in 1996 we began conducting a longitudinal study on the interrelation and interdependence of self-esteem and self-value at the Faculty of Psychology at Lomonosov Moscow State University as part of diploma preparation, we often had to explain the difference between these terms even to our psychology colleagues. Today, confusion still occurs occasionally, though less frequently.

There is also a divergence between secular and Christian psychology in understanding the origins of self-value. For secular psychology, a person's value lies primarily in their uniqueness. For Christian psychology, beyond uniqueness, the value of a person lies in their God-likeness. According to the Church's teaching, each human being is created in the image and likeness of God, each person is a living and immortal soul — and what could be more valuable than that? (Krasnikova, 2025) We would like to consider in more detail how the presence or absence of a sense of one's unconditional worth as a person influences the experience of difficult life situations and one's emergence from emotional crises.

Factors influencing the experience of grief

Undoubtedly, the way a person passes through pain and suffering is influenced by a wide range of factors: age, gender, physical and mental health, the circumstances of the loss (whether the

Тема ценности личности в христианстве и христианской психологии одна из ведущих. **Это не случайно, так как именно христианство впервые в истории человечества заговорило о Личности. Изначально, конечно, о Личности Христа, а затем и о личности человека.** Христианство дает личности шанс обрести свое подлинное достоинство (Красникова О.М. 2023, 216-203 с.).

До Григория Богослова (IV в.) никто еще не сказал таких возвышенных слов о человеке: «А если будешь низко о себе думать, то напомню тебе, что ты – Христова тварь, Христово дыхание, Христова честная часть, а потому вместе и небесный, и земной, приснопамятное творение – созданный бог, через Христовы страдания шествующий в нетленную славу» (Святитель Григорий Богослов, 2011. С. 93). Ап. Петр говорил о достоинстве человека: «Но вы – род избранный, царственное священство, народ святой...» (1 Петр 2.9).

Понятие самоценности (ощущение безусловной ценности своей личности и жизни), в отличие от самооценки (оценка себя, своих проявлений), получило распространение в России не так давно по научным меркам. Когда в 1996 г мы начинали проводить в качестве подготовки дипломной работы на факультете психологии МГУ им. М.В.Ломоносова лонгитюдное исследование по изучению взаимосвязи и взаимозависимости самооценки и самоценности, разницу между этими понятиями приходилось объяснять даже коллегам-психологам. Сейчас тоже иногда встречается употребление этих слов в качестве синонимов, что в корне неверно, но уже значительно реже.

Есть также расхождение в понимании истоков самоценности в светской и христианской психологии. Для секулярной психологии ценность человека, прежде всего, в его уникальности. Для христианской психологии, помимо уникальности, ценность личности заключается в ее Богоподобии. Ведь по учению Церкви каждый человек создан по Образу и Подобию Божию, каждый – живая и

loss was expected or sudden, whether several stressful events occurred simultaneously or within a short time, whether violence was involved, etc.), social factors (presence or absence of family, friends, or a social network ready to provide support), cultural norms (societal forms of expressing grief that may either facilitate or hinder the mourning process), and religious factors (rituals and traditions that give resources for living through grief).

A special place among these belongs to psychological and personal factors such as adequate self-esteem, independence, adaptability, emotional stability, and love of life which help one cope with life's difficulties. Yet at the core of resilience we would place self-value, the feeling of unconditional worth of one's life and personality, independent of achievements, recognition, or external evaluation. Even when grief and pain seem to have burned out everything alive in the soul, when love, faith, and hope appear gone, a person who feels the unconditional worth of their life can still find meaning in continuing, even if only to keep breathing.

Uniqueness, inherent to each person, according to Viktor Frankl, determines the meaning of each individual life. Each person is unique, as is that which only they can and must accomplish in work, creativity, and love. "The awareness of such irreplaceability forms a sense of responsibility for one's own life, to live it fully, to reveal it in its entirety. A person who has realized their responsibility before another person or a cause entrusted to them will never renounce life. They know why they exist and, therefore, will find the strength to endure almost any 'how.' The spiritual freedom that cannot be taken away even with the last breath allows one to fill life with meaning until that last breath" (Frankl, 2007, p.110).

To these words we would add: for us as Christian psychologists, it is also essential by Whom and for what purpose our unique and singular personality was created. None of us appeared on this earth by accident, we were created by the Creator out of Love and for love, to strive, even slightly, toward the Image originally im-

бессмертная душа, а что может быть ценнее. (О.М. Красникова, 2025) Мы хотим рассмотреть подробнее, каким образом наличие или отсутствие у человека ощущения его безусловной ценности как личности оказывает воздействие на проживание им тяжелых жизненных ситуаций и выход из эмоциональных кризисов.

Факторы, влияющие на проживание горя.

Безусловно, в том, как человек проходит через боль и страдание, важную роль играют самые разнообразные факторы: его возраст, пол, состояние физического и психического здоровья; обстоятельства потери (ожидаемость или внезапность потери, несколько стрессовых событий одновременно или за короткий промежуток времени, было ли совершено насилие и т.п.); социальные факторы (наличие или отсутствие родственников, друзей, социального окружения, готового оказать поддержку); культурные нормы (например, принятые в обществе формы выражения скорби, облегчающие или мешающие процессу горевания); религиозные факторы (ритуалы и обряды, которые дают ресурсы для проживания горя).

Особое место в этом списке занимают психологические личностные факторы, такие как адекватная самооценка, самостоятельность, адаптивность к изменениям, эмоциональная устойчивость, жизнелюбие – все это помогает справляться с жизненными трудностями. Но основой жизнестойкости мы бы все-таки назвали самооценку – ощущение безусловной ценности собственной личности и жизни, независимое от достижений, признания или внешней оценки. Даже тогда, когда кажется, что горе и боль выжгли все живое в душе, что не осталось ни любви, ни веры, ни надежды, человек, чувствующий безусловную ценность своей жизни, все равно может найти для себя смысл продолжать хотя бы дышать.

Единственность и уникальность, присущие каждому человеку, по мнению Виктора Франкла, одного из величайших психологов



The good Sheperd

planted in us. Awareness of this endows every person's life with special meaning and value. Mitropolit Anthony Surozhskiy spoke not only about the value of the human person, but about their greatness: "Man is a being who from the beginning bears within himself the image of God, who by his depth and breadth can become the dwelling place of Divinity... Man is so deep, great, and mysterious that he can be united with God to the very end, without ceasing to be human... And it seems to me that today we must speak even more than before about the greatness of man, that we can believe in man with the same depth and confidence with which we say: 'I believe in God'" (Anthony Surozhskiy, 2002, p.73).

The role of self-value in experiencing grief

The way a person relates to themselves, how much they value and perceive themselves, directly or indirectly affects their perception of other people, their relationships with others, and their perception of life as a whole. "Attitude toward oneself is the prism through which the personality views itself and everything and everyone around. If a person treats themselves at least humanely, better as a friend, and even better as a Christian, with respect, goodwill, honesty, attentiveness, and support, they become stronger, more energetic, braver, and develop the potential implanted by the Creator much more effectively than one who hates, is ashamed of, or considers themselves worthless" (Krasnikova, 2025).

The influence of self-value on the personality becomes most evident in those moments of life when a person feels that the whole world has turned away, that the suffering they endure is beyond their strength, that the sun will never shine as brightly as before, and that the heart will never smile again. In moments of grief and despair, a person seeks some support not to fall into an emotional abyss. If there is no one nearby to lean on, the only support left can be the person themselves, together with their faith in God and in God's love for them. The awareness of one's value as a being created by the Creator and of the value of the life given by Him provides strength and meaning to continue even when it seems impossible. The more stable this sense of one's own worth, regardless of exter-

20 века, определяют смысл каждой отдельной жизни. Неповторим сам человек, неповторимо то, что именно он может и должен сделать — в своем труде, в творчестве, в любви. «Осознание такой незаменимости формирует чувство ответственности за собственную жизнь, за то, чтобы прожить ее всю, до конца, высветить во всей полноте. Человек, осознавший свою ответственность перед другим человеком или перед делом, именно на него возложенным, никогда не откажется от жизни. Он знает, зачем существует, и поэтому найдет в себе силы вытерпеть почти любое «как». Духовная свобода, которую у него нельзя отнять до последнего вздоха, дает ему возможность до последнего же вздоха наполнять свою жизнь смыслом», - это свидетельство психотерапевта, прошедшего нацистский концлагерь, смотревшего в глаза смерти, но сохранившего веру в жизнь, веру в человека и веру в Бога (Франкл В., 2007. С. 110).

К этим словам хочется добавить, что для нас, как для христианских психологов, еще важно, Кем и для чего создана наша единственная и уникальная личность. Ведь любой из нас такой, какой есть, не случайно появился на этой земле, он создан Творцом из Любви и для любви, чтобы на своем жизненном пути хотя бы попытаться, пусть и совсем немного, приблизиться к тому Образу, который был изначально в нас заложен. Осознание этого придает особый смысл и ценность жизни каждой личности. Митрополит Антоний Сурожский говорил не просто о ценности человека, но и о его величии: «человек – это существо, которое от начала несет в себе Божий образ, которое по своей глубине и широте может стать вмещением Божества... Человек настолько глубок, велик и таинственен, что он может до конца соединиться с Богом, не переставая быть человеком... И мне кажется, что теперь надо говорить гораздо больше, чем раньше, о величии человека, о том, что мы можем верить в человека, верить с такой же глубиной и уверенностью, как мы говорим «я верую в Бога»» (Антоний Сурожский, митрополит, 2002. С. 73).

nal circumstances, the greater the internal resources necessary to integrate loss.

While living through grief or loss, it is essential for a person to preserve the feeling that they are still valuable, even though much has changed. Self-value can act as a kind of buffer, helping one depend less on external roles and lost connections to feel valuable. "I am valuable not because of something, but in and of myself". Conversely, the absence of a sense of personal value may lead to complicated mourning and depression, when life in new circumstances seems to lose meaning and worth. The risk of this outcome is especially high if the lost role, relationship, or recognition was a key source of a person's sense of significance or necessity, something that in their view confirmed their value. After such a loss, a person may begin to feel: "Now I am worth nothing".

Often, to compensate for the absence of self-value, a person unconsciously attributes false guilt to themselves, starts blaming themselves for something in which they are not guilty. The mechanism is simple: by acknowledging myself as guilty, I restore a sense of significance, I assign myself an important role, the "villain" who influences something, upon whom something depends. "It's all my fault! Everything happened because of me!" In such words, one can hear an attempt to attribute to oneself illusory power over circumstances and people. "Guilt" feels easier to bear than helplessness and the recognition that nothing depended on me. It is easier to be "guilty" than to be "nothing" (Krasnikova, 2018, 245-261 pp). One can get stuck in meaningless self-blame and self-punishment, "I should have done/been ..." and even come to self-punishment for imaginary guilt.

Self-value, however, allows a person to look at themselves honestly in any circumstances. With a stable sense of unconditional self-worth, a person realistically assesses their abilities and limitations, therefore excessive self-criticism, false accusations, and self-punishment become impossible. It becomes possible simply to acknowledge: a loss is a serious change. To allow oneself to feel "it is hard for me now" without adding guilt, to accept oneself, to acknowledge oneself as a living human being who has both strengths and weaknesses, to look at oneself with love, honestly recognising every-

Роль самооценности в проживании горя.

От того, как человек относится к себе, насколько ценит, как себя воспринимает, напрямую или косвенно зависит его восприятие других людей, восприятие его взаимоотношений с окружающими и восприятие жизни в целом. «Отношение к себе это призма, через которую личность смотрит на себя и на все и всех вокруг. Если человек относится к себе как минимум по-человечески, а лучше по-дружески, а еще лучше по-христиански, то есть с уважением, доброжелательностью, честностью, вниманием и поддержкой, он становится сильнее, энергичнее, смелее и развивает заложенный в него Творцом потенциал намного эффективнее, чем тот, кто себя ненавидит, стыдится или мнит себя пустым местом» (О.М. Красникова, 2025).

Особенно заметно влияние самооценности на личность проявляется в те моменты жизни, когда человеку кажется, что весь мир отвернулся от него, что страдание, выпавшее на его долю, выше его сил, что солнце никогда уже не будет светить так ярко, как раньше, а сердце не сможет снова улыбаться. В минуты горя и отчаяния человек ищет опору, чтобы не упасть в эмоциональную пропасть. Если рядом нет никого, на кого можно было бы опереться, то единственной опорой для себя может стать сам человек со своей верой в Бога и в Божественную любовь к нему. Ощущение ценности своей личности, созданной Творцом, и ценности жизни Им подаренной, дает силы и смысл продолжать эту жизнь даже тогда, когда это кажется невозможным. Чем устойчивее ощущение собственной ценности — вне зависимости от внешних обстоятельств — тем больше внутренних ресурсов, необходимых, чтобы интегрировать утрату.

В проживании горя или потери человеку важно сохранить чувство, что он всё ещё ценен, даже если многое изменилось. Самоценность может служить своеобразным буфером: она помогает меньше зависеть от внешних ролей и потерянных связей для ощущения себя ценным: «Я ценен не потому, что..., а сам по себе». И напротив, отсутствие у человека

thing that is, without idealising or depreciating. Self-love and acceptance not “when I change or improve”, but right now. Furthermore, with a stable sense of unconditional personal value, it is impossible to lose interest in oneself (“It doesn’t matter what happens to me”) or to stop caring for oneself (“I don’t care anymore”). Unfortunately, such an attitude toward oneself in grief is often observed in those who do not feel their self-value.

An example of practical help in working with grief

We would like to offer a few questions that we use in our practice (but not when working with acute grief). They can help clients who have experienced a loss regain their sense of personal and life value:

- What have I lost, and what important things have I still preserved, no matter what?
- What have I learned from what happened to me? What strength or new ability have I gained? For example: to trust people more; not to postpone important things; to appreciate every happy moment. What can I forgive myself for, and where can I show compassion to myself? For example: I was careless about something; I didn’t say what I intended; I overestimated my strength and exhausted myself. There is no need to justify oneself here - only to acknowledge imperfection or error and show compassion.
- What am I especially grateful to myself for during this difficult period of my life?
- For example: for surviving, for acting with dignity, for continuing to work.
- What unexpected, wonderful manifestations from other people, from God, or from life have I encountered during this time?
- For example: unexpected help, miraculous coincidences.
- In what way have I pleasantly surprised myself? What did I do that I did not expect of myself?
- For example: such endurance, patience, strength, courage.
- What in me is an unchanging value, independent of any circumstances? For example: I have unique life experience

ощущения собственной ценности порой приводит к осложненному гореванию и депрессии, когда жизнь в изменившихся условиях как будто теряет смысл и ценность. Риск подобного развития событий особенно велик, если утраченная роль, связь или признание были для человека источником его значимости, нужности, подтверждали его ценность, как ему казалось. В таком случае, после утраты может появиться чувство, что «я теперь ничего не стою».

Часто, чтобы хоть как-то компенсировать отсутствие ощущения собственной ценности, человек приписывает себе ложное чувство вины – начинает обвинять себя в том, в чем он не виноват. Механизм здесь простой: когда я признаю себя виновным в чем-то, я возвращаю себе ощущение собственной значимости, самоутверждаюсь, приписываю себе важную роль «злодея», который может на что-то влиять, от которого в этой жизни что-то зависит. «Это я ВО ВСЕМ виноват! ВСЕ из-за меня!» - в подобных фразах слышится попытка приписать себе несуществующую власть над обстоятельствами и людьми. «Виновность» переживается человеком легче, чем бессилие и признание того, что от него ничего не зависело. Проще быть «виноватым», чем «пустым местом» (Красникова О.М., 2018. С. 245-261). Здесь можно застрять в бессмысленном самообвинении и самобичевании «я должен был сделать/быть...» и даже перейти к самонаказанию за несуществующую вину.

Самоценность же помогает честно смотреть на себя в любых обстоятельствах. Благодаря устойчивому ощущению собственной безусловной ценности, личность трезво оценивает свои возможности и ограничения, поэтому неадекватная критичность по отношению к себе, ложные обвинения и самонаказание невозможны. Можно просто признать: утрата — серьёзное изменение. Позволить себе чувствовать, что «мне сейчас тяжело» без добавленной вины, принять себя – признать себя живым человеком, имеющим как сильные, так и слабые стороны, и посмотреть на себя любящим взглядом –

(diverse, complex, interesting); I can see beauty in everyday details; I hear music; I notice people's strengths and potential.

- If I were my own friend, what important thing would I do or say to myself right now?
- For example: support myself, make a cup of tea, plan my week.
- Which version of myself do I miss?
- For example: calm, kind, peaceful, initiative.
- How can I best take care of myself now to bring back the self I miss?
- For example: spend more time in solitude—or, on the contrary, with family and friends; walk, read, pray.
- How can I express my value further?

Answering these questions, a person—indirectly and almost imperceptibly—gradually regains the sense of their own worth. They begin to feel that they remain valuable as a person even when they themselves or the world around them change. Instead of “I have lost, therefore I am nothing”, it becomes “I have lost, and yet I remain valuable”. It is important to gradually reduce the dependence of one's sense of worth on circumstances, roles, achievements, status, or others' opinions. Regardless of the role, connection, or part of life that a person has lost, their life remains valuable—to themselves, to God, and to the world. Thus, we propose to view self-value as the foundation and inexhaustible personal resource for living through loss and grief.

Every person, in any situation and state, deserves respect, gentle treatment, compassion, and mercy. When we feel such an attitude toward ourselves, we can sense our own unconditional worth. It is important that we, too, treat ourselves this way—in grief and in joy—in a Christian manner, with love. Even through pain, one can hear the inner voice: “I remain valuable because I am created in the image and likeness of God”. This awareness is a spiritual foundation that allows not only to endure grief but to emerge renewed—preserving faith in life and love. The sense of self-value is especially necessary to us in the most difficult moments of our lives, because it gives support, a resource for change, for growth, and for further living.

честно признавая все, что есть, не идеализируя и не обесценивая. Любовь к себе и принятие не «тогда, когда я стану другим (изменюсь, улучшусь)», а прямо сейчас. И еще при устойчивом ощущении безусловной ценности собственной личности невозможна потеря интереса к себе: «какая разница, что со мной» и снижение или прекращение заботы о себе: «мне теперь всё всё равно». Но, к сожалению, именно такое изменение отношения к себе в горе мы часто наблюдаем у людей не ощущающих самоценность.

Пример практической помощи в работе с гореванием.

Мы хотим предложить вашему вниманию несколько вопросов, которые мы используем в нашей практике (только не в работе с острым горем). Они могут помочь клиентам, пережившим какую-либо утрату или потерю, вернуть себе ощущение ценности личности и жизни:

- Что я потерял, а что самое важное я сохранил, несмотря ни на что?
- Чему я научился, пережив то, что со мной случилось? Какую силу, новую способность я приобрел?
- Например: Больше доверять людям. Не откладывать важное на потом. Ценить каждый счастливый момент.
- За что я могу себя простить, в чём могу посочувствовать?
- Например: Проявил легкомысленность в каком-то деле. Не сказал то, что собирался. Переоценил свои силы и довел себя до переутомления.
- Здесь не надо себя оправдывать, только признать свое несовершенство/ошибку и проявить сочувствие.
- За что я себе особенно благодарен в этот сложный период моей жизни?
- Например: За то, что выжил, вел себя достойно, продолжал работать.
- С какими неожиданными чудесными проявлениями других людей, Бога, жизни по отношению ко мне я столкнулся за это время? Например: Неожиданная помощь, чудесные

References Библиография

Anthony Surozhskiy, Mitropolit. On the Meeting, St. Petersburg: Satis. 2002.

Frankl, V. Man's Search for Meaning: A Psychologist in a Concentration Camp, Moscow: Smysl. 2007.

Holy Bible (1 Peter 2:9) New Testament.

Krasnikova, O.M. Therapy of Religious Clients with Guilt and Sin Feelings in Christian Orthodox Psychology. In Psychology and Psychotherapy in the Perspective of Christian Anthropology. Edited by Nicolene Joubert, Cambridge Scholars Publishing, 2018.

Krasnikova, O.M. Specifics of Christian Orthodox Psychotherapy and Counselling: Reflections of a Christian Orthodox Psychologist, In The Theory and Practice of Christian Psychology in Europe. Edited by Nicolene L. Joubert, Cambridge Scholars Publishing, 2023.

Krasnikova, O.M. Attitude to Oneself: Self-Love and Self-Value in Christian Psychology and Psychotherapy, The Herald of Christian Psychology, Annual Academic Journal, Issue 3, Moscow. 2025.

St. Gregory the Theologian Works in Two Volumes. Vol.2: Poems, Letters, Testament, Moscow: Siberian Blagozvonitsa. 2011.

Антоний (Сурожский), митрополит. О встрече. – СПб: Сатис, 2002.

Франкл В. Сказать жизни «Да»: психолог в концлагере / Пер. с нем. – Москва: Смысл, 2007.

Священное Писание (1 Петра 2:9) Новый Завет.

Красникова О.М. Опыт практической работы с чувством вины и чувством греха у верующих клиентов в православной психологии. [Therapy of Religious Clients with Guilt and Sin Feelings in Christian Orthodox Psychology]. In Psychology and Psychotherapy in the Perspective of Christian Anthropology, edited by Nicolene L. Joubert, Cambridge Scholars Publishing, 2018.

Красникова О.М. Особенности христианской православной психотерапии и консультирования. Размышления христианского психолога. [Specifics of Christian Orthodox Psychotherapy and Counselling – Reflections of a Christian Orthodox Psychologist]. In The Theory and Practice of Christian Psychology in Europe, edited by Nicolene L. Joubert. Cambridge Scholars Publishing, 2023.

Красникова О.М. Отношение к себе: любовь к себе и самооценку в христианской психологии и психотерапии. Вестник христианской психологии. Ежегодный научный журнал. Вып. 3. Москва, 2025.

Григорий Богослов, Святитель, Архиепископ Константинопольский. Творения: в 2 т. Том второй: Стихотворения. Письма. Завещание. – Москва: Сибирская Благовонница, 2011.

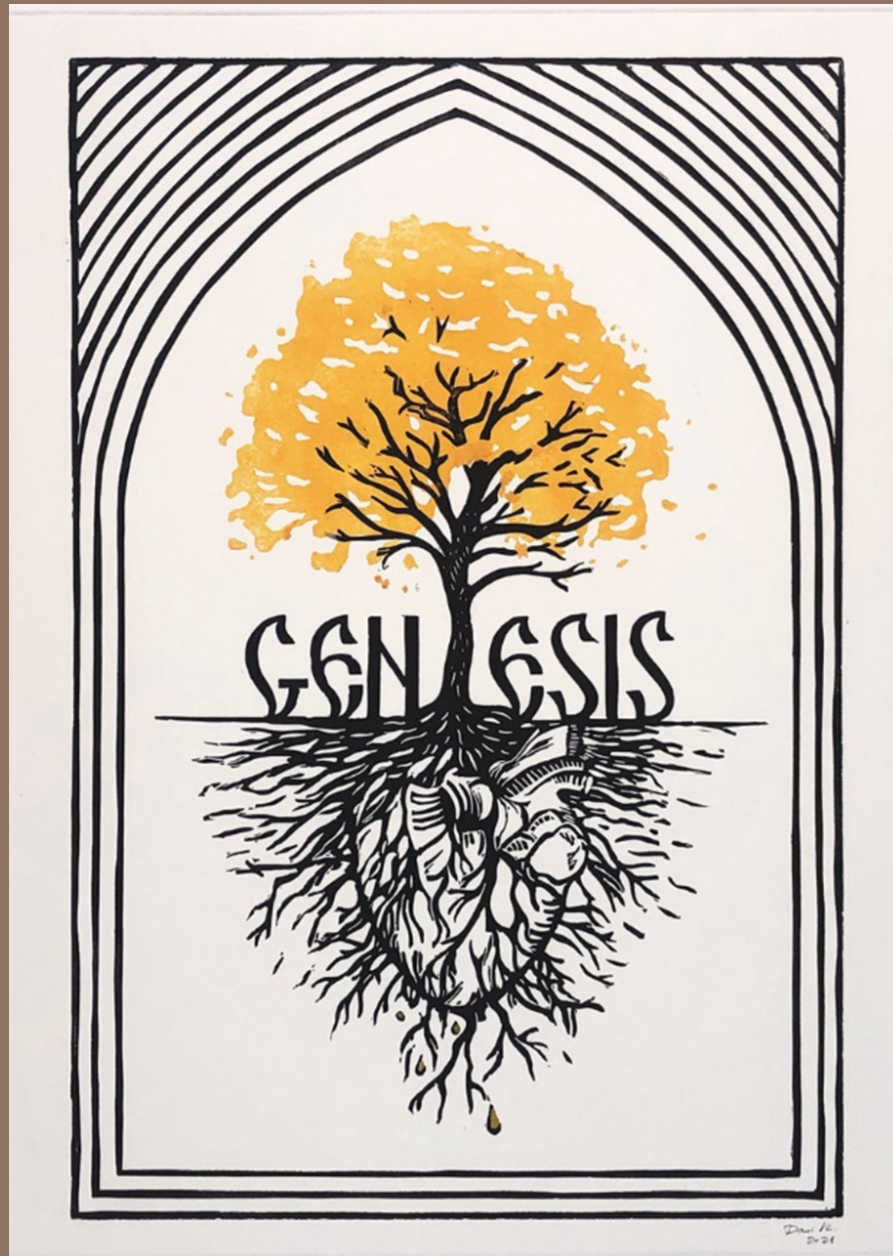
совпадения.

