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RELIGION AND MENTAL HEALTH : THE THERAPEUTIC VALUE OF THE TEACHINGS OF JESUS

Author Note: The authors of this article take the position that the Judeo-Christian heritage is dominated by the teachings of Jesus. Consequently, all Christian belief systems reflect similar ideas about the nature of reality. This Christian philosophy of life shapes attitudes that believers have about themselves, their relationship with others, and appropriate responses to crises and adversity. By analyzing the teachings of Jesus, seven main themes emerged. The authors are able to show that all of these themes are reflected in modern-day systemic therapies. The authors believe that these themes may be related to mental and physical health advantages that believers have over non-believers.

This article starts with the premise that that the contributions of Jesus, whom his followers call the "Christ", to the quality of living have rarely been raised outside of organized religion. For two thousand years, Biblical scholars have borne witness to the transcendental nature of Jesus' life and His significance for salvation and eternal life. Aside from the claims of Christian theology and teachings concerning the salvation of humankind, little else has written about his contribution of Jesus' teachings to improving the quality of human relationships, self-improvement, or adjustments in day-to-day living.

This observation is noted at a time when researchers have demonstrated for the past three decades that numerous health advantages exist for persons with a strong religious faith.[1] These researchers have included emotional and spiritual dimensions in their definition of health.[2] This definition is based on the 1948 definition of health by the World Health Organizations (WHO).

In the past, the assumption was that health included the physical, mental, and social aspects and the absence of illnesses.[3] Health is currently considered a

[1] Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *International Scholarly Research Network Psychiatry, 12*, (2012), Doi: 10.5402/2012/278730.

[2] R. Eberst, "Defining Health: A Multidimensional Model," *Journal of School Health*, *54*, (1984): 99-104; Debbie L. Stoewen, "Dimensions of Wellness: Change Your Habits, Change Your Life," *The Canadian Veterinary Journal 58*, no. 8 (2017): 861-862.

[3] "World Health Organization: UN Public Health Agency," Encyclopaedia Britannica, https://www.britannica.com/topic/World-Health-Organization.

dynamic process of acquiring high levels of wellness for each dimension of health, including physical, mental and social.[4] A number of contemporary writers have suggested that the WHO definition of health should be altered to state that health is the ability to adapt to ever changing social, physical, and emotional circumstances.[5] Some models of health have placed spirituality as an umbrella uniting other dimensions.[6]

Historically, the major causes of morbidity and mortality resulted from infectious diseases.[7] Today, for both adults and adolescents, a major shift has occurred in the causes of morbidity and mortality in that psychological factors, including social, environmental, and behavioral, have emerged as more influential.[8] At the same time, researchers have found that religion provides a small but significant protective layer against illness and death.[9]

Hundreds of research studies relating to physical health advantages of religious persons have been conducted in the past 30 years. The preponderance of this research occurred in the 1990s and early 2000s. For example, Oxman, Freeman, and Manheimer found that patients with strong religious faith undergoing open heart surgery had less risk of six-month mortality than less religious patients.[10] In another 28-year study of mortality rates in California, researchers found that regular attendance at church service was correlated with lower levels of mortality.[11] In a large national sample, frequent attendance at religious services was strongly related to reduce eight-year mortality risk.[12]

In addition, Idler and Kasl found that community-dwelling seniors could delay their deaths until the conclusion of religious holidays.[13] Koenig reviewed 19 studies on the relation between religion and spirituality and

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[4] Stoewen, "Dimensions of Wellness."

[5] Ibid; Machteld Huber, André Knottnerus, Lawrence Green, Henriëtte van der Horst, Alejandro R. Jadod, Daan Kramhout, Brian Leonard, Kate Lorig, Maria Isabel Loureiro, Jos W. M. van der Meer, Paul Schnabel, Richard Smith, Chris van Weel, Henk Smid, "How Shall We Define Health?" *British Medical Journal, 343*, (2011), Doi https:// doi.org/10.1136/bmj.d4163.

[6] C. Robert Cloninger, "The science of well-being: An integrated approach to mental health and its disorders," *World Psychiatry 5*, no. 2 (2006): 71-76; Kathleen D. Mullen, Robert McDermott, Robert Gold, and Philip Belcastro, *Connections for Health* 4th ed., (Madison, WI: Brown and Benchmark, 1996).

[7] Anne Case and Angus Deaton, "Mortality and Morbidity in The 21st Century," *Brookings Paper Economic Activity*, (2017): 397-476.

[8] Ibid; J.M. Wallace, "Religion's Role in Promoting Health and Reducing Risk Among American Youth," *Health, Education, and Behavior*, *25*, (1998): 721-742.

[9] Koenig, "Religion, Spirituality, and Health."

[10] T.E. Oxman, D.H. Freeman, and E.D. Manheimer, "Lack of Social Participation or Religious Strength and Comfort as Risk Factors for Health After Cardiac Surgery in the Elderly," *Psychosomatic Medicine*, *57*, (1995): 5-15.

