This article proposes a model for the project of integrating the field of clinical psychology with Catholic intellectual tradition. “Integration” here is understood as the project by which psychology’s understanding of the human person is illuminated and perfected by drawing on anthropological knowledge from outside psychology, specifically from Catholic philosophy and divine revelation. The article sets forth a definition of integration in the form of six principles. Rather than formulating the principles as descriptive premises (e.g., “six propositions defining integration”), they are formulated as habits of mind, intellectual qualities that one possesses, and when possessed, capacitate one to do Christian scholarly integration. The model is flexible enough to be adapted for use in integrating other social sciences, as well as, to some degree, the hard sciences.

Unity of Knowledge

The God who reveals himself in Jesus Christ is also the God who creates a universe that can be known, with human persons in it capable of knowing. From this derives the Catholic belief in the unity of all truth, natural and revealed.

This belief holds that truths knowable within the natural order are not and cannot be opposed to truths supernaturally revealed, since every speculative and practical truth, natural and revealed, corresponds to the being and teleological ordering of all things in accordance with their conceived natures as pre-existent in the mind of God before their creation. Reflection, then, on a subject like the human person, on human nature and its operations, should encounter no fundamental discontinuities when moving from the perspective of faith to that of reason and vice versa. A truth asserted about the human person from the perspective of theological anthropology will be consistent with anthropological truths arising from philosophy, biology, chemistry, physics, and the behavioral sciences.

An assumption of this essay is that premises of faith—e.g., men and women are made “in the image of God,” derived from reflecting on the Christian sources of revelation as held in Catholic faith (i.e. Scripture...
and Tradition), are relevant to the anthropological understandings derived from biology, chemistry, and applied sciences like medicine and psychology. This will be elaborated here in relation to the psychological sciences. But the premise is true for all branches of natural knowledge bearing on our understanding the human person. I say “is relevant to,” not “alters the empirical data arising from” those sciences. It is relevant because in order to reason rightly consistently, especially with regard to ethical behavior, reason needs to set what it knows within a wider view of reality. Christian faith provides a window into this wider view.

A Construal of Fides et Ratio

John Paul II’s encyclical *Fides et Ratio* (1998) opens with the beautiful words: “Faith and reason are like two wings on which the human spirit rises to the contemplation of truth.”6 The specific aim of the encyclical is to reassert the compatibility between faith and reason and hence to re-enliven the historic fruitful relationship between philosophical and theological reflection. But the *fides et ratio* challenge can also be seen to underlie the endeavor to integrate psychology with faith and philosophy. This implies a reordering of the “*fides et ratio*” paradigm. In this schema, the social and behavioral sciences are included on the *ratio* side, and on the *fides* side is placed not only theology, but also Christian philosophy. This of course is not traditionally what is meant when “faith and reason” are mentioned together. I believe, however, that it is entirely consistent with the papal intentions for the encyclical. Though it is beyond the scope of this essay to develop an argument for placing philosophy and theology on the same side, I will say this much in its defense. The historical relationship between Christian faith and Christian philosophy has given rise to a trustworthy albeit imperfect synthesis in which philosophical premises have been informed and corrected by the more certain truths of Christian faith, and where the propositions of faith have found useful and flexible expression in philosophical idiom. There is justification for speaking today about a trustworthy Christian philosophy, or more precisely, philosophies.

The same thing cannot be said in relation to psychology. I therefore draw the faith-reason line not between truths knowable by faith and those knowable by reason without the aid of faith, but between descriptive truths pertaining to particulars derived from an experimental method and abstract truths pertaining to natures derived from philosophical reasoning reflecting on the primary anthropological truths of faith.
Psychology Needs Integrating

The proposition that underlies this essay is: *Modern psychology needs faith and philosophy in order to acquire an understanding of the human person adequate to its own ends.* For the remainder of the essay, I will tease out this proposition. My use of the term “psychology” will refer principally to clinical psychology, although most of my assertions hold true for the wider discipline as well. The term “integration” refers to the project by which psychology’s understanding of the human person is supplemented by faith and philosophy. I set forth below a definition of integration in the form of six principles. Rather than formulating them as descriptive premises (e.g., “six propositions defining integration”), I formulate them as habits of mind, intellectual qualities that one possesses, and when possessed, capacitate one to do the Christian scholarly integration. All but one of the six qualities of mind are wholly or partially teachable. They may therefore be used as principles for pedagogy in Christian integrative reasoning.

A Habit of Christian Integrative Reasoning

Consistent integrative reasoning requires that one be in possession of, or be characterized by (i.e., think with) an adequate habit of mind. I refer to this as a scholarly habit of Christian integrative reasoning. The task in this essay, then, is one of definition—what is a habit of Christian integrative reasoning? What does it look like? What are its characteristics? The following six intellectual characteristics exemplify a habit of integrative reasoning.

Six Characteristics

1. *The possession of a “Christian mind.”*

I said above that all but one of the characteristics could be taught. I do not think this characteristic can be taught, although it can be modeled and nurtured through pedagogy.

Harry Blamires, British intellectual and student of C.S. Lewis at Oxford, in his wonderful little book, *The Christian Mind*, writes the following:

There is no longer a Christian mind. There is still, of course, a Christian ethic, a Christian practice, and a Christian spirituality. As a moral being, the modern Christian subscribes to a code other than that of the non-Christian. As a member of the
Church, he undertakes obligations and observations ignored by the non-Christian. As a spiritual being, in prayer and meditation, he strives to cultivate a dimension of life unexplored by the non-Christian. But as a thinking being, the modern Christian has succumbed to secularization. He accepts religion—its morality, its worship, its spiritual culture; but he rejects the religious view of life, the view which sets all earthly issues within the context of the eternal, the view which relates all human problems—social, political, cultural—to the doctrinal foundations of the Christian Faith, the view which sees all things here below in terms of God’s supremacy and earth’s transitoriness, in terms of Heaven and Hell.9

Blamires’ term “Christian mind” is roughly synonymous with Benedict Ashley’s term “Christian worldview.”10 A worldview, Ashley says, is “a conception and perception of reality as a whole, as the horizon of one’s life.”11 It is a belief-system, a personal philosophy whose premises about the nature of oneself and the universe influence the way one looks at the world and reality. The first premises of a Christian worldview derive from the truths of the Gospel.

Faith makes a difference: Does this mean that a person must possess Christian faith in order to do integration properly? Let me answer this by considering an analogous question that generated much heated debate in the middle age: whether or not one can do theology without faith?

Aquinas and Bonaventure argue that doing Christian theology requires as a condition the possession of Christian faith.12 Both are working with a distinctive conception of the subordination (subalternation) of theology to faith. A subordinated science takes as its principles the conclusions of a ‘higher’ science. Thus, for Thomas and Bonaventure, the science of theology has to accept the articles of faith as its starting point. For our purposes, we might say that clinical psychology has to accept the articles of faith pertaining to the nature and flourishing of the human person as part of its starting points. As first principles, they act as points from which reasoning begins. They shape subsequent reasoning. Taking these principles and reasoning about them is called doing theology; taking them and deriving a philosophical anthropology13 that avoids reductionist errors is doing theological anthropology; and then taking that anthropology as part of the philosophical starting point for reasoning about mental health and disorder is doing integrated psychology.
This raises the question of why faith is required for doing theology (or, in our case, integrated psychology), since one can accept the first principles of faith as hypotheticals and reason from them without actually believing them. For example, one without faith can reason hypothetically from the premise that the human person is made in God’s image (if man is made in the image of God, then certain things follow). For argument’s sake, let us say a non-believing student or faculty member is intellectually willing to accept as hypotheticals theological anthropological truths, set forth as normative; would this person be able to contribute to this project of integration? Aquinas and Bonaventure would reply “only to a limited degree.” Why? What benefit can faith bring to psychology? Does it facilitate healing? Does it enhance reason’s capacity to discern truth? Does it provide access to truths that otherwise would remain opaque? Does it enhance our ability to make rational inferences? Does it supply motive, inculcate hope, introduce needed docility in relation to religious purposes or authorities? The answer is it does all these things. Faith supplies volitional, affective, and cognitive dispositions and—in some cases—capacities.

The volitional and affective contribution of faith is more easily understood than the cognitive. The person with faith possesses an additional motive to engage in psychological inquiry. That motive can be expressed as doing God’s will, fulfilling one’s personal vocation, or building the Kingdom of God. This is a powerful catalyst to action. Moreover, one who reasons about faith purely in the light of natural reason lacks a crucial motive for remaining rigorously faithful in one’s reasoning to the principles faith supplies, leaving one vulnerable to taking one’s eyes off their foundational epistemological relevance and not, in fact, allowing those premises consistently to act as first principles of one’s reasoning. Faith also supplies an expectation that inquiry assisted by the Holy Spirit will bear the good fruit God wants and wills it to bear. Theologically, this is called hope. The hope that faith makes possible is not dependent for reinforcement on the validation that comes with success. It is rooted in one’s belief that providence ultimately governs one’s endeavors and therefore that no matter the visible outcome, those endeavors are not purposeless. Mature Catholic faith also supplies an inclination to subject oneself with due docility to religious authorities who, faith tells us, are charged with unique responsibility and aided with divine assistance for guiding believers in matters of faith and morals.