- Чем я себя по-хорошему удивил? Чего я от себя не ожидал (хорошего) из того, что я сделал?
- Например: Такой стойкости, терпения, выносливости, смелости.
- Что во мне является неизменной ценностью, независимой ни от каких обстоятельств?
- Например: У меня есть уникальный жизненный опыт (многообразный, сложный, интересный). Я умею видеть красоту в обыденных мелочах. Я слушаю и слышу музыку. Я замечаю в людях их сильные стороны (их потенциал).
- Если бы я был своим другом, что важное я бы сделал сейчас для себя или сказал бы себе?
- Например: Поддержал бы себя, налил чаю, составил бы план на неделю (разное).
- По какому себе я скучаю?
- Например: по теплому, умиротворенному, доброжелательному, инициативному.
- Как я могу сейчас позаботиться о себе наилучшим способом, чтобы вернуть себе того себя, по которому я скучаю?
- Например: Побольше проводить время в уединении или, наоборот, с близкими и друзьями. Гулять, читать, молиться.
- Как я смогу проявить свою ценность дальше?

Отвечая на эти вопросы, человек не напрямую, а косвенным образом, незаметно для себя понемногу возвращает себе ощущение собственной ценности. Он чувствует, что он продолжает быть ценным как личность, даже когда он сам или всё вокруг меняется. Вместо «я потерял и теперь я ничто», будет «я потерял, и при этом остаюсь ценным». Важно постепенно уменьшать зависимость ощущения своей ценности от обстоятельств, ролей, достижений, статуса или чужого мнения. Независимо от той роли, связи или части жизни, которую человек потерял, его жизнь остается ценной и для него самого, и для Бога, и для мира. Таким образом, мы предлагаем рассматривать самооценку

как основу и неисчерпаемый личностный ресурс проживания утраты и горя.

Каждая личность в любой ситуации, в любом состоянии достойна уважения, бережного отношения, сострадания, милосердия. Когда мы чувствуем такое отношение к себе, мы можем ощутить собственную безусловную ценность. Важно, чтобы и мы сами могли так относиться к самим себе в горе и в радости – по-христиански, с любовью. Даже через боль слышится голос: «Я остаюсь ценным, потому что я создан по Образу и Подобию Божию». Это осознание — духовный фундамент, который позволяет не просто пережить горе, а выйти из него обновлённым, сохранив веру в жизнь и любовь. Ощущение самоценности необходимо нам особенно в самые тяжелые минуты нашей жизни, потому что оно дает опору, ресурс для изменения, для развития и дальнейшей жизни.



Genesis



Ulla Dahlen (Finland) Her educational background includes an MA in Counseling (Columbia International University, SC) and a PhD in Counselor Education and Supervision (Regent University, VA). While she lived and studied in the United States for over seven years, she worked and did clinical counseling internships at Christian Counseling Centers, at a local Church as well as a one year internship at a city hospital. Currently Ulla lives in Finland with her husband David. There she teaches counseling courses at Iso Kirja College and offers counseling workshops for local churches. In addition, Ulla and David serve part-time with a Mission Organization, Fida International. Ulla's responsibilities include member care for missionaries as well as teaching, training and consultation, mainly in various countries in Asia.

Former contributions in our eJournal by Ulla you can see her:

<https://emcapp.ignis.de/14/#p=182>

<https://emcapp.ignis.de/13/#p=72>

<https://emcapp.ignis.de/12/#p=50>

Walking through the Night: Experiences of suffering, growth and companionship from the perspective of Christian therapy

We live in a culture obsessed with pursuit of pleasure and feeling good. Integrating insight from her clinical practice and cutting-edge neuroscience research Dr. Anna Lembke speaks of us as people addicted to feeling good and finding pleasure at any cost.

"The pursuit of personal happiness has become a modern maxim, crowding out other definitions of the "good life." Even acts of kindness toward others are framed as a strategy for personal happiness. Messages exhorting us to pursue happiness are not limited to the realm of psychology. Modern religion too promotes a theology of self-awareness, self-expression, and self-realization as the highest good." (p.34-35)

Against such reality, walking through the night offers little appeal. Let's focus on the bright side of life! Yet, none of us is exempt from walking through the night. Night comes after day. Joy turns into sorrow. Pleasure seeking gives way to disappointment and pain. How do we walk through night in personal life? How do we help clients, who come to us when the night

Kulkijoina yössä: kärsimyksen, kasvun ja matkakumppanuuden kokemuksia kristillisen terapian näkökulmasta

(Sorry, the Finnish version is only translated by translate.google and not perfect corrected. /

(Valitettavasti suomenkielinen versio on käännetty vain translate.googlen toimesta, eikä se ole täysin korjattu.)

Elämme kulttuurissa, joka on pakkomielleisesti keskittynyt nautinnon ja hyvän olon tavoitteluun. Yhdistämällä kliinisen työnsä ja uraauurtavan neurotieteellisen tutkimuksen näkemyksiä, tohtori Anna Lembke puhuu meistä ihmisinä, jotka ovat riippuvaisia hyvän olon tavoittelusta ja nautinnon löytämisestä hinnalla millä hyvänsä.

"Henkilökohtaisen onnen tavoittelusta on tullut moderni maksiimi, joka syrjäyttää muut "hyvän elämän" määritelmät. Jopa ystävällisyyden teot muita kohtaan on kehystetty strategiaksi henkilökohtaiseen onnellisuuteen. Viesit, jotka kehottavat meitä tavoittelemaan onnea, eivät rajoitu psykologian alueelle. Myös moderni uskonto edistää itsetuntemuksen,

falls? In the night, we cannot see. We cannot shake off the heavy shadow of darkness. In the night, even God seems to hide Himself.

God created the night for a purpose

Night was not a punishment for man's wrongdoing. God created the night. He also created smaller lights, the moon, and the stars, to light the way at night (Gen.1:3-5,14-16).

During the night the nature rests. Dr. Alicia Britt Chole describes the healing powers of the night, also in spiritual context.

"Thankfully, we are slowly regaining a respect for the night's healing powers as researchers affirm the clear connection between darkness, sleep, immune system health, and mental and emotional wellness. Even so, we are still reticent to respect the night spiritually. We prefer faith in full sun. We prefer to see clearly, to know much and to walk confidently into a well-lit future. But what if spiritual nights are also essential? What if avoiding the night is sabotaging the health of our souls? What if there is something we need in the night that cannot be found in the day?" (Chole, p.12)

The author continues to reflect, how God was inviting her into a night faith. Her spiritual illusion of who God was, and how He works, were shattered in the night. Paradoxically, she came to see God more clearly during the darkness she experienced.

While we understand the purpose of night in the nature, accepting the nightfall in the personal life is another matter. Fear of dark is a challenge, not only for little children but also for adults. All of us can get anxious and need assurance of someone greater, someone safe and strong, to be dependable and hold us in the dark. We need God in the night.

Richard's night

Richard came to therapy with symptoms of clinical depression. He had lost all pleasure in life and had general low mood. He felt worthless, irritable and had deep feelings of guilt. Richard was walking through an emotional and spiritual night. There seemed to be no way out. He had tried everything self-help books and spiritual friends had suggested. Richard's goal was to feel better and find pleasure in life again.

itsensä ilmaisun ja itsensä toteuttamisen teologiaa korkeimpana hyvänä." (s. 34-35)

Tätä todellisuutta vastaan yön läpi kulkeminen ei ole kovin houkuttelevaa. Keskitytään elämän valoisaan puoleen! Ja kuitenkin yön läpi kulkeminen kohtaa meitä jokaista. Yö seuraa päivää. Ilo muuttuu suruksi. Nautinnon etsintä vaihtuu pettymykseen ja tuskaan. Kuinka kuljemme yön läpi henkilökohtaisessa elämässä? Kuinka autamme asiakkaita, jotka tulevat luoksemme, kun yö laskeutuu? Yöllä emme näe. Emme voi ravistella pois pimeyden raskasta varjoa. Yöllä jopa Jumala näyttää piiloutuvan.

Jumala loi yön tarkoitusta varten.

Yö ei ollut rangaistus ihmisen väärinteosta. Jumala loi yön. Hän myös loi pienempiä valoja, kuten kuun ja tähdet, valaisemaan tietä yöllä (1. Moos. 1:3-5, 14-16).

Yön aikana luonto lepää. Tri Alicia Britt Chole kuvailee yön parantavaa ulottuvuutta myös hengellisessä kontekstissa. "Onneksi alamme hitaasti alkaa arvostaa yön parantavaa näkökulmaa. Tutkijat vahvistavat selkeän yhteyden pimeyden, unen, immuunijärjestelmän terveyden sekä henkisen ja emotionaalisen hyvinvoinnin välillä. Silti olemme edelleen haluttomia kunnioittamaan yötä hengellisesti. Mieluummin uskomme Jumalaan päivänpaisteessa. Mieluummin näemme selvästi, tiedämme paljon ja kuljemme luottavaisin mielin kohti valoisaa tulevaisuutta. Mutta entä jos myös hengelliset yöt ovat välttämättömiä? Entä jos yön välttäminen sabotoi sielujemme terveyttä? Entä jos yössä on jotain, mitä tarvitsemme, ja mitä päivänvalo ei meille anna?" (Chole, s. 12)

Kirjoittaja jatkaa pohdintaa siitä, kuinka Jumala kutsui häntä uskon matkalle yössä. Hänen hengellinen illuusionsa siitä, kuka Jumala on ja miten Hän toimii, särkyivät yössä. Paradoksaalisesti hän alkoi nähdä Jumalan selkeämmin kokemansa pimeyden aikana.

Vaikka ymmärrämme yön tarkoituksen luonnossa, yön hyväksyminen henkilökohtaisessa elämässä on toinen asia. Pimeyden pelko on haaste, ei vain pienille lapsille, vaan myös aikuisille. Me kaikki voimme ahdistua ja tarvitsemme turvaa toiselta, suuremmalta; joltakulta turvalliselta ja vahvalta, joka on luotettava ja pi-

In addition, Richard struggled with his faith and God. He had believed God would bless his children and reward obedience. Richard could not understand why God allowed suffering. He wondered what was the benefit of serving God who did not seem to care or help, when he most needed God.

Richard and his wife Tracy had been happily married for five years before the birth of their baby girl, Sarah. Beautiful little Sarah had died in a car accident, when a drunk driver hit Richard's car on an icy motorway. Richard blamed himself for not being able to anticipate the situation and protect his daughter.

Tracy was pregnant with their second child, when the accident happened. When Benjamin was born, Richard could not hold the newborn with affection. He struggled to form an attachment with their newborn. Seeing and touching baby Benjamin triggered painful memories and flooded his mind with longings for little Sarah. Richard was unable to rejoice in the new birth, and he felt guilty about it. He could not see beyond the pain of losing Sarah.

Night vision does not develop quickly. Furthermore, it is damaging for the eyes to focus on one thing for a long time in the dark. Eyes get weary. The body may get aches and pain (Debrowski, 2020). Similarly, the eyes of the heart get weary in the night, when our focus remains on the same detail for a long time. The heart may get numb and refuses to grieve. Grief researcher Elisabeth-Kubler Ross (2014) has suggested that denial is the first stage of grief. Richard was numb in his denial of the depth of pain and what had happened. He focused on the tragedy, and was unable to grieve.

In their effort to be strong for each other, Tracy and Richard avoided talking about the loss of Sarah. In doing so, they lost connection with one another in the night. Tracy was angry at Richard. Richard was angry at himself. They both were angry at God. Tracy and Richard had lost their way in the dark. John Gottman (2001), professor of psychology and the founder of the Gottman Institute explains how couples miss opportunities to connect when they turn away from bids for connection. Richard and Tracy failed to see the efforts of the other to remain

tää meistä huolta, kun on pimeää. Tarvitsemme Jumalaa yössä.

Richardin yö

Richard tuli terapiaan kliinisen masennuksen oireiden vuoksi. Hän oli menettänyt elämänilonsa ja koki alakuloa. Hän tunsi olonsa arvottomaksi, ärtyisäksi ja hänellä oli syviä syyllisyyden tunteita. Richard kävi läpi emotionaalista ja hengellistä yötä. Hänellä ei näyttänyt olevan ulospääsyä tilanteestaan. Hän oli kokeillut kaikkea, mitä auttava itsehoitokirjallisuus ja kristitty ystävät olivat ehdottaneet. Richardin tavoitteena oli voida paremmin ja löytää jälleen ilo elämässä.

Lisäksi Richard kamppaili uskonsa ja Jumalan kanssa. Hän oli uskonut, että Jumala siunaisi lapsiaan ja palkitsisi kuuliaisuuden. Richard ei voinut ymmärtää, miksi Jumala salli kärsimystä. Hän mietti, mitä hyötyä oli palvella Jumalaa, joka ei näyttänyt välittävän tai auttavan silloin, kun hänen apuaan eniten tarvittiin.

Richard ja hänen vaimonsa Tracy olivat olleet onnellisesti naimisissa viisi vuotta ennen tyttärensä Sarahin syntymää. Suloinen pieni Sarah kuoli auto-onnettomuudessa, kun rattijuoppo törmäsi Richardin autoon jäisellä moottoritieellä. Richard syytti itseään siitä, ettei hän kyennyt ennakoimaan tilannetta ja suojelemaan tyttärtään.

Tracy oli raskaana ja odotti heidän toista lastaan, kun onnettomuus tapahtui. Kun Benjamin syntyi, Richard ei pystynyt kokemaan syvää kiintymystä samalla, kun piti pientä vauvaa sylissään. Hänellä oli vaikeuksia luoda kiintymyssuhdetta vastasyntyneeseen. Benjamin-vauvan näkeminen ja koskettaminen herätti tuskallisia muistoja ja täytti hänen mielensä kaipauksella pientä Sarahia kohtaan. Richard ei kyennyt iloitsemaan uudesta syntymästä ja tunsi siitä syyllisyyttä. Hän ei kyennyt näkemään sen tuskan yli, mitä Sarahin menettäminen merkitsi.

Hämäränäkö ei kehity nopeasti. Lisäksi silmille on vahingollista keskittyä pitkään yhteen asiaan pimeässä. Silmät väsyvät. Kehossa voi tuntua särkyjä ja kipua (Debrowski, 2020). Samoin sydämen silmät väsyvät yöllä, kun keskittymisemme pysyy samassa yksityiskohdassa pitkään. Sydän voi turtua eikä suostu suremaan. Surututki- ja Elisabeth-Kubler Ross (2014) on ehdottanut, että kieltäminen on surun ensimmäinen vaihe.

connected in the night. Their personal grief was overwhelming.

When two people lose connection with one another in the night, the tragedy they have experienced becomes even heavier as each person carries the pain alone. If shared, the grief could bring them closer together, and give them a sense of being in the pain together. In Richard and Tracy's situation, joined pain only drove them further apart from each other.

Walking through the night

Richard wanted the night to be over. Yet, there was no shortcut through the night. When the night terrain is unfamiliar, we must walk slowly and carefully. For Richard and Tracy, having lost a child represented an unfamiliar and frightening terrain. They could not see a way forward. Richard was used to being in control. Now he felt lost, frightened, and out of control. As in the nature, it is hard to maintain a sense of control in the night.

The first step to walk through the night was to accept the night. We cannot force the daylight in the personal life any more than we can force it in the nature. Russ Harris (2019) in his overview of Acceptance and Commitment Therapy (ACT) highlights facts that were important in Richard's night as well. Harris summarizes how "Life is difficult. A full human life comes with the full range of emotions, both pleasant and painful. A normal human mind naturally amplifies psychological suffering." (Harris, p.4)

Richard had tried to make himself feel better by denying his pain. As Harris indicates, such an approach only made him feel worse. Denying feelings drained him of valuable energy. That, in turn, increased his anxiety. Richard needed to face his loss, and allow himself to grieve. One day, he would see his daughter. But for now, Sarah was gone.

Richard also needed to understand, that while he had driven the car when Sarah died, he was not responsible for her death. Psychologist Adam Grant and New York Times Bestseller author Sheryl Sandberg (2017) discuss what life is like when what they call option A is gone and only option B seems to be left, on the face of tragedy and death.

Richard oli turtunut, koska hän kielsi sen tuskan syvyyden, mitä tapahtunut toi tullessaan. Hän keskittyi tragediaan eikä kyennyt suremaan.

Koska Tracy ja Richard yrittivät olla vahvoja toistensa tähden, he välttivät Sarahin menetyksestä puhumista. Tämän seurauksesta he menettivät yössä yhteyden toisiinsa.

Tracy oli vihainen Richardille. Richard oli vihainen itselleen. He molemmat olivat vihasia Jumalalle. Tracy ja Richard olivat eksyneet yhteiseltä tieltä yön pimeydessä. Psykologian professori ja Gottman-instituutin perustaja John Gottman (2001) selittää, kuinka pariskunnat menettävät tilaisuuksia yhteyden tukemiseen silloin, kun he eivät näe toisen yritystä tavoitella yhteyttä. Richard ja Tracy eivät yössään nähneet toisen ponnisteluja yhteyden säilyttämiseksi. Heidän henkilökohtainen surunsa oli niin musertava.

Kun kaksi ihmistä menettää yhteyden toisiinsa yössä, heidän kokemansa tragedia tulee entistä raskaammaksi. Kumpikin kantaa tuskaa yksin. Jos suru jaetaan, se voi lähentää ja antaa tunteen siitä, että tuskan keskellä ollaan yhdessä. Richardin ja Tracyn tilanteessa yhteinen kipu ajoi heidät kauemmas toisistaan.

Kulkua yön läpi

Richard halusi yön olevan ohi. Yön läpi kulkemiseen ei kuitenkaan ole oikotietä. Kun öinen maasto on vieras, meidän on käveltävä hitaasti ja varovasti. Richardille ja Tracyle lapsen menettäminen edusti vierasta ja pelottavaa maastoa. He eivät nähneet tietä eteenpäin. Richard oli tottunut hallitsemaan tilannetta. Nyt hän tunsu itsensä eksyneeksi, pelokkaaksi ja kyvyttömäksi hallitsemaan tapahtunutta. Samoin kuin öisessä luonnossa, omassa yön kokeimuksessa on vaikea säilyttää kontrollin tunne. Ensimmäinen askel yön läpi kulkemiseen on hyväksyä yö. Emme voi pakottaa päivänvaloa henkilökohtaiseen elämäämme sen enempää kuin voimme pakottaa sitä luonnossa. Russ Harris (2019) korostaa hyväksymis- ja omistautumisterapiaa (ACT) käsittelevässä teoksessaan tosiasioita, jotka olivat tärkeitä myös Richardin yössä. Harris tiivistää, kuinka

"Elämä on vaikeaa. Ihmiselämään liittyy tunteiden koko kirjo, sekä miellyttäviä että tuskallisia tunteita. Normaali ihmismieli luonnostaan suurentaa psyykkistä kärsimystä." (Harris, s. 4)

“We plant seeds of resilience in the ways we process negative events. After spending decades studying how people deal with setbacks, psychologist Martin Seligman found that three P’s can stunt recovery: (1) personalization – the belief that we are at fault; (2) pervasiveness – the belief that an event will affect all areas of our life; and (3) permanence – the belief that the aftershocks of the event will last forever. Hundreds of studies have shown that children and adults recover more quickly when they realize that hardships aren’t entirely their fault, don’t affect every aspect of their lives, and won’t follow them everywhere forever.” (Sandberg & Grant, p. 16)

Such cognitive reframing as well as learning to express his honest emotions enabled Richard to explore his pain and move towards healing in the grieving process.

Grieving the loss

Richard wanted to comfort his wife, but he was not able. In the therapy process Richard came to see, how he first needed to encounter his own grief. Only as his began to express his grief, he was able to hear Tracy’s sorrow. In the early stages of therapy, both Richard and Tracy were in too much pain to be able to grieve together. They needed to first process their loss in individual therapy.

Slowly Richard learnt to express his anger. He wrote a letter to his anger, in which he described what it was like to feel angry. Richard also identified in the letter what anger had done to him and their marriage. When Richard finally read his letter to anger in therapy, he began to weep. Processing anger gave way for sorrow in his heart.

To process his sorrow, Richard drew a well of grief. He used different colors to describe what the well looked like. He identified feelings and thoughts in the grief well, both on the surface, and beneath the surface.

In his night, Richard came to understand that grieving a loss was not an event but a journey which took time. During his grief journey Richard felt many emotions. He learnt to give himself permission to express those emotions in creative ways. Richard liked to walk in the nature, and used the walks to process his grief. He took photos of scenes or details in the nature

Richard oli yrittänyt saada oloaan paremmaksi sillä, että hän kielsi tuskaansa. Kuten Harris osoittaa, tällainen lähestymistapa vain pahensi tilannetta. Tunteiden kieltäminen vei häneltä arvokasta energiaa ja vain lisäsi hänen ahdistustaan. Richardin oli kohdattava menetyksensä ja annettava itselleen lupa surra. Jonain päivänä hän näkisi tyttärensä. Mutta nyt Sarah oli poissa.

Richardin täytyi myös ymmärtää, että vaikka hän ajoi autoa silloin, kun Sarah kuoli, hän ei ollut vastuussa Sarahin kuolemasta. Psykologi Adam Grant ja New York Timesin bestseller-kirjailija Sheryl Sandberg (2017) kirjoittavat siitä, millaista elämä on, kun vaihtoehto A on mennyt ja vain vaihtoehto B on jäljellä tragedian ja kuoleman tähden.

”Kasvatamme resilienssiä tavoilla, joilla käsittelemme negatiivisia tapahtumia. Tutkittuaan vuosikymmeniä sitä, kuinka ihmiset käsittelevät kokemiaan takaiskuja, psykologi Martin Seligman havaitsi, että kolme P: tä voi hidastaa toipumista: (1) personointi/ personalization – uskomus, että me olemme syyllisiä tapahtuneeseen; (2) läpitunkevuus/ pervasiveness – uskomus, että tapahtuma vaikuttaa kaikkiin elämämme alueisiin; ja (3) pysyvyys/ permanence – uskomus, että tapahtuman jälkijäritykset kestävät ikuisesti. Sadat tutkimukset ovat osoittaneet, että lapset ja aikuiset toipuvat nopeammin, kun he ymmärtävät, että vaikeudet eivät ole kokonaan heidän syytään, eivät vaikuta kaikkiin heidän elämänsä osa-alueisiin eivätkä seuraa heitä kaikkialle ikuisesti.” (Sandberg & Grant, s. 16)

Se, että Richard oppi tällaista kognitiivista uudelleenmuotoilua sekä rehellisten tunteiden ilmaisemista, mahdollisti sen, että hän kykeni tutkistelemaan kipuaan ja ottamaan askelia suruprosessissa.

Menetyksen sureminen

Richard halusi lohduttaa vaimoaan, mutta ei pystynyt siihen. Terapiaprosessissa Richard alkoi ymmärtää, kuinka hänen ensin piti kohdata oma surunsa. Vasta kun hän alkoi ilmaista omaa suruaan, hän pystyi kuulemaan Tracyn surun. Terapian alkuvaiheessa sekä Richard että Tracy kokivat henkilökohtaisen surun niin syvänä, etteivät he kyenneet suremaan yhdessä. Mo-

that reminded him of his loss. Richard also identified scenes that brought him hope. All that helped him express his grief and sorrow. By doing that, Richard was creating his own trail of grieving through loss. He kept the photos and attached them with small notes which described how he had felt, and why the image or scene was meaningful.

Richard needed to accept, that the path was long and unpredictable. At first, he had focused on what he did wrong. As he learnt to speak to himself more compassionately, the harsh self-criticism slowly lost its' power.

Richard's depression and dark night of the soul Richard had blamed himself for the car accident and for the loss of his little girl, Sarah. While he was angry at God, he also felt guilty, that he could no longer trust in God. Richard knew that faith in God was the essence of being a Christian. After the accident Richard had more doubts than faith. He was disappointed with God for having let him down. Guilt, sadness, anger and moments of hopelessness kept him awake at night.

Richard had not experienced such conflicting emotions about God and himself. He was not sure what was happening to him, his relationship with his wife and his faith. Richard experienced God as someone who was distant and did not care. Even though he was angry at himself, Richard acknowledged that his deepest pain and disappointment was with God. God had been a source of hope and comfort to him. Richard had wanted to serve God with his life. Yet, God, who could have prevented the tragedy, did not do so. If God was not protective like His Word promised, who was He?

Richard was terrified about God. How could he trust someone mighty and powerful, who did not keep His child safe? What father would do that? Furthermore, who could he trust and depend upon, if he could not trust God? Periodically Richard agonized over a fear of God becoming angry at him, if he told God how he really felt. Richard was walking through a dark night of faith, where his beliefs were shattered. While he had symptoms of depression, Richard spiritual pain was at the root of many of his symptoms.

lempien piti ensin käsitellä menetystään yksilöterapiassa.

Hitaasti Richard oppi ilmaisemaan vihaansa. Hän kirjoitti vihakirjeen, jossa hän kuvaili, miltä vihan tunteminen tuntui. Richard myös puki kirjeessä sanoiksi, mitä viha oli tehnyt hänelle ja heidän avioliitolleen. Kun Richard lopulta luki vihakirjeensä terapiassa, hän alkoi itkeä. Vihan käsittely antoi hänen sydämessään tilaa surun käsittelylle.

