Restoration Quarterly

Volume 38 | Number 3 Article 3

7-1-1996

# Codependency and Pastoral Care: A Report from the Trenches

Marlene K. Klunzinger

Michael S. Moore

Follow this and additional works at: https://digitalcommons.acu.edu/restorationquarterly

Part of the Biblical Studies Commons, Christian Denominations and Sects Commons, Christianity Commons, Comparative Methodologies and Theories Commons, History of Christianity Commons, Liturgy and Worship Commons, Missions and World Christianity Commons, Practical Theology Commons, and the Religious Thought, Theology and Philosophy of Religion Commons

## Recommended Citation

Klunzinger, Marlene K. and Moore, Michael S. (1996) "Codependency and Pastoral Care: A Report from the Trenches," *Restoration Quarterly*: Vol. 38 : No. 3 , Article 3.
Available at: https://digitalcommons.acu.edu/restorationquarterly/vol38/iss3/3

This Article is brought to you for free and open access by the Journals at Digital Commons @ ACU. It has been accepted for inclusion in Restoration Quarterly by an authorized editor of Digital Commons @ ACU.

# Restoration Quarterly

VOLUME 38/NUMBER 3
THIRD QUARTER 1996

ISSN 0486-5642

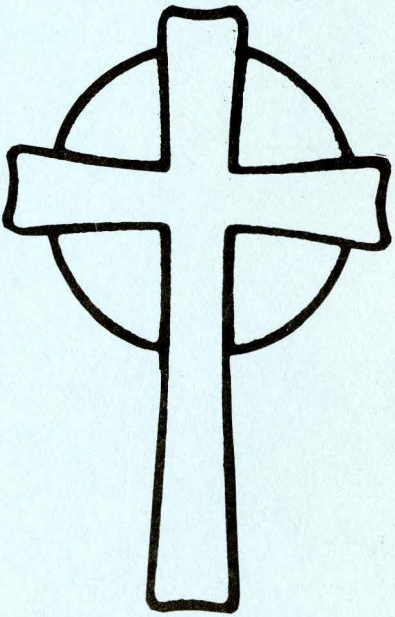
129 Churches of Christ and Abortion: A Survey of Selected Periodicals
CRAIG CHURCHILL

145 Towards a Definition of Paraenesis
TIM SENSING

159 Codependency and Pastoral Care: A Report from the Trenches
MARLENE K. KLUNZINGER and MICHAEL S. MOORE

175 A Theology of Small Groups
DARIN KENNEDY

185 Book Reviews and Book Notes



# CODEPENDENCY AND PASTORAL CARE: A REPORT FROM THE TRENCHES

MARLENE K. KLUNZINGER and MICHAEL S. MOORE

Phoenix, AZ

"Codependency" is a pervasive buzzword today. One finds the term used repeatedly in the language and literature of self-help authors, mental health professionals, and pastoral caregivers within the Christian church. People who describe themselves as "codependent" (or who have been described that way by others) are desperately seeking help in growing numbers from Christian ministers. The following paper is a report from two such ministers, both of whom, like the proverbial little Dutch boy with his finger in the dike, are struggling to respond to this human dilemma. The authors are colleagues on the staff of a medium-sized church in Phoenix: one a pastoral counselor, the other a preaching minister.[1] Both desire to be faithful to Scripture and responsive to the needs of broken people. Both revere the Restoration heritage and seek to find a way within this heritage to address the problem of codependency faithfully, realistically, and holistically.

We readily acknowledge that our perspective is limited. Neither of us is a licensed counselor or a doctor of psychology. Still we thought it might be helpful to share with others what we are learning about this issue, as ministers working in the trenches, so to speak. This paper will therefore be descriptive, not prescriptive, and arbitrarily limited to three areas of discussion. *First,* we will try to lay out the major options for defining "codependency" today, addressing the thorny question of definition from historical as well as pastoral perspectives. *Second,* we will describe what we think are three of the best known psychotherapeutic models now being used to treat codependency and critique each one of them from a biblical, theological perspective. *Third,* we will conclude with a few interdisciplinary reflections on the need to restore "wholeness" (*shalom*) and "healing" (θεραπεύω) to the ministry of pastoral care generally.

---

[1] Marlene is a pastoral counselor/administrative assistant; Mike is a preaching minister and OT seminary professor.

## What Is Codependency?

As is well known, the word "codependency" was first coined within the context of treating what used to be called "problem drinking." Before Alcoholics Anonymous, people who drank too much were usually considered irresponsible and undisciplined. The general consensus was that "problem drinkers" could control their drinking if they wanted to. There was little understanding of or appreciation for the systemic dynamics associated with this behavior, nor was alcoholism perceived in any meaningful way as a societal problem.