Faith also assists cognition. In the first place, it supplies first anthropological and moral principles from which to reason to conclusions about the nature of human health and flourishing. Faith...
enables reason to delve into human realities in the context of its knowledge that in the God of Jesus Christ lies the origin, sustenance, and destiny of every human being. To reason rightly consistently, even about matters within its proper domain, reason needs to set what it knows within a wider view of reality opened up by Christian faith. Challenged by the radical newness found in the message of the Gospel, reason sees the truths of science against a larger backdrop than reason alone can discover. Natural truth is illuminated by faith, not because faith alters its content, but because it situates it in a wider more perfect view of reality. It is true that one can reason from premises of faith without believing the premises to be true. The consistency of that reasoning however will remain vulnerable to diversion by doubt and disbelief. Reasoning from within a Christian worldview provides consistency to one’s intellectual framework. The intelligibility of the relationship and relevance of those premises to the psychological subject matter will be obscured to one who judges them to be false. Aquinas calls theology a kind of “wisdom.” Theology, he says, “judges” but does not “prove” the principles of other sciences. For our purposes, we can say faith judges the principles of psychology. One whose reasoning begins from faith constantly evaluates his knowledge in light of the principles of faith. The more mature one’s faith—presuming its soundness—the deeper will be one’s perception of—and the firmer one’s adherence to—its principles. One will be able to see more deeply and widely their implications for human life and hence their ramifications for human knowing.

To put it another way: A nonbeliever, on Aquinas’s account, might well be able to follow the reasoning of a theological argument (a syllogism), and accept or reject it on internal logical grounds; to that extent, he can possess the scientia (knowledge) of theology. But the unbeliever does not apprehend that God’s revelation is an overarching knowledge, a special kind of intellectual light, and so does not know what it means to view other areas of knowledge in light of the principles of faith: He has no sense of the sapientia (wisdom) of theology. Christian faith, in this way, can be understood to be a perfecting intellectual lens through which to see reality. It perfects our knowing. This is famously summarized in the maxim that inaugurates St. Anselm’s Proslogion, “fides quaerens intellectum” (“faith seeking understanding”) and in Augustine’s imperative “intellege ut credas; crede ut intellegas” (“Understand so that you may believe; believe that you may understand”). We might then speak of a scientia of integrated psychology, which an unbeliever can share, which in fact we hope to share persuasively with many, especially within the field of secular
psychology. But one without Christian faith will not be able to possess the sapientia of integrated psychology, which is, I think, integral to the possession of a habit of Christian integrative reasoning.\textsuperscript{18}

Finally, faith has what the ancients called a “medicinal” quality. The power of reasoning is wounded by sin and weakened by its operation in a fallen world. Through the believer’s voluntary acceptance of grace, faith supplies to one’s rational faculty a principle of remediation helping it overcome disordering effects of sin. In short, faith purifies reason.\textsuperscript{19}

2. The possession of a sound philosophically and theologically—

informed conception of the human person.

Non-empirical knowing and the need for anthropology: There are two types of knowledge relevant to the psychological sciences not ordinarily included within the scope of the secular science. They include: 1) prescriptive knowledge (i.e., knowledge not about what is the case, but about what ought to be the case), also called practical knowledge or ethical (moral) knowledge; and 2) metaphysical knowledge (i.e., knowledge about the natures of things).

Psychology knows a great deal about mental disorders. But when we refine and consolidate all our descriptive knowledge of mental disorders, about their biological and environmental causes, and about the multiple means for remediating them, we still do not arrive at an adequate anthropology: None of this descriptive knowledge, even unified together into a science, can provide us with a complete picture of the human person. Why? To answer this a few comments on the concept of truth are in order.

Truth as a grasp of reality: The dominant conception of truth in Western Christian intellectual reflection is derived from Greek philosophy and is called the “correspondence theory of truth:” truth is the correspondence between the knowing mind and reality. Aquinas formulates this in the Summa theologiae with the phrase “veritas intellectus est aequatio rei et intellectus” (“truth as it exists in the mind is the equation of some thing and the mind), i.e., the conformity of the mind to some external reality existing outside the mind (res). Aquinas writes: “a judgement is said to be true when it conforms to the external reality.”\textsuperscript{20} Said another way, a judgement is said to be true when our intellect has grasped some element of reality, of what is, of being, when our intellect has been equated with some reality (adaequo: “to make equal with,” “to attain or reach by becoming equal with”). This is a rich conception of truth and an exalted conception of the human mind. Unlike everything else in the material universe, the mind not only has being, but can become one with being, insofar as being is intelligible, and the mind is capable of apprehending its intelligibility. Knowing truth, then, is knowing being, or reality. Truth correlates to reality.
A student of clinical psychology is interested in the reality of the human person, in apprehending truths of the nature, functioning, and development of the human psyche, the relationship between the mind, body, and outside world, and the manifestation of the mind’s functioning in behavior. He is interested in the real relationship between mental life and human flourishing. But this knowledge is not fully accessible from within the discipline of psychology. Why is that? There are several reasons why psychology needs philosophy and theology.

A need for integrative knowledge:

1. Because the human person is both a natural and a spiritual being: Psychology deals in the realm of the (directly and indirectly) observable. Christians know from divine revelation and sound philosophical reasoning, however, that the human person is a more than empirical reality. The analysis and apprehension of the human person cannot be reduced to subject matter and data derived from implementing the empirical method. Writing to the members of the Pontifical Academy for the Sciences, Benedict XVI writes:

   Science … while giving generously, gives only what it is meant to give. Man cannot place in science and technology so radical and unconditional a trust as to believe that scientific and technological progress can explain everything and completely fulfill all his existential and spiritual needs. Science cannot replace philosophy and revelation by giving an exhaustive answer to man’s most radical questions: questions about the meaning of living and dying, about ultimate values, and about the nature of progress itself.21

Among these “most radical questions” are ones relevant to psychology’s understanding of the human person. For example, empirical observation can rebut arguments against free will; but it cannot ground the proposition that human persons possess freedom to choose. Human freedom as such, being a spiritual capacity, cannot be observed or measured. If our epistemology includes only empirically descriptive knowing, then we will be inclined, like many empirical scientists, to deny the existence of human freedom. This logic extends to many propositions precisely relevant to understanding the human person, e.g., that humans are created in God’s image and likeness, that faith and reason are compatible, that humans have a more than natural purpose and end. Neither can the empirical method supply a conception of integral human fulfillment, without which, psychology has no telos, nor
even a coherent definition. It is a fallacy to deny from one order of knowledge a proposition whose truthfulness is grounded in another. This is like a man born blind denying the existence of blond hair or the beauty of an autumn sunset. The experimental science of psychology must admit that its knowledge has limits.

2. Because psychological problems can have non-psychological causes: There are some behavioral and emotional manifestations of human mental life that cannot be understood properly without appealing to knowledge outside the domain of psychology. For example, psychology speaks about the phenomenon of guilt. Moral philosophy tells us guilt is firstly a moral reality, the condition of a person who has chosen what he believes to be wrong and who has not yet corrected that choice by choosing something incompatible with it (Christianity calls this repentance). Guilt has an empirical correlate in the emotions. The manifestation of emotional guilt may be (relatively speaking) commensurate with the moral reality, or in excess or deficient of that reality. If it is commensurate, then the guilt feelings are a healthy affective expression of moral conscience. If it is excessive or deficient, it can be, to a greater or lesser degree, an expression of mental disorder. However, to be able to assess the pathological or non-pathological condition of someone with guilt feelings, we need an adequate conception of the nature of guilt per se. The emotional phenomenon must be seen in light of the moral reality to which it corresponds (or doesn’t correspond). And that reality is not part of the domain of the empirical science. Unless we go outside that domain, we are liable to interpret the emotional manifestation as guilt’s sole relevance. Since the emotions are painful and unpleasant, and we want to help remediate the client’s pain, we risk treating the symptoms as if they were the cause of the client’s distress, whereas the symptoms may correlate to another problem which is not properly psychological, but which has powerful psychological consequences.

3. Because the psychological sciences rely upon premises derived from philosophy and theology: The great University of Chicago polymath and originator of the concept of a “Great Books” curriculum, Mortimer Adler (his PhD was in psychology), writes that even as a sophomore psychology major in college, “it was apparent that the psychologists had shut the front door on philosophy only to indulge in some surreptitious ‘philosophizing’ on their own.” Psychology sometimes oversteps the lines of its own self-defining empirical principles into the domain of theology and philosophy. For example, ethical determinism is a view of human agency which holds that for every act of the will there are conditions such that, given those
conditions, the person could have acted in no other way. In other words, all acts of the will are sufficiently determined by causes other than the will; human behavior, like Newton’s universe, is in principle completely predictable if only the initial causes and relevant forces are sufficiently described. The position is widely held in psychology and has been since its inception in the modern period. The determinist premise however is philosophically, not empirically, derived; it is unreachable from experimental psychology. Any position, therefore, on the freedom of human agency necessarily will be derived from outside the psychological sciences. Yet whether or not persons are capable of exercising free choice is certainly relevant to psychology’s aim of understanding human behavior.