Richard piirsi surun kaivon, jonka avulla hän käsiteli menetystään. Hän käytti eri värejä kuvailemaan, miltä kaivo näytti. Hän tunnisti suruun liittyviä tunteita ja ajatuksia sekä kaivon pinnalla että syvemmällä, pinnan alla.

Omassa yössään Richard ymmärsi, ettei menetyksen sureminen ollut yksi tapahtuma, vaan matka, joka vei aikaa. Suruprosessin aikana Richard tunsu monia tunteita. Hän oppi antamaan itselleen luvan ilmaista näitä tunteita luovien tavoin. Richard piti ulkoilusta ja käsiteli suruaan samalla, kun hän käveli luonnossa. Hän otti valokuvia luonnon maisemista tai yksityiskohdista, jotka muistuttivat häntä menetyksestä. Richard tunnisti myös maisemia, jotka toivat hänelle toivoa. Kaikki tämä auttoi häntä ilmaisemaan surua. Richard rakensi omaa menetyksen ja surun polkuaan, sen monine maisemineen. Hän säilytti valokuvat ja liitti niihin pieniä muistiinpanoja, joissa hän kuvaili tunteitaan ja sitä, miksi kuva tai maisema oli ollut merkityksellinen.

Richardin oli hyväksyttävä, että polku oli pitkä ja arvaamaton. Aluksi hän keskittyi siihen, mitä hän oli tehnyt väärin. Ankara itsekritiikki alkoi hitaasti menettää otettaan, kun hän oppi puhumaan itselleen myötätuntoisemmin.

Richardin masennus ja sielun pimeä yö

Richard syytti itseään auto-onnettomuudesta ja pienen Sarah tyttären menetyksestä. Hän oli vihainen Jumalalle. Samalla Richard tunsu syyllisyyttä siitä, ettei hän enää luottanut Jumalaan. Richard tiesi, että usko Jumalaan oli kristityn elämän ydin. Onnettomuuden jälkeen Richardin epäilykset olivat vahvemmat, kuin hänen uskonsa. Hän oli pettynyt Jumalaan ja koki, että Jumala oli pettänyt hänet. Syyllisyys, suru, viha ja toivottomuus pitivät hänet hereillä öisin. Richard ei ollut aiemmin kokenut niin ristiriitaisia

The term dark night of the soul speaks of God withdrawing all pleasure from man and then hiding Himself. Man is left with nothing to hold onto. The person's faith and the object of faith seem to vanish into the night. Yet, the dark night of the soul seems to be high on God's list of priorities, in order for Him to grow His children. St. John of the Cross (1990), who coined the term dark night of the soul, speaks of such darkness and its' purpose for God to deepen our knowledge of and relationship with Him. Consultant child and adolescent psychiatrist and a medical lead for the behavioral, emotional and neurodevelopmental pathway in the Surrey and Borders NHS Trust, Dr. Gloria Dura-Vila has conducted research on the medical model of depression and what she calls a severe sadness. In her research, she came to see common perspectives of deep sadness and the religious experience of a dark night of the soul. She summarizes insights from her study, "My study revealed an alternative configuration of deep sadness and distress as a normal phenomenon that encompassed the social, cultural, and religious resources of a religious sample and included the indigenous category of the Dark Night of the Soul in the case of those more spiritually committed. The beliefs and behaviors of the participants ran counter to the over-generalized current diagnostic criteria for depression, as they argued that many of the cases diagnosed as such were in fact the normal experience of human sadness. They were disturbed by the current widespread pathologization of normal intense sadness, including religious phenomena such as the Dark Night of the Soul, as depression..." (Dura-Vila, p.315)

Dr. Dura-Vila continued about the context of the study and the meaning of one's suffering in existential terms as well as faith framework.

"The ways in which the person interprets the depressive symptoms play an important part in the perpetuation of the symptomatology, as these interpretations fuel the negative cognitive process of depression (e.g. conceptualizing them as being one's fault, or blaming others for one's suffering). Conversely, understanding one's sadness as normal and as fulfilling a purpose can only help with a resolution of the co-

tunteita Jumalaa ja itseään kohtaan. Hän ei ymmärtänyt, miten suhde sekä vaimon että uskon kanssa oli sellainen, kuin oli. Richard koki Jumalan etäisenä ja välinpitämättömänä. Vaikka hän oli vihainen itselleen, Richard myönsi, että hänen syvin tuskansa ja pettymyksensä oli suhteessa Jumalan kanssa. Jumala oli ollut hänelle toivon ja lohdun lähde. Richard oli halunnut palvella Jumalaa. Mutta Jumala, joka olisi voinut estää tragedian, ei kuitenkaan tehnyt niin. Jos Jumala ei suojellut lastaan, kuten Hänen Sanansa lupasi, kuka ja millainen Hän oikein oli?

Richard koki kauhun hetkiä suhteessa Jumalan kanssa. Kuinka hän voisi luottaa johonkin, joka oli mahtava ja voimakas, mutta ei kuitenkaan pitänyt lastaan turvassa? Mikään isä ei tekisi niin. Entä kehen hän voisi luottaa ja turvautua, jos hän ei voisi luottaa Jumalaan? Ajoittain Richard pelkäsi, että Jumala olisi hänelle vihainen, jos hän kertoisi miltä hänestä todella tuntui. Richard eli uskon pimeää yötä, jossa se, mitä hän oli uskonut, murskautui. Richardilla oli masennuksen oireita. Samalla hänen hengellinen kipunsa vaikutti monien oireiden taustalla. Termi sielun pimeä yö kuvaa sitä, kuinka Jumala sulkee ihmiseltä kaiken nautinnon ja sen jälkeen kätkee itsensä. Ihmiselle ei jää mitään, mistä pitää kiinni. Ihmisen usko ja uskon kohde näyttävät katoavan yöhön. Silti sielun pimeän yön kokemus vaikuttaa olevan jotain, jota Jumala sallii ja käyttää samalla, kun Hän kasvattaa lapsiaan. Ristin Johannes (1990), joka käytti termiä sielun pimeä yö, puhuu tällaisesta pimeydestä ja sen tarkoituksesta. Yössä Jumala syventää sekä ymmärrystämme Hänestä että suhdettamme Hänen kanssaan.

Surrey and Borders NHS Trustin käyttäytymis-, emotionaalisen ja neurologisen kehityksen lääketieteellinen johtaja, lasten ja nuorten psykiatri, tohtori Gloria Dura-Vila, on tehnyt tutkimusta masennuksen lääketieteellisestä mallista ja siitä, mitä hän kutsuu pitkittyneeksi, vaikeaksi (severe) suruksi. Hänen tutkimuksensa käsittelee yleisiä näkökulmia syvään suruun ja hengelliseen sielun pimeän yön kokemukseen. Hän tiivistää havaintoja tutkimuksestaan:

"Tutkimus paljasti vaihtoehtoja kokoonpanoa ja ymmärrystä vaikeasta surusta ja ahdistuksesta normaalina ilmiönä, joka kattoi uskonnolli-



School of Beasts

gnitive aspects of depression.” (Dura-Vila, p.323)

It was important for Richard to see, that he was grieving a significant loss, a loss of his child. Secondly, Richard needed to see, that his disappointment with God and himself contributed to his symptomatology. His feelings of worthlessness, guilt, loss of pleasure and low mood had a reason.

According to Dr. Dura-Vila (2017), the presence of hope was a key difference between clinical depression and the dark night of the soul. Those going through a dark night of the soul were able to catch a glimpse of hope as given by God, even in the night.

As Richard processed his experience in the night, he understood that he had defined God in his own way, and was trying to hold onto his definition of God. Seeing God as safe, predictable, and protecting, was like a safe bubble to Richard. His hope in God had been based on God’s predictable protection. When God allowed pain and suffering, Richard started to detach himself from God. When Richard learnt to express his honest feelings to God, he found relief. He also experienced hope in something much deeper than circumstances, which might suddenly change. Hope became constant, because hope was God.

Speaking to God in the language of lament

Through their experience of dark night of the soul, many God’s saints have found a deeper understanding of who God is. Richard also found meaning in his night when he understood, that such darkness was not a punishment but rather a painful pathway to knowing God. As Richard practiced daily conversations with God, his attachment with God grew more secure.

Award-winning musician and song writer Michael Card (2005) notes how we have lost the language of lament, even though from one-third to one-half of the psalms are considered lament psalms.

“We are all born into a world we were not really made to inhabit. We were created for God, made to flourish in the comfort of the Presence of our Father within the warm context of His undeniable hesed. Now, in this fallen world, we

sen otoksen sosiaaliset, kulttuuriset ja uskonnolliset resurssit ja sisälsi alkuperäisen Sielun pimeään yön kategorian heidän kohdallaan, jotka olivat hengellisesti sitoutuneita. Osallistujien uskomukset ja käyttäytyminen olivat ristiriidassa masennuksen yleisten tämän hetken diagnostisten kriteerien kanssa, sillä he esittivät, että monet sellaisiksi diagnosoiduista tapauksista olivat itse asiassa ihmisen normaali surun kokemus. Heitä häiritsi nykyinen, laajalle levinnyt vaikean, mutta kuitenkin normaalin surun patologisointi masennukseksi. Tämä soveltui myös ilmiöihin kuten Sielun pimeä yö...” (Dura-Vila, s. 315)

Tohtori Dura-Vila kirjoittaa tutkimuksen kontekstista ja ihmisen kärsimyksen merkityksestä eksistentiaalisessa mielessä, myös uskonnollisessa viitekehyksessä. ”Tavat, joilla ihminen tulkitsee masennusoireita, ovat tärkeitä oireiden jatkumisen näkökulmasta, sillä nämä tulkinnat ruokkivat masennuksen negatiivista kognitiivista prosessia (esim. niiden käsitteellistäminen omaksi syyksi tai muiden syyttäminen omasta kärsimyksestä). Se, että suru ymmärretään normaaliksi, täyttämään tiettyä tarkoitusta, voi auttaa masennuksen kognitiivisten näkökohtien ratkaisemisessa.” (Dura-Vila, s. 323)

Richardin oli tärkeää nähdä, että hän suree merkittävää menetystä, oman lapsen kuolemaa. Toiseksi Richardin oli nähtävä, että pettymys Jumalaan ja itseen vaikutti hänen oireisiinsa. Sillä, että hän koki arvottomuutta, syyllisyyttä, mielihyvän menetystä ja alakuloa, oli syynsä.

Tri Dura-Vilan (2017) mukaan toivon läsnäolo vaikutti keskeisen eron kliinisen masennuksen ja sielun pimeään yön välillä. Ne, jotka kokivat sielun pimeää yötä, pystyivät kuitenkin näkemään vilauksen Jumalan antamasta toivosta. Omassa yön kokemuksessaan Richard ymmärsi, että hän oli määritellyt Jumalan omalla tavallaan. Ja hän yritti pitää kiinni omasta Jumala-käsityksestään. Se, että Richard näki Jumalan turvallisena, ennakoitavana ja suojelevana, toi hänelle turvaa. Hänen toivonsa Jumalaan oli perustunut siihen, että Jumala aina suojelisi. Kun Jumala salli tuskaa ja kärsimystä, Richard alkoi ottaa etäisyyttä Jumalasta. Vain sen kautta, että Richard oppi ilmaisemaan rehellisiä tunteitaan Jumalalle, hän alkoi kokea helpotusta tilantees-

are cut off from them both. Only a loving sovereignty of all-wise God could redeem such a hopeless situation. His solution? To use suffering to save us. We must find this path He has carved out. We must call out to Him in the language He has provided. We must regain the tearful trail. We must relearn lament.” (Card, p.20)

Richard’s relationship with God had been focused on doing the right thing and pleasing God. He had believed that God would bless him for his obedience. It was hard for Richard to accept, that God had allowed such tragedy, when He could have prevented it. Pain caused Richard to question God, his view of God as well as his faith.

At first it was hard for Richard to be honest with God about his fears, anger, and disappointment. Richard had thought his attachment with God was secure. In his mind he had identified God as always protective of His children. Professors Clinton and Straub (2010) cite Kirkpatrick and Shaver (1990) research in American Gallup poll, where people with “a secure attachment relationship with God are more likely to describe him as “loving,” “protective,” “a warmhearted refuge,” and “who is always waiting for me.” (Clinton & Straub, p.62) Richard had believed God was protective, warm, and always there for him. Personal tragedy challenged those beliefs and for a moment seemed to shatter his faith.

Richard learnt to speak with God about what it was like to walk through the night of grieving and loneliness. He described to God his fear of losing connection with Him also. In the beginning of therapy psalm 88 was particularly helpful to Richard. The psalmist feels that darkness, not God, is his closest friend. He sees God responsible for his suffering. Yet, the author of psalm 88 keeps talking with God, day and night. Lament psalms were guiding Richard to honestly express his feelings and thoughts to God. He began to write his own psalms where he described his heart to God.

In his book, *Seeing in the Dark*, Philip Yancey (1989) observes about a core message in the book of Job, as follows,

“One bold message in the Book of Job is that you can say anything to God. Throw at him your grief, your anger, your doubt, your bitterness,

saan. Hän myös koki, että toivo oli jotain paljon syvempää kuin olosuhteet, jotka saattoivat yhtäkkiä muuttua. Toivosta tuli pysyvää, koska toivo oli Jumala.

Puhuminen Jumalalle valituspsalmien kielellä Sielun pimeään yön kokemuksen kautta monet Jumalan pyhät ovat löytäneet syvemmän ymmärryksen siitä, kuka Jumala on. Myös Richard löysi merkitystä yössään, kun hän ymmärsi, ettei pimeys ollut rangaistus. Yö avasi kivuliasta polkua syvempään Jumalan tuntemiseen. Richardin päivittäiset keskustelut Jumalan kanssa vahvistivat hänen kiintymyssuhdettaan Jumalaan.

Palkittu muusikko ja lauluntekijä Michael Card (2005) huomauttaa, kuinka olemme kadottaneet valituspsalmien kielen, vaikka kolmasosa, tai jopa puolet psalmeista kuvataan valituspsalmeina.

”Me synnymme maailmaan, johon meitä ei alun perin tarkoitettu. Meidät on luotu Jumalaa varten, luodut kukoistamaan Isämme läsnäolon lohdutuksessa, Hänen kiistattoman hesedinsä sydänlämpimässä kontekstissa. Nyt tässä langenneessa maailmassa olemme eristyksissä molemmista. Vain kaikkietävän Jumalan rakastava suvereenius voisi pelastaa tällaisen toivottoman tilanteen. Hänen ratkaisunsa? Käyttää kärsimystä pelastaakseen meidät. Meidän on löydettävä tämä polku, jonka Hän on raivannut. Meidän on huudettava Häntä avuksi Hänen tarjoamallaan kielellä. Meidän on löydettävä kyynelten täyttämä polku. Meidän on opittava uudelleen valituksen kieli.” (Card, s. 20)

Richardin suhde Jumalaan oli keskittynyt oikein tekemiseen ja Jumalan miellyttämiseen. Hän oli uskonut, että Jumala siunaisi häntä kuuliaisuuden tähden. Richardin oli vaikea hyväksyä, että Jumala oli sallinut tällaisen tragedian, vaikka Hän olisi voinut estää sen. Kipu sai Richardin kyseenalaistamaan Jumalan, oman näkemyksen Jumalasta sekä uskon.

Aluksi Richardin oli vaikea olla rehellinen Jumalalle peloistaan, vihastaan ja pettymyksestään. Richard oli luullut, että hänen kiintymyksensä Jumalaan oli turvallinen. Hän oli samaistanut Jumalan aina lapsiaan suojelevaksi. Professorit Clinton ja Straub (2010) viittaavat Kirkpatrickin ja Shaverin (1990) tutkimukseen American Gal-



Bird's Lilies

your betrayal, your disappointment – he can absorb them all. As often as not, spiritual giants of the Bible are shown contending with God. They prefer to go away limping, like Jacob, rather than to shut God out. In this respect, the Bible prefigures a tenet of modern psychology: you can't really deny your feelings or make them disappear, so you might as well express them. God can deal with every human response save one. He cannot abide the response I fall back on instinctively: an attempt to ignore him or treat him as though he does not exist. That response never once occurred to Job." (Yancey, p. 235)

Even though the triune God knows everything about people, their thoughts and feelings, He frequently in the Bible asks about a person's feelings. God does that for our benefit. While He knows the answer, He invites us to tell Him how we feel and what we think. As our Creator, He knows best what works for our overall health. Speaking honestly about feelings and thoughts are high on that list of God's priorities.

Companions in the night

Night is the time for prowling in the nature and hence leaves animals, and humans, more vulnerable for attacks. In the night, the senses are sharpened to the utmost. The sounds are more frightening. The lessons taught by the nature are applicable to the spiritual community as well. We must ask ourselves how do we walk with each other in the night? How do we protect the person, who feels vulnerable in their dark night of anguish, and questions?

Richard's church community had encouraged him to take God at His Word. They told him to pray more, read the Bible more, and keep believing. His Christian friends assured him that God would be faithful to those who were faithful to Him. When Richard's pain and questions continued, some of his Christian friends started to question his faith. Richard felt he should not be asking such questions or revealing his doubts. He began to hide his pain and pretend all is well.

That, however, only made Richard feel worse. He felt he was a fake Christian and started to pull away from church fellowship. In his darkest hour of personal and spiritual pain, Richard felt the Christian community was shallow, judg-

lup -kyselyssä, jossa ihmiset, joilla on "turvallinen kiintymyssuhde Jumalaan, kuvailevat häntä todennäköisemmin 'rakastavaksi', 'suojelevaksi', 'lämminsydämiseksi turvapaikaksi' ja sellaiseksi, 'joka aina odottaa minua'. (Clinton & Straub, s. 62) Richard oli uskonut, että Jumala oli suojeleva, lämmin ja aina läsnä häntä varten. Henkilökohtainen tragedia kyseenalaisti nämä uskomukset ja hetkellisesti jopa näytti murskaavan hänen uskonsa.

Richard oppi puhumaan Jumalan kanssa siitä, millaista oli kulkea surun ja yksinäisyyden yön halki. Hän kuvaili Jumalalle, kuinka myös pelkäsi menettävänsä yhteyden Hänen kanssaan. Terapian alussa psalmi 88 oli Richardille erityisen merkittävä. Siinä psalminkirjoittaja kuvailee, että pimeys, ei Jumala, on hänen lähin ystävänsä. Hän näkee Jumalan olevan vastuussa kärsimyksistään. Silti psalmin 88 kirjoittaja jatkaa puhumista Jumalan kanssa päivin ja öin. Valituspsalmit ohjasivat Richardia ilmaisemaan rehellisesti tunteitaan ja ajatuksiaan Jumalalle. Hän alkoi kirjoittaa omia psalmejaan, joissa hän kuvaili sydäntään Jumalalle.

Kirjassaan *Seeing in the Dark* Philip Yancey (1989) kirjoittaa Jobin kirjan ydinviestistä seuraavasti: "Yksi rohkea viesti Jobin kirjassa on, että voit sanoa Jumalalle mitä tahansa. Anna hänelle surusi, vihasi, epäilyksesi, katkeruutesi, pettymyksesi – hän voi ottaa ne kaikki itselleen. Raamatun hengellisiä esikuvia kuvataan usein taistelemassa Jumalan kanssa. He mieluummin jatkavat matkaa ontuen, kuten Jaakob, kuin sulkevat Jumalan ulkopuolelle. Tässä suhteessa Raamattu ennakoii modernin psykologian periaatetta: koska et voi oikeasti kieltää tunteitasi tai saada niitä katoamaan, voit yhtä hyvin ilmaista ne. Jumala voi käsitellä jokaisen ihmisen reaktion paitsi yhden. Se reaktio, joka on Jumalalle kestämaton, on reaktio, johon turvaudun vaistomaisesti: yritän olla välittämättä hänestä tai kohdella häntä ikään kuin häntä ei olisi olemassa. Tuo reaktio ei tullut Jobin mieleen kertoakaan." (Yancey, s. 235)

Vaikka kolmiyhteinen Jumala tietää kaiken ihmisistä, heidän ajatuksistaan ja tunteistaan, Hän kysyy Raamatussa usein ihmisen tunteista. Jumala toimii näin meidän parhaaksemme. Vaikka Hän tietää vastauksen, Hän kutsuu meitä kertomaan Hänelle, miltä meistä tuntuu ja

mental and performance oriented. He needed compassion, understanding, and a safe place to talk through his pain and questions. Richard wondered if God looked at him the same way some in his church seemed look at him: as a man, whose faith did not measure up. Richard felt alone in his struggle.

Professor Emeritus of Stanford University, Dr. Irvin Yalom (2010), speaks of therapist and patients as fellow travelers.

“Everyone – and that includes therapists as well as patients – is destined to experience not only the exhilaration of life, but also the inevitable darkness: disillusionment, aging, illness, isolation, loss, meaninglessness, painful choices, and death. I prefer to think of my patients and myself as fellow travelers, a term that abolishes distinction between ‘them’ (the afflicted) and ‘us’ (the healers). We are all in this together and there is no therapist and not person immune to the inherent tragedies of existence.” (Yalom, pp. 6,8)

Richard needed fellow travelers at his church. He needed the body of Christ to come alongside him with compassion and understanding. That was only possible if his fellow believers accepted that tragedy could hit anyone. And that they, too, would one day need support and care.

Night as an agent of change

Night calls into question a person’s view of God. That has implications for therapeutic work. Faith in the daylight, when life seems to go well and God appears to bless, is different from faith in the night. What do we see, when we cannot see? Those we call heroes of faith in Hebrews chapter 11 exhort us to walk when we do not see. That is easier said than done, especially if our view of God excludes the reality and pain of night.

For Richard, his personal and spiritual night provided a time of re-examining his view of God and foundation of his faith. As such, his dark night served as a place for a paradigm shift. While God remained unpredictable, in that He could not be manipulated according to man’s wishes, Richard saw God as One who suffers in the night. God did not protect from all pain and tragedy, but He suffered with Richard

mitä ajattelemme. Luojanamme Hän tietää parhaiten, mikä auttaa hyvinvointiamme. Se, että puhumme tunteista ja ajatuksista rehellisesti Jumalalle, on tärkeää hänelle.

Matkakumppaneina yössä

Yön aikana luonnossa tapahtuu paljon. Eläimet, ja myös ihmiset, ovat alttiimpia hyökkäyksille yön pimeydessä. Yöllä aistit terävoituvat äärimilleen. Äänet ovat pelottavampia. Luonnon tapahtumat soveltuvat opetuksiksi myös hengelliseen yhteisöön. Meidän on kysyttävä itseltämme, miten kuljemme toistemme kanssa yössä? Miten suojelemme ihmistä, joka tuntee itsensä haavoittuvaiseksi oman kivun ja kysymysten keskellä, pimeässä yössä?

Richardin seurakunta oli kannustanut häntä uskomaan Jumalan sanaan. He kehottivat häntä rukoilemaa ja lukemaan Raamattua enemmän, sekä pitämään kiinni uskosta. Hänen kristityt ystävänsä vakuuttivat hänelle, että Jumala on uskollinen niille, jotka ovat uskollisia Hänelle. Kun Richardin kipu ja kysymykset jatkuivat, jotkut hänen kristityistä ystävistään alkoivat kyseenalaistaa hänen uskoaan. Richardista tuntui, ettei hänellä ole lupaa esittää sellaisia kysymyksiä tai paljastaa omia epäilyksiään. Hän alkoi peitellä kipuaan ja teeskennellä, että kaikki on hyvin.

Tämä kuitenkin vain pahensi Richardin oloa. Hänestä tuntui, että hän oli teeskentelevä kristitty. Hän alkoi vetäytyä seurakunnan yhteydestä. Henkilökohtaisen ja hengellisen kivun synkimpänä hetkenä Richard koki, että kristillinen yhteisön oli pinnallinen, tuomitseva ja suorituskeskeinen. Se, mitä hän tarvitsi, oli myötätunto, ymmärrys ja turvallinen paikka, jossa saattoi puhua kivusta ja kysymyksistä. Richard mietti, näkikö Jumala hänet samalla tavalla kuin jotkut hänen seurakunnassaan vaikuttivat näkevän hänet: miehenä, jonka usko ei täyttänyt odotuksia. Richard tunsi olevansa yksin omassa kamppailussaan.

Stanfordin yliopiston emeritusprofessori, tohtori Irvin Yalom (2010), puhuu terapeutista ja potilaista kanssakulkijoina, matkakumppaneina. ”Jokainen – ja siihen kuuluvat niin terapeutit kuin potilaatkin – on tarkoitettu kokemaan paitsi elämän riemu, myös väistämätön pimeys: pettymys, ikääntyminen, sairaus, eri-

in his pain. Even the name of God incarnate, Immanuel, affirms that God is with us (Isa.7:14; Mt.1:23).

The darkness of their shared night called Richard and Tracy to re-examine their relationship. They realized their effort to protect each other from pain by choosing not to talk only increased their suffering and loneliness. Richard and Tracy made a commitment to each other to share feelings, needs, and affirmation, and so remain close during the night of faith. Richard's military background helped him understand the need to protect one's partner in the battle. He was not to pull away, but remain close enough for regular communication.

As Richard's guilt subsided and he began to feel more hopeful, his symptoms of clinical depression also eased. One particularly meaningful picture was to do with his son Benjamin, and how he as a father carried his son in the night. Benjamin slept, and did not know he was being carried by his father. Through that imagery Richard recognized how his heavenly Father, similarly, carried him in the night. Whether he knew his Father's arms or not, Richard understood that he was being carried. While Richard did not know how long the night was going to be, he knew that the Shepherd was with him and he did not need to fear (Ps.23:4). Even when Richard was utterly unaware of God's presence, God was working the night shift and watching over him, as pastor Ron Mehl (1994) so profoundly points out in the midst of his own tragedies.