[11] W.J. Strawbridge, R.D. Cohen, S.J. Shema, and G.A. Kaplan, "Frequent Attendance at Religious Services and Mortality over 28 years," *American Journal of Public Health 87,* 6(1997): 957-961.

[12] R.A. Hummer, R.G. Rodgers, C.B. Narn, C.G. Ellison, "Religious Attendance and Mortality in The U.S. Adult Population," *Demography 36*, (1999): 273-285.

[13] E.L. Idler, and S.V. Kasl, "Religion, disability, depression, and the timing of death," *American Journal of Sociology 97,* (1992): 1052-1079.

negative physical health and concluded that 12 of the studies found the expected inverse relation.[14] Nine of the 13 studies with high quality methodology showed the expected relation. In an interesting finding related to race, a study showed that low incidences of hypertension were related to high involvement with religion and spirituality for white individuals, but not for black individuals.[15]

Other serious physical health consideration, such as Alzheimer's disease, the immune system, and cardiovascular disorders are less prevalent for individuals with religious and spiritual involvement.[16] The preponderance of studies supports the view that religion and spirituality enhance cognitive functioning, which in turn strengthens a person's immune system and acts as a buffer against stress-related illnesses.[17] Research on diseases, such as cancer, have also found less occurrence and quicker recovery among persons with strong religious or spiritual involvement.[18] These studies are significant since the researchers arrive at these positive dimensions of religion having controlled for social support, healthy lifestyle, and socio-demographic variables.

In the area of mental health, researchers have also found evidence that religious beliefs are associated with positive outcomes.[19] According to Koenig, approximately 80% of the research on the relation between religion and spirituality and health is on the topic of mental health.[20] Studies have concluded that Mexican-Americans who attend church frequently have lower rates of depression.[21] Researchers have concluded that life satisfaction and happiness are linked to psychological well-being.[22]

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[14] Koenig, "Religion, Spirituality, and Health."

[15] F. Newport, "Religion and Party ID Strongly Link Among Whites but not for Blacks," *The Gallop Poll*, (2010).

[16] Koenig, "Religion, Spirituality, and Health."

[17] C.D. Conrad, "Chronic Stress-Induced Hippocampal Vulnerability: The Glucocorticoid Vulnerability Hypothesis," *Review in the Neuroscience 19*, 6(2008): 395-411.

[18] Y. Chida, M. Hamer, J. Wardle, and A. Steptoe, "Do Stress-Related Psycho-Social Factors Contribute to Cancer Incidence and Survival?" *Nature Clinical Practice Oncology 5*, 8(2008): 466-475; G. Safuja, M.H. Marcia, D. Colleen, and G. Laderman, "Spiritual Well-Being, Depressive Symptoms and Immune Status Among Women Living with HIV/AIDS," *Women and Health 49*, 2-3(2009): 119-143.

[19] A.E. Bergin, "Religiosity and Mental Health: A Critical Re-evaluation and Meta-analysis," *Psychology: Research and Practica 14,* (1983): 170-184; J.D. Gartner, D.B. Larson, and G.D. Allen, "Religious Commitment and The Mental Health: A Review of the Empirical Literature," *Journal Psychology Theology 19,* (1991):6-25; H. G. Koenig, *Aging and God: Spiritual Pathways to Mental Health in Mid-Life and Later Years,* (New York: Wadsworth, 1994).

[20] Koenig, "Religion, Spirituality, and Health."

[21] Jeff Levin, K.S. Markides, and L.A. Ray, "Religious Attendance and Psychological Well-being in Mexican Americans: A Panel Analysis of Three Generations Date," *The Gerontologist 36*, (1996):454-463.

[22] R.A. Witter, W.A. Stock, M.A. Okun, and M.J. Hating, "Religion and Subjective Well-being in Adulthood: A Quantitative Synthesis," *Review of Religious Research 26*, (1985): 332-342.

Researchers have shown that when persons have a strong belief in God, they tend to be in better health and recover from illness quicker.[23] Rosmarin et al. studied 159 patients who were ill and also depressed.[24] Using pre- and post-test evaluations, the researchers found that the greater their faith and belief in God, the better outcome in their illness. Although there were obvious implications for treatment based on these findings, the authors did not speculate about how to improve treatment through religious means.

Wink, Dillon, and Larsen conducted a longitudinal study to determine the long-term effects of religion on persons and their physical health.[25] The study took place in San Francisco with subjects who were born in the 1960s and 70s. The investigators concluded that, over time, persons who are more religious tend to be less depressed regardless of their physical health. In other words, religion provided an alternate way to view their health issues that was more adaptive than persons without a religious belief system.

Levin reviewed research on mental health and religion and concluded that religion is a positive force in mental health.[26] Religion tends to reduce depression and anxiety and increases a sense of well-being and life satisfaction. Levin postulated that religion is a preventative factor for mental illness by reducing the risk factors associated with poor coping and emotional problems. Overall, religion fosters a healthy response to negative or traumatic life events. Religious persons are better able to adjust to circumstances that are beyond their immediate control.