The establishment of AA opened the door for researchers, counselors, and therapists to reconceptualize problem drinking in a new way. Caregivers began to notice that certain recognizable patterns of behavior kept showing up in the lives of the family members of alcoholics, as well as the alcoholics themselves. Hypotheses were put forward in which family members were identified as enablers rather than victims of the alcoholic personality. Such people were labeled "co-alcoholic." Before long, treatment programs were (re)designed to treat them as well as their alcoholic loved ones.

Somewhere along the line the term "co-alcoholic" was replaced by "codependent." The latter term then developed a life of its own. "Codependency" began appearing in a wide variety of diagnostic discussions. Therapists began to see "codependent" symptoms in troubled individuals not married to or living with alcoholics at all.[2] "Codependency" came to be used to describe behavior resulting from, say, abusive parenting or unresolved sibling conflict. Some even hypothesized that codependent adults married to other codependent adults went on to perpetuate whole cycles of codependency along the same sort of longitudinal generational lines as, say, schizophrenia, or even hemophilia.[3]

The downside of this semantic adventurism was that the term soon began to lose its coherency, since to use a word to describe everything usually renders it unable to describe anything.[4] Definitional consensus

---

[2] Anne W. Schaef, *Beyond Therapy, Beyond Science: A New Model for Healing the Whole Person* (San Francisco: Harper, 1992).

[3] Pia Mellody, *Facing Codependence: What It Is, Where It Comes From, How It Sabotages Our Lives* (San Francisco: Harper & Row, 1989).

[4] More detailed discussions of this point can be found in Gary Greenberg, *The Self on the Shelf: Recovery Books and the Good Life* (Albany, NY: SUNY Press, 1994); Richard C. Bedrosian, *Treating Family of Origin Problems: A Cognitive Approach* (New York: Guilford Press, 1994); Robert E. Haskell, *Adult-*

became impossible to achieve, and not just among specialists. Melody Beattie, for example, perhaps the best known populist author on the subject, has defined a codependent person simply as "(some)one who lets another person's behavior affect him or her, and who is obsessed with controlling that person's behavior."[5] Others have reacted strongly to this definition, rejecting it as too broad and incoherent.[6] Still others have retreated to hyperclinical terms which make little sense today to people unacquainted with the technicalities of professional psychological discourse.[7] The bottom line is that mental health professionals today remain deeply divided over whether to call codependency a "disease," a "condition," or simply a "normal response to abnormal people."[8]

So who is a codependent? From a layman's perspective, a "co-dependent" might be defined as someone who has an overwhelming need for love and acceptance and who does whatever it takes to please the person upon whom he or she is codependent. Such people often behave like martyrs, sacrificing their own well-being to the point of emotional burnout, even physical breakdown. In return, codependents expect others to love them with this same degree of radicality and to conform to their own perfectionistic standards as a reward for their "suffering."[9]

Some therapists, particularly those trained via medical models, tend to refer to codependency as a disease.[10] Moderates, however, view this

---

*Child Research and Experience: Personal and Professional Legacies of a Dysfunctional Co-Dependent Family* (Norwood, NJ: Ablex, 1993); Wendy Kaminer, *I'm Dysfunctional, You're Dysfunctional: The Recovery Movement and Other Self-Help Fashions* (Reading, MA: Addison-Wesley, 1992).

[5] Melody Beattie, *Codependent No More* (New York: Hazelton Foundation, 1987) 31.

[6] See the incisive discussion in Robert C. Roberts, *Taking the Word to Heart: Self and Other in an Age of Therapies* (Grand Rapids: Eerdmans, 1993) 229–35.

[7] Wendy Carlton (*"In Our Professional Opinion . . ."* [Notre Dame: University of Notre Dame Press, 1978]) argues that techno-speak is deliberately used by many doctors to intimidate rather than inform those who have not been initiated into the privileged world of the medical profession.

[8] See the sources cited in Melody Beattie, *Beyond Codependency* (New York: Harper & Row, 1989) 5.

[9] A. W. Schaef, *Codependence: Misunderstood—Mistreated* (San Francisco: Harper and Row, 1986) 35.

[10] For a thorough sociological critique of a variety of contemporary medical educational models, see Carlton, *"In Our Professional Opinion . . . ,"* 21. *ResQ* has a review of Carlton in Vol. 24 (1981) 124–25.

definition as much too narrow and, for many of the same reasons that Beattie's definition is rejected, as much too broad.[11] Stan Katz and Aimee Liu, for example, reject the "disease" definition, because if codependency is a disease, then this logically implies that total recovery from it may not be possible.[12] To label codependency a "disease" is considered harmful and self-defeating; in the long run such a label serves only to perpetuate the condition. To convince people that they need unending treatment, they argue, makes them *more* dependent upon counselors and self-help groups, not less. How can one take responsibility for a "disease" over which he or she has no volitional control?[13]

