Sin in therapy: a cross disciplinary approach toward working with religious clients

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The United States is a remarkably religious nation. It is inevitable that clinical social workers will encounter clients whose self understanding has been shaped, or impacted, troubled and or soothed by their faith. Our religiously minded clients need us to be able to speak to the questions of deep meaning their faiths challenge and answer. Yet, we are not clergy. We have a different and important role. Moreover we may be atheists ourselves. In addition we live in a religiously pluralistic country. There is no single faith language that can accommodate all religious people. Even if a social worker were able to speak a given faith with eloquence they could not hope to be equally articulate in all religions. Fortunately, there are theories in the psychoanalytic tradition that will allow the social worker to frame questions of deep meaning in a way that will resonate with religiously concerned clients while preserving the essentially non religious character of our clinical work. This thesis is a cross-disciplinary approach utilizing particular theology and psychodynamic theories toward working with religious clients.

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2013
ACKNOWLEDGEMENTS

Thanks to Matt Fitzgerald.

Thanks to Kate Didden

Thanks to Gregg Taylor.

Thanks to Isaiah Fitzgerald, Hannah Fitzgerald and Ethan Fitzgerald.

Thanks again to Matt Fitzgerald.
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CHAPTER I

Introduction

In a moment of post-Enlightenment atheistic confidence, Sigmund Freud predicted that the increase of scientific knowledge would inexorably lead to the death of religion. In a 1909 letter to Carl Jung he wrote, “The more the fruits of knowledge become accessible to men, the more widespread is the decline of religious belief” (Freud, 1909/1977, p.13). Yet in the United States, Freud’s assumption has been disproved. The United States continues to be a remarkably religious nation: according to sociologist Robert Putnam 36% of Americans worship at least once a week (Putnam, 2000). To place this percentage in global context it is interesting to consider that this is a slightly higher percentage than that of Iran; a theocracy. Moreover, studies repeatedly show that more than 80% of adult Americans claim to believe in God (Putnam, 2012). Given these statistics, it is inevitable that clinical social workers will encounter clients whose self-understanding, family dynamics and other inter-personal relationships have all been shaped, or at least impacted, by their faith.

Indeed, in my limited experience I have already met several clients whose faith troubles and/or soothes them. Examples include, but are not limited to a fourteen year old girl struggling to reconcile her sexual orientation with her membership in a strict, homophobic church that she
loved and a Pentecostal woman who understood her recovery from childhood sexual abuse as an act of “renouncing Satan.”

These and other experiences suggest that in order to best help our clients, social workers should be familiar with their religious perspectives. In prior generations, some strains of psychotherapy recognized the need for their practitioners to be religiously conversant. In a famous rejoinder to Freud, Carl Jung put it bluntly:

During the past thirty years, people from all the civilized countries of the earth have consulted me. I have treated many hundreds of patients. … Among all my patients in the second half of life — 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. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook (Jung, 1938/1966, p.17).

However, the Jungian attitude stood in sharp relief to what was emerging as the psychoanalytic community's predominant take on religion. Freud typified this perspective with these words:

Our knowledge of the historical worth of certain religious doctrines increases our respect for them, but does not invalidate our proposal that they should cease to be put forward as the reasons for the precepts of civilization. On the contrary! Those historical residues have helped us to view religious teachings, as it were, as neurotic relics, and we may now argue that the time has probably come, as it does in an analytic treatment, for
replacing the effects of repression by the results of the rational operation of the intellect
(Freud, 1927/2010 p 44).

As the years went by Freud’s rhetoric grew more heated and became sharpened:

The whole thing is so patently infantile, so foreign to reality, that to anyone with a
friendly attitude to humanity it is painful to think that the great majority of mortals will
never be able to rise above this view of life. It is still more humiliating to discover how a
large number of people living today, who cannot but see how this religion is not tenable,
nevertheless try to defend it by piece in a series of pitiful reargued actions (Freud,
1930/1961, p.3).

The psychoanalytic community of Freud's day articulated not only a fundamentally
atheistic stance toward religion, but an antagonistic one. They were not neutral but anti religion,
assuming that their work and insights would help a suffering humanity outgrow the religious
illusions that plagued us. These origins create an ongoing antipathy toward the topic of faith in
the life of an individual. Freud’s life work and perspective was subsumed into the training of
mental health professionals the world over. It undergirds most contemporary training in the field
of psychology. Of course we study the critique of pure Freudianism as we educate ourselves on
the context it unfolded within. Yet training today is still rooted in Freud’s original theories. The
other bodies of theory often presented in psychological training find their starting points with
Freud, attachment theory and object relations theory hold onto the core Freudian concepts of a
intrapsychic conflict and the unconscious mind.

Jung, on the other hand, is rarely mentioned in an MSW course of study. To become a
Jungian a mental health practitioner must augment their formal education with further study at an
approved Jungian institute. The fact that Jung’s concern to incorporate a religious/spiritual
dimension into psychotherapy resulted in his school of thought being separated out from mainstream psychological training seems indicative of our field’s leeriness about the subject.

Indeed, it seems safe to say that contemporary social workers may be inclined to ignore the religious dimension of the client’s trouble, whether this trouble is rooted in discord in relationships, a sense of isolation or an experience of meaninglessness. Of course these can all be spiritual issues as well. The problem for social workers arises when a client's issues are expressed in explicitly religious terms. The spiritual but not religious individuals are permitted to express a vague religiosity, but those who hew closely to particular faith traditions most likely will leave social workers flummoxed. When Jesus or karma or the Koran enter the room social workers may find themselves veering away, unprepared for such conversation and unnerved by its necessity.

**Other Complicating Factors**

Because the training clinical social workers receive grew out of Freudian schools of knowledge, Freud’s anti-religious bias continues to affect contemporary social work’s attitude toward faith. However, Freud is not the only factor at play here. Social work aims to meet clients where they are and practices a radically egalitarian approach to human difference. The National Association of Social Workers *Code of Ethics* states plainly that “Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity” (NASW, 2008). Meanwhile, many religiously sanctioned efforts to help the needy have limited their scope include only people who share similar religious convictions and ethnic or national backgrounds. I live in the city of Chicago. In my immediate neighborhood there is a social service provider that began as a church orphanage aimed exclusively at the children of deceased German speaking immigrants. Two and a half miles west of my home there
is a hospital that was founded to care for what it calls “Norwegian American Lutherans”. To this very day, the largest emergency shelter in the city is a fundamentalist Christian agency that refuses care to those who will not first participate in a mandatory Christian prayer service.

It is difficult for social work to reconcile itself with such exclusive practices and purposes. Motivated by an admirable impulse toward inclusion Social Work has grown averse to the teachings and practices of particular religions, particularly those related to women and sexuality that are viewed as exclusivist or in stark contrast to professional codes that emphasize dignity of the individual.

A more recent phenomenon that both expresses and compounds this foundational objection is the fact that as GLBT people and their allies have worked to make civil rights advances, the majority voices in American religion have responded with an institutional official homophobia that is both aggressive and bellicose. Twenty five percent of Americans are Roman Catholic. The official Catholic teaching on homosexuality labels GLBT sexual acts “intrinsically disordered.” The catechism goes on to say, “They [homosexual acts] are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved.” (Cathecism of the Roman Catholic Church, 2006). After Catholicism the second largest religious group in the United States is the Southern Baptist Convention. The SBC may be smaller than the Catholic Church, but is equally clear in its official condemnation of GLBT people. “Homosexuality is not a ‘valid alternative lifestyle.’ The Bible condemns it as sin.” (Southern Baptist Convention, 2013)

Such teaching betrays a woefully outdated understanding of human sexuality. Rather than recognizing that sexual orientation is given not chosen, the Catholics and Baptists regard
homosexual acts as deviations from a non-existent but morally preferable universal norm. According to both of these churches homosexuality is to heterosexuality as a lie is to the truth. Social Work has long stood at the forefront of the struggle for equality for oppressed groups. Is it any wonder we would recoil from a worldview that stands in direct opposition to what has been called “the Civil Rights struggle of our time?” As I will suggest below, we are growing increasingly comfortable with the broader concept of spirituality. But, we remain uncomfortable when a person’s spirituality is articulated through or created by a given religion. Yet, despite our historical opposition to religion rooted in Freudian thought, professional conflicts with its narrow method of delivering care, and our contemporary apprehension about its politics, many clients remain religious.