According to Behere, Das, Yadav, and Behere, religion is related to early life-styles because it prohibits, or discourages, engaging in behaviors that are known to increase probability of physical and psychological problems.[27] For example, religion is highly correlated to increased social contact that tends to be supportive and helpful in times of physical and mental health. The benefits of religion go far beyond social support; when social support is controlled for in research, the correlation of religion to mental health is still found. In addition to social support, religion also reduces certain high-risk behaviors, such as sexual promiscuity, substance addiction, smoking, gambling and other behaviors that are linked to poor health outcomes.

In Koenig's exhaustive review of the mental and physical health benefits of religion and spirituality, he concluded that the benefits are related to an increase in positive emotions and the reduction in anxiety and stress in coping with everyday circumstances.[28] Koenig further proposed that the

[23] D.H. Rosmarin, J.S. Bigda-Peyton, S.J. Kertz, N. Smith, S.L. Rauch, and T. Björgvinsson, "A Test of Faith in God and Treatment: The Relationship of Belief in God to Psychiatric Treatment Outcomes," *Journal of Affective Disorders 146*, 3 (2013): 441-446.

[24] Ibid.

[25] P. Wink, M.M. Dillon, and B. Larsen, "Religion as Moderator of the Depression-Health Connection," *Research on Aging, 27*, (2005): 197-220.

[26] Jeff Levin, "Religion and Mental Health: Theory and Research," *International Journal of Applied Psychoanalytic Studies 7*, no. 2 (2010): 102-115.

[27] P.B. Behere, A. Das, R. Yadav, A.P. Behere, "Religion and Mental Health," *Indian Journal of Psychiatry, 55*, no. 6 (2013): 187-194.

[28] Koenig, "Religion, Spirituality, and Health."

belief in transcendent forces increases one's sense of control over negative events, in that one is not alone or abandoned in dealing with changing life events.

Thus, religion and spirituality provide a buffer against negative events. Religion and spirituality also provide for a system of rules and regulations that, when followed, act to reduce the risks of being overexposed to an assortment of negative risk factors. In addition, religion and spirituality tend to influence prosocial behavior in the form of social interactions that are altruistic and care-giving.

One of the strongest arguments for the scientific validation that religion is a positive force in one's life is the application of brain imaging studies. Brain research has opened the door to study religion as a subject alongside other subjects, which sheds some of the reluctance to pursue religion as a scientific reality.[29] Research on religion and neural activity has only scratched the surface to date, but the flood gates are primed to open based on interesting and provocative findings. The research has mainly focused on brain activity while a person is experiencing a religious activity, such as meditating.

While the religious practices studied so far regarding brain imaging have generally been limited to praying or meditation, it is still possible to clearly point to positive correlations to physical and mental health outcomes from engaging in religious practices. Newberg and d'Aquili were instrumental in initiating techniques for studying the relationship between brain imaging and religion, and found that specific cognitive systems are blocked during religious experiences giving way to a feeling of unity with others and a decrease in cognitive barriers.[30]

Researchers have found a preponderance of evidence for the support of the association between religion and physical and psychological health; however, the nature of the relation has been mainly unexplored. Some researchers have speculated that the positive association between religion and wellness is due to certain bio-behavioral or psychological constructs that independently are recognized as promoting well-being.[31]

The authors of this article propose a specific answer to the benefits of religion, and specifically Christianity. While there are pathways in all religions and spiritual expressions that have been found to share these benefits, this article is limited to how these benefits are transmitted within the Christian tradition. It assumes that the teachings of Jesus are basic to all Judeo-Christian belief systems and that all reflect similar ideas about the nature of life.

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[29] U. Schjoedt, H. Stodkilde-Jorgensen, A.W. Geertz, and A. Roepstorff, "Highly Religious Participants Recruit Areas of Social Cognition in Personal Prayer," *Social Cognitive and Affective Neuroscience* 4, no. 2 (2009): 199-207.

[30] Andrew B. Newberg and Eugene G. d'Aquili, "The Neuropsychological Basis of Religions, or Why God Won't Go Away," *Zygon 33*, no. 2 (1998): 187-201.

[31] Jeff Levin and H.Y. Vanderpool, "Is Frequent Religious Attendance Really Conducive to Better Health? Toward an Epidemiology of Religion," *Social Science Medicine*, *24,* (1987): 589-600; L. Idler, "Religious Involvement and The Health of the Elderly: Some Hypotheses and Initial Test," *Social Forces*, *66,* (1987): 226-238.

It is further assumed that these shared beliefs, based on the life and teachings of Jesus, form a basic philosophy of life for believers that shape their attitudes about themselves, their relationship with others, and appropriate responses to crises and adversity. In order to identify common beliefs implicit in sayings ascribe to Jesus in the Gospels, the authors have paid close attention to how the words of Jesus can be embedded messages about how to conduct one's life. These sayings include parables ascribed to Jesus, His teachings to his disciples, and his interactions with religious leaders.