Definitional debate among Christian counselors has grown particularly acute. In some quarters, just to mention "Christ" and "codependency" in the same breath triggers a variety of emotional responses, from pleas for caution to warnings of doom. On the one hand, alarmists like Martin and Deirdre Bobgan believe that any infiltration of "psychological jargon" into the Christian counseling setting is both harmful and unnecessary. Psychology, for the Bobgans, is an "insidious and poisonous leaven" sent from Satan to corrupt pastoral counselors and destroy the church.[14]

On the other hand, it is hard to deny that the church has in many quarters fallen prey to the psychobabble of "therapies" so characteristic of our age. These therapies are rooted in little more than pagan spiritualities of varying origins, most of which are utter perversions of the self-sacrificing spirituality articulated in biblical Christian theology.[15] Yet more and more Christians find it easier to believe in it—to believe, in the

---

[11] "Codependency" is not listed in the *Clinical Handbook of Pastoral Counseling* (ed. R. J. Wicks, R. D. Parsons, D. E. Capps [New York: Paulist, 1985]), nor is it listed in the *Dictionary of Pastoral Care and Counseling* (ed. R. J. Hunter [Nashville: Abingdon, 1990]).

[12] S. Katz and A. Liu, *The Codependency Conspiracy: How to Break the Recovery Habit and Take Control of Your Life* (New York: Warner Books, 1991) 133–37.

[13] Thus B. and J. Weinhold (*Breaking Free of the Codependency Trap* [Walpole, NH: Stilwell, 1989] xviii) argue that, far from being a disease, "codependency is a learned disorder that results from arrested development or a developmental 'stuckness' that can be remedied."

[14] M. and D. Bobgan, *Psycho-Heresy: The Psychological Seduction of Christianity* (Santa Barbara, CA: EastGate Publishers, 1987).

[15] For further study, see M. S. Moore, "Wise Women in the Bible: Identifying a Trajectory," *Essays on Women in Earliest Christianity,* vol. 2 (ed. Carroll D. Osburn; Joplin, MO: College Press, 1995) 87–91.

words of Tim Stafford, that "recovery from addictions (is) salvation in some final sense, and (that) the therapy-group (is) a church-substitute."[16] Today it is no exaggeration to say that the air is thick in many of our churches with the mysterious breath of Carl Jung instead of the divine breath of the Holy Spirit. *I'm OK, You're OK* has found its way into the Sunday School curriculum," subtly replacing Paul's letter to the Corinthians, Jeremiah's prophecy to Judah, and even the book of Acts.[17]

Between these extremes, moderates are trying hard to find a golden mean. In a recent issue of *Christianity Today,* for example, Jay Kesler observes that the problem before us is not a simple one, but that "we are in the midst of a sophisticated political, scientific, and theological debate, whether we are discussing alcoholism, drug addictions, sexual compulsions, homosexuality, serial murder, or grand theft."[18] Robert C. Roberts, a professor of philosophy and psychological studies at Wheaton College, goes further. Refusing simply to critique secular psychology as an "outsider," Roberts goes on to articulate the goals and aims of what he thinks Christian psychology ought to be.[19] Roberts recognizes that psychology can be "a real blessing." He also recognizes that it can harmful to the church, "because . . . psychologies are so likely to be taken over uncritically and whole hog."[20]

While the debate continues, many agree with Pia Mellody that there are five recognizable symptoms usually present in the behavior of those who might be called, for lack of a better term, "codependent": (1) low self-esteem, (2) lack of functional personal boundaries, (3) misperception of personal reality, (4) misperception of adult needs, and (5) addictive and compulsive behavior (which may or may not be combined with chemical abuse).[21]

Accordingly, regardless of how the term is actually defined, many psychotherapies focus on how these five symptoms can best be treated. Three of the most common today are Rogerian, rational emotive, and Jungian.

---

[16] Tim Stafford, "The Hidden Gospel of the Twelve Steps," *Christianity Today* (July 22, 1991) 19.

[17] Roberts, *Taking the Word to Heart,* 1.

[18] J. Kesler, "Vision Quest," *Christianity Today* (Oct. 5, 1992) 18–19.

[19] Roberts, *Taking the Word to Heart.*

[20] Ibid., 3.

[21] Mellody, *Facing Codependence,* 88.

## Treatment Modalities

### *Rogerian Therapy*

We begin with Carl Rogers's person-centered therapy, the purpose of which is to extend "unconditional positive regard" to others.[22] Gaining popularity in the 1960s, this approach allows suffering people to explore troubling aspects of their lives in a nonthreatening environment, the results of which are intended to lead to a process called "self-actualization." Rogers theorizes that emotional problems are the product of negative feedback from parents and other authority figures. When the values of significant adults are forced on children, Rogers theorizes, these children become emotionally disabled. This in turn causes internal incongruency—a deep inner struggle between who they want to be and who they are expected to be.