This leaves the social worker in an odd bind. Our religiously minded clients need us to be able to speak to the questions of deep meaning their faiths both instigate and answer. Yet, we are not clergy and most of us do not want to be. We have a different and important role. Moreover, we may be atheists ourselves. In addition, we live in a religiously pluralistic country. There is no single faith language that can accommodate all religious people. Even if a particular social worker were able to speak a given faith with eloquence they could not hope to be equally articulate in all religions.
A Cross-Disciplinary Approach

Fortunately, we are a profession that draws from a multitude of theories. In addition, I assert that there are theories in common use in social work that will allow the social worker to frame questions of deep meaning in a way that will resonate with religiously concerned patients while preserving the essentially non-religious character of our clinical work. In this theoretical thesis, I will aim to develop a cross-disciplinary conversation between Protestant Christian theology and two theories used in social work treatment: existential and object relations. My aim is not to argue that psychological theory is in itself somehow inadequate to the task before it. Rather, I want to suggest that our ways of understanding both our own work and the realities our clients are living in could be galvanized if we were to use discrete pieces of Christian theology, or other religion’s conceptualizations to shed light on the struggles our clients’ experience. I will argue that unless we are trained and prepared to facilitate such conversation, when the topic arises we will be left unable to best serve the religious people who need our help.

Conceptualization and Methodology

This study will aim to “integrate disparate theoretical constructs” (Smith College School for Social Work, 2013) I will compare existential theory and British object relations theory in an effort toward practical integration to serve the troubled religiously minded individual by examining how a specific religious theory might dialogue with these psychological theories. In the following chapter, I will begin by describing the phenomena of the limited intersection of religion and social work. I will explore this intersection from a historic, political and professional viewpoint concentrating initially on those forces that have divided our field from its original connection to religion.
I will then provide an overview of the split between the practice of secular therapy and pastoral counseling. The latter now accounts for over three million hours annually of therapy. This overview will attempt to hold in view the early faith-related divisions in the field and the way those divisions gave shape to the developing landscape of the profession.

I will then offer an evaluation of the contemporary context for the divide. This will be explored by looking at current clinicians' attitudes toward religious content utilizing data from a meta analysis of over 200 studies. This section will include attention to discourse among practitioners and social work faculty involved in the training of future clinicians, who integrate these questions at their varied institutions. I will propose a methodological solution for bridging the divide as offered by Lindbeck (1984) who posits religion as individuals’ learned attempts at meaning making. By comparing theological and psychological theories I will be attempting to answer the question, can our multitheoretical profession incorporate theological understandings into our psychological underpinnings to better understand and work with our religiously minded clients.

Discussion will them move from a look at the phenomenon as it expresses itself currently, into exploration of how a particular theological doctrine dialogues with some of social work's seminal theoretical frameworks. This exploration is ordered around the theologian Paul Tillich's formulation of sin. Tillich, an eminent philosophical theologian of the midcentury worked to put liberal Protestantism into discourse with existentialism. He asserted that the Protestant definition of sin was best understood as a tri-fold separation. This is separation from other, separation from self, and separation from what he called: the Ground of all Being. There exists a crackling field of intersection, concert and contradiction between this person centered theology and psychological theories.
In the remaining chapters of the thesis I will compare and contrast these ideas in the following manner: I will explore the Tillichian concept of tri-fold separation through the work and thought of two eminent British object relations theorists. The first will be psychoanalyst Melanie Klein. Klein's writing offers a language for the contradictory instinctual forces that draw us into, and exile us from intimacy with others. Included in this chapter we will explore the concept of *tri-fold separation* through the work of Heinz Kohut. Kohut's theory of Self Psychology provides a necessary foundation to explore separation from self. The internal structures of the self named in Self Psychology convey the vast depth to which separation is struggled with in the human psyche.

I will explore the concept of *separation from the Ground of all Being* through the work of Irwin Yalom. Yalom was among a handful of psychotherapists in the nineteen-seventies to draw on the theoretical ties between psychotherapeutic practice and the philosophy of being. Yalom's exposition of existential psychotherapy is embedded with humanity's protestations against meaninglessness. Meaninglessness is survived, succumbed to and transcended by humanity. There is rich opportunity here for correspondence with the Tillichian formulation of the Protestant doctrine of sin.

The thesis will conclude with a discussion chapter on the strength and weakness of utilizing the formulation of tri-fold separation with psychodynamic and existentialist theory to develop a cross disciplinary knowledge base from which social workers might approach religiously minded individuals from a protestant background.

**Biases and Limitations**

As is sometimes the case with investigation in the social sciences there is great overlap between the areas of researcher bias and strength. This author identifies as a liberal protestant. Any and
all interpretation of the theology, practice and religion in this paper are through the lens of an explicitly observant religious individual. This has been a strength in terms of accessing the theology which in many ways reflects my own belief system. This fact may be construed also as a limitation in that I have a personal investment in bridging the world of religion and psychotherapy. I am coming from a place of hopefulness that this discussion can contribute and enrich our work with religious clients. My familiarity with the theology of Paul Tillich, due to in part to my personal faith life, also holds within it reservations regarding Christology. Tillich is regarded by critics and admirers alike as espousing an apologist theology. Many of his critics assert that in order to participate in the discourse of secular philosophy and existential thought he watered down Christianity, reducing its truth claims to the point that his interpretations of them hold very little that is distinctly Christian.

Tillich’s low Christology may be a vulnerability toward my aims if I were writing from the standpoint of a pastoral counselor, but my secular training perspective liberates me from concern with the truth claims of his work. It is precisely this characteristic that makes his work flexible enough to work well with a broad range of Christian clients. My clinical training has been intentionally secular, I have no desire to tell someone how, what or who to think of religiously. But if an individual has a religious background it is neglectful to ignore it. This thesis has been limited in scope toward individuals who identify as liberal protestant Christian. Its purview would not include individuals with other religious identities. It could serve as one example of how to evaluate how religious thought or theology is both sympathetic to, and divergent from psychodynamic theories. Both areas of contrast and concert are relevant to treating the religious client.
CHAPTER II

Phenomenon and Methodology

The Phenomenon

Those trained in secular institutions may take it as a given that Social Work does not make much room for religion. In this chapter I will explore why this is the case. I will begin by naming a fact that may surprise contemporary practitioners. At its inception our field was closely tied to established religion in America. I will then attempt to trace the separation that took place, taking pains to observe that this separation happened due to seemingly admirable reasons and larger historic forces. I will briefly address the rapprochement between social work and faith that took place in the 1960’s when spirituality became uncoupled from religion. I will then consider how the reduction in government spending on social welfare that took place when President Johnson’s Great Society began to be dismantled affected Social Work’s attitude toward the politically conservative assumption that faith-based charities could address needs traditionally met by state funded social work. Next, I will consider the rise of pastoral counseling as a popular alternative to secular psychotherapy while exploring reasons that might account for the explosive growth of this explicitly religious method of therapy. I will then examine two studies that name and quantify social work students’ uneasiness with the topic of religion, before quickly providing an epidemiological survey of religion in America. Finally, I
will introduce the thought of the contemporary American theologian George Lindbeck whose theological framework offers a uniquely powerful place from which to engage in cross-disciplinary dialogue between religion and Social Work.