The method used to analyze the sayings of Jesus was adapted from the conceptual funnel model developed by Berthon, Nairn, and Money as a guide for conducting research on large and complex literature.[32] The large end of the funnel represents the broad spectrum of knowledge and writings available about the teachings and life of Jesus. The small end of the funnel addresses the specific sayings that represent a number of themes that characterize Jesus' message for daily living in response to life events.

The broad spectrum was accomplished by simply listing the red text verses depicting the sayings of Jesus in the New Testament. The sayings of Jesus in the New Testament were limited to the four gospels. A narrower focus was given in the next part of the process as specific sayings were grouped according in general themes. These groupings included Jesus' view of the Kingdom of God, His identity as the Son of Man, His reinterpretation of scripture, His views on salvation, His death and resurrection, His second coming, the calling of the disciples, the ministry of healing and miracles, conflict with the Pharisees, friendship with sinners, and the commission to His followers to spread the gospel.

From this group of Jesus' teachings and ministry, a final filter was added that ferreted out specific teachings that address emotional health. These teachings produced general psychological concepts that became the seven themes. While other themes emerge if one focuses on different sayings and teaching of Jesus, we believe that these seven themes form a basic philosophy of life for believers. Finally, these basic themes are addressed through the lens of psychological well-being.

The second part of this analysis required a similar funnel process for selecting psychotherapy models. The broad end of the funnel represented a wide range of accepted psychotherapy models. The funnel was narrowed by focusing on interpersonal relationship as a basic component of psychotherapy. Relationship models emerged at the core since Jesus' ministry was about a relationship with God. The marriage and family therapy literature is predominately about repairing and improving intimate relationships.

The authors attempted to find connections between the seven themes and similar themes of psychological functioning in the marriage and family therapy literature. Our analysis of the marriage and family therapy literature was limited primarily to systemic theories, which for the past several decades,

[32] P. Berthon, A. Nairn, and A. Money, "Through the Paradigm Funnel: A Conceptual Tool for Literature Analysis," *Marketing Education Review 13*, no. 2 (2003): 55-66.

has been the dominant theory in marriage and family therapy. The authors limited their analysis of systemic therapies to the main founding theorists of strategic, symbolic-experiential, brief, and solution-focused therapies.

The dominant themes in Jesus' teachings include: 1) how to influence systems and institutions; 2) maintaining a state of hope and taking a transcendent perspective about human worries; 3) using second-order thinking to solve problems; 4) developing social interest; 5) radical third-order change; 6) the blissful aspects of altruistic sacrifice; and 7) the courage to live. While other themes are present, those discussed here permeate the Synoptic Gospels. Below, the authors discuss the therapeutic significance of each of these themes.

A LESSON IN HOW TO INFLUENCE SYSTEMS AND INDIVIDUALS

German theologian Gerhard Lohfink maintains that Jesus had an extraordinary command of language and used language to challenge those in authority indirectly through parables.[33] His words were meant to confront and challenge the very seat of societal power in ways that made it hard for reprisal. The parables had a double meaning in that they disturbed the powerful, but also spoke to the people in ways that they could reveal secrets to them.

Although there is acknowledgment of the significant role of religion in mental and psychological health, few writings in the marriage and family literature address the teachings of Jesus. The one exception was an essay by Jay Haley, the founder of strategic therapy.[34] Haley observed that Jesus did not directly challenge the religious law of his day. Rather, he gave the law a new and different interpretation or revision. If Jesus had challenged the law directly, He would have been excluded from the religious/legal institutions of His contemporaries and would not have had the opportunity to influence the religious culture from within the system. He was able to influence more effectively by supporting the law, while challenging its interpretation.

> Do not think that I have come to abolish the Law or the prophets. I have come not to abolish but to fulfill. For truly I tell you, until heaven and earth pass away, not one letter, not one stroke of a letter will pass from the Law until all is accomplished. Therefore, whoever breaks one of the least of these commandments, and teaches others to do the same, will be called least in the Kingdom of Heaven; But whoever does them and teaches them will be called great in the Kingdom of Heaven (Matt. 5:17-19).

According to Haley, Jesus called for conformity and change simultaneously.[35] After stating that he came to fulfill rather than destroy the law, he proceeded to make major revisions of the law. He said in Matthew's gospel:

[33] Gerhard Lohfink, *Jesus of Nazareth: What he wanted, who he was*, (Collegeville, MN: Liturgical Press, 2012).
[34] Jay Haley, *The power tactics of Jesus Christ and other essays*, (New York: Avon, 1969).
[35] Ibid.

> You have heard that it was said to those in ancient times, 'You shall not murder,' and 'Whoever murders shall be liable to judgment.' But I say to you that if you are angry with a brother or sister, you will be liable to the council (Matt. 5:21-22).