According to Rogers, people have an internal valuing process which tells them what is right for them. This, he believes, becomes undermined when they are forced to follow the dictates of others. Thus Rogerian therapists do not give advice or question motives or behavior. They simply listen, accept, and reflect. Rogers claims that this nonjudgmental environment helps individuals acquire the self-esteem needed to listen to their own internal valuing process and become the "self-actualized" people they were meant to be.[23]

Yet even though Rogerian therapy claims to be nonjudgmental and nondirective, it places great emphasis on the "healing of self" through the meeting of individual needs. Congruence occurs when people allow their organismic valuing systems to mandate lifestyle. This psychology is very different from Christian spirituality. Unlike Christian spirituality, Rogerian psychotherapy does not look to God for direction and guidance—only to the "real self" that emerges through the acceptance and unconditional positive regard of a human therapist.

Rogers thinks that the "organismic valuing process" is essential for discovering one's "true self." By remaining objective and fully accepting of any and all lifestyles, Rogers claims to be able to bring about

---

[22] Carl Rogers, *On Becoming a Person* (Boston: Houghton Mifflin, 1961); *Client-Centered Therapy: Its Current Practice, Implications, and Theory* (Boston: Houghton Mifflin, 1965); *A Way of Being* (Boston: Houghton Mifflin, 1980).

[23] C. S. Hall, L. Gardner, J. Loehlin, and M. Osevitz, *Introduction to Theories of Personality* (New York: John Wiley, 1985) 226.

significant changes in a person's self-image. Others feel that this approach brings only superficial and short-lived changes in behavior.[24] Lawrence Crabb, for example, argues that therapeutic techniques are beneficial in the search for self because they provide symptom relief, but he warns that unless symptom relief moves one closer to God it will only "support the illusion of independence, the illusion that life can work without relationship to God on his terms."[25] Lynne Bundensen agrees, arguing that it is only through a spiritual relationship with God that one's true identity and worth can come to full realization.[26]

Still the Rogerian concept of "unconditional positive regard," properly defined, can be a useful tool for treating codependency. Warm, accepting environments promote honest communication. Reflecting back to people what they have said is useful not only in helping people hear clearly what *they* have said, but in keeping caregivers from *misconstruing* what they have said.[27] Many preaching and pastoring ministers have embraced Rogerian therapy because it resembles the theological concepts of empathy and unconditional love found in the ministry of Jesus.

In short, astute Christian ministers recognize the healing power of acceptance and empathy that Rogers promotes. Yet they also recognize the possibility that person-centered therapy can foster a self-centered spirituality rather than a cross-centered Christian spirituality. Since codependents so desperately long for love and acceptance, the acceptance and respect conveyed in a caring atmosphere can help to foster emotional and spiritual

---

[24] L. Linn and L. W. Schwarz, *Psychiatry and the Religious Experience* (New York: Random House, 1958) 186.

[25] L. Crabb, *Understanding People: Deep Longings for Relationship* (Grand Rapids: Zondervan, 1987) 24. More recently, Crabb has asserted: "When a patient goes to see a therapist, he's really asking the therapist to do the sanctifying work that the Spirit of God does through his Word. In the end, all counseling—intentionally or not—deals with issues of sanctification. The primary context for healing, then, should be the Christian community, not the antiseptic world of a private-practice therapist" (Crabb, "Putting an End to Christian Psychology," *Christianity Today* [Aug 14, 1995] 16).

[26] L. Bundensen, *God-dependency: Finding Freedom from Codependency and Discovering Spiritual Self-Reliance* (New York: Crossroads, 1989) 3.

[27] P. Meier, F. Minirth, F. Wichern, and D. Ratcliff, *Introduction to Psychology and Counseling: Christian Perspectives and Applications,* 2d ed. (Grand Rapids: Baker, 1991) 8–10.

growth.[28] Yet person-centered therapy is not all that is needed to set people on the path to healthy emotional living. Unlike, say, Jungian therapy, Rogers's approach fails to address the sometimes unconscious causes of unhealthy behaviors. It also fails to offer people any guidelines for coping with stress or behavioral problems.[29] From a theological standpoint, it makes no attempt to direct people toward a spiritual relationship with God.[30]

*Rational Emotive Therapy*

In contrast to the person-centered, nondirective therapy devised by Rogers, Albert Ellis champions a behavioristic cognitive therapy known as rational emotive therapy (RET).[31] This approach contends that emotional problems arise out of a series of "irrational beliefs" which people mistakenly accept as truth. It is based on an A-B-C paradigm. "A" symbolizes the circumstances and occurrences in people's lives; "B" concerns what people think or believe about these events; and "C" treats their resultant feelings and actions. The theory advocated by Ellis is that feelings and actions (C) are not caused by events (A), but rather by the way people *interpret* these events (B).