Walking through the night is slow. Walking through the night can be frightening. But walking through the night reveals treasures in the dark, stars on the sky, and the God of the night, in a way no measure of daylight can do.

stäytyminen, menetys, merkityksettömyys, tuskallisia valintoja ja kuolema. Mieluummin ajattelen potilaitani ja itseäni kanssakulkijoina, matkakumppaneina; termillä, joka poistaa eron 'heidän' (kärsivien) ja 'meidän' (parantajien) välillä. Olemme kaikki tässä yhdessä, eikä ole olemassa terapeuttia tai yhtään ketään, joka olisi immuuni olemassaolon luontaisille tragedioille.” (Yalom, s. 6,8)

Richard tarvitsi kanssakulkijoita seurakunnassa. Hän tarvitsi Kristuksen ruumista tukemaan häntä myötätuntoisesti ja ymmärtäen. Se oli mahdollista vain, jos hänen kristityt ystävänsä hyväksyisivät, että tragedia voi kohdata kehet tahansa. Ja että hekin jonain päivänä tulisivat tarvitsisemaan tukea ja hoitoa.

Yö muutoksen vaikuttajana

Yö kyseenalaistaa ihmisen näkemystä Jumalasta. Tällä on vaikutuksia myös terapeuttiseen työhön. Usko päivänvalossa, kun elämä näyttää sujuvan hyvin ja Jumala näyttää siunaavan, on eri asia kuin usko yössä. Mitä näemme, kun emme näe? Heprealaiskirjeen luvussa 11 uskon esikuviksi kutsutut henkilöt kehottavat meitä jatkamaan vaellusta, kun emme näe. Tämä toki on helpommin sanottu kuin tehty varsinkin, jos näkemyksemme Jumalasta sulkee pois yön todellisuuden ja tuskan.

Richardin henkilökohtainen, hengellinen yö, tarjosi aikaa tarkastella uudelleen hänen näkemystään Jumalasta ja uskon perustaa. Pimeän yön keskellä hänen viitekehyksensä, paradigmansa, alkoi muuttua. Vaikka Jumala pysyi arvaamattomana, koska Häntä ei voi manipuloida ihmisen toiveiden mukaan, Richard näki Jumalan kärsivän kanssaan yössä. Jumala ei suojellut kaikelta kivulta ja tragedialta, mutta Hän kärsi Richardin kanssa hänen tuskissaan. Jopa lihaksi tulleen Jumalan nimi, Immanuel, vahvistaa, että Jumala on kanssamme (Jes. 7:14; Matt. 1:23).

Richardin ja Tracyn yhteinen pimeän yön kokemus kutsui heitä tarkastelemaan suhdettaan uudelleen. He ymmärsivät, että heidän pyrkimyksensä suojella toisiaan kivulta sillä, että he valitsivat puhumattomuuden, vain lisäsi heidän kärsimystään ja yksinäisyyttään. Richard ja Tracy sitoutuivat toisiinsa ja siihen, että he jakaisivat tunteita ja tarpeita, ja näin vahvistaisivat yhteyttä sielun pimeässä yössä. Richardin soti-

References

- Card, Michael (2005). *A sacred sorrow: reaching out to God in the lost language of lament*. NavPress.
- Chole, A. B. (2023). *The night is normal: a guide through spiritual pain*. Tyndale.
- Clinton, T. & Straub, J. (2010). *God attachment: Why you believe, act, and feel the way you do about God*. New York, NY: Howard Books.
- Dura-Vila, G. (2017). *Sadness, depression, and the dark night of the soul: Transcending the medicalization of sadness*. Jessica Kingsley Publishers.
- Gottman, J. M & DeClaire, J. (2001). *The relationship cure*. Harmony Books.
- Harris, R. (2019). *ACT made simple*. Second edition. New Harbinger Publications.
- Kirkpatrick, L. A. & Shaver, P. R. (1990). Attachment theory and religion: Childhood attachments, religious beliefs, and conversion. *Journal for the Scientific Study of Religion*, 29, 315-334.
- Kubler-Ross, E. & Kessler, D. (2014). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. Scribner.
- Lembke, A. (2021). Dopamine nation: why our addiction to pleasure is causing us pain. Headline.
- Mehl, R. (1994). *God works the night shift*. Multnomah Publishers, Inc.
- Sandberg, S. & Grant, A. (2019). *Option B: facing adversity, building resilience, and finding joy*. WH Allen.
- St. John of the Cross (1990). *Dark night of the soul*. Image Books Doubleday. Translated and edited by E. Allison Peers. (Noche oscura del alma)
- Yalom, I. D. (2010). *The gift of therapy: An open letter to a new generation of therapists and their patients*. Revised and updated edition. Piatkus.
- Yancey, P. (1989). *Seeing in the dark: Faith in times of doubt*. Marshall Pickering.
- www.allaboutvision.com 6.3.2020, Adam Debrowski, "How does night vision work?"

lastausta auttoi häntä myös ymmärtämään, miksi taistelukumppania täytyi suojella. Öisessä taistelussa ei saanut vetäytyä pois. Piti pysyä riittävän lähellä, jotta säännöllinen kommunikointi oli mahdollista.

Kun Richardin syyllisyys hälveni ja hän alkoi tuntea olonsa toiveikkaammaksi, myös hänen kliinisen masennuksen oireensa helpottivat. Yksi erityisen merkityksellinen kuva liittyi hänen poikaansa Benjaminiin ja siihen, kuinka hän isänä kantoi poikaansa yöllä. Benjamin nukkui eikä tiennyt isänsä kantavan häntä. Tämän kuvan kautta Richard tunnisti, kuinka hänen taivaallinen Isänsä samalla tavalla kantoi häntä yöllä. Tunsipa Richard Isänsä käsivarret tai ei, hän ymmärsi, että häntä kannettiin. Vaikka Richard ei tiennyt, kuinka pitkä yö tulisi olemaan, hän tiesi, että Hyvä Paimen oli hänen kanssaan, eikä hänen tarvinnut pelätä (Ps. 23:4). Vaikka Richard ajoittain oli täysin tietämätön Jumalan läsnäolosta, Jumala työskenteli yövuorossa ja varjeli häntä, kuten pastori Ron Mehl (1994) syvällisesti huomauttaa keskellä omaa kivuliaata tragedian kokemusta.

Yön läpi kulkeminen on hidasta. Yön läpi kulkeminen voi olla pelottavaa. Mutta yön läpi kulkeminen myös paljastaa aarteita pimeydessä, tähtiä taivaalla, ja Jumalan, tavalla, johon päivänvalo ei pysty.

comment

Though he does not blame himself like Richard, St. Augustine of Hippo mourns the unexpected death of a friend. In book IV of *The Confessions* (Augustine, 1997), he looks back at his loss and narrates how his own disordered love is both the source of his grief and contains the seed for his eventual emotional and spiritual restoration. For Augustine, like Richard, grief is an invitation to the self-reflection. But it is Augustine's willingness accept the offer of a company of friends, that allows him to transcend his grief and come a step closer to Christ. As we see in Augustine, my grief is healed only when we embrace the friendship our grief refuses.

We see this in the opening moments of Augustine's reflection on his sorrow. "Black grief closed over my heart and wherever I looked I saw only death." This is the source of his estrangement from all he loves. "My native land was a torment to me and my father's house unbelievable misery. Everything I had shared with my friend turned into hideous anguish without him." Longing for his deceased friend cause him to not just withdraw from his community, but actively oppose it. "My eyes sought him everywhere, but he was missing; I hated all things because they held him not, and could no more say to me, 'Look, here he comes!' as they had been wont to do in his lifetime when he had been away." Ultimately, he reaches a stage when, like Richard, Augustine no longer recognize himself and he comes to see rebellion against God as just.

I had become a great enigma to myself, and I questioned my soul, demanding why it was sorrowful and why it so disquieted me, but it had no answer. If I bade it, "Trust in God," it rightly disobeyed me, for the man it had held so dear and lost was more real and more lovable than the fantasy in which it was bidden to trust. Weeping alone brought me solace, and took my friend's place as the only comfort of my soul (*Confessions*, IV: 4.9).

His misery is the misery of all those "whose mind is chained by friendship with mortal things, and is torn apart by their loss." But then he says something both interesting and disturbing. The sorrow he feels in response to his friend's death reveals to him "the misery" we are all in "even before" our loss (IV.6.11). He speaks for all of us when he says of himself that his misery is rooted in his estrangement from God. "For what I thought of was not you at all; an empty fantasy and my own error were my god" (IV.7.12).



Gregory Jensen is a priest of the Ukrainian Orthodox Church USA and has a Ph.D. in spirituality and spiritual formation from Duquesne University in Pittsburgh, PA.

His more than 15 years of pastoral experience with all aspects of clergy sexual misconduct includes investigating allegations, crafting disciplinary plans, advocating for victims, and helping parishes in transition after an offending pastor is removed.

Former contribution:
emcapp.ignis.de/5/#p=77
emcapp.ignis.de/9/#p=30
emcapp.ignis.de/10/#p=62
emcapp.ignis.de/19/#p=27
emcapp.ignis.de/22/#p=66

This fantasy is not only a theological error, it robs him of the consolation of friendship, trapping him as it does in a fantasy world of his own creation. "If I tried to lodge my soul in that, hoping that it might rest there, it would slip through that insubstantial thing" compounding his suffering. In his disappointment he "falls back again" on himself, remaining stuck in "an unhappy place where I could not live, but from which I could not escape." His grief makes clear to Augustine that what he seeks to avoid is not emotional pain, real though it is, but for his own life with its disordered loves that makes restoration impossible and further pain unavoidable. "Whither could my heart flee to escape itself? Where could I go and leave myself behind? Was there any place of refuge where I would not be followed by my own self?" (IV.7.12)

There is no where he can go to escape himself. And "Yet flee I did from my native land, for my eyes were less inclined to look for him where they had not been wont to see him before. So I left Thagaste and came to Carthage" (IV.7.12) Though his motives for the journey are mixed it is in Carthage, or rather in the company of friends there that embrace him, that Augustine overcomes his grief.

At first, this "company" is for Augustine just another "substitute" for God and so "a gross fable and a long-sustained lie." But his willingness to accept the acceptance of company of friends "who loved and knew their love returned, signs to be read in smiles, words, glances and a thousand gracious gestures," becomes for him a source of renewal. It is here, in this communion where "sparks kindled and our minds were fused inseparably, out of many becoming one" (IV.8.13), that he overcomes the grief's paralysis.

For all the effort that Augustine exerts to know himself, it is ultimately his acceptance of the gift of friendship that proves healing. Thanks to his friends, Augustine, slowly comes to learn to love God and so his friends in God and even his enemies "for your sake" (IV.9.14). In response to our grief, Augustine offers us a stern but kind word. We cannot loosen the grip of grief by ourselves, we need help. Indeed, we need the one thing that grief makes distasteful and even painful; the company of friends.

References

Augustine of Hippo. (1997). *The Confessions* (M. Boulding O.S.B., Trans.). New City Press.

AGNUS
DEI



Davi R.
2021



Former contributions you can see her:

<https://emcapp.ignis.de/14/#p=154>
<https://emcapp.ignis.de/8/#p=192>

Dr. Kelly O'Donnell, PsyD and Dr. Michèle Lewis O'Donnell, PsyD are consulting psychologists based in Geneva and the USA with Member Care Associates, Inc. (MCA). Their international and multi-sectoral emphases for consultation, training, and writing include member care, global mental health, integrity/anti-corruption, and sustainable development, with a special focus on mission among the least reached peoples and places. Kelly and Michèle did their doctoral training in clinical psychology and theology at Rosemead School of Psychology, Biola University (USA). They have been representatives to the United Nations for the World Federation for Mental Health, and they have two wonderful adult daughters.

Links to their many resources are on the MCA website membercare.org

Note. This article updates and expands the authors' previous article: O'Donnell, K. and Lewis O'Donnell, M. (2017). Wellbeing for All: Mental Health Professionals and the Sustainable Development Goals. *Journal of Psychology and Christianity*, 36(1), 70-75. Used by permission.

(Pre-published version [HERE](#) with links in-text and in the reference section)

Wellbeing for All People and the Planet: Into the Global Fray as Mental Health Professionals

We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind. United Nations, Transforming Our World: The 2030 Agenda for Sustainable Development (2015, Preamble)

This article explores how mental health professionals (MHPs) and their training programs, especially Christians whose faith-based values help shape and support their professional work, can connect and contribute to the growing efforts to promote wellbeing for all people and the planet. It updates and expands one of our foundational articles on MHPs and sustainable development (O'Donnell and Lewis O'Donnell, 2017). The article is also relevant

for colleagues in other disciplines and sectors who want to include mental health perspectives and emphases in their work.

In Part One, we highlight three current and unprecedented global agendas to make our world a much better place, foremost being the United Nations 2030 Agenda for Sustainable Development (2015), followed by the World Health Organization's Mental Health Action Plan (2013, updated 2021) and the United Nations One Humanity: Shared Responsibility (2016a). In Part Two, we present three frameworks to help inform MHPs' involvement locally through globally: global integration, global mental health, and the *missio Dei* model of global member care. In Part Three, we finish with seven commitments, over 100 references with links, and 10 applications for reflection. We hope that the materials in this article can be practically used to support your lives and work as MHPs for God's glory.

Wellbeing for all people and the planet is a growing global effort and a uniting watchword to prioritize sustainable development and safeguard humanity's future. It is a sobering acknowledgment of the crippling course and causes of poverty along with the violation of the planet and a serious attempt to confront these and other entrenched social, economic, and environmental problems. Sustainable development recognizes that our globalizing world community must prioritize ongoing progress for all people, lasting peace, and the enduring protection of the planet. For Christians, this global effort reflects the mandate (duty, desire, and delight) to seek the wellbeing for all people, including justice and prosperity, and to steward God's creation responsibly in our fallen world.

See also: *Following Jesus Globally: Engaging the World through Global Integration*, Kelly and Michèle O'Donnell, Lausanne Global Analysis (2020) and the expanded version, *Following and Serving Jesus Globally*, Global Member Care Volume 3: Stories and Strategies for Staying the Course (2024a).

Part One: Three Agendas

Sustainable Development Goals, Mental Health Action Plan, and Agenda for Humanity
 Agenda 1: Sustainable Development Goals

The world community, as spearheaded by the United Nations, has embarked on an ambitious agenda for sustainable development. Seventeen sustainable development goals (SDGs) and 169 targets have been identified in the 2030 Agenda, prioritizing the eradication of poverty in all of its forms (Goal 1). A current estimate is that over 800 million people live below the \$3.00/day poverty line (World Bank Group, 2025). The 2030 Agenda is a voluntary agreement and not a legally binding treaty and was unanimously approved by all 193 UN member states in September 2015. It reflects the growing collaborative efforts among governments, the private sector, and civil society including faith-based organizations (e.g., Partnership for Religion and Development) and provides important opportunities for mental health professionals (MHPs) to impact our needy world. You can track progress and review core documents on the SDGs via the United Nations Sustainable Development Knowledge Platform (United Nations, 2016b).

Mental health is explicitly included in Goal 3 as part of the overall commitment "to ensure healthy lives and promote well-being for all at all ages." In addition, three of the Targets under Goal 3 with important mental health implications are: "By 2030, reduce by one third premature mortality from non-communicable disease."



ses through prevention and treatment and promote mental health and well-being;" "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;" and "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." For a discussion on the process and challenges of getting mental health, these targets, and quantitative measures (indicators) included in the 2030 Agenda, see Vortruba and Thornicroft (2016).

Update 2025: The United Nations Summit of the Future (United Nations 2024b), called for by the UN Secretary-General in 2021 (Our Common Agenda, United Nations, 2021) and convened in September 2024, was a high-level event, "bringing world leaders together to forge a new international consensus on how we deliver a better present and safeguard the future. Effective global cooperation is increasingly critical to our survival but difficult to achieve in an atmosphere of mistrust, using outdated structures that no longer reflect today's political and economic realities. This once-in-a-generation opportunity serves as a moment to mend eroded trust and demonstrate that international cooperation can effectively achieve agreed goals and tackle emerging threats and opportunities." (United Nations, 2024c)

The Summit's main outcome document, the Pact for the Future (2024a), builds upon and is understood in light of the 2030 Agenda for Sustainable Development. It is a non-binding agreement which includes 56 "action points" organized into five areas: financing for development; peace and security; science, technology, innovation, and digital cooperation; youth and future generations; and global governance. It also includes two annexes: a Global Digital Compact and a Declaration on Future Generations.

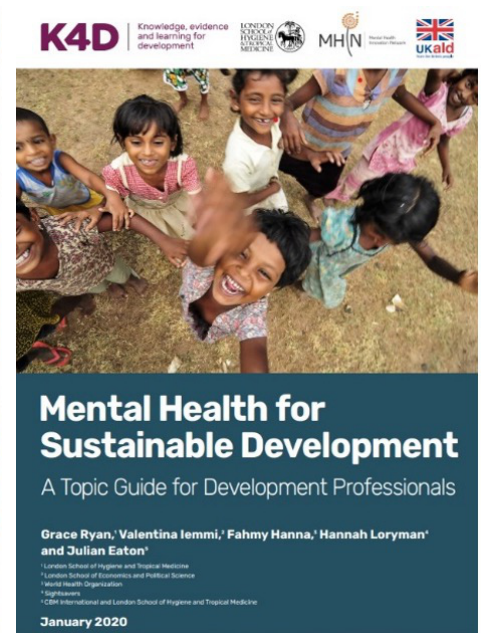
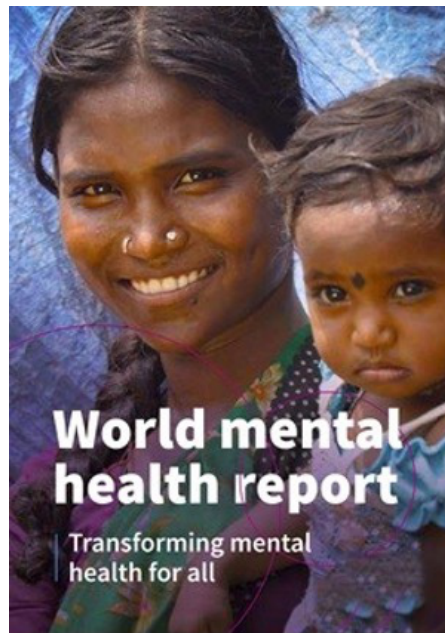
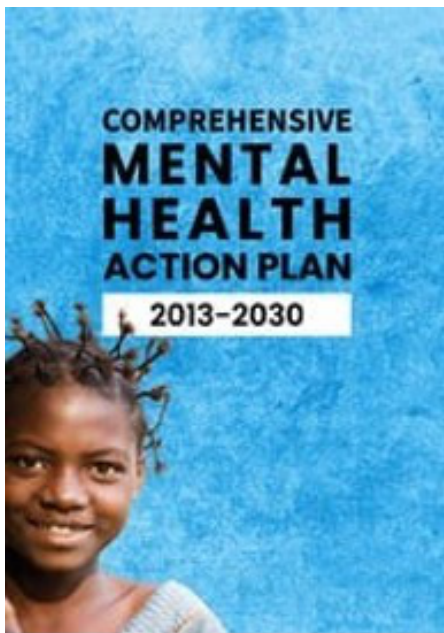
Going further: The Sustainable Development Goals Report 2025 (United Nations, 2025) "As we mark a decade since the adoption of the 2030 Agenda for Sustainable Development, we

find ourselves at an inflection point in human history. With five years remaining to achieve the Sustainable Development Goals (SDGs), this report presents both a frank assessment of our current position and a compelling case for why the transformative vision of the SDGs remains not only relevant, but also critical to our collective future" (Introduction, page 3). See the summary information on pages 3-5 and 44-45. Note also the Human Flourishing Program and Study (Harvard Institute for Quantitative Social Science, 2025).

See also: Changing and Charting Our Course: The United Nations Summit of the Future and Pact for the Future, Global Integration Update (Member Care Associates, September 2024); Perils, Paralysis, Hope: Sustainable Development or Sustainable Destruction? Global Integration Update (Member Care Associates, October 2022); and Thinking Critically about Sustainable Development, Global Integration Update (Member Care Associates, February 2022).

Agenda 2: Comprehensive Mental Health Action Plan

A second important document to help inform and guide MHPs is the World Health Organization's Mental Health Action Plan 2013-2020 (WHO, 2013; updated in 2021). This widely endorsed Action Plan is a foundational document for the global and national development of mental health. Mental health is extremely important for sustainable development as it affects and is affected by many crucial issues including poverty, food security, trauma, conflict, interpersonal violence, terrorism, gender equality, education, human security, natural disasters, and climate change. A recent estimate is that over one billion people live with a mental disorder—the vast majority who receive little or no effective care, especially those in low- and middle-income countries (WHO 2025d). The Action Plan's overall goal is to "promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders" (p. 4). Its four main objectives are to: "strengthen effective leadership and gover-



World Mental Health Report: Transforming Mental Health for All (World Health Organization, 2022).

nance for mental health; provide comprehensive, integrated mental health and social care services in community-based settings; implement strategies for promotion and prevention in mental health; and strengthen information systems, evidence and research for mental health" (p. 10). More ideas for relating the Action Plan to the work of MHPs and vice versa are in the WHO Mental Health Newsletters (WHO, nd).

Update 2025: The Comprehensive Mental Health Action Plan 2013-2030 (WHO, 2021) "builds upon its predecessor and sets out clear actions for Member States, the WHO Secretariat and international, regional and national partners to promote mental health and well-being for all, to prevent mental health conditions for those at-risk and to achieve universal coverage for mental health services. While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research" (WHO 2021). See the summary information on pages 1-5.

"Mental health is critically important to everyone, everywhere. All over the world, mental health needs are high but responses are insufficient and inadequate. The World mental health report: transforming mental health for all is designed to inspire and inform better mental health for everyone everywhere. Drawing on the latest evidence available, showcasing examples of good practice from around the world, and voicing people's lived experience, it highlights why and where change is most needed and how it can best be achieved. It calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health" (WHO, 2022). See the summary information on pages ix-xx and the update of the data chapter (WHO 2025d).

The WHO Mental Health Atlas 2024 (WHO, 2025a) is a critical instrument to hold governments accountable and accelerate change. Shining a spotlight on the state of mental health systems worldwide makes it clear where progress is lagging and where urgent action is needed. The Atlas gives advocates, policymakers, and communities the evidence they need to demand more substantial investments, fairer access, and more humane policies."

We strongly encourage psychology and mental health-related training programs—and related health disciplines—to include the Comprehensive Mental Health Action Plan and the World Mental Health Report (note the updated data chapter, WHO 2025) as core texts in at least one of their courses and to prominently feature them in their training programs. We consider both of these items to be "Global Mental Health bookends" that help to shape and support the growing efforts across sectors and settings, countries and cultures, to impact the mental health and wellbeing of all people especially the most vulnerable and neglected. A third highly-recommended resource is Mental Health for Sustainable Development: A Topic Guide for Development Professionals (K4D Emerging Issues Report, 2020).

Going further: The Fourth United Nations General Assembly High-Level Meeting (HLM4) has a special focus on Non-Communicable Diseases (NCDs) and the Promotion of Mental Health and Wellbeing (25 September 2025) (WHO, 2025c). This United Nations meeting "marks a unique, decennial opportunity to adopt a new, ambitious and achievable political declaration on NCDs and mental health conditions towards 2030 and beyond. Building on evidence and grounded in human rights, the declaration will form the core framework to accelerate global NCD prevention and control from 2025" (WHO, 2025c). Further:

Halfway to 2030, progress towards achieving SDG target 3.4 [WHO, 2025b] and reducing premature mortality from NCDs by one third through prevention and treatment and the promotion of mental health and well-being are off track. Underinvestment in health services has created a significant equity gap in care and support for people affected by NCDs and mental health conditions. Unless urgent action is taken, the health of individuals, households and societies will be significantly affected in the long term.

The global NCD burden and the urgency of promoting mental health and well-being are no longer just a health system problem. HLM4 calls upon Member States and global partners

to renew and reinforce their committed to addressing NCDs and mental health challenges – through stronger whole-of-government and whole-of society collaboration, and by reshaping health systems, supporting sustainable financing mechanisms, and tackling the underlying social, economic, commercial and environmental drivers of risk and inequities. (WHO, 2025c)

Review the Political Declaration from the HLM4 in which "mental health" is mentioned over 50 times in this 15-page document (United Nations General Assembly, 2025—final version HERE). Note also the previous United Nations General Assembly Resolution on Mental Health and Psychosocial Support (United Nations, 2023), the Declaration of Alma Ata (WHO and UNICEF, 2018), World Mental Health Day 2025 (World Federation for Mental Health, 2025), and Psychology Day at the United Nations (Psychology Coalition at the United Nations, 2025)

See also: Transforming Mental Health for All, Global Integration Update (Member Care Associates, July 2022); Mental Health and Wellbeing for All, Global Integration Update (Member Care Associates, October 2021a); and Mental Health for All—Me Too! Bringing Our Mental Health into the Light, Global Integration Update (Member Care Associates, October 2019).

Agenda 3: Agenda for Humanity

The global efforts to strengthen and revamp humanitarian assistance is summarized in One Humanity: Shared Responsibility (United Nations, 2016b). This document, with its "Agenda for Humanity" (United Nations, 2021), calls upon the world community to rally around five core responsibilities on behalf of the estimated 305 million people are in need of humanitarian assistance (United Nations, Office for the Coordination of Humanitarian Affairs, December, 2024).

