

The new focus on theistic psychotherapy

Volume 5 Issue 2 - 2016

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Received: January 27, 2016 | **Published:** January 29, 2016

Opinion

The historical intellectual spectrum of psychology and clinical psychiatry is rooted in naturalism or materialism, which requires that mental and emotional disorders be attributed to natural causes in a way similar to what has been done in medicine for the physical body. In the past decade there has been an intensified resurgence of the attempt to expand the intellectual base of psychology and psychopathology beyond what has been allowed so far by psychology's adoption of strict empiricism and the scientific method^{1,2} has decried the endorsement of materialism in psychology and psychiatry, which has resulted in the inability to consider the legitimacy of purely mental issues such as psychic forces that influence consciousness, or the patient's relationship to God. *These psychic forces are defined as having an independent existence, apart from the physical world and its material forces.* These mental activities are called "spiritual" or "transcendent", besides others.

It's interesting to note that according to a recent national Pew poll,^{3,4} 89 percent of Americans believe in God, 72 percent believe in the afterlife of heaven, 58 percent believe in hell, and 63 percent believe that Sacred Scripture is the Word of God. These results have remained fairly steady over the years. A study on US scientists (2009) found that 51 percent believe in "God or a higher power". The expression "higher power" is used to indicate some entity that is not part of the physical world. Bilgrave & Deluty⁵ report the results of a national survey of 237 clinical and counseling psychologists. The results indicate that 66 percent believed in the "transcendent" and 72 percent said that their religious belief influenced their practice of psychotherapy. The expression "transcendent" is similarly used to indicate activity that is independent of the physical world.

We can extrapolate from these surveys that at least one in three psychotherapists and psychiatrists believe in God, life after death, or the existence of the transcendent that is not of the natural material world. If this is a correct assumption then it would seem that intellectual pressure might be building in science generally, and in the mental health fields particularly, to enlarge the scope of psychology and psychopathology and allow new theories and proposals that might be called *theistic psychology* or *theistic psychiatry*.

There would then be no need to continue the general schizoid practice for many scientists and professionals, of acting as if they are materialists during the week in the office, laboratory, classroom, conferences, and research articles, but theistic dualists on weekends when they apply their psychology to self and family and bring God and prayer into the framework of reality. Giving legitimacy to the issues and theories of theistic psychology would greatly expand the allowable practices throughout the spectrum of the mental health professions.

Recent developments

For the past few years the enterprise of "pastoral counseling and therapy" has remained separated from the main body of thinking in psychology and psychiatry. With the advent of the new theistic psychology there can be a reunion between the two fields that

have remained separated due to the negative influence of empirical reductionism. The problem has not been the "empirical" part since a theistic psychology can be fully empirical. The problem has been the "reductionist" part that works within a negative bias against dualism and what is not of a physical or material origin. The insistence in psychology on this monistic philosophy makes the "theistic" part impossible.

The therapeutic theme in theistic psychology would bring in the traditional theistic beliefs about reality such as the idea of being created in the image of a human divine God who is the original human and the only true human.⁶ This would affirm the immortality of personhood as a permanent indestructible unique agency that applies to each human being. The attribution of immortality to personhood, along with consciousness and moral judgment, would allow new theories about personality development that is going on not only in this life but continues in the afterlife. *A central issue for theistic psychotherapy would involve the development of methods to equip people for living a happy and productive afterlife to eternity.*

Evans⁷ argues that the conflict between "truths drawn from science and truths drawn from Scripture" arises because of the false thesis that sciences a unified coherent field of knowledge and method. "Scientism" is the view that science gives the ultimate and complete account of reality in terms of deterministic causal explanations of phenomena. In contrast to this, the desirability and feasibility of a "theistic" component to psychotherapy that includes God, was argued by traditional sources a quarter of a century ago,⁸ including a book more recently published by the conservative American Psychological Association.⁹

There seems to be a growing intellectual attempt going on today to promote the introduction of God into psychology and psychotherapy. Richards & Bergin¹⁰ propose that therapy can be more effective if the therapist directly addresses the client's relationship to God. They argue that it is possible to have a "theistic" psychology that includes God. According to a current version, "Theism is the belief that God is the creator and sustainer of the world, and hence of all life and activity

within the world, yet in a way whereby the world is as if active from itself. Physics and psychology want to know the causes of natural and mental things".¹¹ Thompson develops coherent arguments indicating how physics and psychology can be theistic and empirical sciences in which God directly participates in all cause-effect phenomena.