Thus, Ellis argues, the caregiver's job is to confront people about irrational thinking patterns and help instill in them a more sensible outlook on life. People need to evaluate the demands they place on others and themselves in a more realistic way.[32] RET therapists aggressively confront people about their irrational beliefs in an effort to help them see their lives more realistically. They try to help people see, sometimes through humor as well as logic, that no matter how bad things are, things can always be worse. This, in turn, is supposed to keep people free from depression and codependent behavior.[33]

---

[28] P. Springle, *Codependency: Breaking Free from the Hurt and Manipulation of Dysfunctional Relationships,* 2d ed. (Houston, TX: Rapha Publishing/Word, 1992) 3.

[29] Hall, et al., *Introduction to Theories of Personality,* 220.

[30] H. Clinebell, *Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon, 1984) 15.

[31] A. Ellis, *A Guide to Rational Living* (Englewood Cliffs, NJ: Prentice-Hall, 1961); E. Sagarin, *Humanistic Psychotherapy: The Rational-Emotive Approach* (New York: McGraw-Hill, 1974).

[32] P. Meier, et al., *Introduction to Psychology and Counseling,* 47.

[33] A. Ellis and R. Grieger, *Handbook of Rational Emotive Therapy* (New York: Springer, 1977) 17–20.

Ellis contends that many emotional problems arise out of the unrealistically high expectations people place on themselves and others. If people believe that they *must* meet certain requirements and expectations and that others *must* meet them as well, frustration and depression are often the inevitable outcome. One of the goals of RET, therefore, is to help people set more realistic goals. According to Ellis, self-esteem and healthy relationships can be experienced only when people give up their unrealistic expectations and learn to be flexible enough to be happy, no matter what happens to them.[34]

Because codependents spend so much of their time taking care of the needs of others, RET therapists often advocate the necessity of taking more personal responsibility for personal needs.[35] Codependency, they argue, is more a problem of misperception than intentional wrongdoing.[36] The codependent's need to take care of others does not issue out of genuine love and concern for others, but from a terrifying fear of rejection. Codependent "love" is clinging, parasitic, and mutually destructive because codependents are primarily concerned—however much they argue otherwise—with their own, insatiable needs.[37]

RET techniques can therefore be very useful in challenging this "demandingness." As Crabb puts it, "God opposes the proud who demand, but he gives grace to the humble who express their hurt."[38] Not only do codependents need help evaluating the demands they place on themselves and others, they also need to be confronted about the demands they place on God. Rather than allowing God to work in their lives on his schedule and through his will, codependents think they can manipulate God into giving them what they want when they want it. Their need to control extends even to their relationship with God. RET can thus be very helpful in confronting such insidious socio-religious fantasies.[39]

Theologically it is tempting to agree with RET's premise that it is irrational to believe that things must happen the way we want them to happen. Christian theology, however (particularly Christian eschatology), teaches that one of the reasons for not getting upset about the trials of this life is the reality of another life beyond this one. Christians, to quote Paul,

---

[34] Ibid., 36.

[35] B. and J. Weinhold, *Breaking Free of the Codependency Trap.*

[36] Springle, *Codependency,* 11.

[37] Roberts, *Taking the Word to Heart,* 233.

[38] L. Crabb, *Inside Out* (Colorado Springs: NavPress, 1988) 136.

[39] J. K. Miller, *The Twelve Steps as a Classic Model for Christian Spiritual Growth* (San Francisco: HarperCollins, 1991) 6–12.

"press on toward the goal for the prize of the heavenly call of God in Christ Jesus" (Phil 3:14).[40] Further, Christianity definitely teaches that there are many things valuable and important enough to get angry about. In Mark 11:15–17, for example, Jesus becomes angry when confronted by Pharisaic legalism. In 1 Cor 5:1–13, Paul becomes angry at the presence of open sexual immorality in the Corinthian church. While anger is never allowed to have the last word (to quote the apostle, Christians "do not let the sun go down" on their anger, Eph 4:26), Christians, nevertheless, do and should get angry when anger (i.e., judgment) is appropriate.[41]

Ellis's *laissez-faire* philosophy challenges this. At root, it seems based on the teaching that people should be responsible only for their own well-being, never expecting others to be there for them, and *never* taking responsibility for the needs of others.[42] Although one could argue biblically that people should individually be responsible and mature (e.g., "if someone does not want to work, let him not eat," 2 Thess 3:10), biblical ecclesiology is centered around the divine gift of community, of the absolute need for human beings to establish not only a relationship with God but also meaningful relationships with others. Scripture teaches that God-centered fellowship is the only "technique" able to fulfill the deepest human needs.[43]

### *Jungian Therapy*

Carl Jung, the Swiss psychologist who died over thirty years ago, held psycho-religious theories so vast and varied that it would be impossible to discuss them all here. Hence we will discuss only those

---

[40] "The apocalyptic hope of vindication . . . provided a strong ideology of stalwart triumph in the face of horrible suffering" (J. J. Donohue, "Windows and Mirrors: The Setting of Mark's Gospel," *CBQ* 57 [1995] 25).