The five core responsibilities in the Agenda for Humanity.

1. Political leadership to prevent and end conflicts. An end to human suffering requires political solutions, unity of purpose and sustained

leadership and investment in peaceful and inclusive societies...

2. Uphold the norms that safeguard humanity. Even wars have limits: minimizing human suffering and protecting civilians require strengthened compliance with international law...

3. Leave no one behind. Honouring our commitment to leave no one behind requires reaching everyone in situations of conflict, disaster, vulnerability and risk...

4. Change people's lives: from delivering aid to ending need. Ending need requires the reinforcement of local systems and the anticipation and transcendence of the humanitarian-development divide...

5. Invest in humanity. Accepting and acting upon our shared responsibilities for humanity requires political, institutional and financing investment. (United Nations, 2016a, pp. 48-60).



Of relevance for mental health colleagues are the advocacy efforts and opportunities to further include mental health and psychosocial support (MHPSS) in humanitarian assistance (e.g., see the Mental Health and Psychosocial Support Network's website). "[MHPSS] should be integrated into all humanitarian responses. All people affected by disasters, conflict and chronic adversities should have access to appropriate [MHPSS] to restore day-to-day functioning and recovery" (Inter-agency Standing Committee, Reference Group on MHPSS, 2015, p. 1). Another area of interest is providing, developing, and evaluating MHPSS services to international and local humanitarian staff (e.g., Suzik et al, 2016).

Update 2025: The last progress report following the World Humanitarian Summit was the Agenda for Humanity Annual Synthesis Report 2019: Sustaining Ambition, Delivering Change (United Nations, Office for the Coordination of Humanitarian Affairs, 2019). See the Executive Summary (pages 2-11).

Global Humanitarian Overview 2025 (United Nations, Office for the Coordination of Humanitarian Affairs, 2024). Note Section One: Trends in Crises and Needs (pages 6-19). "I launch this Global Humanitarian Overview for 2025—my first as Emergency Relief Coordinator—with shame, dread and hope. Shame, because behind every number in this re-

port is a human being...shattered by conflict, the climate crisis and the disintegration of our systems for international solidarity." (page 3)

In 2025, 305 million people around the world will require urgent humanitarian assistance and protection, as multiple crises escalate with devastating consequences for the people affected by them. The Southern and Eastern Africa region hosts the highest number of people in need (85 million), with the catastrophic crisis in Sudan accounting for 35 per cent of the total in the region. This is followed by the Middle East and North Africa, where 59 million people require assistance and protection...There are two main drivers of these needs, both of which are man-made and therefore could be reversed with concerted and collective action: [conflict and climate].

Conflict: Civilians are bearing the brunt of a record number of armed conflicts marked by bla-

tant disregard for international humanitarian and human rights law, including mass atrocities. 2024 was one of the most brutal years in recent history for civilians caught in conflicts and, should urgent action not be taken, 2025 could be even worse. By mid-2024, nearly 123 million people had been forcibly displaced by conflict and violence, marking the twelfth consecutive annual increase. The global food security crisis is staggering, affecting over 280 million people daily as acute hunger spreads and intensifies. Violence and displacement further prevent food production and block access to vital markets. And around one in every five children in the world—approximately 400 million—are living in or fleeing conflict zones...

The global climate emergency: The world is perilously close to 1.5°C warming and the climate crisis is increasing the frequency and severity of disasters, with devastating consequences for the lives and livelihoods of millions of people. It is expected that 2024 will be the hottest year on record, marked by floods in the Sahel, East Africa and Europe, drought in Southern Africa and the Americas, and heatwaves across the globe. In 2023, 363 weather-related disasters were recorded, affecting at least 93.1 million people and causing thousands of deaths. (pages 7-8)

Going further: The Transition from Relief to Development (TRD) (United Nations Economic and Social Council, Humanitarian Affairs Segment, 2025). The theme for the HAS meeting was Renewing global solidarity for humanity: saving lives, reducing suffering and mobilizing solutions for humanitarian action. HAS is “an essential platform for discussing the activities and issues related to strengthening the coordination and effectiveness of the humanitarian assistance of the United Nations. [It] provides a key opportunity for Member States, the United Nations system, humanitarian partners, development actors, and the private sector to discuss current and emerging humanitarian challenges and priority themes and share experiences and lessons learned.

One of the high-level panel discussions held ...was “the humanitarian reset”, the latest col-

laborative effort to strategize and reform the humanitarian system in light of decreased funding, increasing needs, and global issues. Here is a summary update on the ongoing meetings to “regroup and reform” via the Humanitarian Reset (United Nations, Office for the Coordination of Humanitarian Affairs, June 2025).

International Committee of the Red Cross (ICRC) Annual Report 2023 (2024a). In addition to the excerpts below, see the Overview [HERE](#) (ICRC, 2024).

Around 120 armed conflicts were ongoing globally, involving more than 60 states and some 120 non-state armed groups; several hundred more armed groups were involved in other situations of violence. Intensified hostilities generated vast humanitarian needs, necessitating large-scale emergency responses. At the same time, protracted crises dragged on, straining communities’ coping mechanisms and highlighting the need for programmes with a sustainable humanitarian impact.

People living with armed conflict or other situations of violence faced disruptions to their food supply, livelihoods and access to essential services such as health care, water and electricity. Many people were displaced by hostilities, adding to the millions of others still unable to return home. Sexual violence, attacks on civilians and health facilities, and other abuses were reported. Extreme weather events, caused or exacerbated by the climate crisis, and other disasters worsened needs in areas already weakened by conflict. The high costs of basic goods and services further eroded the ability of conflict-affected people to cope.

International humanitarian law (IHL), other applicable bodies of law, and neutral, impartial and independent humanitarian action were at times challenged by authorities, weapon bearers and the wider public. The development of new means and methods of warfare steadily gathered momentum, posing significant questions in terms of the application of IHL rules. Heightened geopolitical polarization exacerbated tensions, complicated international efforts to resolve some conflicts, or diverted resources

and public attention away from prolonged humanitarian crises. Rapid shifts in the technological landscape continued to influence the course of conflicts. While digital transformation offered opportunities for innovation in humanitarian action, the rise of new technologies also presented risks related to cyber warfare, data protection, and misinformation, disinformation and hate speech. (page 3)

See also: Peace and Security–Staying Alive in Our World, Global Integration Update (Member Care Associates, September 2023); Hurting Humans–Helping Humans: New Humanitarian Sector Resources, Global Integration Update (Member Care Associates, December 2022a); and Helping Well in Humanitarian Settings: Mental Health and Psychosocial Support, Global Integration Update Member Care Associates, November 2019).

Implications for MHPs

Taken together, these three agendas, and their updates and related materials above, reflect the immense and overlapping developmental, mental health, and humanitarian needs worldwide. Considering these needs, we believe it is imperative for the mental health profession to review and leverage its training emphases, strategic roles, organizational priorities, and ethical responsibilities. The same is true for individual MHPs themselves and mental health-related organizations. Implementation is key as is personal and professional humility! A major focus and indeed shift would likely be on working alongside colleagues in low- and middle-income countries to learn from them and support their efforts to co-create and scale up relevant mental health resources within their own settings. We thus encourage colleagues to consider current and new opportunities in global mental health (items below are not included in the reference section), such as:

- Participating in international mental health organizations and conferences (e.g., American Psychological Association’s Office of International Affairs, Division 52 Society for Global Psychology, and Division 48 Society for the Study of Peace, Conflict, and Violence; working locally with underserved and

immigrant populations (e.g., Harvard/Massachusetts General Hospital Program in Refugee Trauma); global communities of practice such as the Mental Health Innovation Network

- Including global topics in courses and training (e.g., United Nations Academic Impact) conducting treatment and implementation science research in low resource countries (e.g., organizations such as CBM (“Global Disability Inclusion”), BasicNeeds Network, and Sangath)
- Advocating for improved mental health resources and policies in governments and across sectors (e.g., GMH Action Network)
- Developing psychosocial support services among displaced persons (e.g., United Nations High Commissioner for Refugees, United Nations International Office for Migration, Save the Children)
- Staying in touch with well-being measures and progress (Organization for Economic Cooperation and Development)
- And through it all, staying current with global developments and GMH (Devex, The New Humanitarian, UN WebTV).

See also: International Psychology for Mission and Member Care (chapter 4); Mental Health as Mission: Our Journey into Trauma Training and Care (chapter 10); Climate and Environmental Issues: Code Red for Member Care and Mission? (chapter 14); and Staff Care in the Fight Against Human Trafficking (chapter 15) in Global Member Care Volume 3: Stories and Strategies for Staying the Course (O’Donnell and Lewis O’Donnell, 2024b).

Part Two: Three Frameworks Global Integration, Global Mental Health Agenda, and Global Member Care

Framework 1: Global Integration

Global integration (GI) is a framework that we have been developing over the past six years, as we consider, like so many others, how to help make our troubled world a better place. We define GI as actively integrating our lives with global realities by connecting relationally and contributing relevantly on behalf of human

wellbeing and the issues facing humanity, in light of our integrity and core values (e.g., ethical, humanitarian, faith-based) for God’s glory. Our foundational thinking for GI includes applications for mental health (i.e. mental health as mission) and member care (i.e. the wellbeing of mission/aid personnel) (O’Donnell and Lewis O’Donnell, 2016a). Crossing sectors for mutual learning and support is a key process of GI (O’Donnell, 2013 and O’Donnell and Lewis O’Donnell, 2013). We are also exploring the characteristics and challenges of “global integrators”—colleagues of integrity who link their skills, values, and relationships on behalf of major issues in our world. For an overview see “Seven Indicators for Global Integrators” (O’Donnell 2015b, O’Donnell and Lewis O’Donnell 2016e).

Updated 2025: GI encourages a variety of people to be at the “global tables and in the global trenches and everything in-between” to help research, shape, and monitor agendas, policies, and action for all people and the planet. It intentionally links being the people we need with building the world we need. As people of ‘faith, hope and love,’ practicing Christian spirituality, a foundational motive for GI is to seek God’s glory in all we do. We believe the GI framework and principles are crucial for a) member care/mission practice and direction; b)

colleagues working in different sectors and settings; and c) all those who endeavor to live as global citizens (i.e. our common sense of belonging, identity, and mutual responsibility as humans)—people of good will committed to find common ground for the common good.

GI recognizes that our globalizing world community must prioritize wellbeing for all people, lasting peace, justice, prosperity, and the enduring protection of the planet. As Christians, our global involvement includes the central mandate (duty—desire—delight) to share the good news and our good works with all people and all people groups. Further, we see the foundation that underlies GI’s emphasis on “common ground for the common good” as being the historical person of Jesus Christ. We thus also acknowledge the underlying reality of God and His redemptive purposes in Jesus Christ in dealing with the undermining reality of evil and human sin (see Faith-Based Foundations—Christian Worldview, O’Donnell, 2015). (based on Global Integration Overview, Member Care Associates, 2025)

Our work as psychologists in GI is based in Geneva. It includes regular interactions with personnel/events in the United Nations, World Health Organization, and international NGOs—



Cover detail, *Global Member Care: Crossing Sectors for Serving Humanity* (2013)

and hence access to materials, perspectives, and resources that we review and share with colleagues such as Geneva Peace Week (Geneva Peacebuilding Platform, 2025) and the Human Development Report 2025 (United Nations Development Program, 2025). We regularly send out Global Integration Updates to over 1900 colleagues as part of our commitment to foster “common ground for the common good” and “personal transformation for social transformation.” The Updates (100+ issues) are archived on our main website (Member Care Associates, 2016a). For example, the December 2015 Update, “Staying Current: Navigating the News,” continues to be especially relevant (O’Donnell and Lewis O’Donnell, 2015b). It features a) newsletters/updates from major humanitarian-development organizations; b) world reports on special topics; c) links to news/media sources; d) recent resources from the United Nations, humanitarian, and the global health/mental health sectors; and e) reflections on the importance of informed, skilled, and critical partnering for sustainable development. We also encourage colleagues (individuals and groups) to write their own “GI Statements” (Member Care Associates, CORE Member Care weblog, 30 November 2011).

See also: Being Global Integrators: Foundational Perspectives to Guide and Goad, Global Integration Update (Member Care Associates, October 2024); Being InterFaith-Based: Doing Better Together, Global Integration Update (Member Care Associates, April 2023); and Global Trends: Perspectives and Priorities from the Sectors, Global Integration Update (Member Care Associates, March 2021).

Framework 2: Global Mental Health

Since 2010 we have immersed ourselves in the emerging domain of GMH and initiated the GMH-Map project (Member Care Associates, 2016b). Through this project we contribute GMH overview articles, speak at graduate schools and conferences, and moderate a website to orient colleagues further to GMH. We have developed a concise GMH framework and definition which fits well within the broader GI framework (e.g., O’Donnell and Lewis O’Donnell, 2016d) and which is in keeping with some

of the scholarly critiques of GMH (e.g., Kirmayer and Pedersen, 2014).

We define GMH as an international, interdisciplinary, culturally sensitive, and multi-sectoral domain which promotes human wellbeing, the right to health, and equity in health for all. It encourages healthy behaviors and lifestyles; is committed to preventing and treating mental, neurological, and substance use conditions especially for vulnerable populations (e.g., in settings of poverty, conflict, calamity, and trauma and in low- and middle-income countries); and seeks to improve policies and programs, professional practices and research, advocacy and awareness, and social and environmental factors that affect health and wellbeing. (O’Donnell, Eaton, and Lewis O’Donnell, 2022)

As our primary work is in the mission sector and across many sectors, we have been particularly interested in applications of GMH for mission/aid personnel and their organizations (O’Donnell, 2011). For some examples from our work, see “Field Consultations” which describes some of the multi-sectoral resources for assessment and personal growth that we use (O’Donnell and Lewis O’Donnell, 2015a). See also the perspectives and resources in “Global Mental Health as Mission” (O’Donnell and Lewis O’Donnell, 2016c).

Update 2025: Some of the main internet-based mechanisms to track GMH are the Global Mental Health Action Network, the Mental Health Innovation Network, and the World Health Organization’s Mental Health Newsletter. Since 2020, we have also included more resources related to another strategic domain that overlaps with GMH: Global Psychology. Note that Division 52 of the American Psychological Association changed its name in 2024 from “International Psychology” to the “Society for Global Psychology.” Note also Pathways into Global Mental Health (Member Care Associates, (October 2021b), a video interview that includes the need for six M’s: mindsets, mentors, models, multi-sectoral, mainstreaming, and mechanisms.

The GI Grid below was developed to help MHPs stay updated with core information relevant for

Global Integration Grid GMH Applications Linking skills, values, relationships, and integrity on behalf of global issues	
Context Resources Global Multi-Sectoral (GMS) Examples:	Core Resources Global Mental Health (GMH) Examples:
<p>1. Inter-Governmental Sector <i>2030 Agenda for Sustainable Development</i> (UN)</p> <p>2. Humanitarian Sector <i>One Humanity</i> (UN); <i>World Disaster Reports</i> (IFRC)</p> <p>3. Economic Sector <i>World Development Reports</i> (World Bank)</p> <p>4. Development sector <i>Human Development Reports</i> (UNDP)</p> <p>5. Peace-Security Sector <i>White Paper on Peacebuilding</i> (GPP)</p> <p>6. Health Sector <i>World Health Reports</i> (WHO)</p> <p>7. Other Sectors Academic-Education, Environment/Climate, Faith-Based, Human Rights, Labor, Media, Military, Public Services etc.</p> <p>Note that the sectors increasingly overlap in light of the collaborative efforts to address the many global, interrelated issues that know no sectoral or national borders. There are also regular newsletters by many organizations to help stay updated with sector issues and developments.</p>	<p>1. Newsletters and Updates GMH Action Net, MH Innovation Net</p> <p>2. Edited Books and Journals PCUN book series, <i>GMH</i> journal</p> <p>3. WHO Mental Health Publications <i>MH Action Plan 2013-2030, World MH Report</i></p> <p>4. Training Programs and Courses Various institutions and organizations</p> <p>5. Conferences and Events WHO MH, APA Division 52, GMH Action Net</p> <p>6. Critiques and Cultural Relevance Cultural/Critical Psychology/Psychiatry, Users</p> <p>7. Additional Categories --Affiliations and Partnerships --Advocacy and Rights --Lived Experience --Films and Videos --Gender Issues --Humanitarian Applications --Policy: International and National --Practice Guidelines and Services --Research and Training Centers/Programs --Specific MH Disorders, Populations, Settings</p>
<p>This is a sample template to highlight several sources of shared and synthesized knowledge.</p> <p>It is a tool to stay updated about important multi-sectoral and GMH issues and developments.</p>	

their work in light of global issues and trends. It is organized into two parts: Context Resources (Global Multi-Sectoral Examples) and Core Resources (GMH Examples). It is meant to be adjusted according to one's interests and involvements. The second column can also be replaced with the broader "Core Resources: Global Personal Emphases" (Global Integration Update, October 2016).

See also: Crucial Contributions from the Global Psychological-Behavioral-Social Sciences, Global Integration Update (May 2023); Mission Frontlines: A Couple's Journey into Member Care-Mental Health, Member Care Update (August 2022); Mental Health, Trauma, Wellbeing: Pathways for Global Mental Health as Mission, Member Care Update (October 2021b).

Framework 3: Global Member Care—Missio Dei Model (GMC)

We begin this next section with a concise definition of member care followed by the updated model of global member care. This material is excerpted from Global Member Care Volume Three (O'Donnell and Lewis O'Donnell, 2024, pages xxviii-xxxi).

Member care is the ongoing investment of resources by sending groups, service organizations, and workers themselves, for the nurture and development of personnel (O'Donnell and Lewis O'Donnell, 1992). It is both people-oriented and task-oriented, as it actively engages in good practice for the wellbeing and effectiveness (referred to as WE) of mission workers and sending groups. Member care seeks to be inclusive, proactive, holistic, comprehensive, culturally relevant, and strengths focused.

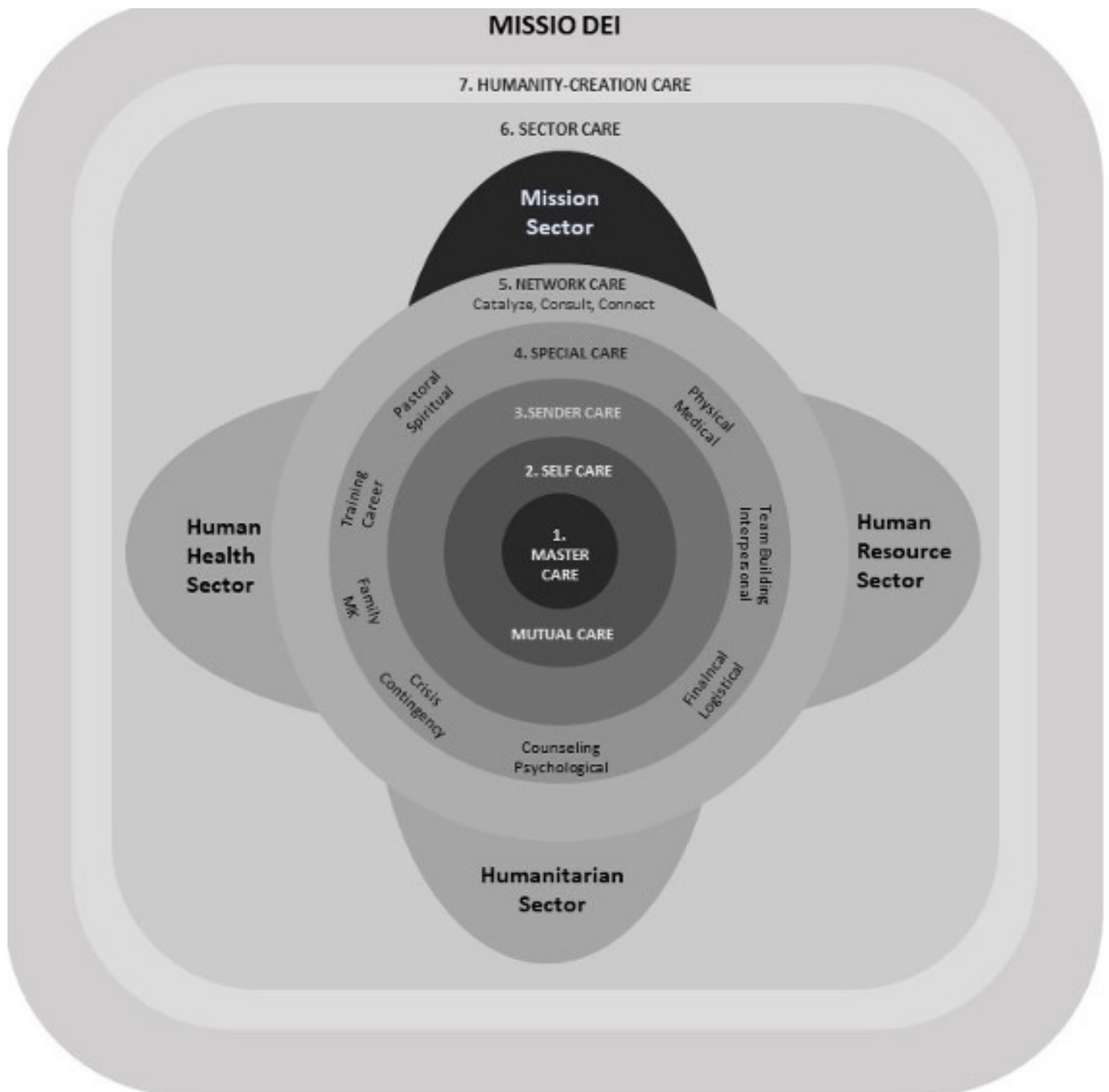
- It focuses on every member of the organization, including children and home office staff, plus locals, nationals, and volunteers who are part of or working with the sending group and organization.
- It includes preventative, developmental, supportive, and restorative care in culturally relevant ways. A core part of member care is the mutual care that workers provide to each other. Connecting with resources and people in the local host community is also crucial.

- It seeks to implement an adequate flow of care from recruitment through retirement.
- It develops resilience, skills, and virtue, which are central to helping personnel stay healthy and effective in their work. Member care thus involves both developing inner resources (e.g., perseverance, stress tolerance) and providing external resources (e.g., team building, logistical support, skill training).

Update 2025: The updated global member care model above (O'Donnell and Lewis O'Donnell, 2024) builds on the original model developed in 1999–2000 by Kelly O'Donnell and Dave Pollock with some initial input from Marjory Foyle (O'Donnell, 2002). It now...places global member care solidly within the realm of the *missio Dei* domain. *Missio Dei* is an inclusive term that represents God's vast redemptive work in the world—the overall mission of God on behalf of humanity.

Theologically, at the core of all we do is the message and work of Jesus Christ, whom we understand to be the world's only true and blessed hope, and whose gracious salvation is proclaimed and whose virtuous character is to be embodied by the Church. This expanded model of global member care continues to emphasize Jesus Christ at the core of member care, including our relationship with Him, member care/mission workers serving Him, and His love for all people.

The first five spheres have been discussed and used widely in mission, member care, and academic settings (e.g., Eriksson, 2012). The sixth sphere, sector care, was added in *Global Member Care Volume Two* (O'Donnell and Lewis O'Donnell, 2013) and emphasizes the sectors of mission (primary), humanitarian, health, and human resources. The seventh sphere, humanity—creation care, reflects the growing interest and involvement in linking the gospel and good works in new ways on behalf of the wellbeing for all people and the planet. It surrounds the other six spheres and is itself contained within the *missio Dei*...We note that sending groups and member care networks, for example, not only offer supportive care and resources but



Global Member Care Model: *Missio Dei* Domain (seven spheres)

also need them to remain viable. Note also that all seven spheres can involve providing and receiving member care. The following is a brief description of the seven spheres, starting from the core sphere and moving outward.

Sphere 1. Master Care: The Flow of Christ

Our relationship with Christ is fundamental to our well-being and work effectiveness...

Sphere 2. Self and Mutual Care: The Flow of Community

Self-care is basic to good health...Likewise quality relationships with family and friends are necessary for our health and productivity...

Sphere 3. Sender Care: The Flow of Commitment

An organization's staff is its most important resource...Sending groups aspire to have a comprehensive, culturally sensitive, and sustainable approach to member care, including a commitment to organizational development, connecting with outside resources, and effective administration and management...[mission workers]

with looser organizational connections need member care too...

Sphere 4. Special Care: The Flow of Caregivers

Various skills and services are needed by both member care specialists and others with member care responsibilities, such as field leaders, team leaders, and fellow workers. Special care includes four dimensions of care (prevention, development, support, and restoration) and several types of care (such as psychological, physical, family, and team—the seven types of care listed in the diagram are not comprehensive). Note also the current research spearheaded by Alongside to identify core competencies for MHPs working in member care.

Sphere 5. Network Care: The Flow of Connections

Member care providers are committed to working together, staying up to date on events and developments, and sharing consolidated learning from their member care practice. They are involved not just in providing their services, but in actively “knitting a net” to link resources with areas of need...

Sphere 6. Sector Care: The Flow of Common Ground

People with member care responsibility must stay in touch with sectors that are relevant for their work... for mutual learning, exchanging resources, and developing skills. Crossing sectors...entails a continuum of involvement which is carefully considered in view of one’s primary focus in member care: being informed by, integrating with, and/or immersing in a given sector or part of a sector.