4. Because philosophical and theological reasoning can assist psychology in deriving its own proper conclusions: Clinical psychology is primarily an empirical science. But empirical data is not self-interpreting. It relies upon a hermeneutical (interpretive) framework from which conclusions are drawn. Empirical data, however, can be derived from and filtered through biased frameworks and end in the service of erroneous conclusions. For example, the American Psychiatric Association’s removal of homosexuality from its list of mental disorders in the *DSM-III* has been criticized by both defenders of the decision and opponents as a decision chiefly motivated by politics and not by empirical evidence.23 Philosophical reasoning reflecting on the engendered complementarity of persons, and theological reasoning reflecting on normative implications of the Genesis creation narratives on marriage and sexual complementarity, could be of service to psychology in signifying the proper nature of sex and marriage and so suggesting that a significant departure from these normative relations would not be irrelevant to psychological flourishing. Although empirical psychology can generate true conclusions without the assistance of philosophy and theology, philosophy and theology can be of assistance in securing knowledge of these same truths with greater certitude.24

5. Because philosophy and theology can help clinicians better understand clients: All of us have a more or less coherent worldview which replies to primordial questions such as the origin, nature, and destiny of ourselves and the universe, the origin of evil, and life after death. Answers to these questions influence the direction people give to their lives. Many people have never investigated whether their worldviews stand up to reality. Contextualizing the discipline of psychology historically and multiculturally in the principal philosophical and religious worldviews within which therapists and clients must communicate can help clinicians understand relevant factors contributing to client motivation and behavior.
6. Because students of psychology will benefit from the hermeneutic skills utilized in philosophy and theology: Rigorous study in psychology entails examining the fundamental presuppositions of different schools and testing soundness and validity. This is generally what philosophers do. Philosophers look at basic presuppositions that people use in thinking and try to evaluate which ones are true and which are ideologies (i.e., systems presented as founded upon truth, while in reality founded upon non-rational preferences). Aristotle says a small error at the beginning of philosophical reasoning becomes a big error in the end. Studying philosophy and philosophical methods can help students of psychology reason more rigorously.

An integrally developed anthropology: Human nature is complex. In Catholic thought, the human person is a single unified being (in philosophy, a single *substance*, or *substantial being*), constituted of a material body and an immaterial soul, the soul being the actuation of the material body (what Aquinas calls, following Aristotle, the “rational form” of the body). This complex unified substance has multiple powers (or capacities), the fulfillment of which, integral and complete, constitute human fullness of being (Aristotle calls it *eudaemonia*—happiness or flourishing). Because the human person exists not only at the empirical level, but also at the spiritual level, and has not only a natural but also a supernatural end, an adequate anthropology must be drawn from theological premises, philosophical premises, and empirical premises. To understand the whole human person an appeal to each order of knowledge is necessary.

The more a psychologist “sees” of the human person, the better will be his chances of offering assistance. A habit of integrative reasoning means *seeing more*—more, that is, than a reductionist anthropology sees. The human person is, as it were, larger than a reductionist lens is able to see, is fuller, and anthropologically more complex. Integrative reasoning intends merely to capacitate one to *see* more of the human person.

All clinically relevant: Although parts of it derive from non-empirical sources, integrative knowledge is not knowledge over and above clinical knowledge. If it were, it would not be integrative knowledge but segregative knowledge. Because it helps one to understand the human person, human flourishing, and disorder, it can help one understand clients. Struggling with the abstract anthropological reasoning should be an integral part of studying clinical psychology. Although certain courses in graduate studies in psychology are designated “clinical,” students of integrative psychology should be careful not to see anthropological studies in philosophy and theology as ancillary to the “real” psychology courses.
3. A mastery of the subject matter of the science of psychology.

Experimental method and descriptive knowledge: Modern clinical psychology relies upon experimental method to develop much of its body of knowledge. Scientific knowledge is “process knowledge,” i.e., knowledge of the way things occur, of what’s going on; it is descriptive knowledge. Thus, the knowledge psychology generates tends to be of two types. The closer its interests come to the physical sciences (e.g., biology, physiology) the more law-like its pronouncements (e.g., destroy this area of the brain, and the person will no longer be able to form new memories, but they will retain procedural memories such as how to walk, talk, and drive a car). The more completely it deals with that which is properly human, such as the making of choices, the more probabilistic it becomes (e.g., a disturbingly high proportion of people will deliver what they have reason to believe are fatal electric shocks to a total stranger, simply because they are told to do so by a man in a white coat;26 this proportion will decline as a function of how close they are to that person, or whether someone else is helping to give shocks, etc.).

It is a mistake to think that psychology is an empirical science in the way the physical sciences are. The physical sciences observe and describe phenomena subject to physical laws. Psychology is a behavioral science. It concerns itself with the interaction between mind, body, and behavior. Despite the often-expressed pretensions of behavioral sciences to be governed by “laws,” because their central subject matter includes the dynamics of human action, they cannot be sufficiently explained by the empirical method. Nevertheless, they still rely heavily upon experimental observation and description.27

Limited reliability of experimental knowledge in psychology: A descriptive method does not and cannot sufficiently explain psychological events. Their actualization is in part a function of intellect and will, and their causality is linked to the indeterminate principle of human freedom. Consequently they cannot be reduced to observable bodily events, nor can they be explained sufficiently in terms of determinate laws. Nevertheless, to the extent that psychology limits itself to describing observable phenomena and drawing limited and results-correlated conclusions based upon reliable observations, and restrains itself from predicating of its descriptive data explanatory power it does not possess, the conclusions it reaches can and should be considered trustworthy.

This limited reliability in the descriptive power of the empirical method also has an a priori ground in faith. The doctrine of creation postulates an orderly intelligible universe given by the Creator to the
human person to know and to cultivate. This grounds our confidence in human reason’s capacity to apprehend the manifold manifestations of the universe’s possibilities. Reality can be known by human reason to believers and non-believers alike. The assumptions of secular psychology need to be laid bare, and errors need to be corrected. But its truths give us a window into the reality we are trying to apprehend, and we should generously welcome truth wherever we find it. A Christian maxim dating from the Patristic period teaches that all truth, wherever it is found, belongs to Christ. This grounds our belief in the unity of all knowledge. Christian students of psychology therefore should not shy away from a courageous pursuit of all that can be known empirically and descriptively about the human person.28

This is not to say that explanatory non-descriptive accounts have no place in psychology. Freud’s “unconscious,” Jung’s “archetypes,” Maslow’s “hierarchy of needs,” and Frankl’s “logotherapy” each provide insights into human mental life. But those insights are affirmed not because of their internal coherence with some larger “grand narrative” or because of the prominence of their authors but because of the theory’s explanatory efficacy over observable phenomena. A theory is a hermeneutical framework in the light of which experimentally derived data is interpreted. Its strength derives from its aptness to make sense of observable phenomena. The strength of an integrative theory derives from its explanatory efficacy over observable phenomena in correspondence with principles of a sound Christian anthropology.

Mastering the subject matter: A student of integration needs to understand influential theories in psychology to assess to what degree their principles are consistent with a sound Christian anthropology and human flourishing. Which means students need to be familiar with current psychological literature. If they intend to criticize secular theorists, especially great theorists like Freud, they need first to read them and understanding them. New graduate students should be told: “You need to come to appreciate why Freud changed the world before you are capable of criticizing him.” Additionally, a habit of integrative reasoning will include an ability to understand and manipulate assessment instruments. Diagnostic categories need to be memorized, research methods of data collection and analysis mastered, therapies explored, and their consistency with integral human health assessed. The science of psychology has its own principles and autonomy independent of Christian faith. Faith alone will not make one a good psychologist, and theological education will not enable one to address complex mental disorders. One must subordinate oneself to the proper domain of the science in order to master it. A habit of Christian integrative reasoning therefore implies an expertise in the subject matter of the clinical science proper.29
4. Integrative prudentia (practical reason).

Defined: The first three qualities of a habit of integrative reasoning are conditions for doing integration properly; but they do not yet tell us how to do integration. We might say the first three confer upon one the ability to do integration, and the fourth the right and consistent use of that ability. I call the fourth integrative prudentia. Integrative prudentia is the facility to judge easily the loci of complementarity between the science of psychology and the philosophy and theology of the human person and to integrate knowledge from the latter into the former without compromising the truths found in either. It is important that the integrity and epistemological autonomy of the respective domains of inquiry and their respective true propositions be respected. And yet, the respective knowledge needs to be integrated in such a way that it forms one continuous narrative on the psychological subject matter. Before addressing the work of forming this narrative, I would like to make a few general comments on the relationship between the two domains.