Jesus defined anger as being criminal, emphasizing that humans are to be punished for their thoughts as well as for their deeds. This was a major revision of the law. In His continuing discourse, Jesus offered many other reinterpretations of the law dealing with: changes in the law of adultery to equate adulterous thoughts with the act of adultery; changes in the law of divorce; revision of the procedure for taking oaths; revision of the law of revenge; changes in the procedures for giving charity and the method of praying and fasting; attitudes toward wealth and passing judgment on other people (Matt. 5:23-7:29). In commenting on the above revisions, Haley observed that Jesus, after stating that He had not come to change the letter of the law, proceeded to reinterpret the law to the extent that His new revision bore little resemblance to the established law as it existed before he redesigned it.

Haley suggested that Jesus would have provoked extreme opposition if he had stated that He was doing away with the law.[36] His statement that he did not want to do away with the law disarmed those who opposed Him while allowing Him to influence them through the interpretation process. Haley suggests that the reinterpretation process is a basic strategy for producing change. Because change is paradoxical, a therapist can influence the behavior of his or her clients more by reframing than by direct intervention. A strategic therapist, for example, takes the client's personal "law" or "rule of life" as legitimate and proceeds to reframe or reinterpret it. This reinterpretation makes it impossible for the symptom to continue because it no longer makes sense.

Systemic therapies, including strategic, structural, brief therapy, solution-focused, the Milan group, and constructivism have espoused the importance of reframing symptoms for therapeutic value. For example, in strategic therapy, problems persist because they have no solutions.[37] A redefining of the problem may be necessary in order to create solutions. For solution-focused therapy, a reframing of one's behavior to identify exceptions to the problem rule is necessary for change.[38] Reframing the problem in terms of other behaviors may exclude them from conscious awareness and be all that is necessary for significant change to occur.

We maintain that Christians in a Judeo-Christian heritage are constantly exposed to the concept of reframing through reading the Scriptures and participating in worship services. It can be further assumed that this exposure allows for thinking processes outside the expected ways to produce novelty and spontaneous responses. These responses could be related to making appropriate changes and adaptation to adversities and crises.

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[36] Ibid.

[37] Jay Haley, (ed.), *Problem-Solving Therapy*, (San Francisco: Jossey-Bass, 1976).

[38] Steve de Shazer, *Putting Difference to Work*, (New York: W.W. Norton, 1991).

MAINTAINING A STATE OF HOPE AND TAKING A TRANSCENDENT PERSPECTIVE ABOUT HUMAN WORRIES

One indicator of mental health is the ability to maintain a state of hope in the face of life's struggles. Some researchers have concluded that humans have a natural propensity for religious experiences, which means that persons tend to be more anxious and worried when they lack a religious orientation.[39] In one of His teachings, Jesus offered helpful thoughts in the following quotations. He encouraged people to travel light emotionally and to take a transcendent perspective toward common human worries.

> Therefore I tell you, do not worry about your life, what you will eat or drink, or about your body, what you will wear. Is not life more than food and the body more than clothing? Look at the birds in the sky, they do not sow or reap, they gather nothing into barns, yet your heavenly father feeds them (Matt. 6:25-26).
>
> So do not worry about tomorrow; for tomorrow will bring worries of its own. Today's trouble is enough for today (Matt. 6:34).

The advice given in this teaching about the value of depending on a higher power and about taking one day at a time is viewed as life-saving by members of Alcoholic Anonymous and other 12 step self-help.[40] No therapeutic techniques suggest that one should endlessly pursue perfection, or insist on doing things the right way, consistently. In fact, all therapeutic models suggest that accepting what one cannot change is healthy.[41] The serenity pray – "God grant me the serenity to accept things I cannot chance, the courage to change the things I can, and the wisdom to know the difference" – is based in the belief that one should depend on faith in God for those things that cannot be changed.[42]

Many researchers have found that well-being is a consequence of not worrying over what one cannot control.[43] Rosmarin is a part of a group of

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[39] M.A. Ferguson, J.A. Nelson, J.B. King, L. Dai, D.M. Giangrasso, R. Holman, J.R. Korenberg, and J.S. Anderson, "Reward, Salience, and Attentional Networks are Activated by Religious Experiences in Devout Mormons," *Social Neuroscience 13*, 1 (2018): 104-116. doi:10.1080/17470919.2016.1257437; B. Johnson, G. Holiday, and D. Cohen, "Heightened Religiosity and Epilepsy: Evidence for Religious-Specific Neuropsychology," *Mental Health and Culture 19*, 7 (2016): 704. doi:10.1080/136761238449.

[40] A. Mendola and R.L. Gibson, "Addiction, 12-Step Programs, and Evidentiary Standards for Ethically and Clinically Sound Treatment Recommendations: What should Clinicians do?" *American Medical Association Journal of Ethics 18*, 6 (2016): 646-655.

[41] S.C. Hayes, K.D. Strosahl, and K.G. Wilson, *Acceptance and Commitment in Therapy: The Process and Practice of Mindful Therapy*, 2nd ed, (New York: Guilford, 2012).

[42] H.G. Koenig, L.K. George, and I.C. Siegler, "The Use of Religion and Other Related Emotional-Regulating Coping Strategies Among Older Adults," *The Gerontologist 28,* (1988): 303-310.

