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PSYCHOTHERAPY AND RELIGIOUS FACTORS: A BOOK REVIEW¹

Allen E. Bergin

These two books [Robert J. Lovinger, *Working With Religious Issues in Therapy* and Mosche Halevi Spero, ed., *Psychotherapy of the Religious Patient*] mark a turning point in the relationship between the field of professional psychotherapy and religion. They denote a historic juncture in that (a) the authors are respected professionals educated in distinguished clinical psychology programs (Lovinger at New York University and Spero at the University of Michigan); (b) religion is taken seriously as a potentially positive ingredient in personal change and adjustment, thus countering in a rigorous way the stigma associated with religiousness in much of the clinical literature; (c) the psychodynamics of defense and countertransference in the attitudes of antireligious therapists are analyzed; and (d) procedures are outlined in detail for competently handling religious themes in therapy as they arise in client, therapist, and social context. None of the foregoing precludes analyses of pathological or antitherapeutic themes in religious experiences and practices. The authors prove as adept in that skill as they are in discerning the integrative aspects of religion; however, it is in their decidedly sympathetic stance toward the religious client that their works stand out.

Lovinger's book is unique. *Working With Religious Issues in Therapy* is the only contemporary volume that thoroughly examines, in historical, social, and clinical terms, every facet of the religious factor in therapeutic change. Few therapists could match Lovinger's sophistication in these matters. He provides what is essentially an instruction manual for therapists who wish to educate and attune themselves better to religious issues that affect the therapeutic transaction.

He does this in an evenhanded way, dealing with the issues largely from the vantage point of the scientist-practitioner model. His theoretical orientation is psychodynamic, with object-relations and ego-psychology emphases.

Although he identifies with his Jewish heritage, he approaches the subject matter in a comparatively neutral way. He says, “My aim has been to inquire into the meanings and functions of a patient’s religious beliefs and experiences to improve understanding without taking a stand on ultimate questions” (p. xii).

The book begins with an astute analysis of the diverse backgrounds of therapists—how they develop their attitudes toward religion, the psychodynamic processes that occur in their relationships with people of various religious orientations, and how all of this may negatively or positively influence the treatment process. Therapist orientations are classified into the following subgroups: religiously nonaffiliated, anti-affiliated, formerly affiliated, religious but “unconverted,” and religious with a conversion experience. He encompasses the psychoanalyses of therapists’ attitudes and feelings in the context of history and culture, in much the same sense that Erik Erikson showed the case history to be embedded in history.

This material provides a condensed introduction to intellectual history and the relationship of biblical cultures and beliefs to that history. For instance, the discussion of the nonaffiliated therapists briefly describes how the scientific *weltanschauung*, the humanistic orientation, and a liberal political outlook are related to Judeo-Christian roots. The complexity of biblical and religious history is shown equally clearly by illustrations of opposing trends that trace their roots to the same Bible.

The middle section of the book considers numerous conceptual, historical, and denominational issues that set the stage for the discussion of specific treatment strategies that follows. Although I found this section interesting and educational, many readers are likely to become bogged down in the analyses of values, philosophical questions, theologies, rituals, historical antecedents and present status of religions in America, and numerous other topics. In my view, the best part of this section consists of two chapters outlining how various religious orientations affect personality development, attitudes, and feelings. Religion is considered in these chapters both generically and denomination-by-denomination. The content is largely descriptive, clinical, and historical rather than empirical; however, here as elsewhere in the book, the author is true to the scientist-practitioner model by including reference to empirical studies wherever possible.

The chapter on assessment and therapy procedures that follows is the most useful in the book. It is an excellent treatment; but its 44 pages constitute less than 20 percent of the volume, and it left me hungering for more. This chapter shows how the therapist can open the way for clients to express deeply felt, and often dynamically significant, religious

attitudes. He quotes Oskar Pfister's notion that one's perception of the Bible is a sort of "royal road," or projective test. "Tell me what you find in the Bible, and I will tell you what you are" (p. 181).

In addition to providing the usual descriptions of religiously linked disturbances in clients, such as Pruyser's list of eight religious pathological syndromes, this book contributes the specification of integrative features in religion that can be used to aid recovery. For instance, among the numerous cases described is one of a woman with intimacy difficulties and fear of abandonment who improved as a result of joining an evangelical religious group. The same case is used in another way that distinguishes this book, namely, it illustrates the careful elucidation of therapist countertransferences. The therapist had a strong negative reaction to the client's conversion. Therapeutic supervision helped her recognize the developmental and familial basis of her reaction.

The book concludes with an unusual chapter on the diverse translations of the Bible and the way in which various passages, and variations on them, can be used therapeutically with Bible-believing clients.

