

## Psychotherapy and Religious Values

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## Editorial

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# Psychotherapy and Religious Values: Remembering Allen E. Bergin's Legacy

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## Allen E. Bergin's Legacy

Allen E. Bergin is internationally known and respected for his pioneering research and scholarly writing about religion, mental health, and psychotherapy. No other individual has so profoundly contributed to the development of a spiritual framework for the behavioral sciences and healthcare professions. During the 1980s and 1990s, he risked his international reputation as an eminent psychotherapy researcher and scholar when he courageously confronted the entrenched, anti-religious bias that had existed for over 100 years in the psychology and psychotherapy fields.

Bergin's pioneering research and writings on psychotherapy and religious values and religion and mental health ignited a worldwide, ecumenical, interdisciplinary movement to bring religious and spiritual values and approaches into the mainstream behavioral sciences and mental professions. His writings transcended denominational religious differences and united mental health professionals from diverse religious and spiritual backgrounds in the common quest to develop spiritually oriented treatment approaches to assist all of the human family.

Bergin's first major publication about religion and psychotherapy, "Psychotherapy and Religious Values," was published in 1980 in the prestigious *Journal of Consulting and Clinical Psychology*.<sup>1</sup> In the article, Bergin pointed out the historical and philosophical alienation of religion and psychology and its influence on the field of psychotherapy. The article, which became a citation classic, generated intense interest and controversy in the psychology profession.<sup>2</sup> Albert Ellis<sup>3</sup> and Gary Walls<sup>4</sup> published critical responses to Bergin's article in the subsequent issue of the same journal, and Bergin wrote a rejoinder.<sup>5</sup>

In his article and rejoinder, he emphasized that there are many clinical-humanistic values that are "destructive to mental health and societal integrity" and that by "accepting such views without criticism, the psychological sciences are implicitly sanctioning them and colluding in subverting values and traditions that have had a demonstrated, constructive role in the positive achievements of western civilization".<sup>6</sup> He challenged Ellis' and Walls' negative views of religion, arguing that although religion is not always a positive influence, it can be "powerfully benevolent".<sup>7</sup> He pointed out that although both clinical pragmatism and humanistic idealism have appropriate places in the mental health professions, and although he personally agrees with many of their values, they "are not sufficient to cover the spectrum of values pertinent to human

1 Bergin, "Psychotherapy and religious values".

2 Slife & Woolery, "Understanding disciplinary significance".

3 Ellis, "Psychotherapy and atheistic values".

4 Walls, "Values and psychotherapy".

5 Bergin, "Religious and humanistic values".

6 Ibid., 642.

7 Ibid., 643.

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beings”.<sup>8</sup> In particular, they both “manifest a relative indifference to God, the relationship of human beings to God, and the possibility that spiritual factors influence behavior”.<sup>9</sup> Bergin then argued that a theistic perspective is needed in mainstream psychology and psychotherapy that starts with the assumptions that “God exists, that human beings are the creations of God, and that there are unseen spiritual processes by which the link between God and humanity is maintained”.<sup>10</sup>

Bergin went on to describe some of the beliefs, values, and therapeutic goals of a theistic framework for psychology and psychotherapy. These include:

- humility and obedience to God,
- developing a relationship with God,
- personal identity as eternal,
- self-regulation in harmony with universal ethics and strict morality,
- love and affection,
- self-transcendence,
- service,
- self-sacrifice,
- commitment to marriage, fidelity, and loyalty,
- procreation and family life,
- accepting personal responsibility for one's own harmful actions,
- repentance and restitution,
- forgiveness of others,
- the pursuit of knowledge by faith, reason, intellect, and spiritual insight.

Bergin argued that one of the consequences of the psychotherapy profession's dominance by clinical pragmatism and humanistic idealism is that the beliefs and values of theistic psychotherapy clients, who represent a large proportion of the American population, are not sufficiently understood or respected by psychotherapists. He argued that the profession has implicitly imposed alien (i.e., atheistic, naturalistic) beliefs and values on such clients: “Religion is at the fringe of clinical psychology when it should be at the center. Value questions pervade the field, but discussion of them is dominated by viewpoints that are alien to the religious subcultures of most of the people whose behavior we try to explain and influence. Basic conflicts between value systems of clinical professionals, clients, and the public are dealt with unsystematically or not at all”.<sup>11</sup>

Bergin called on mainstream mental health professionals to be more open about their values with clients, and to be more sensitive and respectful of theistically religious clients. He pointed out that therapists have an ethical obligation to do so. He concluded his article with the following:

I would like to offer a few testable hypotheses. These are some of the possibilities that derive from my own personal experience.