[43] M.K. Holt and M. Dellmann-Jenkins, "Research and Implications for Practice: Religion, Well-being/Morale, and Coping Behavior in Later Life," *Journal of Applied Gerontology 11,* (1992): 101-110; Moberg, 1970; Rosmarin, 2018).

researchers at Mclean Hospital, an affiliate of Howard University; based on their research, they concluded that persons who believe in a benevolent God worry less about life's daily problems and concerns. In addition, they call greater clinical focus on religion in improving therapy outcomes.

The outcome of believing in Jesus' teachings may be that one is less burdened by common problems and overall has lower anxiety and reactivity to negative events. In terms of Bowen's System's Theory, not being negatively affected by events is associated with increased differentiation and emotional health.[44] The implied message in Jesus' teachings is toward greater differentiation and less emotional reaction. By accepting things that cannot change, a family is less likely to project negatively onto a child or develop complementary relationship in which one member is adaptive and the other dominant.

SECOND-ORDER THINKING

Strategic therapists have delineated two approaches to problem-solving: first-order solutions and second-order solutions.[45] First-order solutions involve strategies in which the problem solver applies more of the same kind of thinking until the problem is ameliorated (e.g. if one is cold, he or she continues adding layers of clothing until warm). First-order solutions appear to be "logical" and are most often used in daily problem-solving. Second-order solutions involve strategies, which often appear "illogical" at first viewing since they do not entail more of the same approaches to problem resolution. A second-order approach involves conceptualizing the parameters of the problem beyond the original "nine dots."

Jesus appears to advocate second-order thinking in many of his teachings since his solutions seem "irrational" on first viewing. When Jesus began a teaching with "You have heard it said…" it denoted that a paradox would follow. Note the advice Jesus gives in the following teachings:

> You have heard it was said, 'An eye for an eye and a tooth for a tooth.' But I say to you, do not resist an evil doer. But if anyone strikes you on the right cheek, turn the other also; and if anyone wants to sue you and take your coat, give him your cloak as well, and if anyone forces you to go one mile, go also the second mile. Give to everyone who begs from you, and do not refuse anyone who wants to borrow from you (Matt. 5:38-42).
>
> But I say to you, love your enemies and pray for those who persecute you (Matt. 5:44).

What second-order thinking does is it allows a person to step outside the expected boundary of a problem and view both the problem and the solution from another perspective. What is implied in Jesus' use of second-order thinking is the effect that second-order processes have on others. For example, when Jesus says to resist evil, he is speaking more from a systemic perspective than an individual perspective.

[44] M. Bowen, *Family therapy in clinical practice*, (New York: Jason Aronson, 1978).
[45] Haley, *Problem-Solving Therapy*.

One can affect others by acting in ways that are unexpected or out of the ordinary. Second-order thinking drastically increases one's repertoire of behaviors and ability to affect others in indirect ways. Second-order thinking reduces the tendency to pursue goals in a linear manner. Instead of setting success as the goal, one should immerse oneself in things that are greater than the self.[46] As one forgets about pursuing goals, one is more likely to be successful in achieving them.

The marriage and family therapy literature is replete with the use of second-order thinking, including paradox.[47] A simple therapeutic technique is for the therapist to say something that appears false, but holds a profound truth that may not be consciously acknowledged. Second-order thinking increases thinking outside the box and introduces opportunities for both seeing the problem in a new light and for developing creative responses. Jesus used this type of paradox in the following verses:

> Whoever tries to save his life will lose it; whoever loses his life will save it (Luke 17:33).
>
> For everyone who makes himself great will be humbled, and whoever humbles himself will be made great (Luke 14:11).
>
> It is much harder for a rich man to enter the Kingdom of God, than for a camel to go through the eye of a needle (Luke 18:25).

SOCIAL INTEREST

One tenet of Adlerian Psychology is that the measure of one's mental health is indicated by his or her level of social interest, i.e., the degree to which the individual contributes to the welfare of fellow humans.[48] According to Ferber et al., Adler believed that humans, from birth, are socially embedded and the psychological health of each person is enhanced when he or she fulfills his or her intimacy needs by making socially useful contributions to the welfare of the group. The view that our relationships are key to healthy mental and physical states was recently collaborated by the findings of an 80-year-old longitudinal research project.

This study has been referred to the "Harvard Study of Adult Development" which began in 1938.[49] Only 19 of the original study subjects of 268 are still alive. The study found that intimate relationships and how happy persons are in their relationships is related to their mental and physical health. While these findings were somewhat surprising to the researchers, they do clearly

[46] D. B. Feldman, "The paradoxical secret to finding meaning in life," *Psychology Today,* 2018.
[47] A. Bjornestad and G.A. Mims, *Paradoxes and Paradoxical Interventions*, (Thousand Oaks, CA: Sage, 2017).
[48] A. Ferber, M. Mendelsohn, and A. Napier, *The book of family therapy*, (New York: Science House, 1973).
[49] L. Mineo, "Good Genes are Nice, but Joy is Better," *The Harvard Gazette,* April 11, 2017.

illustrate the proposition that "My happiness is bound up with your happiness."