Bringing together the universal and the particular: The propositions (or truth statements) of scientific psychology are derived, as was stated above, from experimental observation, and are (or at least should be) founded upon observable scientific fact. The true propositions of philosophical anthropology are not founded on scientific fact (although they are factual). It follows that the propositions of scientific psychology are susceptible to verification or falsification by appeal to empirical observation; the propositions of philosophical psychology are not. The science of psychology is restricted to an observation, analysis, and elucidation of psychological phenomena; it does not study essences, but rather the “acts, powers, and habits” of essences, their accidental and observable modes. Theological and philosophical anthropology provide the science with principles of interpretation (e.g., theology posits the principle of original sin and disordered desires as metaphysical grounds explaining mental disorder; and it prevents utopian predictions about the value of any type of psychotherapy). Jacques Maritain uses the term “empiriological” to describe the character of the natural sciences and “ontological” for the character of philosophy. An integrated psychology has both an empiriological and an ontological character; it unites both abstract philosophical and concrete scientific truths and modes of analysis into one continuous branch of inquiry and body of knowledge, in which philosophy answers fundamental questions about the nature of the human person and supplies abstract principles to help organize and interpret the data supplied by the empirical science; and in which the
empirical science generates detailed descriptions of psychological phenomena with the aim of understanding mental functioning and treating disorder.32

What do faith and philosophy offer psychology? How then are they to be integrated? Generally stated, integration begins by asking: What do Catholic faith and philosophy have to offer the psychological sciences by way of anthropological knowledge? It should be said that this does not imply relativizing the psychological subject matter in light of faith and philosophy; even less does it mean making modern psychology more religious or spiritual. An integrative habit of mind is aware that philosophy and theology are at the service of the psychological sciences. At the same time, it is mindful that the modern science of psychology does not have and cannot provide us with a clear, full, and normative anthropology. It knows psychology needs faith and philosophy to nourish its conception of the human person.

Examples of integration: In general, integration entails bringing into dialogue abstract philosophical and theological and concrete scientific propositions on related subject matter. This can be done for many different purposes. A few examples will illustrate this.

1. For deepening anthropological understanding: One purpose is coming to understand more deeply elements of the complexity of the normative and the universal by appeal to the empirical and the particular. For example, we might single out the abstract anthropological proposition that the human person is by nature—always and everywhere—bodily. Scientific propositions are then examined with a view to describing different dimensions of the complexity of this normative feature. For example, cognitive neuroscience tells us that the brain has over 20 billion neurons each of which consists in approximately ten thousand interconnections; this makes for literally trillions of different possible neuronal firing patterns (some put it at an estimated ten to the millionth power).33 This is an impressive instance of bodiliness! Here our understanding of one dimension of the human person is enriched by appeal to both branches of knowledge.

2. For circumscribing the philosophical tendencies of psychology: Another purpose to which integration can be put is to restrain the erroneous philosophical inclinations of psychology by an appeal to sound philosophical principles. For example, a cognitive neuro-psychologist with an unsound anthropology, who looks at the incredible complexity of the human brain, may be led to conclude that brain and mind are coextensive; he might suggest that what traditionally was predicated of a non-material mental faculty can now be sufficiently accounted for by the activity of brain alone.34 Christian anthropology
equates mind and soul, not mind and brain; and soul is infused immediately and completely by God; there is never a point at which a human person does not have a complete soul. Brain is an organ; it grows; there is a point in early development when a person does not yet posses a brain. If mind makes humans personal; and mind is reducible to brain; then it is reasonable to conclude that there is a point at which humans are not yet personal; or after which they have lost personhood. Christian anthropology sets down hermeneutical lines beyond which the interpretation of the empirical data cannot go. At the same time, the science informs the philosophy so that simplistic accounts of mind are obviated—for example, a conception of mind as a sort of invisible, ghostly presence located spatially inside the body. This same assistance from philosophy and theology can restrain psychology from endorsing ethical determinism (e.g., as in radical behaviorism) and from falling prey to faddism.

3. For improving therapeutic method: Integrative prudentia also equips a therapist with a dual skill-set essential for clinical success: the capacity for right moral judgment combined with situation-specific clinical responsiveness. For example, how should a therapist respond to a pregnant adolescent whose parents insist that she have an abortion? The therapist is faced with a client inclined to make a morally harmful choice. If an act is bad, a therapist knows its commission is incompatible with the client’s integral well-being. It might also correlate, like abortion in young women, with an increased risk of mental health problems. Right moral knowledge enables a therapist to discriminate between ends which do and do not conduce to human flourishing.

But integrative prudentia also entails a deepening of the facility to know how to manipulate this knowledge in a way that effectively brings a person to live a healthy life. Why does deepening one’s anthropological knowledge enhance one’s skill in addressing sensitive material? Because a fuller and more truthful Christian anthropology enables a therapist to see clients more clearly as persons. Therapists will be thus less inclined to reduce their clients to their disorders, succumb to the false dichotomy that therapists are the “healthy ones” and clients the “sick ones,” remain insensible to spiritual and transcendent dimensions of persons, or to adopt other reductive inclinations to which unsound anthropologies tend when played out in the clinical relationship.

I do not mean to say that integrative prudentia is coextensive with good clinical technique, or with the kind of human skills without which a person cannot achieve excellence as a clinician. Some people should not be therapists no matter how much integrative knowledge they
possess. But for one whose personality is fit for a therapeutic profession, the acquisition of keen anthropological insight can be a great advantage to putting one’s raw capacities fruitfully into practice. All other things being equal, a therapist sensitized to theological truths, such as the truth of the profound problem of existential disorder that runs throughout all human existence—the problem of sin and sinfulness—will have a better chance of foreseeing the undue influence on a client’s receptivity of factors arising from the “fallen” side of the self (e.g., defensiveness, fear, misunderstanding, and self-deception). Integrative knowledge can sensitize one to a range of realities to which one lacking such knowledge may remain insensible, no matter one’s clinical technique.36

4. For deepening diagnostic insight: Integrative prudentia means possessing a wider range of anthropological knowledge from which to draw in assessing clients and their presenting complaints. Rather than assessing a person simply from the perspective of one’s knowledge of symptomatically defined categories of mental disorder, a therapist is able to consider the same person with the same complaints, but also from the perspective of his multiple capacities the integral actualization of which constitute the fulfillment of his nature and hence flourishing. This can provide a therapist with an additional vantage point from which to survey the subject matter.

Catholic philosophy tells us that the human person is a unified, integrated whole, at once bodily, relational, rational, and free. A deficiency or harm at one level of one’s person is a deficiency or harm to the whole person. The person cannot be divided into “faculties” or “parts” except for analytic purposes. Medicine knows well that if the mind is severely taxed, the body will be affected. Will and cognitions too are closely interrelated. So too are will and body: Will moves the body and bodily emotions influence the will and the influence of relationality runs through all levels of the person. Thinking about mental disorder in terms of a view of the person as a subject of multiple interrelated capacities is a fresh vantage point from which to consider how mental disorder arises in a person and how it best can be remediated. Having in mind multiple perspectives from which to survey a client, each of which contribute to understanding the complexity of human personhood and personality is valuable clinical knowledge. It can equip a clinician to make intelligible to a client the interrelationship of the multiple dimensions of the client’s self in relation to his suffering.

5. For defense of moral norms: Integration can also be put to use for purposes of wider cultural renewal by using psychology to defend moral truths under attack by secular society. For example, one of the most harmful moral errors of the past thirty-five years has been the
denial of full moral status to pre-born human persons. Most secular bioethicists judge that the human embryo is not deserving of inviolable respect, and legislative activity has been underway for years to socially sanction and federally fund the wide-scale creation of, experimentation upon, and destruction of human embryos. Moreover, Supreme Court jurisprudence and contemporary constitutional interpretation since 1973 have explicitly defined the pre-born out of the category of juridical persons up to the birth of a baby’s head. Among the errors contributing to this trend is an error in philosophical reasoning. Many philosophers and most scientists believe that full moral respect is due, not to all human beings, but only to “persons.” And personhood is not an attribute that human beings possess per se, but one that is acquired sometime after human beings come into existence, sometimes long after. The commonly-used indicator that personhood has been acquired is the actualization of consciousness. Those who do not yet possess consciousness, or who have irretrievably lost the capacity for consciousness, are therefore not human persons. The conclusion drawn from this reasoning is obvious: if some human beings are not persons, and only persons deserve full moral respect, then it can be morally legitimate to do things to them that would not be otherwise legitimate to do to persons. This is the dominant philosophical reasoning that underpins destructive embryo research, and the reasoning underlying much of the pro-abortion and pro-euthanasia movements. This is where psychology comes in. Psychology can be utilized effectively to humanize and personalize pre-born human life.

A consistent clinical observation is that bodily and/or relational violence to a child in his or her early (pre age-of-reason) stages of development very often causes disorders later not only at the bodily and relational levels, but at all levels of his person; that is, he will often have disorders not only in his emotions and relationships, but problems with his cognitions (at the intellectual level), and behaviors (at the level of his free choice and willing). This is consistent with a sound Catholic anthropology which posits the human person from his beginning as a unified substantial being composed of body and soul. Among the human person’s capacities are bodiliness (including sentience and emotionality), relationality, agency, and rationality. Not all are functional capacities at the earliest stages of development (e.g., rationality and volition), but they are nevertheless constitutive capacities defining of the nature. It is true to assert, therefore, that because a human embryo has a radical capacity (or active potentiality) for rational acts and free choice, an embryo is rightly called a human being with a rational and volitional nature. Harm to an embryo’s body is harm to his...
or her whole person. It is reasonable to presume that given the substantial unity of the human person, violence to one’s body early in development would have harmful implications for that person at later stages of development.38

The question arises: how far back does this hold true? Would perhaps violence to an embryo (e.g., being frozen in nitrogen) cause disorders that would manifest themselves later when the person develops capacities for emotionality, organized cognition, and deliberate behavior? Our anthropology gives reason to believe that it might. If empirical evidence were found to this effect, that is, if evidence were found that the adult or adolescent human person is related to his former embryonic self by an empirically verifiable cause and effect psychological continuity, this could be a powerful pedagogical tool to counter the philosophical error that stands behind the denial of full human respect to an entire class of human persons.