1. Religious communities that provide the combination of a viable belief structure and a network of loving, emotional support should manifest lower rates of emotional and social pathology and physical disease. . . .
2. Those who endorse high standards of impulse control (or strict moral standards) have lower than average rates of alcoholism, addiction, divorce, emotional instability, and associated interpersonal difficulties. . . .
3. Disturbances in clinical cases will diminish as these individuals are encouraged to adopt forgiving attitudes toward parents and others who may have had a part in the development of their symptoms.
4. Infidelity or disloyalty to any interpersonal commitment, especially marriage, leads to harmful consequences—both interpersonally and intrapsychically.
5. Teaching clients love, commitment, service, and sacrifice for others will help heal interpersonal difficulties and reduce intrapsychic distress.

<sup>8</sup> Bergin, “Psychotherapy and religious values”, 98.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid., 99.

<sup>11</sup> Ibid., 103.

6. Improving male commitment, caring, and responsibility in families will reduce marital and familial conflict and associated psychological disorders. . . .

7. A good marriage and family life constitute a psychologically and socially benevolent state. As the percentage of persons in a community who live in such circumstances increases, social pathologies will decrease and vice versa.

8. Properly understood, personal suffering can increase one's compassion and potential for helping others.

9. The kinds of values described herein have social consequences. There is a social ecology, and the viability of this social ecology varies as a function of personal conviction, morality, and the quality of the social support network in which we exist. . . .

It is my hope that the theses I have proposed will be contemplated with deliberation and not emotional dismissal. They have been presented in sincerity, with passion tempered by reason, and with a hope that our profession will become more comprehensive and effective in its capacity to help all of the human family.<sup>12</sup>

Bergin's revolutionary article and rejoinder energized a powerful worldwide movement to bring religious and spiritual perspectives into mainstream psychology and psychotherapy. Because of the eminence he had previously earned for his psychotherapy outcome research, the profession was compelled to pay attention to his new work. Following the publication of his 1980 article, Bergin continued his pioneering work by launching a series of empirical studies concerning religion and mental health, including a meta-analysis of the existing research literature on this topic<sup>13</sup> and a narrative review,<sup>14</sup> as well as several studies of devoutly religious students at BYU.<sup>15</sup> He came to believe that, as with other innovations, spiritual factors needed to be measured and evaluated for efficacy.

During the next two decades, Bergin continued leading the effort to bring religion and spirituality into a place of equality in the mainstream behavioral sciences and mental health professions. He co-authored *A Spiritual Strategy for Counseling and Psychotherapy*,<sup>16</sup> a groundbreaking volume published by the American Psychological Association that articulates a theistic spiritual framework and approach for the practice of psychotherapy. He also co-edited the *Handbook of Psychotherapy and Religious Diversity*,<sup>17</sup> a volume that describes how mental health practitioners can provide culturally sensitive treatment for religious clients from a diversity of Western and Eastern spiritual traditions. This book challenges mental health professionals to broaden their multicultural skills to include competency in religious and spiritual aspects of diversity.

The movement Allen E. Bergin inspired continues to advance today—it is now worldwide, ecumenical, and interdisciplinary in scope and continues to enlighten behavioral scientists and healthcare professionals. His groundbreaking writings and research legitimized the study of religion and spirituality in psychological research and contributed to the development and proliferation of religiously sensitive, spiritually oriented psychotherapies. Treatment approaches that demonstrate sensitivity to religious and spiritual diversity have been developed and are now widely used.<sup>18</sup> Outcome research to date provides evidence that spiritually oriented psychotherapies are effective, and sometimes more effective, than mainstream secular approaches.<sup>19</sup> Efforts are now underway to mainstream spiritually oriented psychotherapies into the health care mainstream through worldwide collaborative research projects.<sup>20</sup>

Bergin's writings and research also helped open the door to a greater inclusion of religious and spiritual perspectives in other disciplines, including medicine, psychiatry, marriage and family therapy, social work, positive psychology, multicultural psychology, and philosophy. His contributions also added to and legitimized the role of clergy, chaplains, and other pastoral professionals in mainstream medical and mental health care. Most importantly, the movement is helping ensure that millions of people will have the opportunity to receive healthcare that is sensitive to their religious faith and personal spirituality.

<sup>12</sup> Ibid., 102-103.

<sup>13</sup> Bergin, "Religiosity and mental health".

<sup>14</sup> Payne et al., "Review of religion and mental health".

<sup>15</sup> Bergin, "Values and religious issues in psychotherapy and mental health".

<sup>16</sup> Richards & Bergin, *A spiritual strategy for counseling and psychotherapy*.

<sup>17</sup> Richards & Bergin, *Handbook of psychotherapy and religious diversity*.

<sup>18</sup> Jackson, Richards, Wheatley, Crowton, & Rees, "Religion and spirituality in psychotherapy".

<sup>19</sup> Richards & Worthington, "The need for evidence-based, spiritually oriented psychotherapies".

<sup>20</sup> Richards, Sanders, Lea, McBride, & Allen, "Bringing spiritually oriented psychotherapies"

## Overview of the Topical Issue on Psychotherapy and Religious Values

I wish to thank the distinguished group of authors who have contributed such interesting and relevant articles to this topical issue of *Open Theology* about psychotherapy and religious values. Collectively, the articles provide insights into history, philosophy, theology, psychological theory, and empirical research relevant to the topic of psychotherapy and religion—all of which were areas of concern for Bergin during his illustrious career.