This book will stretch the imagination of every practicing therapist. It is informative, erudite, and compassionate. Although it is not accurate in every detail and makes some assertions about religion with which I cannot agree, this is to be expected in such a comprehensive effort. Although Collins's denominationally oriented books (1977, 1980) are of equal merit, from the perspective of mainstream professional psychotherapy this book stands by itself without peer.

Spero's work is an edited volume of 10 chapters, including one by Lovinger. *Psychotherapy of the Religious Patient* is a nice complement to Lovinger's book in that it is laden with more clinical detail throughout. It is on the whole, however, slightly less sympathetic to religion and somewhat more traditional in its psychodynamic interpretations of religiosity.

Spero introduces valuable sections on neurotic versus healthy religiosity, the management of countertransferences with religious cases, and special problems in diagnosis and psychological testing with such persons. He argues that the religious person presents the clinician with many technical and ethical dilemmas, yet current training does not educate practitioners in effectively dealing with such matters. This book therefore deals with such deficiencies as (a) lack of knowledge about specific clients' religious systems, (b) lack of familiarity with the psychology of the religious personality, (c) countertransference reactions based on neurotic determinants in the therapist's personality, and (d) conscious biases based on ethical and ideological precommitments.

John R. Peteet, a Christian psychiatrist, describes the important role he plays as a consultant to therapists who may need assistance in resolving specific religious issues. He also provides a valuable account of the management of client and therapist values in a compassionate, facilitative approach to dilemmas experienced by a Christian homosexual.

Paul Kahn, in a brief but excellent chapter, describes candidly the dilemmas faced by a clergyman who is also a psychotherapist practicing among members of his own faith. Kahn is an Orthodox Jewish rabbi, many of whose cases are also Orthodox Jews. The chapter is an intensive study of one case that presented painful dilemmas for both therapist and client. How the ensuing transferences and counter-transferences were effectively dealt with provides a lively and interesting chapter.

As a further example of the candidness and courage evident in this volume, David Halperin and Ira Scharff describe in clinical detail the variety of tight situations Jewish psychoanalysts can get into with Catholic cases. They focus specifically on Jewish–Irish dialogues, which illustrate powerful language, life-style, self-concept, and belief barriers that must be overcome in successful treatment.

The last five chapters of the book present case studies. Paul Bindler notes the advantages and disadvantages of being an Orthodox Jew treating Orthodox clients. His own sophistication regarding his subculture and his ability to use a rabbi as a therapeutic resource provide a prototype for therapists of other religious persuasions who may be working within their respective subcultures.

Seymour Applebaum provides a moving account of the rediscovery of spirituality in a Jewish client as a result of intensive psychotherapy. He states that the idea, belief in, or experience of God can be health producing if worked with properly. This spiritual dimension “encompasses the psychic drive for integration, wholeness, balance, creative purpose in life, joy, episodes . . . of expanded consciousness, a deep ethical sense, and a capacity for unity . . . between one’s self and the many relationships and commitments in one’s life” (p. 152).

David Bradford describes the difficulties and possibilities in an existential–phenomenological approach to the therapy of religious imagery in a paranoid schizophrenic. As he says, “The madman’s religious experience poses an impressive barrier to his therapist’s understanding” (p. 173). Penetrating that barrier and staying *with* the client through the tortured inner images of his world are depicted here.

Robert Lovinger continues in this volume his careful analysis of therapeutic issues with religious persons by case study of a borderline client that highlights problems of intimacy, guilt, and responsibility.

Leon Salzman concludes the book and pulls no punches in his accounts of religious conversion and paranoid states. He defines spurious versus true religiosity, and progressive versus regressive conversion. Six cases are presented to elucidate his points. The strange phenomenon of very positive and very negative aspects existing under the one rubric of "religion" is documented.

A footnote on this book pertains to copyediting and production by the publisher. The print on different pages differs in darkness. There are too many typos, misspellings, incorrect references, and unedited sentence structures. (A check of two other recent books from Charles C Thomas publishers revealed a similar standard of production.) Otherwise, the book is sound and is a worthy companion and complement to the Lovinger volume.

These books give limited recognition to the important trend toward religious psychology (Collins, 1977, 1980); but as psychology of religion, they are illustrative of a decided turn in the interests and sympathies of behavioral scientists. A dozen new and rigorous books on the topic have recently appeared. This return to the study of religion is aided by methods of inquiry and masses of information that were not available to earlier generations who approached and then left this topic behind. Religious studies are now being put on the same rigorous footing as studies in gender, culture, and ethnicity. The present books are a positive step forward in that direction.

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