Integrative reasoning and personal vocation: Since integrative reasoning is a hermeneutical lens for viewing all reality, its relation to psychology has the potential for influencing all elements of the profession: theory, method, and practice. Integrative Christian reasoning in psychology, as we have said, is seeing the profession through Christian “eyes.” Its acquisition and expression, therefore, may be understood in the context of the theological category of personal vocation. One’s personal vocation is the unique and unrepeatable role that God calls each baptized person to play in carrying out his divine plan in the world.39 A Christian “called” (Lat. vocare—to call) by God to be a clinical psychologist pursues professional training and practice as part of fulfilling God’s plan.

Accepting one’s vocation does not mean receiving it whole and intact from God, as we might receive a Christmas gift. It ordinarily means accepting an incipient idea to begin to move towards some larger purpose (e.g., “I think God might want me to be a psychologist, therefore I will inquire into suitable graduate schools.”), then in the unfolding of the stages of it, allowing it to take on (indeed helping to give it) a personal and Christological shape. By personal shape, I mean expressing my professional life in a way that corresponds to my unique interests, aptitudes, and opportunities. Will I specialize in a particular population (e.g., children, married couples) or become an expert in particular disorders (e.g., addictions, eating disorders)? These are matters of discernment. After prayer, counsel, and deliberation, one is free to choose what one believes to be most consistent with God’s will for one’s flourishing.
What does it mean to give a Christological shape to one’s professional life? Vatican II’s teaching on *Christ the New Man* can shed some light on this question. The Council teaches that “Christ fully reveals man to himself.” This means, in the first place, that the life and mission of Jesus Christ reveal truths relevant to the life and destiny of every human person. Seven Christological truths are central to shaping the way a clinical psychologist sees himself, his clients, the practice of therapy, and his profession.

Christ reveals to men and women:

1) *The reality of the kingdom of God in our midst:* Jesus teaches in the Gospel of Luke (17:21) that the kingdom of God is in our midst. The world, though weakened by sin, is the seedbed of the kingdom of God; God in Christ is present in the world; the natural order is always at once a graced order; the world in which clients live, suffer, struggle, and are healed is a graced reality. Christ’s life, made accessible to mankind through the sacraments of the Church, is open and public: All are invited to participate.

2) *The incarnational character of divine love:* God makes himself present to mankind through flesh and blood, the flesh and blood of Jesus: in history, in the Eucharist, in the Church. We make God present to others—to clients—through our flesh and blood, through the incarnational love we show them—the way we look at them, greet them, speak to them, listen to them, accept them, forgive them, and sacrifice for them, the way we are sensitive to their financial needs, spiritual needs, their roles as mothers, fathers, siblings, etc.

3) *Human divine filiation:* Jesus is the Son of God. In Jesus, all men and women are invited to become sons and daughters of God through baptism. This is an awesome anthropological fact: our clients either are or are called to be children of God; this should influence the way we view and treat them.

4) *The redemptive character of our suffering united with Christ:* Before Christ the phenomenon of suffering derived its sole transcendent meaning from sin and death; in Christ, suffering becomes a means through which we and the world can be sanctified and saved. Clients, Christian ones in particular, can be helped to see that their sufferings, no matter how severe, have a transcendent value. The Christian meaning of human suffering is valuable knowledge for psychologists.

5) *The paradoxical truth of how evil is overcome:* Jesus conquered evil through obedience, self-giving, and death; this is our model. The Gospels and St. Paul teach that through weakness we are
made strong, that in losing our life we find our life, and that in putting ourselves last, God will exalt us. This turns on its head the naïve and vulgarized “destroy it before it destroys you” view of overcoming evil.

6) The eschatological reward promised to those who remain faithful to their personal vocations: God asks from us what he asked from Jesus, namely, faithfulness to his will. He does not ask us for success (to get results). The reward for our fidelity is the kingdom.

7) The hope of bodily resurrection: Just as Christ’s reward meant Christ’s bodily glorification, Christians know in faith that in Christ, all suffering, disorder, and limitation will be removed and every tear will be wiped away. In the flesh of all who hope in Christ, an eschatological tomorrow free of suffering awaits.

Possessing merely propositional knowledge of these truths is insufficient to shape a person’s life and vocation Christologically. In perhaps the most beautiful statement on Christian anthropology of his entire pontificate, John Paul II writes:

The man who wishes to understand himself thoroughly—and not just in accordance with immediate, partial, often superficial, and even illusory standards and measures of his being—he must with his unrest, uncertainty and even his weakness and sinfulness, with his life and death, draw near to Christ. He must, so to speak, enter into him with all his own self, he must “appropriate” and assimilate the whole of the reality of the Incarnation and Redemption in order to find himself. If this profound process takes place within him, he then bears fruit not only of adoration of God but also of deep wonder at himself. . . . In reality, the name for that deep amazement at man’s worth and dignity is the Gospel, that is to say: the Good News. It is also called Christianity.41

Giving Christological shape to our professional life does mean assimilating propositional knowledge, without which we are ignorant of the faith. But it means more. It means more fully drawing near to Christ.

A caveat about pietistic psychology: integration does not mean making psychology more religious. It does not mean getting clients to speak more freely about religion in therapy; it does not mean reconciling problems with a client’s faith. Its proximate end is not to bring clients closer to God, although as Christians we always hope that our work will lead others closer to God; it does not mean asking what anthropological and religious truths clients need to know in order to overcome disorder
(e.g., “Frank needs to know that he is made in God’s image and likeness”). It is not in the first place about the cognitions of clients at all. It is about the cognitions of clinicians. The proximate end of integration is knowledge: psychology’s knowledge of the human person. This knowledge is acquired through pedagogy, through intellectual encounter with the wider anthropological truths supplied by the dialogue between the science of psychology and philosophy and theology. As this capacitates a therapist to understand his or her clients better, it is reasonable to hope and expect it will result in caring for them better too. As I said above, an integrative habit of mind is firstly about seeing more.

5. A commitment to interdisciplinary excellence in scholarship:

Interdisciplinary competence: The fifth quality is a commitment to scholarly excellence, not only with respect to the subject matter of the science, but also with respect to the relevant areas of philosophy and theology. Integration, as I said, includes using Catholic faith and philosophy to strengthen and improve psychology. This means that philosophical and theological concepts will need to be engaged. One doing integration will need to be able to work confidently with philosophical and theological sources, access the literature in those fields, know the difference between scholarly, pastoral, and ecclesiastical resources, and be able to distinguish between credible and non-credible resources. In short, they need to treat the subject matter of philosophy and theology with the same kind of precision and from within the same set of scholarly norms as would a scholar from those fields, even though most psychologists will not become experts in theology and philosophy.

Psychology’s borrowed concepts: One area where interdisciplinary scholarship is particularly important is with respect to concepts that psychology borrows from philosophy and theology. For example, the concepts of guilt, forgiveness, love, conscience, and virtue have all been featured in psychology over the past century. Each has a distinct history and meaning in antecedent classical and Christian thought. One important integrative project is to determine first the meaning such terms have in the literature in psychology; and then to ask if and how that meaning and usage can be developed, clarified, or corrected by being brought into an integrative relationship with the meaning those terms have had in the tradition of Catholic faith and philosophy.

The following example from the literature on positive psychology is a good illustration. In 2004, two prominent research psychologists, Martin Seligman of the University of Pennsylvania and
Christopher Peterson of the University of Michigan, in collaboration with a distinguished group of scholars, published an extensive handbook on the burgeoning subject of positive psychology. The text in essence is a defense of six “core virtues” which the authors argue have been valued across time and culture as beneficially adaptive character traits. The authors argue convincingly that these six, at least, can and should be understood, with certain qualifications, to be universal. The six include: courage, justice, humanity, temperance, transcendence, and wisdom. Notwithstanding the many strengths of the text, I want to describe a weakness that Catholic philosophy may be able to strengthen.

Under the larger “core virtue” of temperance the authors situate the derivative virtue of prudence. Their account of prudence they say is informed by Aristotle’s writings on phronesis and Aquinas’ on prudentia, and to a limited degree this is obvious. But they draw selectively on the philosophers and leave out important elements.

The authors define prudence as follows:

Prudence is a cognitive orientation to the personal future, a form of practical reasoning and self-management that helps to achieve the individual’s long-term goals effectively. Prudent individuals show a farsighted and deliberative concern for the consequences of their actions and decisions, successfully resist impulses and other choices that satisfy shorter term goals at the expense of longer terms ones, have a flexible and moderate approach to life, and strive for balance among their goals and ends.