**An Original Closeness and the Ensuing Divide**

In the early years of American social work the field was divided into sectarian and or racialized categories (Leighninger, 2000). There were predominantly white Protestant practitioners and there were practitioners who dedicated service to the populations frequently ignored or misapprehended by such mainstream social work. This corrective effort included Jewish, Catholic, and African American agencies (Barker 2008).

Our divisive roots are reflected in most social work textbooks. The profession's earliest history holds a caution for those who look back on it. We have learned that unchecked practitioner bias can poison our work, and that we do not exist apart from the larger culture we deliver services within. In these early years the bias was often around religion. Early social workers viewed non Protestant Christians and adherents of other religions as bearing a fundamental flaw. Service delivery included attempts to make marginalized Catholic and Jewish immigrants conform to Protestant ideals. This hegemonic dynamic was practiced alongside our early failures to serve African American people and immigrants whose phenotype exempted them from the attentions of early mainstream Social Workers. In early twentieth America, as in other places, religion was used to cancel out the culture and even the humanity of the “other”.

One can also trace positive connections to the religiously oriented mission work of early social workers such as Jane Addams. Compassion and the sense of responsibility for what befalls one’s neighbor link early social work endeavors to ease suffering with contemporary social work. “Philosophically, social work and religious schools of thought have common values. They both
advocate compassion for others and human dignity, and both desire to ease the pain of suffering and to address the needs of the most forgotten and vulnerable in society” (Bullis, 1996, p.17).

Thankfully, American social work’s early Balkanization gave way to a storming and forming period that expressed the nascent professions’ desire for broad, unifying transformation. In this new consciousness, movement away from social work’s “moralistic and paternalistic roots” motivated reformers. At the same time there emerged a concomitant belief that the center of training should be practice methods unmoored from religiously motivated moralism (Austin, 1986).

Finally, these changes took place amidst a broader American debate about seeming conflicts between religion and science. While the debate would not crystallize nationally until 1925 when Tennessee passed the Butler Act which made it illegal to teach evolution in the state’s public schools, science and religion had been in tension since the early days of the European Enlightenment. Of course one of the most virulent atheists to inherit and propagate the science side of that debate was Freud. Due to Freud’s foundational antipathy toward religion, the contemporary American divide between scientific and religious discourse and Socials Work’s concern to be understood as a scientific enterprise and the issues named above, entire generations of social workers have not been trained to look for points of contact between the theories that ground their work and the religious outlook of their clients. Indeed, our field eagerly moved away from its early religiosity and has long been skeptical about truly integrating any religious ideas into our training, education and practice.

**The Door is Opened and “Spirituality” Walks In**

However, in the mid-century the zeitgeist began to relax. The nineteen sixties saw an American articulation of transpersonal psychology, more recently referred to as transpersonal
theory. These theories recognize a human impulse toward spirituality, whether expressed through organized religion or the individual pursuit of transcendent truth. Here spirituality is permitted back to the social work discourse; so long as it exists in a realm independent of formal religion. Having been stung by the divisive power of religion once, our field is reluctant to be stung twice. It is noteworthy that a central idea of transpersonal theory is the understanding of religious and spiritual diversity as human diversity (Fowler, Hertzke, Olsen, Den Dulk, 2010) This is notable both because it expresses the belief in belief and because it orders it around diversity; a new paradigm for making sense of religion for American social theorists. Spirituality is taken to be a dimension of human experience and behavior. Thus, rigid doctrines and an off putting, seemingly exclusive God are no longer the object of talk about religion. Rather, human belief becomes the focus of the conversation about spirituality.

This is typified by Abraham Maslow's naming of humanity's “peak experiences”. Maslow stressed private experience of the transcendent as a development achievement possible after spiritual maturation. He wrote “man is his own project and he does make himself” (Maslow, 1964). In the era some of the great champions of spirituality manage to conceptually shrink religion into a size acceptable to the American psychiatric community. Fortunately, American political life in these years is less individualistic.

Funding

During the previously discussed period in American history, government spending on social services and programs expanded. In 1964 President Lyndon Johnson introduced to the nation the idea of the Great Society, a country that was more than rich and powerful but also just and intolerant of poverty. Johnson and the Democratic majority House and Senate, after his landslide victory, made policy around these ideals targeting underserved Americans and their
communities. Within months of the election Johnson had the Community Action Agency (CAA) commissioned. The CAA was to have an office in every district in our nation to coordinate health, social service and mental health services for Americans who needed them. For the better part of twenty years government support of social services was strong. Johnson's War on Poverty ushered in an era where access to services and equal opportunity were an explicit priority in government spending (Andrew, 1998). Johnson's ethos included the now seemingly radical thought that the ability of a nation to provide for its social need was a valuable metric of its greatness.

This period of relatively robust government support for public social welfare and mental health care came to a decisive end when Ronald Reagan was elected in 1980. The eighties bore out a focus on individualism, with the idea of government as an entity which needed to be limited. Reaganomics asserted that big government spending on social programs was hurting the country and its economy and needed to be drastically cut back. The approach resonated with Americans and they reelected Reagan and subsequently his vice President, George Bush to office in 1988. Perhaps the ethos of the new era was best expressed in the inaugural address of 1989 where the newly elected President Bush places the wellbeing of impoverished American families on a thousand points of light or simply, volunteers and voluntary social service agencies such as churches (Andrew, 1998)

It is still striking to consider how diametrically opposed to Federal support our country's leadership had become in those decades. Instead of the idea that the support should be commensurate to the need and that the resulting balance should be a measure of national strength, the new order rested on the notion that Americans must help themselves (Andrew, 1998).
Social Work engaged in a critical evaluation of the notion that community volunteerism and faith based organizations should bear responsibility for the need in our society. Concern around service delivery was central to the debate. Critics doubted the effectiveness of service delivery could match what the Federal Government could provide. The questions of who gets services and how well they are delivered require government oversight. But how were small community organizations and congregations going to manage government audits and red-tape? The theme of the compromised prophetic voice was also central to the public debate in that era (Chaves, 1999). Would faith communities and religious traditions historically critical of war, human rights violations and discrimination be hushed by massive public money? These questions roiled critics and raised the ever-present American concern for the separation of church and state (Goodstein, 2001).

Finally, as social work began to emerge as a clearly defined and bordered profession its gatekeepers and professional organizations became concerned to ensure that clinical social workers were able to receive third-party insurance reimbursement (Specht, Courtney, 1994). Even as they fought to wrest a slice of the reimbursement pie away from psychiatrists and psychologists, social workers may have seen their religious counterparts in the so called helping professions as a different sort of threat. Charity care from religious organizations and well-meaning clergy may have threatened the market share of an increasingly turf-conscious profession. Religious professionals and volunteers and social workers both share a concern for those who are suffering. And yet, because of the financial support religious professionals receive from their churches their service is often free or at least less expensive than that provided by private practice social workers. As Harry Specht and Mark Courtney point out,
Social work has become the largest single mental health profession, and the development of the private practice of social work has become one of the most significant trends in the profession. Confluent with these developments there has been an increasing tendency of the profession to use its political power to support licensing of clinical social workers and third-party payments for social workers who are so licensed (Specht & Courtney, 1994, p.29).

All of this is to say that social work may have been motivated to distance itself from or define itself against religiously rooted care for economic reasons as well.