Sphere 7. Humanity-Creation Care: The Flow of Common Good

Both member care and mission provide opportunities for mature Christians who possess character, competence, and compassion to become strategically involved...from local to global settings. Those with member care responsibility are encouraged to connect and contribute to our globalizing world and the intertwining people-planet nexus in new ways for the common good while maintaining their focus on supporting the health, resiliency, and effectiveness of mission personnel and their sending groups.

See also: *New and Old Treasures: Our Journey into the Missio Dei Frontiers*, Member Care Update, (Member Care Associates, February 2023); *Member Caravans: Traveling Together for Relevance and Resilience*, Member Care Update (Member Care Associates, December 2022b); and *Multi-Sectoral Member Care: Venturing into the New and Relevant*, Member Care Update (Member Care Associates, August 2018).

Implications for MHPs

Our vision for GI, GMH, and GMC is influenced by our Christian worldview and continues to intertwine with the development of the integration of psychology and theology (O’Donnell 2015a) in the context of the *missio Dei*. We have appreciated, for example, Moriarty’s call for future integration to emphasize “integration systems” that are more diverse, global, and with more in-roads into non-religious settings (Moriarty, 2012). We believe we have a time limited opportunity to help shape the course of integration and sustainable development. We can reprioritize, retool, connect much more broadly, and go forward with relevance or we can quickly fade into insignificance and obscurity.

So where do we want to be with integration—the global integration of psychology and theology—in 2030, when the SDGs come to term? Or in 2050? We believe Christian MHPs can be increasingly informed by and involved with world issues. Some ideas for taking this conviction further include organizing informal GI roundtables/consultations (online and in vivo) as well as including GI and GMH-related topics—including practical, local and cultural relevant applications—as part of conferences, academic courses, articles, and webinars. Ultimately, one of the greatest opportunities could be organizing a new coalition(s) of colleagues who are committed to GI, GMH, and GMC. Serving all the above components could be a core steering group, a growing network of global integrators, new partnerships and joint projects, a special GI website, and endowments/grants to help make it all happen.

For some additional examples of GMH-related involvement, see:

- Psychology in the Global Context, special issue of the Journal of Psychology and Christianity (Summer 2014)
- Internationalization of Psychology: Indicators, Challenges, Benefits and Risks (opening editorial-overview) by Claudia Zuniga and Merry Bullock, special issue on Internationalization in Psychology in Trends in Psychology (September 2023)
- Grant Rich and Kelly O'Donnell (2023). Global Mental Health, by Grant Rich and Kelly O'Donnell, Oxford Bibliographies in Psychology (2023). The pre-copyedited version of this article is available on the GMH-Map website (featuring key GMH developments and directions with annotations, organized into 11 sections)
- Global Mental Health course--School of Psychology and Counseling, Regent University (18 February 2023). Video of the first half of the class (password: +\$EH?B1z). The three guest presenters share their professional and faith-based backgrounds and perspectives on GMH: Dr. Julian Eaton (UK—04'30"-22'30"), Dr. Smyrna Khalaf (Lebanon—23'-30'), and Dr. Kelly O'Donnell (USA—30'45"-49'30) including his power point on Global Mental Health-Psychology-MHPSS in the Missio Dei).
- Supporting our Graduate Training Programs: Special Presentations on Global Mental Health/Global Psychology, by Kelly O'Donnell, Michèle Lewis O'Donnell, Julian Eaton, and Carmen Valle-Trabadelo, International Psychology Bulletin (February, 2023)
- Examples of graduate GMH-related courses and/or GMH content in courses: Rosemead School of Psychology, Fuller School of Psychology & Marriage and Family Therapy, Azusa Pacific University, Regent University, George Fox University, Wheaton College, and Gordon Conwell Seminary.
- Examples of masters' programs or emphases in GMH: London School of Hygiene and Tropical Medicine and King's College London Institute of Psychiatry; University of Glasgow, College of Medical, Veterinary, and Life Sciences; Johns Hopkins University, Bloomberg School of Public Health; Harvard Medical School; Liverpool School of Tropical Medicine; and Chicago School of Professional Psychology (masters' and doctoral programs in international psychology).
- CHS Alliance's four wellbeing reports-guidelines to support wellness in humanitarian organizations: Working Well (2020), Leading Well, (2021) Governing Well (2022), and Funding Well (2024)
- Engaging in Humanity Care: Stress, Trauma, and Humanitarian Work, by Kelly O'Donnell, Heidi Pidcoke, and Michèle Lewis O'Donnell (2020), Christian Psychology Around the World (2020)
- Top 20 Priority Questions for MHPSS Research in Humanitarian Settings (2021-2030), by Phuong Tao Le and Wietse Tol (2023)
- Going Global: How Psychologists Can Meet a World of Need, edited by Craig Shealy, Merry Bullock, and Shagufa Kapadia, American Psychological Association (2023); see the Table of Contents and Introduction
- Global Engagement: New Pathways Towards Mental Health for All by Brad Smith and Fred Gingrich (book in review for publication, written with Christian and Biblical perspectives).
- See also: Podcasts from Staying the Course in Member Care and Mission (O'Donnell and Lewis O'Donnell, 2024-current): Prioritizing Frontier Peoples: Applications for Mission and Member Care (September 2024); Our Journey into Trauma Training and Care (November 2024); What We Wish Mission Workers Knew About Their Mental Health and Wellbeing: A Counseling Staff Perspective (April 2025); and Caring about Global Governance for the Sake of Human Flourishing (September 2025).

Part Three: Into the Global Fray as MHPs Commitments, References, and Applications

We frankly do not have too much patience for uninformed criticisms that trivialize or denigrate the work of the humanitarian, development, and health sectors, and the United Nations. We affirm the combined efforts of these entities and their dedicated personnel who take risks and make sacrifices often at great personal cost. However, we certainly appreciate informed critiques that call out aid-development being an industry, bureaucratic inefficiencies, private/corporate and geopolitical special inte-

SPIRITUS
SANCTUS



David R.
2021

rests, entrenched systemic and power inequalities, national sovereignty compromises, etc. We know that there is much room for improvement in organizations, sectors, and the global community's efforts. The 2030 Agenda, Mental Health Action Plan, and One Humanity, in our view, are crucial rallying and guidance points to truly make a difference regarding the horrific conditions affecting so many fellow humans. Engage with them!

Yet as Christians in mental health, we also acknowledge the undermining reality of evil and human sin as well as the underlying reality of God and His redemptive purposes in Jesus Christ. We support human efforts to do good — whether it be alleviating poverty among the one billion urban slum dwellers. An estimated 1.1 billion people live in slums or informal settlements lacking basic services, (United Nations Department of Economic and Social Affairs, 2025) or protecting the millions of people living in settings exposed to violence and conflict. A recent estimate is about 1.1 billion people “were within five kilometers of violent conflict (ACLED, 2023), for example. We see these efforts as the *imago Dei* at work within the *missio Dei*, regardless of whether one believes in these things or not. Humans do good. However, we think humans do better when they include and honor God in the process. And more specifically we think we can do much better at “transforming our world” if God is included and honored in our efforts and if we start with transformation in our own hearts. The world will not be a better, transformed place unless better, transformed people make it so (O'Donnell and Lewis O'Donnell, 2015b).

Seven Commitments

Here are seven commitments that reflect many of the values and directions that we believe are critical for positively impacting our world (O'Donnell 2015c). They are especially relevant for the work of Christian MHPs who seek to align with the sustainable development, mental health, and humanitarian agendas featured in this article.

Commitment 1. We commit to diligently pursue our own journeys of personal and professional growth—to grow deeply as we go broadly.

Commitment 2. We commit to integrate the inseparable areas of our character (resilient virtue) and competency (relevant skills) with compassion (resonant love).

Commitment 3. We commit to go into new areas of learning and work: crossing sectors, cultures, disciplines, and comfort zones.

Commitment 4. We commit to embrace our duty to work in difficult settings, including those permeated by conflict, calamity, corruption, and poverty as those in great need are often in places of great risk.

Commitment 5. We commit to have clear ethical commitments and standards that guide our work, respecting the dignity and worth of all people.

Commitment 6. We commit to working with others to promote wellbeing and sustainable development, building the future we want and being the people we need.

Commitment 7. We commit to base our work on the practice of fervently loving other people—*agape*. This type of love is the foundational motive and the ultimate measure of our work as MHPs in the world.

References

- ACLED (Armed Conflict Location and Event Database). (2023). Conflict index results: July 2023.
- Alongside. (2025) Mental Health and Missions Competencies Study.
- Core Humanitarian Standard Alliance. (2022-2024). Working Well (2020), Leading Well, (2021) Governing Well (2022), and Funding Well (2024).
- Devex. (organization website)
- Eaton, J., Khalaf, S., & O'Donnell, K. (18 February 2023). Professional and faith-based backgrounds and perspectives. Global mental health course. School of Psychology and Counseling, Regent University. Video of the first half of the class (password: +\$EH?B1z). (see power point, Global mental health-psychology-MHPSS in the missio Dei.
- Eriksson, C. (2012). Practical integration in cross-cultural member care. *Journal of Psychology and Theology* 40 (2): 112-15.
- Geneva Peace Week. (2025). Global Peacebuilding Platform. Global Mental Health Action Network (website).
- Harvard Institute for Quantitative Social Science. (2025). Human Flourishing Program and Study.
- Inter-Agency Standing Committee, Reference Group on MH-PSS. (2015). World Humanitarian Summit advocacy paper on mental health and psychosocial support.
- International Committee of the Red Cross. Annual Report 2023. (2024a).
- International Committee of the Red Cross. Annual Report 2023 Overview. (2024b).
- Journal of Psychology and Christianity*. (2014). Psychology in the global context. Special issue, 33(2).
- K4D (Knowledge for Development) Emerging Issues Report. (2020). Mental Health for Sustainable Development: A Topic Guide for Development Professionals.
- Kirmayer, L. and Pedersen, D. (2014). Toward a new architecture for global mental health. *Transcultural Psychiatry*, 51(6) 759–776. doi: 10.1177/1363461514557202.
- Le, P. & Tol, W. (2023). Top 20 priority questions for MHPSS research in humanitarian settings—priorities 2021-2030. Elrha.
- Member Care Associates. (30 November 2011). Global integration statements. CORE Member Care (weblog).
- Member Care Associates. (2016a). Global Integration Updates.
- Member Care Associates. (2016b) GMH-Map project.
- Member Care Associates. (August 2018). Multi-sectoral member care: Venturing into the new and relevant. Member Care Update.
- Member Care Associates. (October 2019). Mental health for all—me too! Bringing our mental health into the light. Global Integration Update.
- Member Care Associates, (November 2019). Helping well in humanitarian settings: Mental health and psychosocial support. Global Integration Update.
- Member Care Associates. (March 2021). Global trends: Perspectives and priorities from the sectors. Global Integration Update.
- Member Care Associates. (October 2021a). Mental health and wellbeing for all. Global Integration Update.
- Member Care Associates. (October 2021b). Mental health, trauma, wellbeing: Pathways for global mental health as mission. Member Care Update.
- Member Care Associates. (February 2022). Thinking critically about sustainable development. Global Integration Update.
- Member Care Associates. (July 2022). Transforming mental health for all. Global Integration Update.
- Member Care Associates. (August 2022). Mission frontlines: A couple's journey into member care-mental health. Member Care Update.
- Member Care Associates. (October 2022). Perils, paralysis, hope: Sustainable development or sustainable destruction? Global Integration Update.
- Member Care Associates. (December 2022a). Hurting humans-Helping humans: New humanitarian sector resources. Global Integration Update.
- Member Care Associates. (December 2022b). Member caravans: Traveling together for relevance and resilience. Member Care Update.
- Member Care Associates. (February 2023). New and old treasures: Our journey into the missio Dei frontiers. Member Care Update.
- Member Care Associates. (April 2023). Being Interfaith-based: Doing better together. Global Integration Update.
- Member Care Associates. (May 2023). Crucial contributions from the global psychological-behavioral-social sciences. Global Integration Update.
- Member Care Associates. (September 2023). Peace and security—staying alive in our world. Global Integration Update.
- Member Care Associates. (September 2024). Changing and charting our course: The United Nations Summit of the Future and Pact for the Future. Global Integration Update.
- Member Care Associates. (October 2024). Being global Integrators: Five foundational perspectives to guide and goad. Global Integration Update.
- Member Care Associates. (2025). Global integration overview. Mental Health and Psychosocial Support Network (website). Mental Health Innovation Network (website).
- Moriarty, G. (2012). Where do we want to be in ten years? Towards an integration strategy for clinical psychologists. *Journal of Psychology and Theology* (special issue on conceptualizing the past, present, and future of integration), 40(1), 41-44.
- O'Donnell, K. (2002). (Ed.). *Doing Member Care Well: Perspectives and Practices from Around the World*. William Carey Library and World Evangelical Alliance Mission Commission.
- O'Donnell, K. (2011). *Global Member Care (Volume 1): The Pearls and Perils of Good Practice*. William Carey Library.
- O'Donnell, K. (2013). Charting your course through the sectors. In K. O'Donnell & M. Lewis O'Donnell (Eds.). (2013). *Global Member Care (Volume.2): Crossing Sectors for Serving Humanity* (pp. 5-19). William Carey Library.
- O'Donnell, K. (2015a). Faith-based foundations: Christian worldview. CORE Member Care (weblog entry 26 November 2015).
- O'Donnell, K. (2015b). Global integrators. CORE Member Care (weblog, 25 entries).
- O'Donnell, K. (2015c). The missional heart of member care. *International Bulletin of Mission Research*, 31(2), 91-96.
- O'Donnell, K., Eaton, J., & Lewis O'Donnell, M. Global mental health: Collaborating for sustainable development and wellbeing. In M. E. Congress, D. Meister, S. Osborn, & H. Takooshian (Eds.). (2022). *Behavioral Science in the Global Arena--Volume Two: Global Mental, Spiritual, and Social Health* (pp. 3-21). Information Age Publishing.
- O'Donnell, K., & O'Donnell, M. (1992). Perspectives on member care in missions. In K. O'Donnell (Ed.), *Missionary Care: Counting the Cost for World Evangelization* (pp. 10-23). Willi-

am Carey Library.

O'Donnell, K. & Lewis O'Donnell, M. (Eds.). (2013). *Global Member Care (Volume 2): Crossing Sectors for Serving Humanity*. William Carey Library.

O'Donnell, K. & Lewis O'Donnell, M. (2015a). Field consultations: Risk, resilience, relevance, relationships. *Member Care Update*, 80.

O'Donnell, K. & Lewis O'Donnell, M. (2015b). Staying current and navigating the news. *Global Integration Update*, 6.

O'Donnell, K. & Lewis O'Donnell, M. (2016a). Global integration: Addressing the pressing issues facing our world. Overview and opportunities for mental health professionals. *Christian Psychology around the World*, 8(1), 191-194.

O'Donnell, K. & Lewis O'Donnell, M. (2016c). Global mental health as mission. *Member Care Update*, 84.

O'Donnell, K. & Lewis O'Donnell, M. (2016d). Global mental health: Synthesizing and sharing knowledge for sustainable development. *Global Mental Health*, 3, e27. doi:10.1017/gmh.2016.22.

O'Donnell, K. & Lewis O'Donnell, M. (2016e). Multi-sectoral member care: Engaging our world as global integrators. *Journal of Psychology and Theology*, 44(4), 303-314.

O'Donnell, K. & Lewis O'Donnell, M. (2017). Well-being for all: Mental health professionals and the sustainable development goals. *Journal of Psychology and Christianity*, 36(1), 70-75.

O'Donnell, K. & Lewis O'Donnell, M. (January 2020). Following Jesus globally: Engaging the world through Global Integration. *Lausanne Global Analysis*, 9(1).

O'Donnell, K. & Lewis O'Donnell, M. Following and serving Jesus globally: A framework for engaging with our world (chapter 2). In Kelly O'Donnell and Michele Lewis O'Donnell (2024a). *Global Member Care (Volume 3): Stories and Strategies for Staying the Course* (pp. 25-40).

O'Donnell, K. & Lewis O'Donnell, M. (Eds.). (2024b). *Global Member Care (Volume 3): Stories and Strategies for Staying the Course*. William Carey Library.

O'Donnell, K. & Lewis O'Donnell, M. (January 2024-current). *Staying the Course in Member Care and Mission* (podcasts)

O'Donnell, K., Lewis O'Donnell, M., Eaton, J., & Valle-Trabadelo, C. (February, 2023). Supporting our graduate training programs: Special presentations on global mental health/global psychology (GMH-Psyc). *International Psychology Bulletin* 27(1).

O'Donnell, K., Pidcoke, H., & Lewis O'Donnell, M. (2020). Engaging in humanity care: Stress, trauma, and humanitarian work. *Christian Psychology Around the World—Special Focus: Coping with Stress in Theory and Practice*, 14(1), pp. 153-167. Partnership for Religion and Development. (organization website). Psychology Coalition at the United Nations. (2025). *Psychology Day at the United Nations*.

Rich, G. & O'Donnell, K. (2023). Global mental health. In *Oxford Bibliographies in Psychology*. Ed. Dana S. Dunn. New York: *Oxford University Press*. (pre-copyedited version is on GMH-Map website)

Shealy, C., Bullock, M., and Kapadia, S. (Eds.) (2023). *Going Global: How Psychologists Can Meet a World of Need*. American Psychological Association; (see the TOC and Introduction). Smith, B. & Fred Gingrich, F. (book under review for publication). *Global Engagement: New Pathways Towards Mental Health for All*.

Society for Global Psychology. Division 52 of the American Psychological Association (website).

Suzik, D., Thomas, R., Lachens, L., & Mihalca, L. (2016). Staff well-being and mental health in UNHCR.

The New Humanitarian. (organization website).

United Nations. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*.

United Nations. (2016a). *One Humanity: Shared Responsibility*. Report of the Secretary-General for the World Humanitarian Summit. UN General Assembly, 70th Session, Item 73(a).

United Nations. (2016b). *Sustainable Development Knowledge Platform* (website).

United Nations. (2021). *Our Common Agenda*.

United Nations. (2022). *Agenda for Humanity* (website).

United Nations. (2023). *United Nations General Assembly Resolution on Mental Health and Psychosocial Support*.

United Nations. (2024a). *Pact for the Future and annexes: Global Digital Compact and Declaration on Future Generations*.

United Nations. (2024b). *Summit of the Future*.

United Nations. (2024c). *Summit of the Future, "About."*

United Nations Department of Economic and Social Affairs. (2025). *Sustainable Development Goals Report, 2025*.

United Nations Development Program. (2025). *Human Development Report 2025: A Matter of Choice—People and Possibilities in the Age of AI*.

United Nations, Economic and Social Council, Humanitarian Affairs Segment. (2025). *Transition from Relief to Development (TRD)*.

United Nations General Assembly. (2025). *Political Declaration from the HLM4. Equity and Integration: Transforming Lives and Livelihoods through Leadership and Action on Noncommunicable Diseases and the Promotion of Mental Health and Well-Being*.

United Nations, Office for the Coordination of Humanitarian Affairs. (2019). *Agenda for Humanity Annual Synthesis Report 2019: Sustaining Ambition, Delivering Change*.

United Nations, Office for the Coordination of Humanitarian Affairs. (December, 2024).

United Nations, Office for the Coordination of Humanitarian Affairs. (2024). *Global Humanitarian Overview 2025*.

United Nations, Office for the Coordination of Humanitarian Affairs (June 2025). *Humanitarian reset*.

United Nations, WebTV.

Vortruba, N., & Thornicroft, G. (2016). Sustainable development goals and mental health: Learnings from the contribution of the Fundamental SDG global initiative. *Global Mental Health*, 3, e26. doi:10.1017/gmh.2016.20.

World Bank Group. (2025). *Poverty and Inequality Platform*. World Federation for Mental Health. (2025). *World Mental Health Day*.

World Health Organization. (2013). *Mental Health Action Plan 2013-2020*.

World Health Organization and UNICEF. (2018). *Declaration of Alma Ata*.

World Health Organization. (2021). *Comprehensive Mental Health Action Plan 2013-2030*.

World Health Organization. (2022). *World Mental Health Report: Transforming Mental Health for All*.

World Health Organization. (nd). *Mental Health Newsletters*.

World Health Organization. (2025a). *Mental Health Atlas 2024*.

World Health Organization. (2025b). *SDG Target 3.4*.

World Health Organization. (2025c). United Nations, General Assembly High-Level Meeting on Non-Communicable Diseases (NCDs) and the Promotion of Mental Health and Well-being.

World Health Organization. (2025d). World Mental Health Today. Zuniga, C. & Bullock, M. (September 2023). Internationalization of psychology: Indicators, challenges, benefits and risks. Trends in Psychology special issue on Internationalization in Psychology. Springer Nature Link.

Applications

1. What parts of this article are most helpful for you? What would you like to delve into deeper?
2. Are there any parts of the article with which you might not agree with? What else would you add to this article to help orient and support MHPs going into the global fray?
3. Which one of the 17 SDGs and any of its targets interest you the most? How is progress being made or not made and how is it measured on this target(s)?
4. Where do you believe the world is heading on a 10-point continuum between sustainable development on one end (+5) and sustainable destruction on the other end (-5)? How might your world view, political orientation, and/or life experience influence your rating?

5. Review the Four Objectives in the updated version of the Comprehensive Mental Health Action Plan 2013-2030 (World Health Organization, 2021). Which ones are particularly relevant for humanitarian action as described in the five core responsibilities of the 2016 Agenda for Humanity (United Nations, 2020)?

6. How can graduate training programs in mental health and psychology incorporate some of the perspectives, agendas, and frameworks into their programs? How are some already included in your training program or other training programs?

7. Have a go at adjusting and filling in some of the items in the GI Grid with its GMS and GMH foci. Identify additional resources and tools. Personalize it!

8. In your own words, summarize Global Integration, Global Mental Health, and/or Global Member Care in one sentence. What are some of the brief videos, podcasts, and presentations illustrating these three frameworks including their applications to settings around the world?

9. The article ends with seven directional commitments. How do these apply to you, and how would you add to or adjust them?

10. What questions and topics would you like to discuss with the authors?



Patrycja Ewa Longawa - a qualified psychotherapist. She offers online psychotherapy in an integrative approach, in both Polish and English. Her education includes training in five areas: psychotherapy, psychology, art therapy, sociology, and economics - through academic studies and certified courses. Since 2013, she has been involved in the field of education and events. She publishes articles, conducts workshops and lectures, and teaches psychology at a state higher education institution and in a theological seminary. Her areas of interest include neurodiversity (ADHD/ASD).

Former contributions by Patrycja Ewa in our eJournal you can see her: <https://emcapp.ignis.de/21/#p=27>

Creative Forms of Talking to God dealing with ADHD

Creative forms of prayer can be especially helpful for people with ADHD or those who have trouble maintaining focus during traditional prayer.

Some methods that might be worth trying include:

1. Writing Letters to God

This is a way of expressing your thoughts, feelings, gratitude, and requests in written form. Writing can help you better understand yourself and deepen your relationship with the Creator. Does this idea appeal to you?

At regular intervals (e.g., once a week), write your thoughts in the form of a letter addressed to God. You can write about your emotions, give thanks for blessings, ask for help and support, or share your reflections.

What could you gain from it?

Writing helps to express yourself and your emotions. It can act as a form of self-therapy and reflection.

2. Keeping a Prayer Journal

A prayer journal is a place where you can record your prayers, reflections, and the responses to the intentions you previously brought before God. Ideally, write a few sentences each day about what was most important that day. Would you like to give it a try?

Kreatywna modlitwa dla osób z ADHD

Kreatywne formy rozmowy z Bogiem mogą być szczególnie pomocne dla osób z ADHD, lub tych, które miewają trudności z utrzymaniem koncentracji podczas tradycyjnej modlitwy. Metody które mogą okazać się warte spróbowania to:

1. Pisanie Listów do Boga

To sposób na wyrażenie swoich myśli, uczuć, dziękczynienia i prośb w formie pisemnej. Pisanie może być pomocne w poznawaniu swojego wnętrza, a także w rozwijaniu relacji ze Stwórcą.

Podoba Ci się ten pomysł?

W regularnych odstępach czasu (np. raz w tygodniu) zapisuj swoje myśli w formie listu skierowanego do Boga.

Możesz pisać o swoich uczuciach, dziękować za błogosławieństwa, prosić o pomoc i wsparcie, lub dzielić się swoimi refleksjami.

Co możesz zyskać?

Pisanie pomaga w wyrażeniu siebie i swoich emocji.

Może działać jako forma autoterapii i samorefleksji.

2. Tworzenie Dziennika Modlitewnego

Dziennik modlitewny to miejsce, gdzie można zapisywać swoje modlitwy, refleksje i odpowiedzi na prośby skierowane wcześniej do

Each day, write down your prayers, thoughts, and impressions. You can also record answers to your prayers, signs, or spiritual experiences. Add drawings, Bible verses, poems, or photos that are meaningful to you.

What could you gain?

Helps track your spiritual growth and responses to prayer. Encourages regularity in prayer by recording intentions and thoughts.

3. Drawing and Painting as Prayer

Using art as a form of prayer allows you to express spiritual emotions and thoughts visually. Don't worry about the result - this isn't an art contest. Let even your doodles come from the heart.

Are you in?