For example, the following actions are characteristic of a prudent person: “saving for the future,” “planning for unexpected as well as expected contingencies,” “avoiding situations known to have led in the past to impulsive choices,” and “making life decisions by considering distant as well as immediate benefits and costs.” The Seligman-Peterson account conceives prudence as characterized by a mature ability to formulate plans, foresee effective means for realizing these plans, remaining steadfast in executing one’s means, and avoiding the rashness that comes from undue preoccupation by short-term gratification at the expense of long-term gain. Another term for the Seligman-Peterson virtue of prudence is the cognitive orientation of “future directedness.” But absent from the account is any reference to the question whether the future toward which one is directed is consistent with human flourishing because it entails a self-determining
commitment to the good. In fact, the notions of goodness and badness never enter the conversation. One can easily imagine the president of NARAL Pro-Choice America, smarting from losses during a pro-life administration, formulating a strategic and intelligent ten-year plan for re-energizing the pro-choice base in the U.S., while extending its demographic scope; she decides to include a propaganda campaign aimed at directing attention away from the humanity of the unborn and onto the desperate situation of unwed mothers; she devises an effective and creative euphemism campaign (e.g., publishing the terms “choice haters” and “enemies of the poor” to refer to opponents of abortion); she scrupulously disciplines her outward behavior for the sake of her public image (e.g., avoiding appearing as an “angry feminist,” or ever sounding narrow-minded, as always remaining calm, appearing thoughtful, compassionate, humorous, well-informed, and civic-minded); and so on. The Seligman-Peterson account would be required by force of its own logic to predicate of this woman the virtue of prudence.

Let us compare this account with Aquinas’. Aquinas says prudence is the kind of virtue that confers not only the ability (capability—“facultas”) to do good, but also the right and consistent exercise of that ability. One who possesses the virtue of prudence is not only said “to do good” but also “to be good.” This is because “virtue is that which makes its possessor good, and likewise his work good.” Aquinas writes:

Prudence is a virtue most necessary for human life. For a good life consists in good deeds. Now in order to do good deeds, it matters not only what a man does, but also how he does it—that he do it from right choice and not merely from impulse or passion. And, since choice is about things in reference to the end, rectitude of choice requires two things: namely, the due end, and something suitably ordained to that due end. Now man is suitably directed to his due end by a virtue which perfects the soul in the appetitive part, the object of which is the good and the end. And to that which is suitably ordained to the due end man needs to be rightly disposed by a habit in his reason, because counsel and choice, which are about things ordained to the end, are acts of the reason. Consequently an intellectual virtue is needed in the reason, to perfect the reason, and make it suitably affected towards things ordained to the end; and this virtue is prudence. Consequently prudence is a virtue necessary to lead a good life.
Aquinas says here that for a good life (in the Aristotelian tradition, a good life is a happy life), one must live a life of good deeds. In order to do good deeds consistently and not merely by chance or from bad motives, one needs two things: rectitude in one’s purposes (i.e., good ends) and rectitude and efficacy in the means one chooses to fulfill those purposes. One’s ends are rectified by a virtue that rightly orders the will (what Aquinas calls the “appetitive part” of the soul), so that one loves and desires only what is good; and one’s means remain upright and are made efficacious by a virtue that rightly orders the practical reason, so we understand the correct and upright means towards fulfilling our ends. The virtue of prudence does the latter; it orders reason to know how the good ought to be pursued and done. It is an intellectual virtue. Prudence disposes the person who possesses it to know the good that ought to be done and hence to become good. For Aquinas, Aristotle, and the entire Western Catholic ethical tradition, virtue and an external standard of good towards which virtue disposes one, are correlative. To the extent that dispositions of will and intellect incline a person to farsightedly and purposefully plan and do evil, to do it calmly and with measured efficiency, with considerable sacrifice in the short run so the evil might be maximized in the long run; to that extent, the disposition is not a virtue but a vice.

What does this imply for the Seligman-Peterson account of prudence? As having no theoretical relationship to the achieving of good and hence of the kind of human flourishing that a life of good deeds makes possible, the dispositions it recommends are morally ambiguous. Because it remains agnostic on the question of good and evil, the Seligman-Peterson account of the virtue of prudence is profoundly inadequate.

A valuable scholarly project would be to develop the Seligman-Peterson account in light of a moral epistemology derived from Thomism. From what I can tell, little from the Seligman-Peterson account would need to be set aside; their positive assertions about the virtues seem generally sound; the problem is what their account fails to say. This is where the nourishment of Catholic faith and philosophy come in. An integrative theorist would need to understand Aquinas’ wider account of virtue and be able to judge what elements should be integrated. The idiom across accounts should remain consistent, which means some terms in Thomistic philosophy should be translated into a useful idiom for psychology.
6. A clear understanding of the scope of clinical psychology’s professional mandate.

A therapist’s social contract: By “professional mandate” I mean the body of professional knowledge and set of therapeutic behaviors that one’s professional training as a clinical psychologist qualifies one to transmit and carry out. On this topic, Alan Tjeltveit, in his essay, The Psychotherapist as Christian Ethicist, says something important: “There is a more or less explicit contract between therapists and society as a whole ... concerning psychotherapy. [And] according to this contract, the primary focus of therapy is to be psychological disorder.” Tjeltveit’s conception here of a “contract” between therapist and community is useful for understanding integration. It should be understood as an ethical agreement (I also like the word “covenant”) that gives rise to specific duties on both the part of clinicians and the part of the community personified in a client. Like the implicit contract that exists between teachers and students, that entails various ethical duties (on the teacher’s part: showing up to class, reasonably on time, always prepared, respecting the truth, respecting the learning process, correcting papers fairly; and on the student’s part: showing up to class, being punctual, completing the assignments, being honest, diligent, etc.); so too, there is an implied set of ethical duties that underlie the relationship between psychologists and the community that sanctions their communal role. These duties derive, as Tjeltveit states, from the understanding that clients come to psychologists for reasons that pertain to mental health. They perceive in themselves or in those with whom they share interests, a disorder that they think clinical psychology may help them ameliorate. A psychologist’s role in the community, even in the Christian community (which Catholics refer to theologically as “the Church”) includes the professional mandate to help people in areas pertaining to their mental health. It does not include the mandate to dispense moral instruction for the sake of character formation or religious counsel for the sake of spiritual growth.

The fallacy of a value-neutral clinical psychology: Tjeltveit goes on, however, to assert something difficult to take seriously. He states that “client moral and religious values are not to be influenced. Therapists therefore ought to minimize their influence on those values; to do otherwise is to violate the contract.” The presumed intention behind this is understandable: attempts to change a client’s religious beliefs or ethical worldview in the context and under the guise of therapy is unethical; clinicians have no business proselytizing clients to their (i.e., the clinicians’) preferred religion. With this I am in full agreement. But he states something more radical: “Moral and religious values are
not to be influenced.” This is another way of saying that a client’s value system is off limits. But to avoid influencing a client’s value system or imposing another, one would have to avoid most every kind of behavior-modifying therapy. He does not distinguish between values (e.g., deep existential, superficial behavioral), or between construals of the term moral (e.g., as social convention, as superego, as recognition of principles). If a therapist must not attempt to influence the values of a client, how could he ever say or suggest that a client should begin to foster certain thought patterns and avoid others, or strive to habituate certain behaviors, or be more accepting of certain states of affairs, or work for particular kinds of outcomes, or foster desirable relational dynamics, or try different means to achieve inner harmony? A therapist could not suggest mindfulness as therapeutically helpful, or recommend empathic listening as a better mode for enhancing relationships; he could not endorse concepts in positive psychology, like virtue, or recommend a client work on a particular character strength, or at changing cognitive patterns, or encourage self-reflection, or meditation, or reconciliation, or forgiveness, or guilt remission. In each case, a value is being placed on the preferred behavior or state of affair or outcome; a better way is being proposed. These are value judgments. Every diagnostic category in the DSM-IV is based on the collective value judgment of a team of professionals. The notion of mental disorder itself is based on a value judgment, namely, that order is better than disorder, that harmony in one’s mental life is good, and that disorder is worth striving to overcome. Setting forth such values and then specifying them in terms of therapy means one thinks that corresponding one’s cognitions or behaviors to some value might foster well-being, might help, that it might be good for some person. But any knowledge related to human behavior, the impartation of which is compatible with fostering genuine human well-being, and that acting in accord with is subject to human freedom, is by nature moral knowledge. If we take Tjeltveit’s admonition seriously—which I doubt he himself does in practice—clinical psychologists would be hamstrung from imparting their clinical knowledge as a means of assisting clients. To claim that a clinician can separate so-called moral knowledge from clinical knowledge is fallacious.

Moreover, because the human person is a moral being and a spiritual being, clinical knowledge will include moral knowledge and spiritual knowledge. Because it is meant to initiate the kind of behavior through which a client realizes in part his or her remediation, all therapeutic advice comes with an imperative attached, at least implicitly: “You should try to avoid behaviors that predispose you to act out your
addictive tendencies;” “you should seek professional help with your problems with child pornography;” “the recurrent theme of resentment that characterizes the kind of hip-hop you listen to is contributing to your anxiety condition; I think you should avoid that type of music for a time;” “your morbid fear of hell is unhealthy; you might consider attending a religious congregation that emphasizes more positive elements of religion.” *Should* is a prescriptive term. And “might” in an imperative sentence—“you might consider trying …”—is simply a softer form of *should*. I am asserting here that there is no such thing as a value-free clinical psychology.

*Therapist si, evangelist no:* Am I then endorsing a view of therapy as a kind of surreptitious moral or religious proselytization? Emphatically, no. I think the explicit/implicit contract is binding, and should always be respected. What if a client explicitly asks you for specifically ethical or spiritual advice, advice clearly unrelated to the clinical conditions being addressed? In order to avoid a blurring of roles, I think a therapist should avoid satisfying the request, and suggest that the client consult someone who is properly trained and authorized to comment on such questions. If it would be awkward to decline, *and a therapist is confident* that his answer is well-informed (i.e., that he has something true to say), and he decides to reply, then the therapist should only do so with the caveat that it is not in his role as psychologist that he offers the knowledge, and therefore his reply does not constitute part of the professional relationship he shares with his client; he offers it as a brother or sister in Christ; and that the client should feel no obligation to take the advice.