**The Growth of Pastoral Counseling**

Meanwhile, the field of pastoral counseling continued developing. It existed alongside social work in its early days and now is practiced as social work. In 1900, a founding force in the clinical pastoral education movement, Anton Boisen, began placing theological candidates and seminarians in psychiatric settings and hospitals. The interdisciplinary attentions of pastoral care can actually be traced as far back at 1632, when clergy, essayist Thomas Hooker published case-studies on his work with parishioners. In the 1700's the great Congregationalist preacher Jonathan Edwards routinely leveraged humanity’s emotional existence against the rationalism of his day (Leslie, 2007). Today pastoral counseling flourishes in the U.S. There are “pastoral psychology programs in virtually all seminaries and two national professional organizations dealing with matters of policy and training.” (Leslie, 2007, p.107). In fact, pastoral counseling accounts for over three million hours annually of psychotherapeutic treatment (Holifield, 2007).

It is clear that specific religious traditions and denominations are taking great care to train their clergy as mental health practitioners, yet one has to wonder about the efficacy of such training in our pluralistic religious environment. Can a Southern Baptist pastoral counselor deal
sensitively with the needs and concerns of a Catholic immigrant? This is an important question, but its converse hits much closer to home. Can a secularly trained social worker deal sensitively with the particular religious concerns of any observant person?

The immense growth in the field of pastoral counseling raises questions for those of us training secularly. How is pastoral counseling practicing psychotherapy? What is the difference between what happens in a pastoral counselor's office and a therapist's office? It is difficult to say if the growth in pastoral counseling hours has anything to do with a perceived deficiency of some kind in secular clinical settings. However there are some widely agreed upon points of distinction between the two types of mental healthcare that are noteworthy. H. Bruce Stokes is the Dean of the School of Behavioral Sciences at California Baptist University. He teaches graduate courses in marriage and family therapy. He has written extensively on the divide between the two options of mental health care service delivery. The differences offered by Dr. Stokes hold echoes and similarities with others currently participating in the dialogue.

One difference Stokes (2013) names is access. It is a generally accepted standard of practice that therapists see clients in their offices during sessions. One can imagine unusual circumstances which may warrant contact between client and therapist outside of session, but the widely perceived norm is that this contact be highly limited. However, clergy and pastoral counselors fill roles with boundaries that are far more fluid and are quite often much more involved in a client's life. They may already have a familiar relationship and know one another from varied settings both ecclesial and social. In Stokes’ words, “the only relationship allowed the Clinical counselor is the formal counseling process while the Pastoral counselor may relate to the client on several levels” (Stokes, 2013, p. 1). Elsewhere he elaborates:
One of the primary differences in professional and congregational counseling is the relational dynamic. In professional counseling a clinical setting is required and the relationship between the counselor and client is fiduciary responsibility and unequal power among relative strangers. This requires the strict use of ethics and law to protect the client from harm. As a result, therapists are required to maintain limited contact beyond the professional relationship with their client. In a congregational setting, a pastor or Christian counselor uses multiple relationship (friend, coworker, fellow believer) contexts and multiple meeting place strategies (home, clinic, restaurant, etc.) both for understanding the problem and creating a healing within family and community context. (Stokes, 2013, p.2).

While the following example is anecdotal, I think it typifies what Stokes is referring to. When I lived in Wellesley, Massachusetts there was a well-regarded local Episcopalian priest with a reputation as a good counselor. Once a week he would step outside of his counseling office, put on his clerical collar and stand near the foyer of the town's most popular grocery store from 10:00 in the morning until noon. He jokingly called this practice, *office hours*. Over the course of the day he would undoubtedly encounter parishioners to whom he had provided pastoral care. Such a practice sounds bizarre to those schooled in the stricter boundaries of psychotherapeutic work. It is practically impossible to imagine a secular therapist wearing some sort of uniform that identifies her as such, standing in a public spot, waiting for her clients to randomly walk by. But in a small-town pastoral context it makes a certain amount of sense. The grocery store priest told me he was merely formalizing a phenomenon that already took place nearly every time he shopped for groceries. From the client's perspective his presence and the
care it exhibited could have served as a reminder to follow up with further pastoral counseling appointments.

Another difference asserted by Stokes is that within the context of pastoral counseling clients are free to engage the counselor in conversation about the counselor's values, opinions, faith and personal experience.

It is acceptable for a Clinical Counselor who is Christian to discuss their values with a client who specifically asks, but giving direct advice or counsel consistent with such values may not always be allowed. In a Pastoral Counseling context, both religious values and behavioral science theories and methodologies are free to be openly explored, but the counselor is expected to counsel and advise from the perspective of the religion he or she represents. (Stokes, 2013, p. 2).

In contrast, a secular clinical therapist is likely to have internalized serious prohibitions around the use of self. This renders pastoral therapy highly intersubjective by nature and may point toward the kind of therapeutic alliance clients prefer to work within. Rather than an objective, distant other the pastoral counselor can be someone from the client's own milieu, a person who shares their faith, is a visible part of their community and is open with their own struggles and triumphs.

Finally and perhaps most interestingly, Spokes writes of pastoral counselors responsiveness to a long list of ailments, sadness and sorrows. Some are pathological and some are life stage related. All of them could be on any clinical therapists' list of ailments to be addressed save for one: spiritual illness (Stokes, 2013). Subscription to a belief in the reality of such a condition, as distinct from secular explanations that aim to fit suffering spirituality into the framework offered by the medical model, would seem a precondition to helping heal it. How
can one address a *spiritual illness* if one is not trained to diagnose, name or even acknowledge such a phenomenon? And why would a religiously minded sufferer take her spiritual pain to a secular clinician practicing in a field that has been historically skeptical about the reality of such suffering? It is akin to someone who does not believe in the efficacy of chiropractic medicine seeking out a chiropractor because her back hurts.

**Current Reluctance**

Yet, if social work is intent on meeting its clients *where they are* rather than imposing our own world view on top of theirs we must be ready to discuss and soothe that which is spiritually troubling. Are we ready to open this door? The mid-eighties saw several large scale surveys on clinician, faculty and student attitudes about including religious and spiritual content in social work (Barker, 2008). Studies competed by Dudley & Helfgott, (1990); Derezotes & Evans, (1995); Staral, (1990) revealed a common perceived inadequacy in a multitude of training programs (Barker, 2008). Students, faculty and practitioners feel spirituality is an important component to working with people. Yet, on the whole, they do not feel equipped to do it. The studies encompassed schools of social work in 12 states along the eastern seaboard and Washington D.C. Findings offer significant support for including faith-related topics in formal training for MSW students.

Three key points of data stand out. Difference in social workers’ attitudes fall along the lines of number of years in the field, personal experience or participation in spiritual practice and coursework which exposes clinicians in training to the topic of faith in the lives of clients. Nearly 78% of respondents were female, with a vast majority of them identifying as white. Respondents ranged in their personal faith observance with major groupings of Catholic, Protestant, Jewish and Atheist (Dudley & Helfgott, 1990). These findings very likely have influenced the Council
on Social Work Education recent initiatives to include spirituality in training. CSWE has published numerous books, articles and other resources in the last decade dealing with inclusion of faith-related topics into the social work classroom (CSWE, http://www.cswe.org/CentersInitiatives/CurriculumResources/50777.aspx).

Still, comfort when working with religious content remains low. It is relegated to elective status in most institutions which serves to keep young clinicians uncomfortable with the subject. For instance, the Smith College School for Social Work offers post-graduate training that provides participants with a certificate in Contemplative Clinical Practice. The aim of this short, intensive training is to teach contemplative awareness practices while also helping participants become more knowledgeable on how to appreciate a client’s belief system within the context of therapy. The fact that such training is separated out of the MSW curriculum and reserved for graduates illustrates why it is more experienced clinicians who report greater comfort discussing their clients' faith. While they may not have been trained to consider religion, they have learned on the job that religion is an important consideration for their clients.

