

RELIGION AND PSYCHOTHERAPY¹

ALBERT REISSNER

Brooklyn, New York

Religion in the cultural world can be expressed in one sentence: It is the relationship of man to God and to man, corresponding to the biblical phrase, "Love your neighbor as yourself." The common aim of religion and psychotherapy is to foster the person's will to live in a positive way.

There is today increasing acceptance of the fact that religion and psychiatry are not in opposition, although they are independent of each other. Psychiatry is not a religion, nor is it a substitute for religion. By the same token, religion is not psychiatry, nor is it a substitute for psychiatry. Religion and psychiatry are separate identities which supplement each other. We recognize that it is often not enough for religion to present its "truth;" there must be psychological factors at work by which the person can see the "truth." On the other hand, the therapist should find ways and means to reinterpret religious matters in terms of the modern individual and his needs.

The relation between religion, religious feelings and scientific facts has a dynamic, not a static basis. Many scientific circles recognize today that man cannot be looked upon as a determined being; he is constantly in the process of changing, growing, and maturing. The powers of assertion and devotion are present in everybody; independence, integrity and the ability to love are basic human qualities. The procedures of psychotherapy are perfectly compatible with religion; both types of guidance merely differ in their ways and means.

Any existing conflicts are based primarily on the lack of understanding on the part of certain psychiatrists and on the over-strict discipline of some religions. Normally we live religion in a liberal fashion, which makes us free from unreality, errors and over-protectiveness, and makes us free for integration with total reality.

RELIGIOUS VIEWPOINTS

Some representatives of the Catholic faith have voiced the opinion that psychiatry and religion are at war. This was brought about by Freud's anti-religious views, to which the men of religion reacted at

¹Lecture delivered at the Trinity Club of the Trinity Episcopal Church, Princeton, N. J., April 4, 1957.

once. The problem was partially smoothed when the Pope (9) explained that Freud's views were not the only approach in psychiatry. A new understanding was born with the recognition that both the psychiatrist and the priest have a job to do, and each has something to offer in the healing of the patient. Men of religion are of great help in distinguishing between moral guilt feelings, which result from transgression of moral law, and pathological guilt complexes. The priest should attempt to relieve a person with moral guilt, which is a matter of confessional absolution. The neurotic guilt, however, without conscious wrongdoing, should be assuaged by the help of the therapist.

In contrast to the Catholics, the Jewish people have no authority to resort to for views regarding psychiatry other than tradition. The philosophy of life of the Jews, who have suffered much oppression through the ages, is very close in spirit to the modern psychiatric approach, for it is an optimistic religion. Judaism is compatible with psychiatry because it emphasizes the need for an optimistic view of life, for study, and for the sense of belonging.

Protestants also feel that psychiatry and religion have a common interest in the study of man, —what man is and what constitutes his well-being. They share the belief that religion is an integral part of a person's life.

PSYCHIATRIC VIEWPOINTS

Let us first consider Freud. He attacked religion as being detrimental to mental health and wrote in 1909: "People in general, whatever their racial origin, are irreligious" (7). He pointed out repeatedly the similarity between religious observances and neurotic manifestations and likened religion to an obsessional neurosis. In *The Future of an Illusion* he criticized religion for keeping man in bondage and dependence, preventing him from attaining freedom and independence. A year before his death he declared that religious phenomena are to be understood as neurotic symptoms. Thus it is understandable that most religious groups formed a strong opposition to psychoanalysis. The priests feared the analysis on the couch could replace the confessional.

In extreme deviation from Freud, Jung considers the importance of a deeper and more religious outlook on life as a remedy against frustration and pointlessness in our civilization. But his approach has overtones of great mysticism, and it is subject to much confusion when it comes to the point of practical application. Not only is his material quite arbitrary, but his principles are subject to cloudy inter-

pretation by the unwary therapist. His philosophy lacks the fluidity characteristic of a well developed psychology.