[41] "Judgment (is) related to sin not by external decision but by an internal movement of cause and effect in which, as Isa 3:9b puts it, 'They do to themselves evil/calamity.' Judgment comes through the deed that works itself out under the power of Yahweh" (P. D. Miller, *Sin and Judgment in the Prophets* [SBLMS 27; Chico, CA: Scholars Press, 1982] 134).

[42] Ellis and Grieger, *Handbook of Rational Emotive Therapy*, 23.

[43] "Those therapists who are doing really good work are, in fact, doing what I'm calling 'eldering.'. . . The church needs to take the role of spiritual, godly men and women far more seriously. . . . [W]e've taken [this] out of Christian community and put [it] into a therapist's office" (Crabb, "Putting an End to Christian Psychology," 16–17).

aspects of Jungian thought which specifically relate to the problem of codependency.[44]

According to Jung, a person's "psyche" (personality) is made up of thoughts, feelings, and behaviors, whether a given individual is aware of them or not. Thoughts, feelings, and behaviors lie in the "personal conscious" realm of the psyche, while these same elements which influence personality, and of which individuals are not aware, are stored in the "personal unconscious." According to Jung, it is the task of the "ego" to decide which events go into the personal conscious and which become submerged into the personal unconscious. Another level of unconscious activity, according to Jung, is to be found in the "collective unconscious," which holds all of the information from past generations in the form of symbols, images, and archetypes. "Individuation" occurs when unconscious influences are brought into conscious awareness and "integrated" into the individual's personality.[45]

Jung argues that personal consciousness is little more than the "tip of the iceberg" as far as personality is concerned. He further asserts that behavior is influenced more by unconscious influences than by conscious ones. Consequently, emotional stability cannot be attained without confronting submerged subconscious memories, events, and feelings. Emotional maturity is dependent upon the exploring of the collective unconscious, a process which allows people to come to grips with everything that is part of their cultural, psychological, and spiritual backgrounds. It is in this realm that people meet their "shadow," i.e., that part of their personality, Jung argues, which has been repressed in order to please others.[46]

In order to help people access their unconscious selves, Jungian therapists utilize methods like dream interpretation and word association. People are encouraged to bring out into the open all their repressed feelings and emotions. They are encouraged to connect at a spiritual level

---

[44] C. G. Jung, *Psychology and Religion,* trans. M.-L. von Franz, J. Henderson, J. Jacobi, and A. Jaffe (New Haven; Yale University Press, 1938); *The Basic Writings of Jung,* trans. V. DeLaszlo (New York: Random House, 1959); *Memories, Dreams, Reflections,* trans. R. & C. Winston (New York: Random House, 1961). For an insightful review of Jung from an anthropological perspective, see B. Morris, *Anthropological Studies of Religion: An Introductory Text* (Cambridge: Cambridge University, 1987) 163–74. A review of Morris appears in *CBQ* 51 (1989) 530–32.

[45] Hall et al., *Introduction to Theories of Personality,* 215–34.

[46] Jung, *Memories, Dreams, Reflections,* 26–98.

with a superior being, because Jung adamantly believes that emotional stability cannot be attained without recognizing the role of "divinity."[47]

It is here that Jungian therapy most appeals to Christian caregivers because Jung so overtly acknowledges the universal human need for spiritual development.[48] Yet although Jung believes that religion and spirituality are important ingredients for emotional growth, religion for Jung is not based on historical revelation, but internal exploration. He states this unequivocally: "I want to make it clear that by the term 'religion' I do not mean a creed." For Jung, religion is simply a "peculiar attitude of the human mind."[49] Although he acknowledges the importance of Christianity, Jung encourages people to alter the Christian faith "in accordance with the changes wrought by the contemporary spirit."[50] Jung affirms Christianity, but "only on the assumption that it can be reinterpreted as a religion of a different kind than original Christianity—as a pure religion of self-exploration."[51]

Such statements have not stopped theorists, however, from trying to fuse Jungian and Christian spirituality into an integrated therapeutic modality. Benedict Groeschel, for example, suggests that the battle with sin faced by all humanity might be correlated effectively with Jung's concept of "archetypal shadow" in the collective unconscious.[52] Similarly, Paul Tournier explains the contradictory facets of human behavior in overtly Jungian categories, concurring with Jung that it is necessary to acknowledge these contradictions in order to attain genuine wholeness, yet rejecting the oft-reached conclusion of many Jungians that "the unconscious life alone is real."[53]

In short, Jung stresses the importance of religion as an essential element in emotional well-being, but Christian caregivers need to be aware that his basic conception of religion runs counter to biblical Christianity. Jung specifically states, "What I can contribute to the question of religion is derived entirely from my practical experience, both with my patients

---

[47] Jung, *Psychology and Religion,* 117.