In a penetrating insight, social work practice historian Stacey L. Barker (2008) writes, “Currently spirituality and religion content in social work education is found most frequently in the context of diversity and human development” (Barker, 2008,p. 9). She goes on to ask, “Is it sufficient to address spirituality and religion only from a human diversity perspective”(Barker, 2008, p.9). Diversity and multicultural theories are tasked with specific work. Often, they look to explore and dismantle unjust power dynamics between given groups of people. The examination of power relations in the direction of every human category a rightly fired up MSW student can name is a gigantic task. Certainly a person's faith practice is noteworthy for the cultural implications it may present, and should be thought of in terms of power relations.

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But religion and or spiritual practice are bigger than this. Just as one should not reduce a given culture to the role it plays in power dynamics one cannot reduce religion to the way it makes its adherents different from one another or some assumed objective, secular norm. Moreover, religion can be the ground for robust psychotherapy, prompting the thought that all clinicians must not only, as a popular campus T-shirt demands, see color, we must also see religion.

**An Epidemiological look at Religion in the U.S.**

An epidemiological look at the practice of formal religion in the United States reveals the following statistics. In a 2007 survey of more than 35,000 Americans, 78.4% identified as affiliated with a formal faith tradition. Roughly 16% of adult Americans claim no religious affiliation whatsoever, although there is a subpopulation here of individuals who believe in some notion of God. They may have been raised in a particular faith but as an adult they left it (Pew Forum on Religion & Public Life, 2007). The overt findings of the study demonstrate that America is a highly religious country. This is case enough for Social Work to maintain consistent discourse on working with people of faith. The study offers further insight into our population's relationship with religion that is also germane to our work. That is the fluidity with which Americans participate in faith life. Roughly 28 percent of religiously identified adults have shifted from the tradition in which they were raised to another tradition. That statistic grows significantly when you look at the shift from one Protestant denomination to another. It then becomes 44 percent (Pew Forum on Religion & Public Life, 2007). This statistic does not take into account people who change and then change back to the faith tradition of their childhood. These shifting demographics, which should also be considered through patterns of immigration and birth rates, do reflect what some social scientists refer to as the American marketplace of religion.
Since religion operates in peoples’ lives as a system from which meaning is made, it should not be understood solely in terms of an identity characteristic. It is not enough to simply make note of faith, it needs to be explored as it experienced by an individual and appreciated as a potentially powerful force for both healing and trouble in a client’s life. How might the faith of an American Muslim woman intersect with her object relations? Does someone raised in an Orthodox Jewish home experience forgiveness in a way that intersects with the faith of their childhood? Does a fundamentalist Christian have an understanding of redemption and atonement that might be good to know? When we engage in therapeutic work with religious clients our multi-theoretical training is engaging their theology. Thus, we must seek to understand how this engagement plays out.

**George Lindbeck’s Postliberal Christian Thought**

Given the diversity of the American religious marketplace, one might hope that a social worker who desires to be sensitive to her clients’ religious outlooks could simply develop a sympathy to spirituality and immediately find a religious lingua franca through which to speak spirituality to any and every believer. This is the hope of those who define themselves as spiritual, but not religious. The assumption, expressed in a pithy and often used phrase, is that different religions are “different paths up the same mountain.”

Unfortunately, no such mountain exists. The question of religion and social work would be much simpler if it did. Imagine a Lutheran therapist and a Hindu client determined to find religious common ground. It would be so simple if they were to able scrape away the contradictory and distinctive claims their respective religions make in order to find that underneath all the pious jargon they are talking about the same thing. If the Lutheran set aside the distinctively Protestant claim that God accepts people into eternity through faith, not good
works, and the Hindu set aside the distinctively Hindu belief that through the law of karma each individual determines his or her own eternal destiny by their works the conversation could really progress. But a far more likely scenario is that robbed of their religion’s central tenets they would not be able to speak clearly about faith at all. For Protestant Christianity without the doctrine of justification by faith alone has no reason to exist. And Hinduism without karma is akin to English without vowels.

Viewed historically the move to reduce faith to a universal common denominator was a nineteenth century response to the rise of science. As scientific progress questioned the supernatural claims of Christianity and other faiths, western adherents fell back on the inoffensive ethical dimension of their religions. In response to a culture in love with empiricism that was suddenly scoffing at claims of resurrection, virgin birth and parting sea, Liberal Protestant Christians dismissed such doctrines.

The modifier liberal in this phrase ought not to be confused with our contemporary political usage. It has more to do with the classical understanding of liberalism as being a philosophy that prioritizes the freedom of the individual. Liberal Protestantism is a modern movement that reinterprets the biblical and historic doctrines and practices of Christianity in order to bring them in line with the rise of science and nineteenth century Enlightenment thought. According to the theologian Gary Dorrien, “It is an extremely elusive concept. A common thread in Liberal Protestant thought is the desire to adapt religious ideas to modern culture and modes of thinking. Liberal Protestantism insists that the world has changed since the time Christianity was founded, making many Christian faith claims incomprehensible to people today “(Dorrien, 2001, p. 47).
Liberal Protestants are interested in adapting religious ideas to modern culture and thought. Rather than reading the world through the Bible, Liberal Protestantism reads the Bible through the world. For instance, early 19th century Liberal Protestant theologians practiced a strident anti-supernaturalism—insisting that the Bible must be freed of symbolic myths and miracle stories which act as obstacles to modern, rational believers. Rather than getting hung up on fictional, mythical claims Liberal Protestants want to turn to the eternal truths such stories point to. Liberal Protestantism tends to locate ultimate religious authority in the self. Rather than submitting to an outmoded orthodoxy, Liberal Protestants turn inward and use their own personal religious experience to authenticate or disregard doctrinal and Biblical claims. For instance, in 1888 the great German theologian Adolf von Harnak named the virgin birth a symbol and argued that the important kernel of Christianity is and was the ethical higher righteousness that Jesus taught (Harnack, 2011).

The problem with this approach is that it misunderstands how a given religion actually works. Every religion has an ethical component. The first century Christian call to, do to others as you would have them do to you, echoes a Buddhist teaching that predates it by ten-thousand years: This is the sum of duty is do not do unto others, what you would not have them do unto you. Religions have a nearly universal concern for justice between individuals. This is obviously laudable, but from a therapeutic perspective it is not particularly helpful. That is because a given religion shapes its adherents’ worldview and self-understanding. If a social worker begins with the assumption that her religious clients all share a fundamentally similar perspective her ability to understand their worldview will be limited. Yes, Buddhism and Catholicism both believe in treating people well. It is unlikely, however, that such benign ethical instruction plays either a
complicating or consoling role in whatever it was that brought a religiously observant client to therapy.

Meanwhile the odd and contradictory truth claims of different faiths impact their believers’ self-understanding in profound and profoundly different ways. What the therapist needs is a way to hear believers that goes deeper than ethics and moves beyond what the theologian Stanley Hauerwas calls the “Ultimate Vagueness” that sits in the middle of much contemporary spirituality talk (Hauerwas, 2001, p.209).

It is at this point that danger asserts itself. The universalist assumptions that sit behind a liberal attitude toward religion are not therapeutically helpful. Is the only alternative a subscription to the particular truth claims of a given religion? This is the approach in some conservative Christian pastoral counseling circles. Christian pastoral counselors are taught to work with Christian clients. But it cannot be the approach of secularly trained social workers who desire to work with a diverse clientele.

So what are we to do? If we accept the liberal dogma that holds all religions are traveling up the same mountain, we risk watering down the differences that make a particular religion powerful in a given client's life. But if we assume that the only way to understand this power is to share their faith, we lose the advances made over the past 100 years and risk allying ourselves with the sort of intolerance that scarred our field at its inception.

