

The Psyche and the Soul: An “Unholy” or Essential Alliance?

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The title above addresses a most exciting and yet perplexing issue when working with individuals for whom religion and spirituality have major significance. Psychology is often seen as the “demon” influence, designed to take away or subvert the value and meaning of religion and a spiritual viewpoint. On the other hand, clinicians working with clergy and vowed religious have often seen spirituality as an obvious psychological defence against various intrapsychic phenomena that require addressing. How do these benevolent influences co-exist and complement each other? Some people believe they cannot, but I believe they can and, for clergy and religious, they must. The common pathway to understanding is ultimately language and its effective use in clinical formulations and interventions.

The Power of Words

“A picture may be worth a thousand words, but a word conjures up a thousand images”. When working with clergy and religious, the power of words and the symbols they represent are all the more important because they have been given a great deal of valence in the training and formation they have received. I have found that certain words and concepts are particularly powerful as therapeutic symbols as well as obstacles to emotional well-being. Let us look at a few words and concepts and see how subtle distinctions can have major treatment implications for those who have committed themselves to ministry.

Inadequacy Words

The first major inadequacy word revolves around the concept of **Sin**. A clinician is sorely tempted to reject out of hand such a notion with regard to mental health issues. I suggest that it is a danger to negate the significance of this concept among clergy and religious. Perhaps a better way for clinicians to deal with this concept is to formulate a secular correlate for it. One such formulation is to think of it as defining a state in which one is less than perfect, struggling against difficulties intrinsic to one’s nature when dealing with the ideals of the human condition. This type of formulation can be a good starting point for both lay and religious patients. From there, one is better able to make some important distinctions:

Sin vs. Weakness: If weakness is mentioned in the context of sin, one broaches the portals of theology, and the concept of

spiritual weakness is quite different from the idea of psychological weakness. Weakness, in the theological sense, is really not that unhealthy. It acknowledges what clergy and religious like to call their “brokenness.” Such a spiritual state can be seen as a precursor to further spiritual growth and, at times, serves as a kind of badge of honour. With this notion of weakness there is little incentive for one to change, and this can pose its own unique psychological obstacles to therapy.

However, if weakness is conceptualized in a more psychological sense, different problems arise. Few relish the notion of being weak. The challenge in therapy is to help redefine the notion of strength. Psychological “strength” is really not the absence of *vulnerability* (often mislabelled as weakness); rather, psychological strength is *resiliency*. If one frames ideas of emotional strength and weakness in this manner, then the therapy focus shifts dramatically away from any implicit notions of weakness. The focus becomes the development of greater psychological resiliency or ego strength. In this light, weakness is not a word that applies accurately to either spiritual or psychological growth.

Sin vs. Flaw: While the notion of sin has a moral underpinning, the concept of “flaw” does not. However, when clergy, religious and other highly spiritual people depict their difficulties in terms of flaws, they unwittingly reveal an underlying perception that provides important therapy material. Persons who view themselves as flawed are essentially depicting their history as a “tabula rasa,” a kind of white sheet or chalkboard with a darkened spot or, a slight tear in an unsoiled garment. This self-depiction reflects a fundamental fallacy- a self-image that requires some challenge to its basic assumption about the nature of the human condition. It implies that mental health is a “washing off” or “re-stitching” of an imperfect garment; an erasure of imperfections on the “tabula rasa” of life. The quest for perfectionism is a natural extension of this vision of eliminating flaws, and the mental health difficulties associated with such perfectionism are legion and well known to most clinicians.

Sin vs. Pathology: Among clergy and religious it is relatively easy for the concepts of sin and pathology to be used interchangeably. While in Christian theology, Jesus was free from sin, few would disagree that he was burdened by life stress and emotional turmoil. This theological reality is often forgotten and seems to require revisiting when treating a religious population. Mental health pathology can be best addressed when emotional problems are

defined as concurrent with, rather than causative of, difficulties in the domain of the spiritual. While sinfulness and pathology can clearly co-exist, addressing one is not the same as addressing the other!