*Philosophical and ethical knowledge used for therapeutic ends:* Having said this, there also will be ethical and religious knowledge that *properly* falls into the scope of the clinical relationship because a clinician judges that such knowledge is clinically relevant to the complaint(s) that a client is trying to remediate. The implicit contract binds a therapist to limit the content of the knowledge he imparts to that which is relevant to psychological disorder. Because of his wider scope of knowledge—because he sees more—there will be times that a therapist with an integrative habit of mind will judge that moral knowledge or theological knowledge is precisely *clinically relevant*. For example, if you are counseling a young man for alcohol-addictive behavior, and he mentions to you in passing, and without doubting its rectitude, that he habitually masturbates, you may judge that his pattern of masturbation is reinforcing his wider addictive tendencies. If this is your professional judgment, then his masturbative behavior becomes subject matter for the clinical relationship. Because most secular
psychologists think such behavior is developmentally and psychologically normal, you will likely need to be careful how and when you bring up the issue. But this is no different, though perhaps to a different degree, from bringing up any sensitive information in the clinical relationship. You always need to judge the proper timing and proper means for raising sensitive issues. Your appeal to it should also be in reference to its impact on mental health. If the person is an open-minded Catholic or Christian, a non-Christian believer, or even an open-minded secularist, you may judge it appropriate to discuss the integral relationship between self-determining behavior, moral goodness and badness, and mental health. But it remains within your professional mandate, not because it is morally bad per se, but precisely because the habitual willing of morally bad acts is psychologically bad for persons. The psychological literature should underwrite this judgment. If there is no data generated on a particular issue in the psychological literature, then you might consider generating some as another worthwhile integrative project.

The point I am making is that one’s integrative training and knowledge equips one to include into the scope of the clinical relationship moral and religious knowledge judged to be relevant to the mental health of clients. In this way, one’s integrative knowledge should be considered clinical knowledge.

An artificial dichotomy? An objection might be raised as to whether an artificial split is being introduced between a person as therapist and a person as Christian. As Christian, the objection goes, one has a responsibility to “preach the word, be urgent in season and out of season, convince, rebuke, and exhort” (2 Tim. 4:2), but as therapist, you seem to be arguing that preaching has no place in therapy. Is this not falling prey to the modernist error of calling for a separation between the public and the private, of sequestering one’s faith in Christ from one’s wider public life? To read the essay in this way would be to misunderstand it. The duty of a Christian to be precisely a Christian is never abrogated, no matter the venue or circumstances. Preaching takes many forms, the most important and arguably most effective of which is performing faithfully and charitably one’s duties. One ought never be ashamed of being a Christian, and one ought to let the good fruits of grace shine out to the world: love, joy, peace, patience, gentleness, kindness, self-control, whether one is a businessman, pharmacist, lawyer, farmer, plumber, contractor, or therapist. The way one fulfills one’s duties: cheerfully, honestly, diligently, with excellence, and with charity towards all, will illustrate one’s commitment to one’s faith. A therapist who loves his client with Christlike charity may also be asked
by his client “to account for the hope that is in you” (1 Pet. 3:15); and then, with the initiation on the part of the client, a therapist may begin to discuss his faith in a way that respects the professional relationship. In this way, a Christian therapist “preaches” the gospel: by loving clients in a specifically Christian way. It does not mean exercising professional influence on a client in personal areas unrelated to those which were the explicitly agreed upon foundation for bringing them together. To solicit a person for therapy on grounds of providing mental health care and then raising unsolicited questions and exercising unlooked for influence with regard to religious beliefs would be establishing a relationship on false pretense. This is unethical. If, however, a clinic has an informed consent policy that includes information pertaining to the explicitly Christian orientation of the therapists and therapy provided, then a therapist may feel freer. But even still, the therapist should be careful not to establish conditions in which a client’s movement towards Christian belief is based upon the tacit coercion that can take place in a relationship in which authority is unequally distributed.

Spiritual direction and moral advising are not part of therapy: It follows that it will ordinarily not be appropriate for a clinician to address the moral or religious knowledge or behavior of clients qua moral and religious knowledge and behavior. This would entail exercising professional influence over clients outside the range of a clinician’s professional role, delineated as we stated earlier by their implicit ethical agreement, just as addressing the financial situation of clients would be unethical when their financial situation is unrelated to the disorder they are asking a therapist to help them address. If, however, a therapist is treating a client for obsessive-compulsive disorder, and the therapist learns that the disorder is precipitated whenever the client inordinately focuses upon his or her financial situation, then certain elements of the client’s financial situation may be legitimately brought into the clinical relationship. Because of the close relationship between the moral and psychological and the spiritual and psychological, Christian therapists should include in their referral networks trustworthy professionals properly trained and authorized to care for spiritual and ethical matters. They should not be reticent to propose referral options to clients who desire to pursue more deeply questions pertaining to their spiritual lives or moral formation.

Using all knowledge responsibly: Is it dangerous for therapists to bring to bear theologically or philosophically-informed reasoning on the therapy they provide? If done with the kind of professional responsibility I describe, it is no more dangerous than bringing to bear any professional knowledge on the complex disorders of clients. If therapists are irresponsible with their clinical knowledge, people may
get hurt, sometimes badly. They should only offer clinical advice when they are confident it is reliable. If they are unfamiliar with a particular condition or form of treatment, they should educate themselves before they speak. Because when they speak in their professional capacity, they speak as an expert. They therefore should take responsibility for assuring that they have an expert’s knowledge before offering that knowledge to a suffering client. This holds for integrative knowledge as well. Before they speak on an issue pertaining to integration, they should be confident that they have an expert’s grasp of the issue.

Recapitulation

By way of recapitulation: I have asserted that a habit of integrative reasoning is characterized by the following six characteristics:

1. The possession of a Christian mind: i.e., a habit of reasoning by which one sees oneself, the world, and all reality against the stable backdrop of the truths of divine revelation.

2. Possessing a sound anthropology: i.e., one that derives not only from the empirical science, but also from the abstract fields of philosophy and theology.

3. A mastery of the subject matter of the science of psychology: i.e., one possesses a sophisticated understanding of the empirically reliable body of knowledge set forth by the science of clinical psychology.

4. Integrative prudentia: i.e., an aptitude for judging the areas of psychology most in need of nourishment from faith and philosophy and for judging the best means for integrating the different domains of knowledge.

5. A commitment to interdisciplinary excellence in scholarship: i.e., treating the subject matter from each of the relevant fields of integrative inquiry in accordance with the proper nature and autonomy of these fields and with due scholarly care and precision.
6. A clear understanding of the scope of clinical psychology’s professional mandate: i.e., the facility to judge where the task of clinical psychology ends and those of spiritual direction and ethical instruction begin, while knowing that any knowledge, whether derived from empirical science, or philosophy or theology, that widens one’s true understanding of the human person in relation to mental health is appropriate to draw upon by clinical psychologists.

**Conclusion: Thomas Aquinas as a Patron of Integrative Reasoning**

The intellectual task before Catholic thinkers today is not unlike the task before Catholic thinkers in the high middle ages. At that time, there was need for a new, more expansive and theologically firmer integration of Catholic faith and Greek philosophy. The great accomplishment of the greatest thinker of the medieval period, Thomas Aquinas—a fitting patron for the project of integration—was to take the newly recovered texts of Aristotle, the greatest thinker of the classical period, and to read them, correct them, and develop them in light of Christian revelation, theology, and philosophical reflection. His work is an astounding accomplishment, a massive integrative synthesis of Christian theological and philosophical reasoning.

A synthesis of sound Christian psychological reasoning derived from the integration of Christian faith and philosophy with contemporary secular psychology is an analogous project. Following the example of Aquinas, we are convinced that there can be no conflict between the revelation of the God who created the intelligible universe and the intelligible universe as known: “Both the light of reason and the light of faith come from God, . . . hence there can be no contradiction between them.”

With Aquinas we believe that God destines us and our clients for an end beyond the grasp of reason in an eternity of joys that we now can only dimly see. Its penumbra, however, is glimpsed through divine revelation, before which our intellects and entire integrative project humbly bend. There in the deposit of faith we find the firm ground of our Christian worldview, a view that we believe can enrich the psychological sciences and once integrated may precipitate in the same sciences a renewal reminiscent of the triumphs of the scholastics.
Notes

1. I would like to thank John Haldane, Daniel Robinson, Paul Vitz, Gladys Sweeney, Craig Titus, William Nordling, Frank Moncher, Phil Serofani, and Michael Donahue for their valuable criticisms while I was preparing this essay.

2. “Christianity does not posit an inevitable conflict between supernatural faith and scientific progress. The very starting-point of Biblical revelation is the affirmation that God created human beings, endowed them with reason, and set them over all the creatures of the earth.” Benedict XVI, “Address to the members of the Pontifical Academy of Sciences,” (Nov. 6, 2006).