M. Esther Harding (6), a pupil of Jung, has provided a bridge between the views of modern science and the province of religion. While I do not agree with her concept of spiritual regeneration or transformation, which lays too much emphasis on fixed symbolic and ritualistic forms for psychic health and inner maturity, I agree with her attitude and her emphasis on religious devotion.

Among the so-called neo-Freudians, Erich Fromm (5) shows that psychoanalysis has definitely a religious function. He considers the psychoanalytic process in itself a search for truth rooted in feeling. Emphasizing the difference between authoritarian and humanistic religions, Fromm holds that humanistic religious thinking and psychoanalysis are inseparably linked to the attainment of individual freedom and independence.

G. W. Allport (4), writing as a psychologist, states that the religious sentiment is imbedded in the human personality and that psychological science and religion have a common ground in a combined effort for human welfare and the future destiny of mankind.

THE ETHICAL IMPLICATION OF ADLER'S PSYCHOLOGY

Adler's Individual Psychology, which excels in simplicity, lies between the widely opposed poles of Freud's and Jung's viewpoints. It is perhaps not presumptuous to say that the present-day rapprochement between religion and psychiatry is a logical outgrowth of Adler's fundamental tenets (1). His doctrines provide a possible method of synthesizing organic and psychological events. Christians have seen in Adler's concept of social interest (2) the same principle as that of neighborly love. Social interest is not inborn, but represents an innate potentiality which must be developed. Allers (3) speaks of a satisfying synthesis between Catholic thought and Individual Psychology. According to Way, Christianity, democracy, and Socratic rationalism are the three tendencies to which Adler stood in closest sympathy (11, p. 311). He accepted the Socratic faith in reason (11, pp. 230-232), and claimed that patients act wrongly only from false interpretations. In respect to truth, Adler said, "The best truths are those which are valid for all men for all time" (11, p. 167). Socrates and Adler liked to learn and to teach their wisdom in the market-place. Way compared Adler also with Confucius because of his dynamic outlook, his practical wisdom, and his intention to educate people for social relationships.

Vital to religion is the emphasis on the importance of the individual, which was followed in Adler's treatment. He emphasized the specific "guiding line" or "life style" as the directing principle of each individual. His psychology is not foreign to the various religious concepts, his ultimate aim being the "ideal perfection of mankind." He was convinced that religions, through their church institutions, have a great influence in the field of education.

In my opinion Adler's Individual Psychology works to protect and promote the sacred potentialities of the universe, in cases in which the religious influence has been lost. Adler saw the whole person, as a part of the cosmos, striving for an ideal community.

PRACTICAL APPLICATION

Among all my patients, only two had some kind of positive religious feelings at the onset of treatment. At first I believed that perhaps the patients had become frustrated because of too much religious authority and dogma. But soon I learned that they had turned their backs on religion because they were mentally sick. The following are two illustrative cases.

A middle-aged female patient who had been raised in a sternly Lutheran environment showed aversion to her church and suffered from a persistent "tic douloureux." In the course of treatment it was revealed that both these characteristics were not the result of her rebellion against religious authority but rather of deeply rooted guilt feelings. She had been the wife of a kind and indulgent husband, whom she had successfully deceived for a period of years prior to his death. Upon his death her physical symptoms appeared, as well as her hatred of her church. With treatment and the insight gained, the patient was not only relieved of her painful physical symptoms but was enabled to renew her church affiliation in which she continues to find comfort and satisfaction.

A young Catholic mother whose commitment to a private institution had failed to relieve her symptoms showed among these a hatred of the church, which she characterized as rigid, authoritarian and totally unsuited to her spiritual needs. She felt that the affiliation had been forced upon her. Analysis indicated a strong link between this and her rejection of her mother, who had seriously interfered with the patient's marriage. With the successful completion of the treatment, the patient was able to sever the umbilical cord and to re-establish her marriage happily. The recognition that her rebellion against the

church was actually an act of hostility against her aggressive mother enabled her to return with increased devotion to her religious affiliation.