[48] Roberts, *Taking the Word to Heart,* 145.

[49] Jung, *Psychology and Religion,* 5–6.

[50] Jung, *Memories, Dreams, Reflections,* 210.

[51] Roberts, *Taking the Word to Heart,* 111.

[52] Benedict J. Groeschel, *Spiritual Passages: The Psychology of Spiritual Development* (New York: Crossroads, 1989) 5.

[53] Paul Tournier, *The Meaning of Persons,* trans. E. Hudson (San Francisco: Harper & Row, 1957) 61.

and with so-called normal persons."[54] Jung's search, therefore, is a search for the internal god within, not the transcendent God without. Historical references and biblical symbols are useful to Jungian therapy only insofar as they can help people evaluate what occurs in the unconscious mind. Simply put, the goal of Jungian therapy is to help people interpret what is in *their* unconsciousness, not what is in *God's* consciousness.

## Interdisciplinary Reflections

From our limited experience, codependency is one of the most debilitating problems ministers have to face. In order to gain the love of God and others, codependents will "do whatever it takes"—even if it means deliberately distorting and misinterpreting the Good News of the Bible. Once this occurs, codependents tend to lock themselves inexorably into inflexible, legalistic patterns of behavior. Guilt becomes legitimated, leaving no room for grace, love, peace, or joy. Added to the long list of "shoulds," "oughts," and "ifs" of the *secular* codependent, *religious* codependents are constantly plagued with additional thoughts such as: *If I am a good Christian, I should not be feeling angry . . . or hurt . . . or lonely . . . ;* or *If God really loves me, why are so many bad things happening in my life? I must be doing something wrong. Maybe things will change if I only pray harder, work harder, try harder.*

By trying to follow such rigid expectations (which they mistakenly perceive to be at the core of the Christian life), religious codependents fail miserably in their relationships with others. Their self-esteem plummets. Their need for love and affirmation remains hopelessly beyond reach. Still they just keep trying harder and harder to please, taking comfort in the belief that God rewards martyrdom—if not now, then surely in the hereafter.[55]

As pastoral counselors, we readily admit that codependency is a problem difficult to define and even more difficult to treat. But as Restorationist Christians, we have found that a clearer understanding of two biblical terms—the Hebrew word *shalom* and the Greek word θεραπεύω—has inestimable value when it comes to helping us help others find relief from the problem of codependency, particularly religious codependency.

---

[54] Jung, *The Basic Writings of Jung*, 474.
[55] Springle, *Codependency*, 7.

*Shalom*, a term which is most often translated "peace" in the OT, refers not to the cessation of conflict, but to the creation of wholeness.[56] Unlike Rogers, Ellis, and Jung, whose self-centered spiritualities focus predominantly upon interpersonal conflict rather than interpersonal and intersocietal wholeness, we believe that codependent people need to refocus their attention on God as Creator. Once they truly see that the Creator has been working, is now working, and will continue to work on their behalf to bring genuine *shalom* into their lives, their perspective begins to change.[57] Once they begin to see themselves as a "work in process," as a work of the Creator God, not themselves, new possibilities begin to open up. Self-worth becomes a matter of dependency on God.

Most interestingly, however, worship begins to become a legitimate option. Since we believe that worship is designed to *re-enact,* not just *remember* God's creative and re-creative power,[58] we encourage them to surrender themselves unreservedly to this God so that they might be recreated in his image. We encourage them to worship the Creator regularly—not just in corporate assemblies, but certainly there. Our goal is to help them come to faith in God as Creator as well as Redeemer (Christ) and Counselor (Holy Spirit). We have found that (re)establishing a firm belief in God as the provider of *shalom* is a very effective deterrent to depression, irrational behavior, and the many other problems which afflict codependents.

Coupled with this, the Greek verb θεραπεύω, used 36 times in the Gospels to describe a major component of Jesus' ministry, means "to

---

[56] F. Brown, S. R. Driver, and C. A. Briggs, *A Hebrew and English Lexicon of the Old Testament* (Oxford: Clarendon, 1977) 1022–24.

[57] "Creation refers less to an absolute beginning and more to the sensory realm of human experience in the cosmos, to an environment upheld by God over against the forces of chaos which threaten to undo it" (J. Andrew Dearman, *Religion and Culture in Ancient Israel* [Peabody, MA.: Hendrickson, 1992] 211).