I propose that a road out of this conundrum has been paved by the contemporary theologian George Lindbeck. Lindbeck’s (1984) key theological insight rests on Ludwig Wittgenstein’s philosophy of language. Wittgenstein famously taught that language creates human experience, rather than being an expression of one’s inner truth or reality. In his words, “The limits of my language are the limits of my mind. All I know is what I have words for”
(Wittgenstein, 1922/1974, p. 5-6). A trio of psychologists who followed Wittgenstein summed his thought up thusly: “If we spoke a different language, we would perceive a somewhat different world” (Whitney, Schneirla, & Robinson, 1950).

Lindbeck (1984) argues that religions function like languages. If you learn a particular religion’s vocabulary, it’s strange, unique way of making meaning (whether it is the law of karma, or salvation by faith alone) the Divine will become clear and your existence will be correspondingly ordered. But if a believer does not practice a specific religion, one that makes unique and strange claims which are bound to contradict the unique and strange claims of other religions, her or his sense of God will remain vague and the religious experience will be jumbled. In Lindbeck’s words, “One can no more be religious in general than one can speak language in general” (Lindbeck, 1984, p.23).

From here Lindbeck refines conservative and liberal definitions of religion. He calls the conservative approach propositionalist. It “emphasizes the cognitive aspects of religion and stresses that the ways in which church doctrines function as informative propositions or truth claims about objective realities” (Lindbeck, 1984, p. 25). To draw an example from a fundamentalist billboard that once dotted the south, a propositionalist Christian believes that, Hell is real and fire is hot!

Although Christian fundamentalism claims to be a return to tradition, it is actually a response to modernity and conducts itself according to the logic of modern science, which holds that truth claims are either factual or they are not. Even though propositionalist faith often appears to be in conflict with science the modern scientific worldview determines the ground that fundamentalism walks upon. Grand religious claims (like the creation story or the incarnation) are collapsed into scientific categories of possible or impossible. Fundamentalism then insists
that they are possible and actually happened, as if the doctrines of Christianity were a biology textbook. This leads Christian fundamentalism into all sorts of absurdities, such as the need to assert that human beings and dinosaurs walked the earth at the same time.

As we have discussed, the major alternative to conservative faith in the United States is typified by Liberal Protestantism. Liberal Protestantism tends to locate ultimate religious authority in the self. Lindbeck calls this method of being religious *experiential expressivism*. Experiential expressivism holds that religions are creative expressions of our deep, internal, personal experiences of God. These expressions take different shapes and forms, but the root experience is the same. The claims of a particular religion are symbols of inner feelings (Lindbeck, 1984).

Against both of these understandings Lindbeck advocates a *postliberal* model that holds “religions are the producers of experience” (Lindbeck, 1984, p. 38). In this understanding, “religions are seen as comprehensive interpretive schemes, usually embodied in myths or narratives and heavily ritualized, which structure human experience and *understanding of self*” (Lindbeck, 1984, p. 32 italics added). Rather than a person's deep, internal experience of existence surfacing in religious language, it is the language of a given religion, its particular dogmas, doctrines and truth claims that shape a person's experience.

For the social worker, the advantage of this approach is powerful. She can avoid the logical fallacy of assuming all religions are expressing the same truth and thereby avoid misunderstanding, minimizing or disrespecting her clients’ religious outlook. At the same time, she need not believe in the same manner a given client believes in order to have a deep understanding of the client’s religious perspective. Instead, the social worker must learn the client’s religion in an act akin to learning a new language. In Lindbeck’s formulation, becoming
sympathetic to a particular religion “might on occasion be rather like achieving competence in the totally nonoptional grammatical patterns and lexical resources of a foreign tongue” (Lindbeck, 1984, p.33).

For example, in order to better understand a conservative Catholic client, an atheistic social worker need not worry about the truth claims of her client’s faith any more than she might worry that English is more true than Spanish. Instead of “the boasting and superiority that destroys the possibility of open and mutually enriching dialogue” (Lindbeck, 1984, p. 69) she can enter the unique logic of her client’s faith perspective and thereby better understand the manner in which Catholicism’s power has shaped her client’s self-understanding. Even as she does so the social worker can draw upon the language and the logic of a psychotherapeutic worldview in order to dialogue with her client’s religious perspective.

Therefore it is therapeutically advantageous for a social worker to have a working knowledge of the doctrines and claims of different religions. However, such knowledge is hard to gain. If we cannot assume that all religions are expressions of the same thing we must gain a particular understanding of a variety of religions. Where to begin? One cannot expect that even the most rigorous MSW program will prioritize religion in a manner that introduces its students to the broad variety of faiths in the United States.

And yet, if we cannot be universal we must be particular. Just as there is not room in an MSW program to consider all the religions of the world, there is not space in this thesis to model dialogue between a variety of different religions and psychodynamic theories. Therefore, I will limit myself to an exploration of how the self-understanding generated by Protestant Christian doctrine might dialogue with psychotherapeutic insights. Of course, knowledge and respect for all religious backgrounds must be cultivated. Rather than suggesting the superiority of the
tradition I engage here, I want to lift this particular intersection as an example of what it might
look like for secular therapy and any religious worldview to dialogue with one another.

There are, of course, a variety of protestantisms in the United States. From
fundamentalist Baptists to liberal Episcopalians, American non-Catholic Christianity is
remarkably diverse. However, one doctrine sits at the root of every variety of Protestantism.
From its inception in the 15th century Protestant Christianity has been distinct from Roman
Catholicism in its belief that humanity is absolutely cut off from God. The Protestant Doctrine of
the fall is more dire and all-encompassing than its Catholic counterpart. While official Catholic
doctrine holds that individual moral progress is both desirable and possible, orthodox Protestant
teaching holds that human beings are subject to what John Calvin called total depravity. This
does not mean that each individual is totally depraved. Rather, the doctrine holds that all people
are inclined by nature to serve their own interests while rejecting the will of God. It does not
mean that all people are as bad as possible, but that even selfless human acts are tainted by self-
interest. (Calvin, 1536/1975) This is because to be human is to be cut off from God. Any
observant Protestant who enters a therapist’s office will have been exposed to this claim. Many
of them will have been shaped and plagued by its consequences.

This fact may be quite foreign to secular practitioners. For instance, an observant
Protestant Christian may have been taught to understand her marriage vows as analogous to or
reflective of the covenant that God makes with Israel and later, through Christ, with all people.
In this kind of covenantal arrangement both parties vow fidelity and take on reciprocal
obligations. God promises to always be there for Israel. Israel promises to obey God. Both
parties vow to look beyond their self-interest and toward the interests of the other. When marital
vows are seen in a similar light Christians come to understand the practice of marriage as being
something like God’s relationship to humanity. Rather than looking to their own self-interest, both partners in a marriage look first to the other’s need. When this happens, when marital vows are lived out, human relationships take on the quality of something much greater.

Yet, not all marriages succeed or last. Oftentimes the reasons for divorce are perfectly rational. People grow away from one another. Sometimes the reasons for divorce are horrific. Women are abused; partners betray one another. Regardless of the root cause of a divorce, an observant Christian could experience it as symptomatic of her estrangement from the divine. When this is the case, purely secular work could easily neglect to consider the toll that sin is taking on a client.