Unfortunately, in the present state of human evolution, most people do not intuitively realize that their happiness and psychological well-being is dependent on love for one another. Since this knowledge is not self-evident, it must be imparted by an external social voice such as the institution of organized religion. Christian religions, by reminding their adherents of Jesus' teachings that "you shall love your neighbor as yourself," continually enhance the level of social interest among humans, thereby increasing the level of psychological health in individuals and families. To the rich young ruler who asked Jesus about discipleship, Jesus responded:

> '…Go and sell your possession, and give the money to the poor, and you will have treasure in heaven: then come and follow me.' When the young man heard this word, he went away grieving, for he had many possessions (Matt. 19:21-22).

Social integration was a focal point in Durkheim's theory.[50] According to Idler and Kasl, the social function of religion promotes intimacy and belonging with others.[51] Enhancing one's commitment to others promotes a stronger link between the individual and social institutions. All models of psychotherapy endorse adequate social involvement rather than isolated and individualistic pursuits.

REQUIREMENT OF THIRD-ORDER CHANGE

Third-order change is rarely talked about in the family literature. Nevertheless, it could very well be that families must make a radical change occasionally in order to adapt or continue functioning. While a second-order change is a change in the system itself, a third-order change is a radical discontinuous change in which new beliefs and behaviors replace old ways of thinking and behaving.[52] A religious conversion experience is one way to conceive of third-order change. In order to make a third-order change, one must be aware that a fundamental change is needed to go forward. The present framework or paradigm that underlies a person's decision-making process, must be challenged by new and creative thinking. The third-order change redefines the identity so that one is fundamentally different from before. Jesus required third-order change when he called his followers.

> A scribe then approached and said, 'Teacher, I will follow you wherever you go.' And Jesus said to him, 'Foxes have holes, and the birds of the air have nests; but the son of man has nowhere to lay his head.' Another of his disciples said to him, 'Lord, first let me go and

[50] E. Durkheim, *The Elementary Forms of the Religious Life* (tr. by J. W. Swain), (New York: Free Press, 1965).

[51] Idler and Kasl, "Religion, disability, depression, and the timing of death."

[52] J.M. Bartunek and M.K. Moch, "First-Order, Second-Order, and Third-Order Change and Organization Development Interventions: A Cognitive Approach," *Journal of Applied Behavioral Science 23*, 4 (1987): 483-500.

> bury my father.' But Jesus said unto him, "Follow me: and leave the dead to bury their own' (Matt. 8:19-22).
>
> Some, however, did receive him and believed in him; so he gave them the right to become God's children (John 1:12).

While little is written about third-order change in the family literature, there are situations in which this kind of change is necessary for optimal functioning. For example, for a woman in an abusive relationship who does not believe in divorce, a third-order change may be necessary to terminate the relationship. She may have to change her views about commitment to marriage and family in order to escape the abuse.

Being able to change one's identity or view of reality under severe circumstances creates greater likelihood that one can adjust. It could be argued that much of therapy is third-order change because a new direction in a person's life may occur only from changing his or her internal paradigms that filter out new or unfamiliar experiences. Systemic therapists focus on change techniques that lead to different outcomes.[53] For example, reframing, or the redefining of a behavior, symptom, or belief is a technique that systemic therapists use that changes one's perspective and, therefore, creates a fundamental change in the way one behaves.

THE BLISSFUL ASPECT OF ALTRUISTIC SACRIFICE

Sacrifice is the forfeiture of something highly valued for the sake of something that has a greater value. According to this definition, sacrifices have both a negative and a positive aspect. Joseph Campbell noted that the blissful aspect of sacrifice, depicted in various religious rituals, is often overlooked by persons who tend to see only the onerous and negating dimension of sacrifice.[54] While the Jewish tradition was steeped in the command to love God and one's neighbor, Jesus added another dimension when he joined the two into one commandment. The following sayings of Jesus emphasize the positive consequences that flow from self-achieved submission:

> 'For those who want to save their life will lose it, and those who lose their life for my sake will find it' (Matt. 16:25).
>
> 'Very truly I tell to you, unless a grain of wheat falls into the earth and dies, it remains just a single grain; but if it dies it produces much fruit' (John 12:24).

Living with a partner in a committed relationship, caring for children, taking care of elderly family members, indeed, all manifestations of mature love involve some degree of altruism, or unselfish behaviors that foster the welfare of others. Researchers have found that sacrifice is important in intimate

[53] Rudi Dallos and Ros Draper, *Introduction to Family Therapy: Systemic Theory and Practice, 3rd edition*, (Berkshire, UK: McGraw-Hill, 2015).
[54] Joseph Campbell, *Myths to Live By*, (New York: Viking Penguin, 1993).

relationships.[55] Sacrifice is more likely to occur when there is high commitment to each other, a high level of trust and the belief that the partner will reciprocate.