3. “It is the one and the same God who establishes and guarantees the intelligibility and reasonableness of the natural order of things upon which scientists confidently depend, and who reveals himself as the Father of our Lord Jesus Christ.” John Paul II, Fides et Ratio (1998), no. 34.

4. Vatican II teaches: “Methodical research, in all realms of knowledge, if it respects... moral norms, will never be genuinely opposed to faith: the reality of the world and of faith have their origin in the same God” (Gaudium et Spes, no. 36).

5. In an address to the Pontifical Academy of Sciences, John Paul II writes: “[Galileo] declared explicitly that the two truths, of faith and of science, can never contradict each other, ‘Sacred Scripture and the natural world proceeding equally from the divine Word, the first as dictated by the Holy Spirit, the second as a very faithful executor of the commands of God’, as he wrote in his letter to Father Benedetto Castelli on 21 December 1613... Galileo sensed in his scientific research the presence of the Creator who, stirring in the depths of his spirit, stimulated him, anticipating and assisting his intuitions”: John Paul II, “Address to the Pontifical Academy of Sciences” (10 November 1979): Insegnamenti, II, 2 (1979), 1111-1112.


7. Having said this, the bifurcation ought to be maintained with an important caveat, namely, that philosophical propositions per se do not derive from fides and hence cannot and should not be asserted nor
defended with the certitude of faith. Hence, even philosophical propositions of a Christian philosophy as coherent and consistent with the Gospel as that of Thomas Aquinas should not be adhered to as if they were divine revelation. Unlike the propositions taught by the Church as pertaining to the *depositum fidei*—propositions that “must be adhered to with the obedience of faith (*fidei obsequio*)” (*Lumen Gentium*, no. 25)—philosophical propositions are assented to based on the merits of their conformity to reason. *Strictly* speaking, then, philosophy and theology should not be included on the same side. But given that the philosophy upon which integration draws is (principally) Christian philosophy, which derives its strength in part from its conformity with the truths of revelation; and given the caveat that—as philosophy—its propositions ought proportionately to be assented to, it seems reasonable to classify the integrative project under the broad category of the dialogue between *fides et ratio*.

8. I say “modern” psychology because premodern psychology from Aristotle to Aquinas to the modern era (still, for example, seen strongly in William James) envisaged psychology—the study of psyche (soul)—as an intrinsically philosophical endeavor.


11. Ibid., 15.

12. See Aquinas, *Summa Theologiae (ST)*, I, q. 1, a. 2.

13. The term “anthropology” is most commonly used to refer to branches of experimental and social science that study the human person (e.g., physical anthropology, cultural anthropology, and archeology). Throughout this essay, it is used in a more specific sense to refer to a philosophical description (of the nature) of the human person; that description may draw upon elements that are properly philosophical (e.g., Aristotle’s “hylomorphic” conception of the relationship between mind and body), properly theological (e.g., the biblical conception of the human person as created “in the image of God”), and elements that derive from experimental science (e.g., human bodiliness includes complex mechanisms in the brain by which discreet experiences actually
change the brain’s neurobiology, resulting in life-long alterations in the
cognitive-affective life of a person). Anthropology, as used here, then, is
broadly understood as *philosophical anthropology*, “philosophical”
referring to an abstract and normative conception of the human person,
which does *not* exclude knowledge arising from experimental means.

14. I thank Dr. John Haldane for his assistance in formulating several
of the following answers to this question.

15. John Paul II writes in *Fides et Ratio*: “The world and all that happens
within it … are realities to be observed, analysed and assessed with all
the resources of reason, but without faith ever being foreign to the
process. Faith intervenes not to abolish reason’s autonomy nor to reduce
its scope for action, but solely to bring the human being to understand
that in these events it is the God of Israel who acts. Thus the world and
the events of history cannot be understood in depth without professing
faith in the God who is at work in them. Faith sharpens the inner eye,
opening the mind to discover in the flux of events the workings of
Providence” (*Fides et Ratio*, no.16).

16. I thank Dr. Greg LaNave for illuminating this point for me.


18. None of this should be taken to imply that believing scholars are
intellectually superior to non-believing scholars. In fact, non-believing
scholars can be—and often are—more assertive in their inquiry, rigorous
in their method, and precise in their formulation of findings than
religiously informed scholars. What it does imply is that *all other things
being equal*, a scholar with faith doing integrative reasoning will more
consistently arrive at the truth, have deeper insights into particular
truths, and be less susceptible to error.

19. Pope Benedict XVI, in his first encyclical, *Deus Caritas Est*, states
it this way: “Faith by its specific nature is an encounter with the living
God—an encounter opening up new horizons extending beyond the
sphere of reason. But it is also a purifying force for reason itself. From
God’s standpoint, faith liberates reason from its blind spots and therefore
helps it to be ever more fully itself. Faith enables reason to do its work
more effectively and to see its proper object more clearly.” Benedict
XVI, Encyclical Letter *Deus Caritas Est* (2005), no. 28, Vatican English
translation.
20. Aquinas, *De Veritate*, Q. 1, a. 1, 3; ST, q. 1, a. 16; SCG, I, q.59, par. 2.


24. It goes without saying that bad theology and philosophy can also be a hindrance to knowledge.

25. Aristotle, *On the Heavens*, bk. 1, ch. 5, 271b 8-9; Aquinas says the same in the introduction to *De Ente et Essentia* (*On Being and Essence*), “parvus error in principio magnus est in fine.”


27. Psychology is not only descriptive. Sigmund Freud’s method, for example, which dominated twentieth-century psychology, was principally explanatory. The transition from primarily explanatory and narrative approaches to more empirical and descriptive approaches took place in the 1970s and 80s, especially with the publication of the *DSM-III*.

28. Along similar lines, John Paul II admonishes philosophers that “in the light of faith which finds in Jesus Christ this ultimate meaning … to trust in the power of human reason and not to set themselves goals that are too modest in their philosophizing…. It is necessary not to abandon the passion for ultimate truth, the eagerness to search for it or the audacity to forge new paths in the search. It is faith which stirs reason to move beyond all isolation and willingly to run risks so that it may attain whatever is beautiful, good, and true. Faith thus becomes the convinced and convincing advocate of reason” (*Fides et Ratio*, no. 56).
29. There is a danger that modern psychology could be seen as an enemy of Christian integration.

30. For an ecclesiastical formulation of the idea of the autonomy of the secular realm from the sacred realm, see Vatican II’s discussion of the concept of autonomy of the temporal order in Gaudium et Spes, no. 43.


32. Ibid., 61.


34. This seems to be Daniel Siegel’s conclusion. Siegel defines mind as “a process involving the flow of energy and information. The mind (energy and information flow) emerges in the transaction of neurophysiological processes and interpersonal relationships.” Daniel J. Siegel and Mary Hartzell, Parenting from the Inside Out: How a Deeper Self-Understanding Can Help you Raise Children Who Thrive (New York: Jeremy P. Tarcher, 2003), 32; see also The Developing Mind, 1-2.


36. But heightened empathy and sensitivity to a client’s emotional receptivity must never be an occasion for neglecting one’s more basic commitment to truth. Paul McHugh writes: “Psychotherapists have a natural tendency to give themselves over to the softer virtues of kindness, gentleness, and soothing support (often saluted as “nonjudgmental”) at the expense of the sterner virtues of truth, responsibility, and justice… The proper balance is difficult to strike when we psychotherapists must make a hard truth palatable for patients whose behaviors are getting them into trouble even as they are set on indulging them.” See Paul McHugh, The Mind Has Mountains: Reflections on Society and Psychiatry (The Johns Hopkins University
Though integrative prudentia entails right knowledge, I do not see it supplying the character strength to do the right—and often harder—thing in difficult circumstances. For this, fortitude is also needed, which is not acquired merely through education, no matter how integrated.

37. This is no novel insight to modern medicine. Aquinas articulates with great precision the influence of the mind on the body and vice versa; see Aquinas, *De Veritate*, Q. 26, a. 10.

38. This should not be understood to imply a kind of determinism. In the midst of many, often grave harms there is the resilience capacity which God can use in many ways to transform evil into good in a person’s life.

39. This sense of vocation is a further specification of the concept of vocation understood in its most general sense, which is the vocation to make the Christian faith one’s most fundamental, overarching, and self-determining commitment in life (i.e., to be a disciple, to conform one’s life to the Gospel); and it includes in its scope the sense of vocation most popularly understood in Catholic piety, which is vocation as state of life. Vatican II taught that holiness is meant for every member of the Church, not just for those in consecrated lifestyles or those who have extraordinary experiences of God. John Paul II writes in *Novo Millenio Ineunte*, no. 31: “As the Council itself explained, this ideal of perfection must not be misunderstood as if it involved some kind of extraordinary existence, possible only for a few ‘uncommon heroes’ of holiness. The ways of holiness are many, according to the vocation of each individual.” The personal and divinely chosen path to holiness for each individual is the path of personal vocation. For an excellent introduction to the concept of personal vocation, see Germain Grisez, Russell Shaw, *Personal Vocation: God Calls Everyone by Name* (Our Sunday Visitor Press, 2003).


43. Ibid., 478.

44. Ibid.

45. Aquinas, *ST*, I-II, q. 56, a. 3c.

46. Aquinas, *ST*, I-II, q. 57, a. 5c.


48. Ibid.