Emotional Health Words

Self-Care vs. Selfish: Most clinicians take for granted the notion that therapy is focused on better self-care in both emotional and behavioural ways. Few would argue that better self-care is a positive thing that can and does motivate people to struggle in therapy. However, for some clergy and religious there is a slippery slope between the notion of self-care and the negative trait/behaviour of “selfishness.” Among parish priests this is a particularly troublesome issue because often they must choose what is healthy for them at the expense of someone else - a notion that is quite counter to the idealized version of the parish priest as someone whose mission it is to be of service to his people. Feelings of self-care become tinged with self-loathing because there is little distinction made between selfishness and self-care. With clergy and religious in particular, it is helpful to distinguish between an act *against* someone and a reasonable act *for* oneself. It is also useful to stress the need to make a reasoned judgment about the value of self-care *in the service of others*. For example, one needs to point out that a depleted and emotionally empty parish priest has little to give to his parish or his parishioners.

Self Esteem vs. Pride: Fostering positive feelings about oneself is a hallmark of most therapeutic interventions, but all clinicians are well aware of the need to foster a **realistic** sense of self-esteem. An exaggeratedly high level of self-esteem is, itself, a pathology that clinicians tackle when dealing with the narcissistic character disordered and manic individuals, for example. Many clinicians will recognize the curious dilemma of trying to convince a formerly manic individual that **not** feeling as good is actually a sign of health. With religious and as well as with highly spiritual lay people, making the distinction between pride and “hubris” - a more compelling word - is crucial. Few clergy or religious would readily accept the notion that an emphasis on self-esteem is of transcendent value. Some clarification needs to be added. Being happy with one’s abilities and successes needs to be couched, at times, in the rubric of “gifts”. Natural abilities are often more acceptable when identified as God-given. In this context it is a healthy spiritual act to be happy with one’s talents and successes. Another recommendation when dealing with the notion of self-esteem is to focus on the actual abilities and talents evident, rather than the feeling of pleasure itself. With this shift of focus there is less danger for a person to enter the more spiritually dangerous domain of “hubris”.

Masochistic vs. Sacrificial: Clergy, religious, and most lay people understand that altruism is an essential part of being a decent human being. However, high levels of self-sacrifice among some clergy and religious can take on a masochistic flavour that is very difficult to address clinically. Anyone who has seen the movie, *The DaVinci Code*, might recall the perverse satisfaction of self-flagellation, for example. So how does one address this issue with an eye to healthy self-sacrifice? There is no simple answer. One suggestion for lay clinicians is to focus on motives and the degree of choice involved in any exploration of behaviour. Dedicated clergy and religious often develop a habit of self-denial that they

stop recognizing. What was initially a conscious act of decency can become an obsessive fixation or a habitual reflex. These folks need to remember the element of choice so that they can master their behaviours better. They can still choose to make sacrifices, but a choice it must be! Some clinicians also need to be reminded that sacrifice can be a valid and healthy choice, at times. There is an implicit danger among clinicians to view all self-sacrifice as pathologically masochistic.

Self-Actualization vs. Hedonism: In therapy there is also a danger of fostering an air of hedonism that does not work well with clergy and religious. One typical misperception is that self-actualization is equivalent to pervasive hedonism. Images of Sodom and Gomorrah, Roman orgies, etc. - surface and disturb! The clinician needs to be sensitive to this possible perception and must be able to accept and, indeed, foster the notion that self-sacrifice can also lead to a greater degree of self-actualization. The really crucial work in therapy is to help the patient understand the importance of choice in behaviour. The choice is not always pleasure-seeking, but it can be. However, one is not a slave to hedonistic impulses, and this is the crucial message to clergy and religious, in particular.