Slife et al.,¹² distinguish between "strong" and "weak" theism, arguing that to include God in the therapy exchange is insufficient by itself if the therapist treats God merely as the patient's belief, attitude, or complex. This approach actually denies the patient's objective reality regarding the divine psychic forces that intervene in the patient's mental and physical life. But in the strong theism approach, the therapist accepts God as a real divine person who intervenes actively in the patient's physical and mental life. This means that the therapist also has a relationship to God since God is universal. When this reciprocal relationship to God is acknowledged in the therapy dialog, the therapy exchange takes place authentically at the level of reality for both therapist and client. Moreland^{13,14} points out that naturalistic definitions of consciousness such as "emergent property dualism" are opposed to theistic views of consciousness. In this view, the existence of consciousness is a proof of the existence of God.

Moriarty & Hoffman¹ have compiled a "Handbook for Spiritual Counseling and Psychotherapy" in which various authors address the needs of pastoral counselors and clinicians specializing in religious or spiritual issues. These approaches acknowledge that when patients "internalize" God in their thinking, emoting, and behaving, they are affected in a way similar to the way people are impacted by their "psychological complexes". The handbook designates its area as "God Image" theory and research, which refers to the way a person experiences God emotionally or relationally. This "post-modern approach" recognizes that God is a "communal construction" that the individual acquires and internalizes.

McMinn & McRay¹⁵ argue that "For the Christian psychotherapist, mental health cannot be defined in a neutral or value-free way because the Christian faith implies a definite view of what mental health is" (p. 103). Moon¹⁶ points out that secular psychotherapy is about "normal making" while theistic therapy is about "abnormal making" (p. 271). In other words, the usual therapy situation involves a patient who is "abnormal" in showing excessive levels of personality trait disorders such as anxiety, anger, relationship conflicts, depression, substance abuse, etc. The purpose of the therapeutic intervention is then to reduce the extremism to levels matching normal or average people. But when receiving spiritual direction or theistic therapy, patients are seeking ways they can acquire personality traits that are low on the average that they want to increase in themselves such as being loving, peaceful, considerate, aware of God's loving presence, joyful in the face of events, hopeful and confident in the near future and in the life after death.

Sperry¹⁷ draws a contrast between "non-spiritually attuned psychotherapy" that is designed to reduce symptoms in "disordered patients", and "spiritually attuned psychotherapy" that is focused on "relatively healthy spiritual seekers" interested in spiritual growth and whose ultimate goal is to experience a closer relationship with God. It is significant to point out what C.G. Jung stated about his lifelong practice as a psychiatrist: "I have treated many hundreds of patients. Among those in the second half of life - that is to say, over 35, there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given their followers, and none of them has really been healed who did not regain his religious outlook".^{18,19} In other words, according

to Jung, a neurotic ought to consult a clergyman or spiritual director rather than a physician. Jung has often stated that the ultimate reason for neuroticism is lack of true religious outlook, and he encourages his patients to undergo an awakening of religious feeling.

Dourley²⁰ examines the relationship between religious and therapeutic healing in the work of Tillich & Jung,²⁰ both of whom have located the source of religious feelings and meaning in the depth within the human psyche, and especially the universal archetypes that function as the medium between the conscious and the unconscious. In this perspective theology and psychology are closely connected through the concept of the "essential self" that is larger and goes beyond the conscious ego. This self is therefore at the core of all religions. As a result, psychology takes precedence over theology in our understanding of how God participates in the psychotherapeutic process between the patient and the therapist. Theistic psychotherapy would therefore be an appropriate approach with any religion or culture since the collective unconscious is a unitary psychological expression governing God's relationship to all human beings. The language of religious symbolism is both collective and personal, and is therefore appropriate also for the discourse of psychotherapy. In the psychotherapeutic arena God becomes the mediator between the mentally challenged individual and the healing process initiated within the unconscious.