In the next chapters the theological concept of sin will be explored in relation to several psychological and psychodynamic theories. How can the discipline of theology galvanize our work as therapists? How can an appreciation for the protestant doctrine of sin help us meet our clients in their own self-understanding? The following chapter will explain and explore the theologian Paul Tillich’s reformulation of the doctrine of sin. It will then place Tillich’s ideas in conversation with psychodynamic theory as follows: First, Tillich’s understanding of sin as separation from self, other and the ground of all being will be related to the British Object Relations School's understanding of our core defenses and their role in our estrangement from one another. We will look particularly at Melanie Kleins' paranoid schizoid and depressive internal positions and Heinz Kohuts' conceptualization of the tri- fold self and Self Psychology. What becomes visible in Kleinian theory when seeing through the lens of Tillichian separation? How do these ideas collide, spark and challenge one another when applied to clients? Next, the thesis will compare Kohut’s tripolar self with the tri-fold separation.
CHAPTER III
Object Relations and Protestant Thought

Introduction

In this chapter I will compare two different psychodynamic theories to the theologian Paul Tillich’s understanding of sin. I will begin by defining and explaining Tillich’s innovative reconceptualization of sin as a state of three-fold estrangement. Using Tillich’s work I will suggest that the popular understanding of sin as immoral action is neither true to its theological roots in Liberal Protestantism nor therapeutically helpful.

I will then compare Tillich’s insights with the Object Relations theory put forth by Melanie Klein. I will begin by exploring how Klein is both indebted to, and purposefully distanced from Freud. I will then offer a brief overview of Klein’s thought before comparing and contrasting her ideas with a Tillichian understanding of sin. Finally, I will introduce Heinz Kohut’s theory of Self Psychology in an effort to compare and contrast Tillich’s understanding of reunion through grace with the Object Relations School’s understanding of what is needed to cope with one’s existential pain. In a concluding discussion section I will briefly explore the way that contemporary American individualism both illustrates and exacerbates Tillich and the Object Relations School’s understanding of separation.
Paul Tillich’s Reimagining of Sin as Separation

Unlike his theological opponents, many contemporary orthodox Christian thinkers and most of his predecessors, Paul Tillich believed that Christian thought could not happen at a remove from the wider culture. His thought refused to consider the Christian voice as an outside voice, even one that aimed to support the world. Instead, he argued that Christian categories, Christian questions and Christian answers emerged out of the religion's deep dialogue with existence itself. Therefore Christian concerns are existential concerns. They may be framed within the particularities of the Christian faith, but they speak to and from our shared and universal experience of living. Tillich sees human existence as a question and Christian truth claims (or at least his own highly philosophical interpretation of them) as answers. In his words, “The Christian message provides the answers to the questions implied in human existence . . . The question is human existence itself” (Tillich, 1950, p. 62).

But why does existence need an answer? How have we gone awry and why? What is it that shapes us and eats at us and leaves us dissatisfied? Why do we behave in ways that hurt both the ones we love the most and our very selves? Tillich believes that Christianity responds to such questions. And observant Protestants seeking therapy will have heard the response proclaimed from the pulpit and in the context of their particular church. However, therapy aims to help by delving deeply into the unique form such questions take in a given individual's life. If Christianity exists to answer the questions implied by human existence, perhaps it is the psychotherapeutic tradition that can best make the implied explicit.

First, let us explore Tillich’s understanding of what it is that might call or drive a person to seek out a therapeutic relationship. In his more philosophical writings, Tillich famously reformulated this doctrine of sin as a state of estrangement. He borrowed the term from Hegel
who used it to describe “life processes as possessing an original unity which is disrupted by the
split into subjectivity and objectivity” (Tillich, 1950, p. 47). Tillich used the concept of
separation in a two-fold manner. First, he argued that to say humanity lives in a state of
estrangement is to say that “Man [sic] as he exists is not what he essentially is and ought to be.
He is estranged from his true being” (Tillich, 1950, p. 47). But Tillich did not want to suggest
that this state was irreparable. This is why he preferred estrangement to a more radical adjective
such as abandonment. To be estranged is to suggest that reunion is possible. “The profundity of
the term ‘estrangement’ lies in the implication that one belongs essentially to that from which
one is estranged. Man is not a stranger to his true being, for he belongs to it. He is judged by it
but cannot be completely separated, even if he is hostile to it” (Tillich, 1950, p. 45).

However, in his later more popular writings Tillich changed his vocabulary and used the
word separation as that which best describes the state we exist in. He did this because he felt it
was a better stand-in for the sharper word, sin. And in terms of Christian doctrine sin is what
Tillich is describing. When we hear the word we tend to think of sins: misdeeds and wrongdoing,
violations of a moral code. Tillich forcefully argued that this was a gross misunderstanding of
what the Bible means when it says sin. “Sin does not mean an immoral act. ‘Sin’ should never be
used in the plural. Not our sins, but rather our sin is the great all-pervading problem of our life
(Tillich, 1950, p 154). Following the ideas of the Apostle Paul, Tillich argued that first we live
under sin's dominion, then we commit sins. Our wrongdoing is symptomatic of our larger
problem. “If one speaks of ‘sins’ and refers to special acts which are considered as sinful, one
should always be conscious of the fact that ‘sins’ are expressions of ‘sin” (Tillich, 1950, p. 47).

He recognized, however, that it would be nearly impossible to tear the word away from
its association with discrete acts that violate of moral codes. Therefore he said,
I should like to suggest another word to you, not as a substitute for the word ‘sin’ but as a useful clue in the interpretation of the word ‘sin’: ‘separation.’ Separation is an aspect of the experience of everyone. Perhaps the word ‘sin’ has the same root as the word ‘asunder.’ In any case, sin is separation. To be in the state of sin is to be in the state of separation” (Tillich, 1950, p. 156).

Tillich held that sin manifests itself as a state of three-fold estrangement. Which is to say that human suffering occurs because:

1) Humanity is separated from God, whom Tillich referred to as “the Ground of Being.”
“We are separated from the Ground of our Being . . . from the origin and aim of our life. And we do not know where we have come from or where we are going” (Tillich, 1950, p. 159).

2) As a result of this elemental separation, people are divided from their own best selves. There is an inner tension between the woman I am and the woman I am meant to be. “There is separation of a man from himself . . . Man is split within himself. Life moves against itself through aggression, hate and despair. It is a mixture of selfishness and self-hate that permanently pursues us” (Tillich, 1950, p. 153).

3) As a result of the ensuing self-loathing, selfishness and self-serving actions I then find myself cut off or separated from other people. This is “separation among individual people.” “There is something in the misfortune of our best friends which does not displease us” (Tillich, 1950, p.153).” And later, “In some sections of Europe all children under the age of three are sick and dying. The strangeness of life to life is evident in the strange fact that we can know this, and yet can live today, this morning, tonight, as though we were completely ignorant. And I refer to the most sensitive people among us.
In both mankind and nature life is separated from life. Estrangement prevails among all things that live” (Tillich, 1950 p.163).

Using the language of Tillich, it seems safe to say that when a Protestant seeks therapeutic help she may be troubled because she has been sinned against, has sinned herself, or is suffering from the aimlessness and meaninglessness that sin inflicts on all who exist. Because observant Protestants frame existence in terms of the Fall and its consequences such analysis may be immediately understandable to her. Indeed, she may have already diagnosed her condition using such language. How then can the tools of analysis afforded by psychotherapy enter the conversation.

Melanie Klein and the British School of Object Relations: A Brief Overview

The body of theory now known as the British school of Object Relations was first articulated by the work of Melanie Klein in the early 1920's. Klein, an Austrian born psychoanalyst was raised one generation removed from Jewish Orthodoxy. Her father left religion behind and sought professional training as a medical doctor rather than a rabbi as his own father would have wished (Segal, 1979). Klein declared herself atheistic but refrained from condemning religion altogether. In her work with children she asserted the belief that all parents should raise children according to whatever religious feeling they held (Segal, 1979). Klein was originally a strict Freudian and her early work reflected this; it grew both out of and away from Freud's assertions of instinctual drives that have aims and objects through which those aims are realized (Freud, 1922). Klein, and later Object Relations theorists kept these ideas intact for the most part, but challenged the motives put forth by early Freudian theory. While Freud made room for and wrote about the unique attachment between infant and mother, calling it both
“unparallelled and the prototype for all later love relations” (Freud, year, p.188) he still attributed human motives as sourced by aggressive and sexual instincts.