The compromises required in living a responsible adult life may seem emotionally unbearable unless there is a counterbalancing sense of personal fulfillment that flows from acts of selflessness. New research indicates that sacrifice for the partner is rewarding to both partners when it is acknowledged and then reciprocated.[56] The above-mentioned sayings of Jesus encourage us by reminding us of the fruitful and enduring consequences of sacrificial deeds.

THE COURAGE TO LIVE

As Jesus went to Jerusalem for the last time, it is clear that he anticipated his betrayal and death. The courage to encounter these events despite the inevitable outcome echoes the writings of philosophers, such as Tillich and Heidegger, who believed that overcoming the dread of death is the essence of living.[57] While to some, death signals an end to life and the accomplishments that mark individuals, according to San Filippo, Heidegger believed that status and accomplishments in life carry no weight for the afterlife.[58] The recognition that humans will pass away and coming to terms with the world continuing after one has died is the ticket to authentic living in the present. One can only fully participate in living when the acceptance of one's own death has been fully faced.

> From that time on Jesus began to show to his disciples that he must go to Jerusalem, and undergo great suffering at the hands of the elders and chief priests and scribes and be killed, and the third day be raised. And Peter took him aside and began to rebuke him, saying, 'God forbid it Lord! This must never happen to you.' But he turned and said to Peter, 'Get behind me Satan: you are a stumbling block to me: for you are setting your mind not on divine things but on human things' (Matt. 16:21-23).

The fear of death is related to emotional and psychological disorders.[59] All Christians believe that death is not the end of life and that there is an

[55] A. Kogan, E.A. Impett, C. Oveis, B. Hull, A.M. Gordon, and D. Keltner, "When Giving Feels Good: The Intrinsic Benefits of Sacrifice in Romantic Relationships for the Community Motivated," *Psychological Science 21,* 12 (2010): 1918-1924.

[56] Mariko L. Visserman, Emily A. Impett, Francesca Righetti, Amy Muise, Dacher Keltner, and Paul A.M. Van Lange, "To 'see' is to feel grateful? A quasi-signal detection analysis of romantic partners' sacrifices," *Social Psychological and Personality Science*, 2018, DOI: 10.1177/1948550618757599.

[57] P. Tillich, *The Courage to Be*, (New Haven: Yale University Press, 1952).; M. Heidegger, *Existence and Being*, (Chicago: Gateway, 1968).

[58] D. San Filippo, "Philosophical, Psychological and Spiritual Perspectives on Death and Dying," *Faculty Publications* 31, (2006).

[59] L. Iverach, R.G. Menzies, and R.E. Menzies, "Death Anxiety and Its Role in Psychopathology: Reviewing the Status of a Transdiagnostic Construct," *Clinical Psychology Review 34*, 7 (2014): 580-593.

afterlife.[60] This belief makes the acceptance of death less disturbing and fearful.

> I am the resurrection and the life, whoever believes in me will live, though he dies; and whoever lives and believes in me will never die (John 11:25-26).

The acceptance of death also reduces the effect of the importance of accumulating material possessions in this life, while deepening one's sense of security. Consequently, emotional issues regarding death are less prevalent with Christians.

> And he went on to say to them: Watch out, and guard yourselves from all kinds of greed; for a man's true life is not made up of things he owns, no matter how rich he is (Luke 12:15).

It is consistent with all therapeutic models that the acceptance of death frees one to live authentically in the present.[61] As one is freed from the fear of death to live in the present, one can find meaning in life regardless of the circumstances.[62] There is research evidence that religious faith not only provides meaning and the ability to accept losses, but also enhances a person's capacity to face death.[63]

CONCLUSION

This article is an attempt to understand the therapeutic value of the underlying messages in the teachings of Jesus. The authors conclude that His teachings utilized many applied therapeutic ideas, such as second-and third-order thinking, reframing, acceptance of death, acceptance of circumstances, altruism, and maintaining hope. Many of these ideas were only recently incorporated into therapeutic models with the rise of systemic thinking.

Furthermore, it is our belief that these themes are related inherently to the mental and physical health advantage of believers through providing cognitive and emotional constructs that allow for adaptations to crises and novel and unique responses to life's events. While this analysis was limited to the teachings of Jesus Christ, it would be expected that all religious and spiritual experiences would provide advantages in cognitive and psychological adjustments in contrast to secular or non-religious thinking. We hope that future researchers will address these cognitive and emotional themes in empirical research.

[60] San Filippo, "Philosophical, Psychological and Spiritual Perspectives on Death and Dying."
[61] Iverach, Menzies, and Menzies, "Death Anxiety and Its Role in Psychopathology."
[62] V. Frankl, *Man's Search for Meaning*, (Boston, MA: Beacon, 1963).
[63] H.G. Cox and A. Hammonds, "Religiosity, Aging, and Life Satisfaction," *Journal of Religion and aging 5*, (1988): 1-21.