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## Some Current Themes in Harmonizing Spiritual and Secular Approaches to Mental Health

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Allen E. Bergin, PhD

I've published a paper entitled, "Three Contributions of the Spiritual Perspective to Psychotherapy" (Bergin, 1988 a; b). Those three contributions are: a conception of human nature, including a theory of personality; a moral frame of reference; and, specific techniques. Those are the three areas in which we contribute. Within that frame of reference, there are three guiding principles: (1) We need to be empirical and base all three of these areas in research; (2) We need to be eclectic and integrate what is virtuous and valuable from diverse sources; and, (3) We need to be ecumenical—that is, we need to reach out to ideas of people from diverse religious backgrounds. If we do these things, I think we can build a new orientation. We build it brick by brick in an evolutionary way, not by revolution, and we build a literature, textbooks, articles, and so forth. In doing so, we participate in a worldwide phenomenon, a phenomenon that is marked by the work of many people around the world at this time. It's been interesting to me since I published my first major article on this topic (Bergin, 1980), to have had the opportunity to associate with and travel to many parts of the world to participate in activities, publications, conferences, all geared to doing the kinds of things that I've just listed.

Let me expand a few specific concepts that derive from the orientation that I've outlined. A conception of human nature, or theory of personality derived from the scriptures requires certain concepts to be well developed. One of these is the concept of identity. I think that is the first important notion that the

scriptures teach us and it is basic to a gospel-centered theory of personality and of change. Our concept of identity can then be merged with secular concepts in a comprehensive perspective. The second most important concept has to do with agency: both the impairment of agency and the enhancement of agency. The third concept concerns integrity, for at the root of most disorder is deception or self-deception. The fourth concept is intimacy: emotional, social, spiritual, and physical intimacy. The fifth is power: how we deal with power. And the sixth is values: that is, if there is not a system of value regulation within the person, then problems follow.

With respect to techniques, I say first, be careful. My experience is that we have not yet discovered specific gospel techniques that successfully treat severe mental disorders. Severe mental disorders need to be treated by standard professional methods. If you are dealing with schizophrenia, bipolar disorders, obsessions, and other disorders, you're not going to get very far by applying a value system to them. Medication may often be essential to helping the person in crisis relieve their distress. Until you've significantly relieved the distress and moved the person along by virtue of standard professional techniques, dealing with the value issues or lifestyles issues of the kind I've just listed, would be unfruitful and possibly even harmful. If, however, you can help a person get out of the stage of most severe distress, then you can deal with the particular techniques derived from the gospel. I'm not saying, by the way, that powerful gospel techniques can't be invented that might be effective with severe mental disorders. So far, however, I haven't seen one documented.

What I have seen is that with mild disorders, with some moderate disorders, or with severe disorders that have been moved to a point of progress, we can do certain things. One of these is the "transitional figure technique," which has been discussed by a number of people. It involves, in interpersonal conflict situations, principles of forgiveness, reconciliation, and self-sacrifice. There is another class of techniques that derive from the gospel that have to do with self-regulation of impulse-control disorders. Lastly, there's

a third set of techniques that have to do with spiritual communication between therapist and client.

I'm not going to try in the next three minutes, to illustrate those things, but I will say that it is very exciting to me to see what AMCAP is doing. It is exciting also to be involved with colleagues from the Christian Association for Psychological studies, with people from different institutions who are devoting themselves to the integration of Christian principles and professional practices and research. One manifestation of this type of work is the development of new organizations, new journals and new books. A new journal is beginning this year which I hope some of you will contribute to, *The International Journal for the Psychology of Religion*. It's very thrilling to go to Western Europe, Eastern Europe, South America, Australia, and to other parts of the world and find colleagues who are deeply caring and are committed to the goals that we have in mind. There is a network out there, an interdisciplinary network of people who are interested in these matters. Don't be mistaken, however, their interests, are not casual: they are rigorous. They challenge us to think clearly and to support what we say with good statistics.

I will mention one anecdote along this line. Probably, some of you were at APA in Los Angeles in 1985. There Albert Ellis and I, and some others, talked on this subject to a packed audience. Ellis presented his standard dogmatic diatribe against religion, asserting that it was a form of emotional disturbance. Instead of arguing with him, I simply presented the statistical results of five years of standard psychological tests and interviews we had conducted between 1980 and 1985 on religious people, as well as a summary of samples from other places. I thought that it was unlike the audience in 1979, in New York, where there was a similar symposium where religion was basically ridiculed by about 500 people. Unlike six years before, at the Los Angeles conference, there was, I thought, tremendous emotional and intellectual support for the integration position. I believe this was true because the integration position was beginning to be rooted in scholarship and backed by good studies. It was interesting: we pointed out that we used Ellis' irrational beliefs test on 32 returned missionaries at

BYU. The results were very favorable. Ellis replied by saying that he didn't like the statistics, that he didn't believe them, and that "BYU students will just tell you what you want to know." I replied that we had used fake-good scales, and the students didn't look like they were faking. He said he didn't believe the MMPI results either. I concluded by saying that obviously the acid test of the effect of religion and irreligion on personality would be for him and I to take the MMPI and simply compare the results!

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