Create a special sketchbook or set of drawing materials dedicated to your prayers. Regularly take time to draw or paint what you feel during your conversations with God. Your sketches and drawings can reflect gratitude, requests, praise, or spiritual reflection. What could you gain? Helps with focus and expressing emotions creatively. Can be a relaxing and meditative form of prayer and even a way to unlock creativity.

4. Music and Singing as Prayer

Music and singing can be powerful tools of prayer, helping you to immerse yourself more deeply. After all, it's said that those who sing, pray twice! Is this for you?

Sing psalms, worship songs, or your own compositions. Play an instrument you know and create your own prayer melodies. Listen to spiritual music and meditate on the lyrics and melody. What could you gain? Helps engage your emotions and spirit in prayer. Music can be soothing or energizing and supports concentration.

5. Prayer Through Movement

For people with hyperactivity, combining prayer with movement can be much more enjoyable. This may include prayer walks, dancing, or singing. Would you like to try it? Go for a walk and talk to God as you walk, say the rosary, or meditate on a Bible verse. Use dance as a way of expressing prayer — dancing to spiritual music. What could you gain?

Physical movement helps maintain focus and reduce tension. It may be a more natural form

Pana Boga. Najlepiej zapisać codziennie kilka zdań o tym, co było tego dnia najważniejsze.

Masz ochotę spróbować?

Każdego dnia zapisuj swoje modlitwy, myśli i wrażenia.

Możesz również notować odpowiedzi na modlitwy, znaki i doświadczenia duchowe.

Dodaj rysunki, cytaty biblijne, wiersze czy zdjęcia, które mają dla Ciebie znaczenie.

Co możesz zyskać?

Ułatwia śledzenie swojego duchowego rozwoju i odpowiedzi na modlitwy.

Pomaga w utrzymaniu regularności modlitwy poprzez zapisanie intencji i myśli.

3. Rysowanie i Malowanie jako Modlitwa

Wykorzystanie sztuki jako formy modlitwy pozwala na wyrażenie duchowych uczuć i myśli w sposób wizualny. Nie przejmuj się efektem, bo to nie konkurs plastyczny. Niech nawet bazgroły płyną z serca.

Wchodzisz w to?

Stwórz specjalny szkicownik lub zestaw materiałów do rysowania, który będzie poświęcony Twoim modlitwom.

Regularnie poświęć chwilę na rysowanie lub malowanie tego, co czujesz podczas rozmów z Bogiem.

Twoje szkice i obrazki mogą odzwierciedlać wdzięczność, prośby, uwielbienie czy refleksję duchową.

Co możesz zyskać?

Pomaga w koncentracji i wyrażeniu emocji w twórczy sposób.

Może być relaksującą i medytacyjną formą modlitwy, a nawet sposobem na twórcze odblokowanie.

4. Muzyka i Śpiew jako Modlitwa

Muzyka i śpiew mogą być potężnymi narzędziami modlitwy, pomagającymi w głębszym zanurzeniu się w niej. Zresztą podobno kto śpiewa, ten modli się podwójnie!

To dla Ciebie?

Śpiewaj psalmy, pieśni religijne lub własne utwory.

Graj na instrumencie muzycznym, który znasz, tworząc własne melodie modlitewne.

Słuchaj muzyki religijnej i medytuj nad jej słowami i melodią.

Co możesz zyskać?

of prayer for people who find it difficult to sit still.

Did you find something for yourself?

I hope this inspired you. And if not quite yet, remember - it's always worth continuing to search for a shared language with God. Good luck!

Pomaga w zaangażowaniu emocji i ducha w modlitwie.

Muzyka może działać kojąco lub pobudzająco i wspomagać koncentrację.

5. Modlitwa przez Ruch

Dla osób z nadpobudliwością, modlitwa połączona z ruchem może być znacznie przyjemniejsza. Może obejmować spacer, modlitewne, taniec i śpiewy.

Chcesz spróbować?

Wybierz się na spacer i podczas chodzenia rozmawiaj z Bogiem, odmawiaj różaniec lub medytuj nad fragmentem Pisma Świętego.

Wykorzystaj taniec jako formę wyrażenia modlitwy, tańcząc w rytm muzyki religijnej.

Co możesz zyskać?

Ruch fizyczny pomaga w utrzymaniu koncentracji i redukcji napięcia.

Może to być bardziej naturalny sposób modlitwy dla osób, które mają trudności z siedzeniem w bezruchu.

Znalazłeś coś dla siebie? Mam nadzieję, że udało mi się Ciebie zainspirować.

Jeśli nie do końca to pamiętaj, że warto szukać dalej wspólnego języka z Bogiem. Powodzenia!



Samantha Griffiths, MA, LMFT; is an artist, illustrator, and therapist whose Christian (Anglican) faith drives her to contribute truth, beauty, and goodness to the world. Samantha spends her time walking with people experiencing the distress of anxiety and obsessive compulsive disorder, specializing in the treatment of scrupulosity. Happiest at the intersection of theology, psychology, and the visual arts, her seminary studies of theology and Christian psychology were the early seeds of her current artistic work. She is the illustrator of *Light Shining Out of Darkness*, by 18th century Anglican poet William Cowper.

www.samanthagriffitts.com
www.samanthagriffittsart.com

"William Cowper: Suffering, Creativity, and Christian Psychology"

God moves in a mysterious way,
His wonders to perform;
He plants his footsteps in the sea,
And rides upon the storm.

Deep in unfathomable mines
Of never-failing skill,
He treasures up his bright designs,
And works his sov'reign will.

Ye fearful saints, fresh courage take,
The clouds ye so much dread
Are big with mercy, and shall break
In blessings on your head.

Judge not the Lord by feeble sense,
But trust him for his grace;
Behind a frowning providence
He hides a smiling face.

His purposes will ripen fast,
Unfolding ev'ry hour;
The bud may have a bitter taste,
But sweet will be the flow'r.

Blind unbelief is sure to err,
And scan his work in vain;
God is his own interpreter,
And he will make it plain.

(*Light Shining Out of Darkness*, by William Cowper)

William Cowper was an 18th century British poet most commonly known today as the author of "Light Shining Out of Darkness," the poem that would become the hymn "God Moves In A Mysterious Way." The poem is a testament to God's presence and faithfulness in the midst of Cowper's own struggle with depression and anxiety. He lost his mother at a very young age, and dealt with periods of profound sadness and fear that lasted well into his adult life. The 18th century was not a friendly time to struggle with such things. Suffering gave birth to more suffering as people crumbled under the weight of institutionalization and the unrelenting label of "madness." But William Cowper did not succumb to madness. And despite his own experience with institutionalization, he left us an inheritance of beauty from these struggles in the form of his poetry, in no small part thanks to his enduring friendship with John Newton (the writer of "Amazing Grace").

Although much has changed since Cowper's lifetime, his story is not altogether unlike the stories of modern Christians who struggle with depression and anxiety. While our modern understanding of the etiology and treatment of depression and anxiety surpasses that of the 18th century, there is still much to learn from looking into the past. Studying the lives of tho-

se who have gone before us, like Cowper, can help us to firmly situate our own stories within the context of the broader story of the death and resurrection of Jesus Christ, where much beauty can be made of much suffering.

I encounter such suffering on a daily basis in my work as a therapist treating anxiety and obsessive compulsive disorder. Through Cognitive Behavioral Therapy, and more specifically Exposure and Response Prevention, we identify practical ways to allow anxiety to be experienced without attempting to neutralize or offset it, allowing for habituation and ultimately relief from the anxiety and discomfort over time. It is a therapy model that is both incredibly simple

and deeply theological, as every exposure exercise is also a conscious act of trust in God and a conscious rejection of the attempt to control the feared circumstance through our own strength and striving. It is a concept that I like to think would have resonated with William Cowper. Finding himself unable to push back against the waves of sorrow and fear that sought to drown him, he chose to anchor himself to the one who “plants his footsteps in the sea, and rides upon the storm.”

First published here: <https://christianpsychologyinstitute.org/william-cowper-suffering-creativity-and-christian-psychology/>



1/10

Dani K.

Zefina

Christian Psychology in General



Aender Borba (Brazil) Currently pursuing a Master's degree in Religious Studies at the Pontifical Catholic University of Minas Gerais (PUC Minas), within the research line Religion and Contemporaneity. Holds a specialization in the Development, Management, and Evaluation of Social Projects in Urban Areas from CECAPS/FAFICH/UFMG, and another in Elementary Experience in Psychology from the Laboratory for the Analysis of Processes in Subjectivity (LAPS), also affiliated with FAFICH/UFMG. Graduated in Psychology from the Faculty of Administrative Studies of Minas Gerais (FEAD) and in Theology from Martin Bucer Seminary–Brazil. In the graduate program at PUC Minas, is a member of the research group Religion, Ethics, and Epistemology, part of the Graduate Program in Religious Studies. Since 2021, has participated in the LABÔ Laboratory of Politics, Behavior, and Media at PUC-SP, working within the subgroup Existential Emptiness in Contemporary Society and the Possibilities of Realizing Meaning.

The practice of Christian Psychology in Brazil: challenges, institutional tensions, and emerging possibilities

The expression “Christian psychology” faces unique obstacles in the Brazilian context. Professional regulation, combined with the prevailing ideological environment in universities and the shaping of public opinion, has created a climate of strong resistance to any dialogue between Christian faith and psychological science. This article examines these challenges by analyzing the impact of resolutions issued by the Federal Council of Psychology (CFP), the academic pressure experienced by Christian students, the improper association of Christian psychology with so-called “gay cure” practices, and the proliferation of parallel, unsupervised counseling methods, including those found within churches. Finally, it highlights emerging movements of renewal, especially initiatives inspired by the work of Eric L. Johnson, which seek to build in Brazil a theoretical and clinical model that brings together scientific responsibility, pastoral wisdom, and Christ-centered foundations.

A prática da psicologia cristã no Brasil: desafios, tensões institucionais e possibilidades emergentes

A expressão “psicologia cristã” enfrenta obstáculos singulares no contexto brasileiro. A regulamentação da profissão, somada ao ambiente ideológico predominante nas universidades e à formação da opinião pública, criou um cenário de forte resistência ao diálogo entre fé cristã e ciência psicológica. Este artigo examina tais dificuldades, analisando o impacto das resoluções do Conselho Federal de Psicologia (CFP), o patrulhamento acadêmico sofrido por estudantes crentes, a associação indevida da psicologia cristã à chamada “cura gay”, bem como a proliferação de práticas paralelas de aconselhamento não supervisionado, inclusive no interior das igrejas. Por fim, aponta movimentos emergentes de renovação, em especial as iniciativas inspiradas pela obra de Eric L. Johnson, que têm buscado construir no Brasil um modelo teórico e clínico que una responsabilidade científica, sabedoria pastoral e centralidade cristológica.

1. Institutional resistance to the term “Christian Psychology”

In Brazil, the professional title of psychologist, as well as the legitimate scope of clinical practice, is regulated by federal law and by norms issued by the Federal Council of Psychology (CFP). Within this regulatory framework, the use of terminology that links psychological practice to religious references, such as “Christian psychology”, is explicitly prohibited in official documents. The Council reinforces the secular character of the profession and forbids psychologists from associating their professional title with religious traditions or incorporating psychological methods and techniques into religious beliefs, including in the promotion of services and clinical work.

Several CFP resolutions emphasize that the psychologist’s work must be completely detached from confessional commitments. Thus, even when a professional is academically and theologically trained, the mere explicit presence of the term “christian” attached to their professional identity is interpreted as an ethical violation. This normative framework hinders the public visibility and institutional recognition of approaches that seek to responsibly integrate christian faith and psychology.

2. Ideological policing in university training

The institutional prohibition strongly influences the culture of psychology programs. Many students who wish to engage their faith in dialogue with psychological science are discouraged, formally or informally, from doing so. In several universities, any attempt to think about psychology from a christian perspective is treated as an intellectual regression, as if faith were synonymous with irrationality or dogmatism.

This institutional restriction has a direct impact on the training of psychology students, creating an environment of ideological policing in which future professionals are pressured not to express confessional perspectives or viewpoints grounded in christian faith during their academic formation or clinical practice. Many end up concealing or abandoning their religious convictions to avoid academic sanctions, limitations in clinical internships, or criticism from faculty and peers.

Such an environment produces academic inse-

1. A resistência institucional ao termo “psicologia cristã”

No Brasil, o título profissional de psicólogo, assim como o escopo legítimo da prática clínica, é regulado por legislação federal e por normas emitidas pelo Conselho Federal de Psicologia (CFP). Dentro desse sistema regulatório, o uso de termos que vinculem a prática psicológica a referenciais religiosos, como “psicologia cristã”, é expressamente (Site oficial do órgão que regulamenta a profissão de psicologia no Brasil <https://site.cfp.org.br/formacao-em-psicologia-crista-comunicado-do-cfp/>) vetado nos documentos oficiais. O órgão reforça o caráter laico da profissão e proíbe psicólogos de associarem o título profissional a vertentes religiosas ou de incorporarem métodos e técnicas psicológicas a crenças religiosas, inclusive na divulgação de serviços e atendimentos.

Algumas resoluções do CFP insistem na ideia de que a atuação do psicólogo deve ser completamente desvinculada da confessionalidade. Assim, mesmo quando o profissional é qualificado tanto academicamente quanto teologicamente, a mera presença explícita do termo “cristão” associado à identidade profissional é interpretada como violação ética. Esse enquadramento normativo dificulta a existência pública e reconhecida de abordagens que buscam integrar fé cristã e psicologia de maneira responsável.

2. Patrulhamento ideológico na formação universitária

A proibição institucional repercute fortemente na cultura dos cursos de psicologia. Muitos estudantes que desejam dialogar com sua fé são desencorajados, formal ou informalmente, a fazê-lo. Em várias universidades, qualquer tentativa de pensar psicologia a partir de uma perspectiva cristã é vista como atraso intelectual, como se fé fosse sinônimo de irracionalidade ou dogmatismo.

Essa restrição institucional tem impacto direto sobre a formação dos estudantes de psicologia, criando um ambiente de patrulhamento ideológico em que há pressão para que futuros profissionais não manifestem perspectivas confessionais ou fundamentadas em fé cristã ao longo de seu processo de formação universitária e prática clínica. Muitos alunos acabam ocultando ou abandonando suas convicções re-

curity and pressures christian students toward self-censorship: to be accepted, they must hide spiritual convictions that are, paradoxically, central to their self-understanding and to the ethical motivation that leads them to care for others.

3. The social imagination marked by the association between “Christian Psychology” and “Gay Cure”

Another significant challenge concerns the impact of contemporary ideologies on the formation of the Brazilian social imagination. Leaders within the CFP and associated activist movements have, over recent years, promoted the narrative that any proposal linking christian faith and psychology is necessarily connected to “gay cure” practices or “sexual reorientation therapies.” This mistaken and reductionist association produces two serious effects:

- a) It reduces christian psychology to a political-identity stereotype.
- b) It prevents the faith–science dialogue from developing freely, rigorously, and fruitfully.

In the public arena and collective imagination, the work of christian psychologists has been improperly linked to the defense of so-called “gay cure” or “conversion therapy,” largely due to controversies surrounding attempts to reverse sexual orientation on the basis of religious arguments or motivations. The CFP, in multiple statements and resolutions, strongly condemns any practice that pathologizes homosexuality or any therapeutic intervention aimed at “sexual reversion.” This has become one of the central points of conflict between ideological activism and religiously oriented groups.

This context has contributed to labeling christian psychology as anti-scientific or reactionary, thereby obstructing the recognition of approaches that draw on a biblical worldview to promote holistic health. As a consequence, the accusation of “anti-scientific bias” is frequently used to disqualify any academic production that mentions or alludes to christianity, even in an author’s private framework of meaning, regardless of its methodological or clinical merit. In this environment, publishing research in Brazil that demonstrates therapeutic effectiveness

ligiosas para evitar sanções acadêmicas, limitações em estágios ou críticas de docentes e colegas.

Esse ambiente gera insegurança acadêmica e uma pressão para que o estudante crente adote uma postura de autocensura: se quiser ser aceito, deve ocultar convicções espirituais que, no entanto, fazem parte de sua autocompreensão e motivação ética para cuidar de pessoas.

3. O imaginário social marcado pela associação entre “psicologia cristã” e “cura gay”

Outro desafio expressivo diz respeito ao impacto de ideologias contemporâneas na formação do imaginário brasileiro. Membros diretores do CFP e movimentos militantes associados, ao longo dos últimos anos, promoveram a narrativa de que qualquer proposta que una fé cristã e psicologia estaria necessariamente ligada às práticas de “cura gay” ou “terapias de reversão sexual”. Essa associação, equivocada e simplificada, produz dois efeitos graves:

- a) Reduz a psicologia cristã a um estereótipo político-identitário.
- b) Impede que o debate sobre a relação fé-ciência se desenvolva de modo livre, rigoroso e frutífero.

Na arena pública e no imaginário coletivo, a atuação de psicólogos cristãos foi indevidamente associada à defesa da chamada “cura gay” ou “terapia de conversão”, especialmente em razão de polêmicas envolvendo tentativas de reverter orientações sexuais a partir de argumentos ou motivações religiosas. O CFP, em diversas notas e resoluções, condena fortemente qualquer prática de patologização da homossexualidade ou intervenção terapêutica que vise “reversão sexual”, sendo este um dos principais pontos de embate entre militância ideológica e grupos de orientação religiosa. Esse contexto contribuiu para a rotulação da psicologia cristã como anti-científica ou reacionária, dificultando o reconhecimento de abordagens que partam de uma cosmovisão bíblica para a promoção da saúde integral.

Como consequência, a acusação de “anticientificismo” é usada para desqualificar previamente

grounded in christian categories becomes almost impossible.

4. The proliferation of parallel clinical practices and the problem within the church

Another important aspect to highlight is that, in Brazil, psychology is the primary field responsible for clinical care grounded in qualified listening, technical assessment, and behavioral and emotional interventions. However, in recent years, the number of individuals who self-identify as “therapists” without proper training, without supervised practice, and often without ethical commitment has grown rapidly. Unlike contexts such as Europe and the United States, Counseling is not an activity officially recognized or regulated by any state or private body. Short courses in counseling, popularized forms of psychoanalysis, or alternative methods claim to equip individuals to deal with psychological suffering without technical rigor or institutional accountability. Unfortunately, this scenario is also replicated within the Brazilian Christian Church. In many settings, “Christian Counseling” develops in parallel to psychology, often in open rivalry with it and, not rarely, denying its importance as an expression of God’s Common Grace. This posture harms both the christian witness and the quality of care offered to people seeking help.

5. Signs of hope and integration efforts

Despite the resistance, the Brazilian context has begun to show promising signs of growth. Small groups of psychologists, physicians, theologians, students, and christian leaders have devoted themselves to studying Christian Psychology as a legitimate field of reflection and practice. Rather than rejecting modern sciences, they seek constructive dialogue, recognizing that:

- a) the Bible and the christian tradition offer profound sources of wisdom concerning the human condition;
- b) contemporary psychology provides valuable tools for understanding and care;

bringing the two together does not imply epistemological confusion but rather deepens the

te qualquer produção acadêmica que mencione ou faça alusão ao cristianismo, mesmo na esfera privada dessa pessoa e independentemente de seu mérito metodológico ou clínico. Assim, torna-se quase impossível, no contexto brasileiro, publicar pesquisas que demonstrem eficácia terapêutica fundamentada em categorias cristãs.

4. A proliferação de práticas clínicas paralelas e o problema no interior da igreja

Outro aspecto importante a ser mencionado é que a psicologia, no Brasil, é a principal responsável pelo cuidado clínico baseado em escuta qualificada, avaliação técnica e intervenções comportamentais e emocionais. Contudo, nos últimos anos, tem crescido de maneira acelerada o número de pessoas que se autodenominam “terapeutas” sem formação adequada, sem prática supervisionada e, na maioria das vezes, sem compromisso ético. Diferente de contextos como Europa e Estados Unidos, o Aconselhamento não é uma atividade reconhecida ou regulamentada oficialmente por nenhuma entidade de Estado ou privada.

Cursos breves de aconselhamento, psicanálise popularizada ou métodos alternativos prometem capacitar indivíduos para lidar com sofrimento psíquico sem que haja solidez técnica ou responsabilidade institucional. Lamentavelmente, esse cenário também se replica dentro da igreja cristã brasileira. Em muitos ambientes, o “aconselhamento cristão” se desenvolve de forma paralela à psicologia, frequentemente em rivalidade com ela e, não raro, negando sua importância como expressão da Graça Comum de Deus. Essa postura prejudica tanto o testemunho cristão quanto o cuidado das pessoas que buscam ajuda.

5. Sinais de esperança e esforços de integração

Apesar das resistências, o solo brasileiro tem mostrado sinais de fecundação. Pequenos grupos de psicólogos, médicos, teólogos, estudantes e líderes cristãos têm se dedicado a estudar seriamente a psicologia cristã como campo legítimo de reflexão e prática. Em vez de negar as ciências modernas, buscam dialogar com elas reconhecendo que:

- a) a Bíblia e a tradição cristã constituem fontes

vision of the person as created, fallen, and redeemed.

Within this movement, the intellectual and pastoral support of Dr. Eric L. Johnson has been crucial. His work provides a robust framework for bringing psychology, christian faith, and Christian Counseling into meaningful conversation, and his engagement with Brazilian researchers has sparked genuine expectations that, in the near future, it will be possible to develop a christ-centered therapeutic model that is both scientifically responsible and theologically sound.

Conclusion

The practice of Christian Psychology in Brazil faces institutional, cultural, and ideological barriers that hinder its development. Yet emerging initiatives point toward a promising future. The dialogue between psychology and faith is not a threat to science but an expanded way of understanding the human person in their fullness. If such efforts are grounded in scientific rigor, ethical responsibility, and christ-centered fidelity, Christian Psychology in Brazil can move beyond a marginal ideal and become a genuine contribution to soul care within a pluralistic society.

profundas de sabedoria sobre a condição humana;

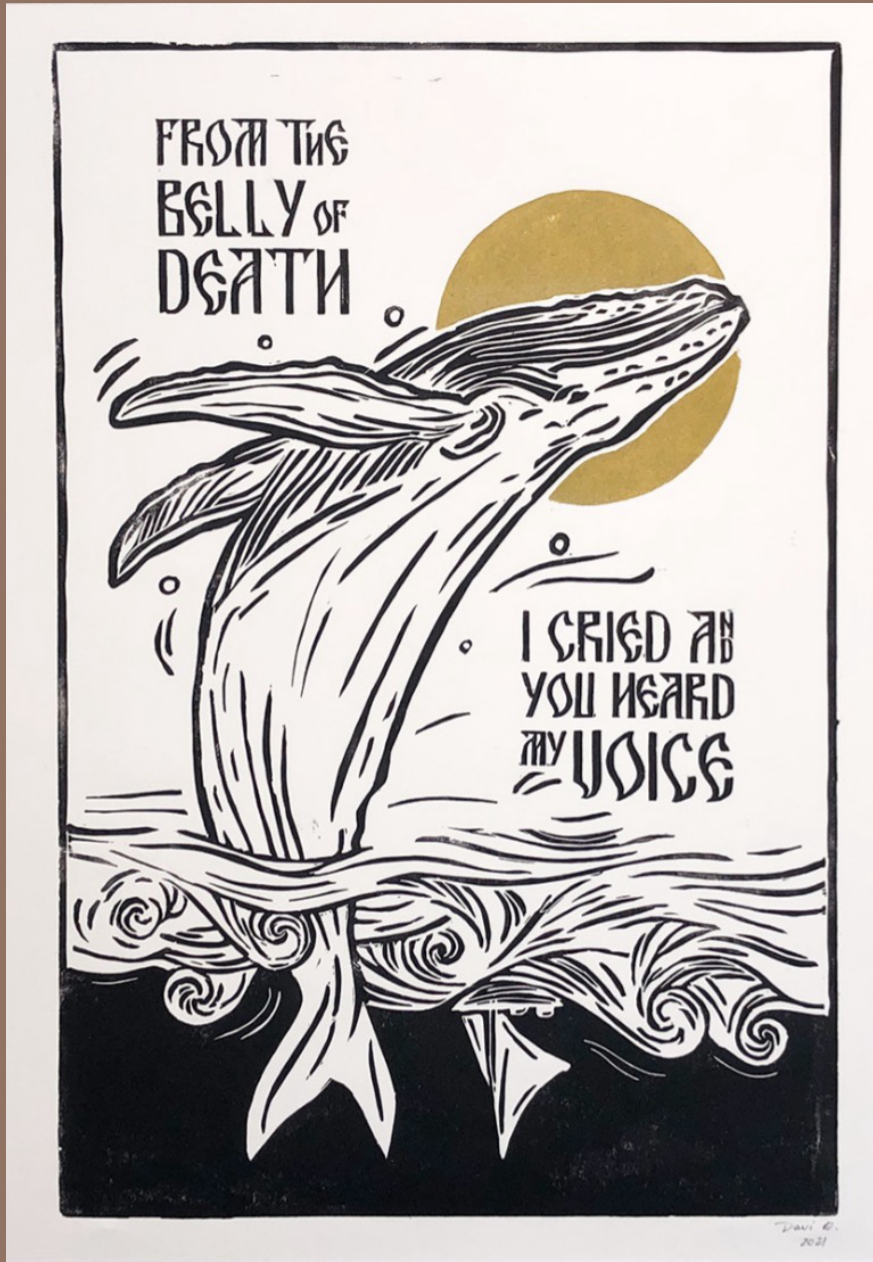
b) a psicologia contemporânea oferece instrumentos valiosos para compreensão e cuidado;

aproximar ambas não significa confusão epistemológica, mas aprofundar a visão de pessoa criada, caída e redimida.

