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The term splitting elicits an array of images. Concretely, one might picture the splitting of wood with an ax, the explosive splitting of an atom, or the splitting of positive and negative feelings toward parental figures as it is described in object relations theory. Whatever images come to mind, splitting implies that something whole has been divided into parts.

The split between religion and psychotherapy, both in theory and practice, is intriguing, particularly as both religion and psychotherapy have a common objective: the healing of persons, enabling them to become whole.

In religious practice

To talk about psychotherapy in the church understandably creates anxiety; some new way of thinking has intruded in the familiar way many people view beliefs, symbols, and rituals.

Whereas psychotherapy promotes awareness of self and others as essential to human development, religion may or may not involve these principles of growth. Perhaps a case example of how religious practice can be used to deny awareness of oneself and another person would be useful as an illustration.

A married couple were approaching the end of their sixth therapy session with a certified pastoral counselor when the husband confronted the therapist with, "Why don't you pray with us?" The therapist replied that prayer was an open possibility, but the question deserved more attention than could be given at the end of the hour.

Exploration of the issue in the next session revealed that the couple resorted to prayer at times when anger was threatening to erupt in their relationship. They were using religious ritual to block awareness of the anger they felt, which resulted in failure of self-integration and marital closeness.

A pastor trained in psychotherapy might help this couple to experience and understand their angry feelings. This might enrich their relationship and deepen their prayer life.

A life crisis, too, may arouse intense feelings a person does not understand. Attachment to a religious symbol and

involvement in a religious practice may be an outlet for these feelings and an attempt to understand the experience. In such a case the symbol, rather than being used to deny feelings, may become invested with powerful emotions and thoughts.

A clinically trained pastor may, for example, listen to a hospitalized parishioner talk about the crucifix on the wall of her hospital room. After the pastor comments that she seems strained and sad as she talks about Jesus, the patient pours out the painful story that she has terminal cancer. Her shock, fear, anger, and anticipation of death were projected onto an appropriate religious symbol, the crucifix.

Psychotherapeutic insights and methods offer the church the possibility of a deeper human connection with religious symbols and practice. Such insights and methods give the pastoral practitioner tools to integrate theological truths with human experience in the ministerial functions of teaching and counseling.

In clinical practice

As the church sometimes splits religion from psychotherapy, the practicing nonpastoral psychotherapist just as often splits therapy from religion.

There are two primary reasons for the lack of integration of religion and psychotherapy in clinical practice. In the early days of psychoanalysis religion was often perceived, with partial accuracy, as a factor in the development and maintenance of a "punitive" superego. Until recently this resulted in a less-than-positive view by mental health practitioners of the value of religion in personality development. Second, few psychotherapy training programs offer specific seminars and supervision that enable the developing clinician to relate therapeutically to a patient's religious beliefs and practices.

The dichotomy of religion and psychotherapy in clinical practice is often manifested by the omission of religious themes when patients talk to a secular therapist. Or, if religious themes emerge, the clinician may feel uncertain how to respond. A psychodynamically oriented therapist may oscillate between

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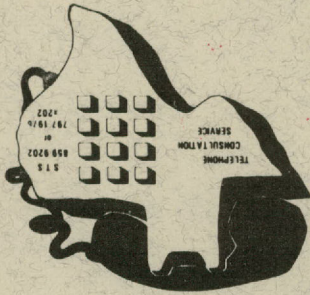
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Joseph C. Schoolar, Ph.D., M.D.
scientific editor

Lore Feldman, Karen Hanson Stuyck
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supporting and interpreting the religious phenomena. The strategically oriented therapist may be unsure whether or not to direct a patient to establish or reestablish a relationship with a church.

Yet a psychodynamic understanding of religious beliefs, symbol, and ritual offers the practicing psychotherapist the possibility of relating to his/her patient in a more holistic way. Clinically, appreciation for a patient's religious pilgrimage offers another area in which to nurture the therapeutic alliance and implement change-producing interventions.

In training

It is not surprising that health care practitioners, and psychotherapists in particular, use the image of holism as a treatment perspective and objective. Holism implies an awareness of the total person in his or her physical, emotional, spiritual, and interpersonal expressions.

In 1979 TRIMS organized an experimental program of training clergy from the Houston area in the integration of theology and psychotherapy as it applies to the pastoral function of counseling, teaching, preaching, and worship. Supervision of and consultation for the pastors' counseling work with parishioners help them to develop practical skills in assessment, referral, and treatment. The program meets the minimum require-

ments for pursuing certification by the American Association of Pastoral Counselors.

Evaluation of this training effort indicates that psychotherapeutic insights and methods enable pastors to bridge the alienation they feel between their everyday pastoral experiences with parishioners and formal religious language and ritual. The pastoral functions of teaching, worship, pastoral care, and counseling become more connected to the depth of human experience.

Clinically trained area clergy provide mental health agencies with professionals who are on the front line of preventive and educational efforts. As a result of training, a creative dialogue takes place between area clergy and mental health clinicians. The dialogue offers the possibility of further integration of religion and psychotherapy in religious and clinical practices.

—William D. Tallevast, M.Div., Th.M.
Chief, Clinical Pastoral Counseling
and Training Section

Suggested reading

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