

Is Religion Healthy?¹
By
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“It is humiliating to discover how large a number of people living today, who cannot but see that this religion is not tenable, nevertheless try to defend it piece by piece in a series of pitiful rearguard actions.” Sigmund Freud¹

“Among all my patients in the second half of life - that is to say, over thirty-five - there has not been one whose problem in the last resort was not that of finding a religious outlook on life.” Carl Jung²

Ninety-five percent of Americans believe in God and 70 percent profess church or synagogue membership.³ These numbers have remained relatively stable over the past several decades and illustrate the importance of religion in the lives of most people. But what should be our approach to religion as psychologists? Does it play a *pitiful* or *pivotal* role in health?

It is safe to say that most people organize their worlds theistically and most psychologists don't view this fact as something they should be working with in psychotherapy. A special issue of *Psychoanalytic Inquiry* investigated religion from the perspective of researchers who claim to hold neither a positive nor negative personal bias towards the subject and concluded that religion is associated with positive health in many situations, but this area of human behavior is “strangely neglected” by the field of psychology.⁴ And in one national study of therapists only 29% of therapists believed that religious matters are important for treatment efforts with all or many of their clients.⁵

This might be an unfortunate conclusion. A number of research studies have found religion to be positively associated with healthy physical⁶, emotional⁷ and social functioning.⁸ Whatever our personal beliefs are about religion as psychologists, the vast majority of people turn to religion when it comes to making meaning out of their lives. Given that many psychologists believe “our primary concern...must be to understand with the patient the meanings of whatever is going on”⁹, it is surprising that most psychologists have little or no training in this area.

In an effort to address this void, the American Psychological Association has published *A Spiritual Strategy for Counseling and Psychotherapy*¹⁰ in which the authors suggest that psychologists should routinely assess the religious and spiritual systems of their clients to obtain a fuller and more accurate diagnostic picture. Ignoring a major influence that shapes the meaning our clients make of their lives just doesn't seem helpful, which is also why the next CPA convention will have a track devoted to investigating the role of spirituality in health and development.

My approach to religion is that it is a vehicle for the organization of meaning in the lives of the majority of people. Most people are helped by religion to make sense of the tragedy, death, complicated loving relationships, loss and painful life events in their lives. Disabusing clients of this in therapy as a distortion, whether by subtle inattention to religious material or the interpretation of it as a defense against helplessness (which

¹ Reprinted from *The Psychologist*, (California Psychological Association) Spring 2005.

was Freud's view) may be doing them a disservice. Religion that facilitates meaning making in the lives of our clients can be a healthy thing.

This is not to say that religion cannot be used as a defense. Of course it can.¹¹ Fundamentalist thinking is attracted to codified systems and uses religion to conceal rather than unfold the meanings of things. But that doesn't mean religion is *always* a defense. It is not enough to know *whether* or not someone is religious, we must also know *how* they are religious - that is, how the use of religion facilitates or obscures meaning in their lives - to determine if being religious promotes health. Sometimes the use of religion is the best way a client can organize a meaningful experience to insure its integration into the fabric of his or her life.

Much to Freud's chagrin, psychology has not replaced religion as the primary meaning maker in the lives of most people, but it does have the ability to work along side of religion in achieving this goal. Accepting that most people see their religion as pivotal to the meaning making process could assist us in helping our clients live healthy lives.

¹ Freud, S. (1930/1961) *Civilization and Its Discontents* trans. by J. Strachey, Norton & Co., N.Y., pg. 21.

² Jung, C. (1932/1984) Psychotherapists or the clergy, In *Psychology and Western Religion*, Princeton University Press, pg. 202, taken from *The collected works of C.G. Jung*, Vol. 11, 18, Bollingen Series XX.

³ Gallup pole statistics in Richards, P. and Bergin, A. (1997) *A Spiritual Strategy for Counseling and Psychotherapy*. American Psychological Association, Washington, D.C., pg. 7.

⁴ Baumeister, R. (2002) Religion and Psychology: Introduction to the Special Issue. *Psychoanalytic Inquiry*, Vol. 13. No. 1, 165-167.

⁵ Jensen, J. and Bergin, A. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, 21, 124-130.

⁶ Koenig, H. (2002). *Spirituality in Patient Care*, Templeton Foundation Press, Philadelphia & London.

⁷ Hood, R. (1995). *Handbook of Religious Experience*. Religious Education Press, Birmingham, Alabama.

⁸ Bergin, A. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46, 394-403.

⁹ Orange, D., Atwood, G. and Stolorow, R. (1997) *Working Intersubjectively: Contextualism in Psychoanalytic Practice*. Analytic Press, Hillsdale, N.J., pg. 31.

¹⁰ Op. cit., Richards and Bergin.

¹¹ Baker, M. (1999) The psychodynamic treatment of resistance with a religious patient from the perspective of intersubjectivity theory. *Journal of psychology and theology*, 27, 4, 291-299.