Conclusion

If there is a future for theistic psychotherapy in psychology and psychiatry it may bring a redefinition of the goals of therapy. Regardless of the nature of the patient's problem, God is made a third participant in the therapy exchange when both therapist and patient lead a theistic life, that is, maintain a daily relationship with God. To exclude God from the therapy process and interaction would seem to introduce an inauthentic element in the therapy process. It would be like having a visiting colleague sitting in the back of the room and saying nothing throughout the session. It is socially normal for theistic people to acknowledge the presence of God "in their midst", and they are aware that God is omnipresent and omniscient.

There is a significant difference between a general and passive acknowledgment of God as Creator (an idea known as "deism"), and a specific acknowledgment of God as being co-present and active (theism). Part of the theistic therapy process would involve clarifying for the client the essential difference between deism and theism. Moral issues will be raised thereby that will need to be discussed in the profession. Empirical research will need to be done to confirm the therapeutic advantages and benefits of the theistic belief system over that of deism. The work of Swedenborg⁶ will become important in providing many anatomical and community arguments detailing how theism is more effective than deism or atheism in self-change attempts.

Besides acknowledging God's co-presence, another normal behavior for theistic people is to invoke God's help in receiving mental strength to handle life challenges. In the therapy exchange, theistic people would normally invoke God's support in the healing process. The role of the theistic therapist would be, like Jung did in his practice, to encourage the patient to acquire new mental habits for the sake of a closer relationship with God. This is the healing process called "regeneration".²¹ The psycho-spiritual principle at work in this healing process consists of two parts. One component is the idea that human beings are born with an immortal mind, and therefore personality development continues in the afterlife of eternity. The other component is that human beings are born with built-in mental

connections to both heaven and hell, and that our personality and lifestyle habits consist of a mixture of both positive and negative traits.

The goal of theistic psychotherapy is therefore to assist the client in becoming aware of the distinction between thinking and behaving in accordance with positive sources vs. negative. This is a difficult skill to acquire for many people for diverse reasons that research in theistic therapy will bring out. It is common to mix these up in daily life. There is a strong tendency noted by Swedenborg⁶ for people in the early stages of regeneration to try to justify a negative trait or habit as being positive instead. The therapist can perceive the client's resistance in learning to correctly distinguish between positive and negative self-traits. Swedenborg's explanation is that everyone is born with strong inherited tendencies and preferences for what is material and "corporeal" (thus selfish) vs. what is mental and rational (thus altruistic).

This tendency or bias gets stronger as it is practiced in daily life during the personality growth process from infancy to adulthood. The result is the attainment in adulthood of what he calls "natural consciousness" which is immersed in materialism and favors what belongs to self only, and denies the immediate role of God in managing mental activity, thus opposing the theistic psychology premise. A selfish character is inevitable unless counteracted by regeneration in adult life. Further, a selfish character continues to devolve into what is self-destructive, disruptive, and hurtful to society. This leads to erosion and ultimate breakdown of mental life, social life and community. In theistic psychotherapy "selfishness" and "hell" or "evil" are not moral judgments or condemnation but an objective diagnosis of what is self-destructive to human growth. Research in theistic psychotherapy will need to identify what "selfish" traits are and to prove how selfish traits are hurtful to self and society.

Theistic psychotherapy will deal with the mental struggle of the individual in pursuing regeneration for the sake of personality development in the afterlife. *Human beings cannot be understood fully without connecting personality development in this life and in the afterlife.* The two cannot be authentically separated. One is for the sake of the other. Another central feature of theistic psychotherapy is to assist the client in daily spiritual battles against "the hells", which is an expression used for experiencing spiritual temptations. The psychodynamics of regeneration involves the mythical battle for one's survival under the threat of negative psychic forces that assail the individual precisely when contemplating to resist a selfish choice in favor of a community oriented one.

This is the battle of selfish preference and love against other-directed and altruistic love. Human beings are born with the selfish loves predominating over the altruistic loves. People prefer to take care of themselves and those who favor them even if this involves injustice or discrimination against innocents. People don't like to be considerate of others because they prefer to be considerate of themselves. Secular or non-theistic clients do not face these spiritual battles because they are not willing to acknowledge God and the afterlife. If they experience psychological problems and are in need of a therapist they may prefer to choose a non-theistic therapist and use non-theistic procedures for attempting behavioral change such as are used today for the most part.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.

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