[58] Of particular importance to our view of worship is Frank Gorman's analysis of myth, social status and ritual in the priestly literature of the Hebrew Bible. Gorman believes that the primary purpose of the priestly cult in Israel is to maintain the ongoing order of creation and life and restore it whenever it is violated. Gorman argues that it is the ritual enactment of the spoken word which maintains and restores the created order (Frank Gorman, *The Ideology of Ritual: Time and Status in the Priestly Theology* [JSOTSup 91; Sheffield: JSOT, 1990], summarized in Leo G. Perdue, *The Collapse of History: Reconstructing Old Testament Theology* [Minneapolis: Fortress, 1994] 121).

serve, to heal, to restore."[59] Like *shalom*, θεραπεύω has to do with restoring broken people to integrity and wholeness. According to Matthew's Gospel, for example, Jesus' dream for ministry incorporates three elements: preaching (κηρύσσω), teaching (διδάσκω), and healing (θεραπεύω).[60] Ironically, however, the third of these terms has historically been given very short shrift among Restorationists. Several reasons might be given to explain this irony,[61] but the bottom line for us is that we think it is hermeneutically myopic (if not outright deceptive) to interpret any one of these terms within arbitrarily exclusive categories. On the contrary, we believe that all three of these elements, properly defined, are essential to a holistic Christian ministry.[62] North American Restorationists have historically done a very good job at working within the first two of these ministerial categories (κηρύσσω and διδάσκω). It is finally encouraging

---

[59] W. F. Arndt, F. W. Gingrich, and F. W. Danker, *A Greek-English Lexicon of the New Testament and Other Early Christian Literature* (Chicago: University of Chicago, 1979) 359.

[60] Matt 4:23; 9:35. We agree with Jack Dean Kingsbury (*Matthew As Story*, 2d. ed. [Philadelphia: Fortress, 1988] 68) that "the Greek verb θεραπευειν can mean to 'serve' as well as to 'heal.' Indeed, it is to cast Jesus' activity of healing in the mold of 'serving' that Matthew informs the reader in a formula-quotation that Jesus, through healing, fulfills the words of the Servant Song of Isaiah: 'He took our infirmities and bore our diseases' (Matt 8:16–17; Isa 53:4). In healing, Jesus Son of God assumes the role of the servant of God and ministers to Israel by restoring persons to health."

[61] No little blame for this hermeneutical myopia should be laid at the feet of John Locke (*An Essay concerning Human Understanding* [Oxford: Clarendon, 1894, first published in 1690], cited in N. Stienstra, *YHWH is the Husband of His People: Analysis of a Biblical Metaphor* [Kampen: Kok Pharos, 1993] 20), who believed that figurative language of any kind served only "to insinuate wrong ideas, move the passions, and . . . mislead the judgment," and was therefore "wholly to be avoided." One can only wonder at how Locke might have read the unavoidably metaphorical royal psalms, prophetic oracles, love poems, and enigmatic parables in the Bible. We have found, with Eugene Petersen (*Answering God: The Psalms as Tools for Prayer* [San Francisco: Harper, 1989] 35–43), that it is precisely this kind of biblical language which most often has the ability to break through the walls of codependency and lift the eyes of its prisoners high enough to see the majesty and awe-fulness of a Holy Creator.

[62] Leonard Allen puts it well: "The fullness of the Spirit means, not private spiritual ecstasy, not private enrichment, but the communal confession of Jesus as Lord. . . . In the power of the Spirit, the Church thus ministers to the world in the same ways that Jesus would if he remained physically upon the earth" (*The Cruciform Church*, 2d ed. [Abilene, TX: ACU Press, 1990] 165).

to see so many Restorationists begin to take *Jesus'* concept of restoration (θεραπεύω) seriously, too.

## Conclusion

Codependency is a very complex problem. Specialists with much more time to study it than we have argue vehemently over two things: (1) how to *define* it, and (2) how to *treat* it. The goal of this report has been to describe what two working ministers think are some of the best options for treating it, working from both biblical theological as well as practical pastoral perspectives.

Researching and writing this report has convinced us that extreme definitions and unexamined treatment modalities, though common and popular, are harmful and dangerous, not to mention unfaithful. Thus we close with a challenge to colleagues everywhere to hammer out therapeutic strategies for dealing with this problem which *both* effectively articulate a canonical biblical theology *and* critically incorporate contemporary psychotherapeutic techniques without succumbing to their presuppositions. That which James Hillman stated almost three decades ago still holds true today:

> All the contemporary problems are also in our churches. . . . The real reunion of psychology and religion is neither in dogma nor in ecumenical councils nor in action, [but] is taking place within the souls of individual ministers struggling with their calling.[63]

---

[63] J. Hillman, *Insearch: Psychology and Religion* (Dallas, TX: Spring Publications, 1967) 47. We would like to thank King Buchanan and Russ Dudrey for their insightful suggestions on an earlier draft of this paper.