Passion Words

LUST vs. SEXUAL AROUSAL: When it comes to issues seen as sexual, the psyche and the soul are portrayed as far apart. The reality of commitment to chaste celibacy seems to imply that sexual arousal is intrinsically sinful and that ‘good’ clergy and religious need to eliminate their sexual nature - a kind of psychic surgical removal, as it were - to avoid the dangers of **lust**. This word can readily generate moral indignation; the tone may conjure up thoughts of “fire and brimstone” among many. Yet making a distinction between lust and sexual excitement or arousal is crucial. One needs to stress the inevitable and unpredictable presence of sexual excitement of all forms, and sexual arousal needs to be classified as a normal human response. This form of arousal is not a psychological difficulty. Lust, as a psychological problem, is best explained as a conscious tendency to keep alive, persistently and pervasively, a sensate experience that fosters depersonalization and the mistreatment of people. By analogy, one should not “stoke the coals” too much, lest the fire rage out of control or consume the fireplace itself! This subtle but important differentiation between arousal and “lust” can make a good deal of difference in helping clergy and religious accept their sexual nature.

AGGRESSION vs. ANGER: Clergy and religious often do not differentiate readily between a *feeling* of anger and a *behaviour* of aggression or hostility. The distinction is crucial from a moral/religious point of view since such negative behaviour is not morally justified, while such feelings are not validly subject to the same moral sanctions. There is often the fear among clergy and religious that anger inevitably leads to hostile behaviour. When angry feelings are clearly distinguished from hostile behaviours, the individual becomes free to focus on the management of feelings and the development of more appropriate and morally acceptable behaviours.

CO-DEPENDENCE vs. CLOSENESS: Few would argue that experiencing and giving affection is crucial to healthy human development. However, there is much confusion about the manner

in which this should be done in a healthy way. Clinicians stress the problems of co-dependence, which makes good sense; but it is also important to underscore that the absence of some dependence is, in fact, a “non-relationship”. One cannot be independent in a true relationship—as the Latin word *relatio* so clearly implies. The old saying of “no man is an island” [today we might say “no person”...] holds a powerful truth. Closeness for clergy and religious must be clearly differentiated from the notion of *excessive* dependence, i.e. co-dependence. The experience of losing one’s identity and sense of self *into* the other needs to be identified as the marker for the pathology of dependence. Being dependent on another’s affection, respect, or approval is not a mental health problem in and of itself. The distinction between co-dependence and closeness needs much clarification in the treatment process.

“PFs” vs. INTIMACY: In the training of many clergy and religious the notion of a “PF”, or Particular Friendship, is often introduced as a potential problem or pitfall. For clinicians this can seem very strange at first, since a close relationship is almost always somewhat “particular”. Indeed, in secular life, a PF is often called a spouse! What exactly is the problem, one might ask? In many organizations of men and women religious there is, indeed, some danger with close friendships. However, the danger is not in attachment between people, but in the potential for exclusion. It is in the *exclusion* of others and the purposeful eliciting of jealousy, that PFs can represent a danger in community life.

Mood Words

DEPRESSION vs. DESOLATION: Among clergy, religious, or highly spiritual individuals in general, the word “depression” tends to take on a special meaning. Within this group depression is evident with the typical vegetative signs and subjective distress, but one additional dimension often needs attention. It is a sense of spiritual emptiness, often defined as “desolation,” or “the dark night of the soul.” In my experience, *depression* and *desolation* depict similar, but not identical experiences. At times they can be quite distinct. Many can be depressed but find God in their pain; while others can feel happy yet have no sense of oneness with God. It is important to note the difference in these experiential states and give them credence. Often, those who are getting psychologically better through medication or the verbal therapies also begin to develop a more personal sense of God’s presence in their lives. What is perhaps more interesting, from a clinical point of view, is that often the growth in spiritual fullness generates a better sense of well-being and a decrease of clinical symptoms of depression. Which is the chicken, and which is the egg? It is hard to tell, but in most cases one experience supports the other, while being distinct.

HAPPINESS vs. TRANSCENDENCE: Happiness seems like a reasonable goal for all people under therapy care, yet happiness among some clergy, religious or spiritual lay people can be a somewhat unique experience. The word that best describes it is “*transcendent*.” It has been defined by some as a capacity to stand outside of an immediate sense of time and place and to view life from a larger and more detached perspective - a perspective that sees a fundamental unity that underlies nature. A positive transcendent state is a positive attitude about a universality in the purpose of life; an experience of prayer as providing joy and contentment; a sense of personal responsibility towards others.