The topical issue begins with a brief invited letter Allen E. Bergin wrote in response to Katarzyna Tempczyk's and my invitation, in which he shares personal reflections and memories about his landmark 1980 article about psychotherapy and religious values. His reflections are followed by three articles that provide important historical perspectives about psychotherapy and religion, and that recommend productive directions for the future in this area of scholarship and practice. Thomas G. Plante, professor of psychology at Santa Clara University and adjunct clinical professor of psychiatry and behavioral sciences at Stanford University School of Medicine, urges mental health professionals to avoid becoming overly focused on trendy areas of interest (e.g., mindfulness) and to be open to incorporating a variety of religiously or spiritually informed assessments and interventions, including those grounded in the theistic religious traditions. Everett L. Worthington, professor of psychology at Virginia Commonwealth University, reflects on 35 years of his experiences and predicts some current and future trends that he thinks may shape practice and research in the psychotherapeutic treatment of religious people. Len Sperry, Professor of Mental Health Counseling and Director of Clinical Training at Florida Atlantic University, argues that research on therapist effectiveness is needed and important in order for spiritually oriented psychotherapy to mature and flourish as a specialty.

The next five articles in the topical issue provide valuable philosophical, theoretical, and theological perspectives about the relationships between religion, psychotherapy, and mental health. Brent D. Slife, professor of theoretical and philosophical psychology at Brigham Young University, and his students Lisa Scott and Adam McDonald, present a case example that illustrates the therapeutic clash of liberal individualism and theism. They challenge psychotherapists to become more aware of the values that pervade American culture and their own profession so that they can work more sensitively and ethically with theistic clients. Mark R. McMinn, professor of clinical psychology at George Fox University, and his colleagues Paul McLaughlin, Bradley Johnson, and Rosanna Shoup, explore the place of religious virtues in psychotherapy—faith, hope, and love—and consider the implications of a virtue-based approach for practice and research. Daniel K. Judd, professor of ancient scripture at Brigham Young University, discusses Martin Luther's personal experiences with emotional instability and how the principle of grace helped him deal with his emotional and mental crises. Professor Judd also explores ways that an understanding and therapeutic application of grace may assist health care professionals and clergy in providing effective care. Barbod Salimi, postdoctoral fellow at Boston University's Danielsen Institute, and his colleagues professors Steven Sandage and George Stavros, argue for an approach to psychotherapy that is spiritual, existential, religious, and theological (SERT oriented psychotherapy). This spiritual-transcendent pragmatic approach encourages psychotherapists to be open to and aware of their deepest spiritual convictions about relational healing rather than bracketing or denying these convictions. Marie-Line Morin, associate professor at Laval University, describes a methodologically scientific foundation for a value-based model in psychotherapy called experiential ontological phenomenology. She suggests that this model provides a point of integration for theistic values or belief systems and psychological theory and practice.

The final four articles in the topical issue report the findings of research studies about religion, spirituality, mental health, and psychotherapy. Lisa Miller, professor of clinical psychology at Teachers College, Columbia University, and her students Jennifer Drapkin, Clayton McClintock, and Elsa Lau, present the findings of a study of spiritual development based on 1633 adults in the United States. They conclude that the spiritual development of the participants is consistent with Chakra theory, which posits that spirituality emerges in a developmental monotonic fashion with increasing degrees of connection and

spiritual awareness. Furthermore, increases in spiritual development are associated with greater mental health and stronger character virtues. Jaclin' Freire, doctoral student at Lisbon University Institute, assistant professor Carla Moleiro at Lisbon University Institute, and assistant professor David Rosmarin at McLean Hospital/Harvard Medical School, report the findings of a mixed-method study of 41 religious members and psychotherapy clients in order to learn more about attitudes concerning the role of spirituality and religion in psychotherapy in Portugal. Their findings indicate that religious members and clients in Portugal desire to openly discuss religion and spirituality during mental health treatment, but that they do have some concerns about whether mental health professionals are willing and competent to do so. Kevin A. Harris, assistant professor at the University of Texas Permian Basin, and his colleagues Kate M. Panzica and Ruth A. Crocker, report the findings of a qualitative study of ten Pagan college students in the United States designed to learn more about the religious beliefs and practices of Pagans and their attitudes towards mental health and psychotherapy. They provide helpful insights and recommendations to assist psychotherapists in working sensitively and ethically with Pagan clients. Lynn B. E. Jencks, doctoral candidate at Northwestern University, reports findings from her ethnographic study of Hispanic immigrant charismatic Catholics (carismáticos) in the Midwestern United States. She describes seemingly irreconcilable value differences between charismatic Catholicism and psychotherapy, providing insight into why carismáticos' religious beliefs lead them to reject psychotherapy as a treatment resource.

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