Many patients at the start of their treatment have voiced the sincere request not to touch on religious problems. However, as they improve, they become inclined to listen to the thought that a religious orientation gives power which is evidenced by self-direction, independent of the therapist, but under the guidance of the Supreme Being. As soon as the patient is capable of understanding this, in about half the cases the reaction is, "Doctor, I believe in God," "I go to church," "I pray," "I go to confession, communion," etc. These statements indicate the setting in of the healing process.

Some psychotherapists feel that they can treat the patient without regard to religion, while others feel that "the living religious experience of maturity includes the sense that there is a power in the universe which is greater than the individual" (10). Religion can help to integrate our lives around the reality of the universe. Its greatest contribution to mental hygiene is the vision of the goal. It also acts as a protection against fear, especially the fear of death and disease. Faith, hope and confidence are positive forces in contrast to anxiety, despair and fear. If religion instills fear, with threats of hell-fire and damnation, it is strongly objectionable.

Fanatical acceptance of religion, like the rejection described in the above cases, is also found in mentally sick persons. When confronted with situations and problems that threaten them, they will grasp any means which offer them support; some become over-active in social affairs, others become fanatical in their religious beliefs. Fanaticism, or highly orthodox attitudes, are not the fault of religion. They are found in unstable persons, who are attracted to the many new, peculiar and bizarre religious cults. Their prophets, who have similar emotional problems, are often overwhelmed by fantasies, resulting in hallucinations which distort and obliterate reality.

RECENT DEVELOPMENTS AND OUTLOOK

Examples of the current movement of psychotherapeutic and religious leaders toward a common ground in their service to humanity are the following. Quite a number of churches sponsor psychiatric clinics. The Lutheran Medical Center in Brooklyn is staffed by men who are not only trained psychiatrists but also ordained ministers. A similar clinic operates in Berlin (8). The American Psychological Asso-

ciation appointed a committee to study the relationship between religion and psychology. Psychiatrists have been invited to lecture before theological students.

Where it applies, both the psychotherapist and the priest are significant functionaries in the life of the individual, and their reciprocal and respective functions must be related clearly and effectively. One danger to be avoided is the unconscious emotional involvement of the patient with the minister which derives from childhood dependency. This may produce an unconscious emotional counter-involvement on the part of the minister who would like to do more for the patient than he can, with the result that he defeats his purpose. It is the same danger which the psychotherapist also must avoid.

In view of these and similar steps that are being taken in the right direction, every indication points to the start of a new era in mental hygiene. The combined efforts of psychiatry and religion now provide possibilities for experiencing the meaning of life and enabling man to participate with all his faculties in a revival of religious feelings, gaining wholeness as a part of the greater scheme of God's Providence.

REFERENCES

1. ADLER, ALFRED. Religion und Individualpsychologie. In E. JAHN & ALFRED ADLER. *Religion und Individualpsychologie*. Vienna: Rolf Passer, 1933. Pp. 58-92.
2. ADLER, ALFRED. *Social interest; a challenge to mankind*. New York: Putnam, 1939.
3. ALLERS, R. *The psychology of character*. New York: Sheed & Ward, 1943.
4. ALLPORT, G. W. *The individual and his religion*. New York: Macmillan, 1951.
5. FROMM, E. *Psychoanalysis and religion*. New Haven: Yale Univer. Press, 1950.
6. HARDING, M. ESTHER. *Psychic energy, its source and goal*. New York: Pantheon Books, 1948.
7. JONES, E. *The life and work of Sigmund Freud*. Vol. 2. New York: Basic Books, 1955.
8. KLAUS, T. *Der Weg zur Seele*. Göttingen: Vandenhoeck & Ruprecht, 1953.
9. POPE PIUS XII. Psychotherapy and religion; address 5th Int. Congr. Psychother. & Clin. Psychol., Apr. 13, 1953. *Cath. Mind*, 1953, 51, 428-435.
10. STORRS, A. In P. MAIRET (Ed.), *Christian essays in psychiatry*. New York: Phil. Library, 1956.
11. WAY, L. *Adler's place in psychology*. New York: Macmillan, 1950.