Mental health professionals who work with clergy and religious may need to develop a better understanding of this unique type of contentment. In Western culture, happiness is often equated with inner pleasure within the framework of individualism. Certainly, psychotherapy can foster this effectively. However, fostering a sense of positive transcendence among some religious can be another form of psychological health fostered in therapy. This can complement the more traditional notion of a personal psychology of well-being. It stresses the value in the “common good”, a notion very important in religious communities. Altruism is not always sacrificial in nature; it can be intrinsically rewarding as well, as many know from experience.

Problem Resolution Words

There are many ways in which people work through difficulties. For clergy and religious certain concepts can pose unique problems. The following ideas, and the words that represent them, seem to be particularly important:

FORGIVENESS: Although very few clergy and vowed religious have actually engaged in morally and legally improper acts such as sexual abuse of minors, for example, when one works with this small subgroup the issue of forgiveness looms large. In some religions there is a naturalistic mechanism for forgiveness that poses unique therapy problems. Certainly within the Catholic Church the notion of sacramental forgiveness, or “Confession” is powerful and provides a psychologically easy way to absolve oneself of behaviours that are unacceptable in society at large. Sexual abuse readily comes to mind, and for some clergy and religious, there is a great potential for having the sacrament of “Confession” be the emotional equivalent of culpability avoidance. With this group, the work of therapy is to hold them responsible. In essence one is saying, “God may forgive you, but you still have issues to address!” They can be oblivious to their culpability, and they need to work on this.

CULPABLE vs. ACCOUNTABLE: The distinction between the words “culpable” and “accountable” often needs to be addressed in treatment, particularly for those clergy and religious who have engaged in immoral and often illegal activity. As noted earlier, for some the clinical focus needs to be on some acceptance of culpability. By this is implied an acknowledgement of wrong-doing; *mea culpa* rings loud to some religious. A sense of guilt is necessary as well, and this is not a clinically problematic issue when appropriately managed. The presence of some guilt for improper behaviour is a clinically healthy sign. However for some - those who violate professional boundaries unwittingly or without conscious awareness of impropriety - one also has to foster a reasonable sense of *accountability*, without extremes of culpability. Some religious who are perpetrators of misconduct do not experience the *culpa* in their conduct, while others are consumed by their sense of guilt and cannot transcend the wickedness of their conduct. The notions of culpability and accountability must be differentially applied in treatment as a function of the nature of the excess present—too much culpability, too little accountability.

RECONCILIATION: Among clergy and religious the term “reconciliation” is a powerful mantra, but often reconciliation is associated with the denial of negative emotions—a “no hard

feelings” notion. Clearly this is a psychological misunderstanding, but it often needs to be explicitly stated. In other words, some need to be informed that, in most cases, true reconciliation and the sense of forgiveness that is the ultimate goal cannot readily occur before outrage, anger, disgust or other types of feelings are fully worked through. This is truly a difficult notion for some clergy and religious to accept. They tend to cling to the concept of peace and positive feelings as the resolution to difficult issues. Conflict is not readily acceptable and negative feelings are often avoided and even considered evil. Another aspect of reconciliation that often needs to be underscored is that it requires an interaction between at least two people. The tendency among some clergy and religious is to focus on the purity or ugliness of *one’s own* feelings and behaviour, thus obscuring the crucial point that conflict resolution involves at least a dyadic interaction and dynamic.

In summary, when working with clergy and religious or other highly spiritual individuals, the careful use of words and concepts can be most fruitful. The psyche and the soul are clearly tied by the common rubric of language. Perhaps William James summarized it most compellingly as follows: “*Evidently the science and the religion are both of them genuine keys for unlocking the world’s treasure house to him [or her] who can use either of them practically*”.

Competing Interests: None

Acknowledgements: *This paper was developed for presentation at the JEMH 2007 Lakefield Conference. It was subsequently revised and published in the Southdown Institute’s Newsletter (The Covenant) and is published in this issue of the JEMH with permission.*

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