Nesse movimento, o apoio intelectual e pastoral do Dr. Eric L. Johnson tem sido crucial. Sua obra oferece uma estrutura robusta para aproximar psicologia, fé cristã e aconselhamento cristão, e sua relação com pesquisadores brasileiros tem despertado expectativas reais de que, em futuro próximo, será possível desenvolver um modelo de terapia centrada em Cristo, cientificamente responsável e teologicamente sólido.

Conclusão

A prática da psicologia cristã no Brasil encontra barreiras institucionais, culturais e ideológicas que dificultam seu florescimento. Contudo, há iniciativas emergentes que apontam para um futuro promissor. O diálogo entre psicologia e fé não é uma ameaça à ciência, mas uma ampliação da compreensão do ser humano em sua totalidade. Se tais esforços forem sustentados por rigor científico, responsabilidade ética e fidelidade cristológica, a psicologia cristã no Brasil poderá deixar de ser apenas um ideal marginal e tornar-se uma contribuição real para o cuidado da alma em uma sociedade plural.



The Whale



Nathaniel Marino, MA
Assistant Professor of Psychology
Program Coordinator,
Undergraduate Psychology
Email: nmarino@hc.edu
Department of Psychology
College of Education and
Behavioral Sciences

"Why would you describe yourself as a Christian psychologist?"

Questions to Nathaniel Marino (USA)

May I first ask how it came about that you studied psychology?

The move to pursue psychology was born out of my Christian beliefs. I confessed my belief in Jesus as the Christ at an early age, large in part because of my parents leading and discipleship along with my hometown church. And looking back during my youth I recognize that I was always an inquisitive and self-reflective person. I remember asking my Pastor when I was in primary school, "Why did God make me 'me' and not someone else?" Based on that, it is no surprise that I ended up in psychology. I always asked these kinds of existential questions about humanity and as I learned more about the Lord, he brought deeper into the realm of knowing and understanding human beings. Thus, I am fascinated by all the people think, feel, and do more than any other topic of inquiry. During my high school years, I thought that God was calling me to full-time vocational ministry. My deep fascination and love for people in combination with my devotion to God and his people, I think naturally lead me to thinking that I should be a formal minister for God's church. I therefore believed that attaining a Master of Divinity degree was the goal I needed to pursue. But of course, I nee-

ded to earn a bachelor's degree first, so I thought what better area to major in than psychology, since that is the field that study's "people."

In the last 2 years of my undergraduate studies, I was getting involved heavily in psychological research and found that I had a knack for academic work, but still thought the ministry is where I should go. I remember having a conversation with my philosophy professor, who was also a mentor to me, and he asked me what I planned to do career-wise. And I said to him that I feel called to Christian ministry, but not necessarily the pastorate. I told him that I want to teach, speak, and write on these topics that I have been fascinated with my whole life, and from a distinctly Christian perspective. What he told me is one of the foundational things God used to change the course of my career. He said, "oh you want to be a professor." "You mean what you do?" I replied, which I thought was only teaching just like teachers in K-12 education. And he said, "teaching is only part of the job of a professor, but we speak at conferences and events and publish our writings to contribute to our fields." And the rest of that conversation was spent with me asking many questions which I synthesized into 3

points: (1) an academic professor is the career that I'm actually called to, (2) it has to be in a field that focuses on the study of humans, which for me was some combination of psychology, philosophy, and theology, and (3) I needed to go to graduate school to get the credentials needed to be a professor.

God consistently opened doors for me to continue my studies in the field of psychology and to pursue a professional career in academic psychology, especially in my current position as a faculty member in the psychology department at Houston Christian University in Houston, Texas.

What was the focus of your study/training?

I have a bachelor's in general psychology and a master's in research and experimental psychology. My background is primarily academic, focused on psychological research largely within the areas of social and personality psychology. Most of my research experience in these areas have focused on existential and social cognitive topics such as morality, religion, and worldview; my broadly considered experience has also included topics such as culture, personality judgement, and social class. My master's thesis was on people's meta-accuracy in personality perceptions based on their personality trait levels within the five-factor model. Essentially, I examined if certain personality traits predicted how accurate people were at perceiving how other people perceived their personality.

The entirety of my experience as a professional psychologist has been in the academy and higher education. I would describe myself as primarily a psychology teacher and researcher. It is common for most people to think of psychologists as those who help and heal wounded and disordered humans, with a central focus on mental health. In contrast, I see psychologists such as myself as those who endeavor to understand those who need help and healing; to understand the whole person.

At the time of writing this article I am completing my last semester of a master's in theological studies. Through this degree I have received training in biblical exegesis, theological inquiry, hermeneutics, and spiritual formation. My goal

with earning a degree in this field is to refine and strengthen my work as a Christian psychologist. My thought is that if a Christian psychologist builds their psychology on a biblical and theological foundation, then if I have advanced training in psychological studies, I should have commensurate training in biblical and theological studies. My thesis for this degree is at the intersection of psychology and theology focusing on how a Christological anthropology affects and shapes a Christian approach to psychology. Essentially, I am making a case for how a Christ-centered view of humanity frames the way we psychologically study and understand human nature and functioning.

Why would you call yourself a Christian psychologist?

For me Christian psychology is a unique and distinct approach to psychology. I have always considered myself a "Christian psychologist" in the sense that I am a Christian who studies and practices psychology. As a Christian in secular psychology I did not ever consider there to be an inherent conflict between psychology and Christianity, but I had to figure out how my studies and my faith fit together. What I ended up doing, which is quite common among Christians educated in modern, secular psychology, is trying to integrate my Christian views and faith into my psychological knowledge and understandings. I had no awareness of the philosophical and worldview presuppositions underlying modern psychology creating the illusion that the secular version of psychology is just psychology.

I had the blessed opportunity to meet and befriend Eric Johnson, a prominent Christian psychologist and career proponent of Christian psychology, during his tenure at Houston Christian University where he and I worked together. Eric and I's conversations over that period created a paradigm shift in my thinking about psychology and its relationship with Christianity. He helped make explicit in my mind all the presupposed viewpoints and frameworks that dominate secular psychology and a Christian approach to the discipline is necessarily different. I began to realize that "psychology" as a specific

inquiry into that nature of humanity has a long history in Christianity that predates the advent of modern psychology. From this vantage point, Christian psychologists see modern psychology as a continuation of historical psychology while bringing in all the advantages of modern philosophical thought and empirical methods. Christian psychologists derive a vision of humanity from the Christian scriptures and theology and further define and refine this vision through engagement with Christian philosophy and psychological science.

I identify as a Christian psychologist because now whatever topic I study or teach begins with a biblical and theological investigation into the topic and then I proceed to consult the psychological literature and think of how the psychological findings and considerations integrate into the Christian vision that I have laid out. My paradigm for approaching psychology is explicitly biblical and theological and this framework orients my development of a distinctly Christian psychology and my engagement with secular psychology.

How is this identity as Christian psychologist expressed in your teaching?

Along my journey of becoming a Christian psychologist my teaching has followed suit. At the beginning when I was shifting from the secular to the Christian paradigm of psychology, the many reflective questions I was asking myself I would pose to students in my classes. Questions about the underlying assumptions behind the various historical and mainstream theories I was teaching (e.g., man is intrinsically good, and actualization is his goal) and about the “rules” of the field that govern what topics and phenomena are legitimate to study and which ones are not (e.g., only natural and material things are real therefore valid to scientifically study). Through these questions my students would begin to critically reflect on the very things out of mainstream psychology I was teaching them.

As I continued to grow, I started to move from critically questioning mainstream psychology to reflecting on Christianity’s alternative vision of humanity. Discussing and reflecting with my students really helped me begin to conceptuali-

ze and articulate the biblical and theological vision of humanity’s nature and purpose. The central question for me and my students was, “if the secular vision of humanity in psychology is not the true vision, then what is Christianity’s?” In this period of my teaching, I did much comparing between the secular and Christian claims regarding things such as humans’ essential nature, humans’ fundamental meaning and ultimate purpose, what is healthy and prosocial behavior. I would present the standard viewpoints and conclusions mainstream psychology would draw on a topic and then I would critique it from a Christian perspective and provide the alternative. This was immensely helpful for my students to have a conceptual replacement for the secular psychological views we were deconstructing.

More recently in the past couple of years my teaching has shifted substantially from presenting the secular view of psychology, critiquing it, and presenting a Christian view as an alternative, to moving from the Christian view to the secular. What sparked my most recent stretch of growth as a Christian psychologist was a conversation I had with a friend and fellow Christian psychologist Nicholas DiFonzo. He was lamenting over the standard practice in Christian psychology textbooks initially present the standard, mainstream, secular psychological material that you would find in most secular textbooks and would present the Christian view later as an alternative view and or as a revisioning commentary. Nick’s lament as a Christian psychologist was that the Christian view based primarily on scripture and theology and informed by psychological science should be the standard view and the secular view should be the alternative. This point here has dramatically changed the way I approach every topic I study and teach on in psychology. I feel compelled to develop a biblical theology of the topic I will discuss and build a positive psychological view on it to then teach my students. Afterward I will then teach the standard, secular view as an alternative to the Christian view which I have intentionally and explicitly made primary for them. My goal is forming my students with a thoroughly Christian view of psychology into which they will compare the competing secular views.

What are your actual professional responsibilities? Can you tell us a little about your experience?

My primary responsibility at my institution is teaching. I teach four undergraduate classes each semester which range from first year classes to upper-level major specific courses. In addition to teaching, I am also the coordinator of the undergraduate psychology program. One of the exciting things I have been able to do in this role is to initiate and lead a complete overhaul of our bachelor's degree in psychology to make it more explicitly Christian in the structure of the degree plan and in the descriptions and outcomes of our courses.

And you also have a private life. Please tell us a little bit.

I have a wonderful, loving, and beautiful wife named Rachel. I love to spend time with my wife as much as we can, and we like to find and cook great food from all diverse cultures, drink coffee, watch movies, and have spontaneous adventures. My mom has lived with my wife and I since my dad went to be with the Lord, and it has been a real blessing to have her with us. She also enjoys eating, cooking, and watching movies with us, but not as many adventures; she prefers the peaceful activities of crafts and puzzles.



Personally, I am an avid video-gamer and love relaxing with a great game. Even though I study psychology and theology professionally, I really

do delight in recreationally reading in and studying these areas, along with philosophy. One of the things I cherish most is good conversations with others. For me there is nothing more satisfying than a spirited, thoughtful, and nuanced discussion with others. It is one of life's simple but profound pleasures.

Do you have any other concerns you would like to share with the readers?

One topic that has become an increasing concern of mine in recent years is the prevalence of secular and pop psychological ideas, language, and frameworks in the American church. I regularly come across literature, sermons, teachings, and expressions in conversations that reference things that I know comes out of mainstream psychology, but as if it is part of the biblical and theological tradition of the Christian faith. This is deeply concerning to me because Christians are uncritically drawing inspiration and guidance from a pool of ideas that is largely fed from a spring of weak anthropology, secular humanism, and therapeutic individualism—frameworks that often redefine sin, distort the nature of the self, and replace spiritual formation with self-help techniques detached from the gospel of Christ.

I think that Christian psychology could remedy this by offering a clear and distinctly Christian vision of what it means to be human and what it means to truly flourish. Rather than uncritically borrowing from secular frameworks, Christian psychology begins with the biblical story, which is humanity created in the image of God, fallen in sin, and redeemed in and through Christ. From that foundation, it can thoughtfully engage psychological insights while reorienting them within a theological understanding of persons as spiritual, relational, and embodied beings. This kind of framework would help the church recover a more faithful and holistic view of human nature and growth that resists the self-help and therapeutic trends of our age and instead points us toward transformation in Christ and participation in His life.



Werner May (Germany / Deutschland) was the senior chairman of the IGNIS Institute for Christian Psychology in Kitzingen for more than 25 years (www.ignis.de). As a teacher his main interest was in basic questions of Christian Psychology and in counseling of foster families. He also helped to build up the Institute for Christian Psychology, Education and Therapy in Switzerland (www.icp.ch). Now he is the chairman of the European Movement for Christian Anthropology, Psychology and Therapy (www.emcapp.eu) and publishes the free e-journal Christian Psychology Around The World (<http://emcapp.ignis.de/>). Werner has been married to Agnes for now 50 years. They live in Würzburg, Germany, and have six adult children.

The Heart of the Healing No

Sometimes I think that if only "Yes" existed, we would find ourselves in a paradise-like state! In a survey some years ago, 81 percent of Germans said that they frequently do say Yes when really a No would be more appropriate. But this is certainly true not only of Germany.

It is well-known that there are intercultural differences regarding how people handle saying "No"; in other words, each culture seeks its own solutions.

A couple of examples (gathered from the Internet):

- In Sweden, instead of a No they prefer to say that "It could prove difficult".
- The Chinese will extremely seldom answer with "No" or "I don't know", and instead always look for alternatives to a negation.
- When Indians give no answer to a question or persist in avoiding it, changing the topic, hesitating before answering, or uttering statements such as "I will do my best" or "I will try" or "I will discuss it with my team", they mean No.
- In Japanese, even a "but..." with no further comments can mean a denial, that is, a No.
- In Kazakhstan it is considered impolite to answer with No; one gets round this with such expressions as "possibly" or "perhaps later".
- In place of a clear "No", a Brazilian is more likely to say, "We shall see" or "Why not?".

Das Herz des heilenden Nein

Manchmal denke ich, wenn es doch nur das Ja gäbe, das wären ja paradiesische Zustände!

81 Prozent der Deutschen sagten in einer Umfrage vor einigen Jahren, dass sie öfters einmal Ja sagen, wo eigentlich ein Nein angebracht wäre. Aber das ist sicher nicht nur in Deutschland so.

Es gibt bekanntermaßen interkulturelle Unterschiede, wie man mit dem Neinsagen umgeht, bzw. jede Kultur sucht nach ihren eigenen Lösungen.

Ein paar Beispiele (im Internet zusammengesucht):

- In Schweden sagt man an Stelle eines Nein eher, dass es schwierig werden könnte.
- Chinesen werden äußerst selten mit einem "Nein" oder "Das weiß ich nicht" antworten, sondern immer Alternativen für eine Verneinung finden.
- Wenn Inder auf eine Frage keine Antwort geben oder beharrlich ausweichend reagieren, das Thema wechseln oder vor der Antwort zögern oder Sätze wie „Ich werde mein Bestes versuchen“ oder „Ich werde es mit meinem Team besprechen und wieder auf Sie zukommen“, sprechen, meinen sie Nein.
- Im Japanischen kann alleine das „Aber...“ ohne weitere Ausführung eine Absage, also ein Nein, bedeuten.
- In Kasachstan gilt es als unhöflich, mit Nein zu antworten, man umgeht es mit Ausdrü-

Ultimately, this certainly suggests that the value of the relationship is considered more important than a No or a Yes on a given topic or as an answer to a factual question. For the sake of the relationship, one gets by without the No.

Yet, whether we like it or not, there are situations in which a No has to be spoken. This No should not be a No in which mistrust lurks in the background, nor a No intended to save us trouble or with which we take up position against the other.

It should be a No which offers a hand to the other person and takes this person's side. And regardless of how the other reacts, I will not let go of this hand, I wish to remain in a relationship. It is a No intended to dare to trust, to create it: I call it the "Healing No". This is a major challenge.

Here I would like to show you the core of the Healing No with the help of a dance video recorded by Monika Gałęska from Poland.

First of all, just watch this dance video!!!

youtu.be/_28-1iwXogE

Monika Gałęska is a Polish dance and motion therapist, a state-accredited dancing teacher and a dance performer on stage.

She graduated from the State Ballet School In Poznań (Poland) and the Palucca University of Dance in Dresden (Germany), and studied Spiritual Theology at the Higher Theological Seminar in Poznań.
www.facebook.com/PobiegnijmyRazem

Monika writes: "The project was inspired by the concept of the Christian psychologist Werner May and by meeting and cooperating with him.

The theme "Healing No" arose from the idea of showing how a "No" – that is, saying "No" – can

cken wie „möglicherweise“ oder „vielleicht später“.

- Statt eines klaren „Nein“ sagen Brasilianer eher „Wir werden sehen“ oder „Warum nicht?“.

Letztlich deutet das schon an, dass der Wert der Beziehung wichtiger eingeschätzt wird als ein Nein oder Ja zu einem Thema oder als Antwort auf eine Sachfrage. Um der Beziehung willen verzichtet man auf das Nein.

Doch ob wir es wollen oder nicht: Es gibt Situationen, in denen ein Nein gesagt werden muss. Dieses Nein sollte kein Nein sein, bei dem Mistrauen im Hintergrund steht, kein Nein, das uns vor Ärger schützen soll oder bei dem wir gegen den anderen sind.

Es soll ein Nein sein, das dem anderen die Hand reicht und für diesen ist. Und egal wie der andere reagiert, ich will diese Hand nicht loslassen, ich will in Beziehung bleiben. Es ist ein Nein, das Vertrauen wagt und schaffen will: Ich nenne es das „Heilende Nein“. Das ist eine große Herausforderung.

Ich möchte hier anhand eines Tanzvideos, das Monika Gałęska aus Polen aufgenommen hat, das Herz, den Kern des Heilenden Nein vorstellen.

Schaut euch dieses Tanzvideo zunächst einmal an!!!

youtu.be/_28-1iwXogE

Monika Gałęska ist eine polnische Tanz- und Bewegungstherapeutin, staatlich anerkannte Tanzpädagogin und

Bühnentänzerin.

Absolventin der Staatlichen Ballettschule in Posen (Polen), der Palucca Hochschule für Tanz Dresden (Deutschland) und des Studiums der Spirituellen Theologie am Höheren Theologischen Seminar in Posen.

<https://www.facebook.com/PobiegnijmyRazem>



bring healing and well-being for both the speaker and the person refused. The story in the recording shows, in a number of scenes, different approaches in which both a

Monika schreibt: „Das Projekt wurde durch das Konzept, die Begegnung und die Zusammenarbeit mit dem christlichen Psychologen Werner May inspiriert.



destructive No and a healing No occur in a relationship between a man and a woman. The alternating threads of the plot attempt to elucidate two “paths” along which a decisive role is played by an evocative symbolic language of gestures, images, props, bodily postures and dance, all of these reflecting memories and the constantly shifting dynamics of feelings.

Protecting one’s own boundaries, authenticity, building healthy relationships and establishing one’s roots deep in Christian faith combine to form the essence of this unbelievably profound concept, which is based on trust and commitment to God, even on the way to a beautiful and mature love. My thanks go also to <https://www.facebook.com/5.5ART> for the production.”

For more information on the topic of saying No: www.nein5xja.de

Das Thema „Heilendes NEIN“ entspringt dem Gedanken, zu zeigen, wie ein „Nein“ – also „Nein“ sagen – sowohl für den Nein-Sagenden als auch für den Abgelehnten heilsam und wohltuend sein kann.

Die Geschichte in der Aufnahme zeigt in einigen Bildern zwei Herangehensweisen, in denen sowohl ein destruktives Nein als auch ein heilendes Nein in der Beziehung zwischen einem Mann und einer Frau vorkommen.

Die sich abwechselnden Handlungsstränge versuchen, zwei „Wege“ zu veranschaulichen, in denen die bedeutungsvolle Symbolik von Gesten, Bildern, Requisiten, Körperhaltungen und Tanz, die Erinnerungen und die sich verändernde Dynamik von Gefühlen und Emotionen widerspiegeln, eine entscheidende Rolle spielt.

Die Wahrung der eigenen Grenzen, Authentizität, der Aufbau gesunder Beziehungen und die

Verwurzelung im christlichen Glauben sind die Essenz dieses unglaublich tiefgründigen Konzepts, das auf Vertrauen und Hingabe an Gott selbst auf dem Weg zu einer schönen und reifen Liebe basiert.



Danke auch an <https://www.facebook.com/5.5ART> für die Produktion.“

Mehr Informationen zum Thema Nein-Sagen hier: www.nein5xja.de

II INTERNATIONAL CONGRESS OF CHRISTIAN ANTHROPOLOGY AND MENTAL HEALTH SCIENCES

Integrating religion and spirituality in psychotherapy

May 15th-17th 2026

The second edition of the congress of Christian Anthropology and Mental Health Sciences (1st ed 2019) in which international lecturers will share their investigations and practices in mental health and christian anthropology, this time, focused on the relationship between religion and spirituality in psychotherapeutic contexts.

Organises: Universitat Abat Oliba CEU

Contributors



DIVINE MERCY
UNIVERSITY

divinemercury.edu



Universidad
de Navarra

unav.edu




EMCAPP

emcapp.eu



International
Catholic Association of
Therapists & Coaching

icatc-world.com



Next Number
Anticipated
Publication date:
The End of
Spring 2026

About Us

This journal is published by the European Movement for Christian Anthropology, Psychology and Psychotherapy in cooperation with the IGNIS-Academy, Kanzler-Stürtzel-Str.2, D-97318 Kitzingen. EMCAPP as a non-institutional movement enjoys meeting Christian scholars and practitioner in the field of Christian anthropology, psychology, psychotherapy and counseling from all over the world and from most Christian traditions. We are focused on bringing together key persons from different countries. The richness of experience and background always stimulates and refreshes us.

This magazine is free and can be downloaded from our website. We appreciate everyone who recommends it.

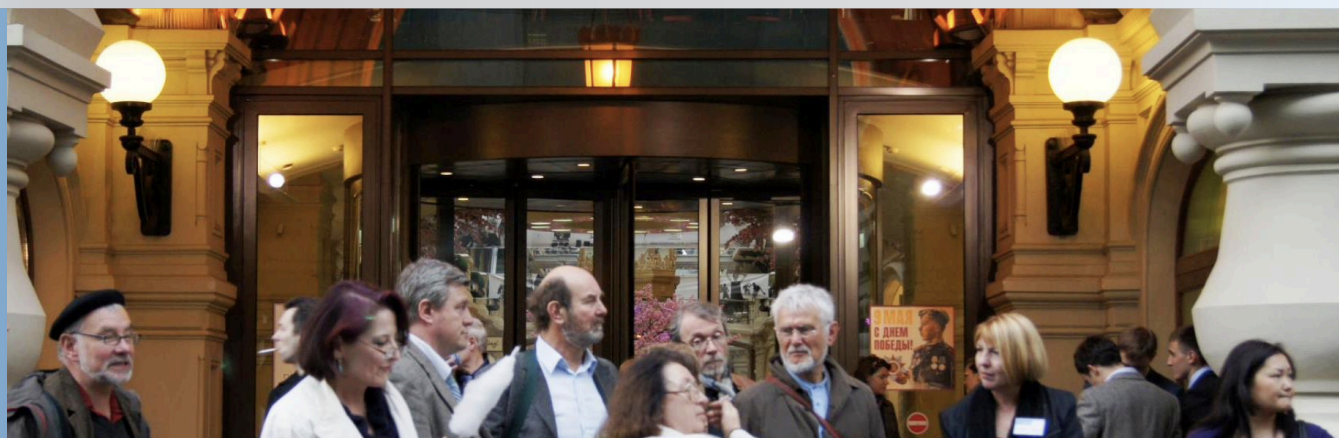
Per year, two issues of the journal are planned.

Publisher, Editor: Werner May
Design: Juliane Thoma
Interactive design, Webdesign:
Heiko Gneuß, pro-webART
<http://www.pro-webART.com>

Many thanks to the numerous authors and the translators. Without their commitment and gifts this number would not exist.

The Board of EMCAPP

- Mar Alvarez-Segura (Spain), child and adolescent psychotherapist for trauma treatment. Lecturer at Abat Oliba CEU University (Spain).
- Francesco Cution (Italy), clinical psychologist and psychotherapist, associate of the Italian Catholic Association of Psychologists and Psychiatrists, president founder of the association "Jonas is on the way", Rome.
- Nicolene Joubert (South Africa) psychologist, Head of the ICP: the Institute of Christian Psychology in Johannesburg www.icp.org.za.
- Rev. Andrey Lorgus (Russia), psychologist, Rector of the Institute of Christian Psychology in Moscow, <http://fapsyrou.ru>.
- Werner May (Germany), psychologist, former President of the Academy for Christian Psychology IGNIS www.ignis.de, President of EMCAPP Board.
- Anna Ostaszewska (Poland), psychotherapist, supervisor, one of the founders of the Association of Christian Psychologists in Poland (ACP). Vice-President of EMCAPP Board
- Elena Strigo (Russia, city of Krasnojarsk, Siberian Region), psychologist, psychotherapist at the Psychological Counselling Center.



seven statements of emcapp



The seven statements of EMCAPP are as follows:

- 1. EMCAPP is based on the belief that there is a God who is actively maintaining this world, and therefore there cannot be any discussions about Man without talking about God.**
- 2. EMCAPP acknowledges the limitations of all human knowledge and therefore appreciates the attempts of the various Christian denominations to describe God and their faith.**
- 3. EMCAPP brings together international leaders and pioneers in the field of Christian psychology and psychotherapy and its underlying anthropology.**
- 4. EMCAPP respects and appreciates the cultural and linguistic diversity of backgrounds of its members.**
- 5. EMCAPP encourages its members to learn how to recognize each other as friends and brothers and sisters in Christ.**
- 6. EMCAPP encourages its members in their national challenges and responsibilities.**
- 7. EMCAPP has a global future and it is open to discourse and joint research opportunities around the world.**