In a move away from Freud, Klein and other theorists of the Object Relations school reconceptualized the source of our basic instincts. Rather than seeing them as expressions of our root hostility, belligerence and wounded sexual impulses, Klein and her followers argued that our primary drives are organized around attachment. Because Freud did lift up attachments alongside his understanding of our instinctual drives he,

Left room for theoretical division in subsequent psychoanalytic theory concerned with the origins of these ties. In one tradition are theorists who follow Freud's emphasis on the lability of objects and his view that infant acquires the mother as object through his dependence on her for need gratification. This group of theorists views the development of object relations as being inextricably intertwined with ego development, and thus as being dependent on the acquisition of cognitive structures not present at the beginning. This is the tradition of ego psychology. The other group of theorists, implicitly or explicitly picking up on Freud's reference to a phylogenetic foundation, views object relations as primary, rather than secondary and acquired. This tradition is self designated as object relations theory. (Ainsworth, Blehar, Waters, & Walls, 1978, p. 4).

Klein focused her initial attention on the psychological life and development of early childhood. Her early work examined infant anxiety, the first experiences of guilt and destructive fantasies toward the mother (Klein, 1948). Throughout her work she was interested in the development of the superego, postulating that the human conscience had earlier origins than Freud asserted (Klein, 1948). She believed that we are born into a state of unendurable anxiety and our first psychic processes are to protect us from and negotiate such agony.
While Klein kept faith with the central concepts of Freudian thought, she offered a body of theory based on her own work that challenged some Freudian ideas. Klein proposed that beginning in infancy human beings vacillate between the paranoid-schizoid position and the depressive position. “Klein thought of a ‘position’ as a constellation or set of psychical phenomena and functions (instincts, anxieties, thoughts, feelings, defenses, fantasies and object relations) potentially present in the here and now” (Demir, 2008, p.53). Both of these positions employ the key defense mechanisms of idealizing, and splitting, which is a breaking apart of the self-object into good and bad parts. Splitting entails the use of other defenses such as idealizing and projective identification and introjection. Klein proposes that once a self-object has been divided into good and bad through splitting, we have greater freedom to idealize a part as if it were a whole. And we have greater freedom to dispatch our own hated parts onto the split up self-objects’ bad parts. This formulation offered a more attachment focused foundation for child mental health. Her insight and thinking launched what has evolved into contemporary attachment theory.

**Finding Common Themes: A Cross-Disciplinary Dialogue Comparing Tillich and Object Relations Theory**

Both Klein and Tillich recognize that to be, is to see that life is not what it should be. Tillich says that to be alive is to be cut off from the Ground of Being. Meanwhile, as I have noted above, Klein holds that each human being is born into a state of unendurable anxiety and therefore each infant quickly proceeds to both suffer in and wrestle with this state. In both cases to exist is to recognize that existence is not what it should be. What happens as a result of such awareness? Klein argues that we must defend ourselves from the pain of existence by utilizing a complex set of defenses. Our first defenses surface in the mechanisms of denial, splitting,
projection and projective identification, withdrawal and omnipotent control. Because life is not as it should be, we are not born into absolute safety. Therefore, in infancy we seek sanctuary from the instinctual persecutory fears experienced in the infant's body (Bacal, 1990). Klein suggests that these persecutory anxieties are painfully felt in the body through choking, breathlessness, hunger and other tensions, giving rise to aggressions toward the mother (Klein, 1964). Her frequent writing partner and editor Joan Riviere articulated the infant predicament as having “hatred and aggressive feelings aroused and he [the infant] becomes dominated by the impulses to destroy the very person who is the object of all his desires and who in his mind is linked up with everything he experiences, good and bad alike” (Klein & Riviere, 1964, p 43.).

In an effort to connect Klein’s theory to Tillich’s theological terms one might say that the infant’s separation from the ground of being immediately manifests itself in her separation from the other, from the mother. In an effort to deal with the fact that existence itself is threatening the infant unwittingly confounds and compounds things by setting off an incredibly complex relationship with her primary object, the person with whom she relates most regularly and most intimately. Why is a given client’s life not what it ought to be? To say that he or she is cut off from God is too simple. Her church can tell her this, but it does not shed any light on the complexities of her relationships with other people. Theology can explain that her relationships with others are fractured because her foundational relationship to existence is broken, but the field is not concerned to explain the psychological implications of this truth. Thankfully, a Kleinian perspective is.

According to Klein, in infancy we move between crisis and crisis defense. The crises revolve around our physical needs and the subsequent need for the object to satisfy them. These needs are expressions of an utter dependence that orders the newborn ego entirely around its
relationship to the object. In a perfect world this would not present a problem. However, Klein believes that even in earliest life, human beings experience a state of absolute dependence as intolerable (Segal, 1979). The need to be unyoked seems endemic to the human condition. We refuse to be reliant. The fact that infancy makes our absolute contingency obvious does not stop infants from objecting (Tillich, 1954).

Which is to say that even in earliest life we make war with our dependence. Written into our very being is a destructive impulse toward the life-giving, life-sustaining object. Yet, when we war with the life-giving and life-sustaining object, we war with our very selves. Without the object the infant not only dies, it does not come into being in the first place. Klein calls this *primary envy* (Segal, 1979). Meanwhile, Tillich gestures toward the same phenomenon when he says that life moves against itself. There is something within us that sabotages our own self-interest. If only an infant could be content with her dependency.

Klein notes that as the infant grows it grows able to divide the object into good and bad parts. However, Klein observed that our first experience of the object is as a whole. When set against our later ability to split the object, this foundational encounter with the *whole object* is of great consequence. The *whole object* epiphany levels an indictment at the nascent ego. The experience of the object as whole is akin to psychological birth, and as such it is wrought, painful even. No longer can the infant make war on the object with impunity. Now the complex and contradictory experience of guilt is at play in the infant psyche.

“With the introjection of the complete object in about the second quarter of the first year marked steps in integration are made. This implies important changes in the relation to objects. The loved and hated aspects of the mother are no longer felt to be so widely separated, and the result is an increased fear of loss, states akin to mourning and a
feeling of guilt, because the aggressive impulses are felt to be directed against the loved object” (Klein, 1946, p.38).

The infant has not only acted out of the state of separation she is born into, she is suddenly aware of this fact. This is the depressive position. The depressive position is unique as a milestone in that it lasts our entire lives. For our entire lives we will hurt our loved objects and in the doing of this, we will hurt ourselves. As Tillich notes, the separation from self and separation from other galvanize and reinforce each other (Tillich, 1954).

If this were the end of Klein's contribution to our understanding of early psychological life, it would be bleak. But the Kleinian lens allows more light in than might be perceived at first glance. Once the infant has taken up the depressive position new anxieties emerge and new defenses are required. Omnipotent fantasies of aggression now exist alongside fantasies of reparation and healing. Klein understands the advent of reparation as stage bound in the infant’s development. “The kinds of depressive anxieties experienced by the child change as the depressive position is worked through. At the early stages of the depressive position, the love and concern for others seems primarily motived from the fear that the fantasied destruction of the good objects will also destroy the self. However the concern for the fate of the object soon comes to reflect a genuine concern for the object as a separate entity, which Klein sees as stemming from the child's gratitude for the love it has received from his mother” (Glover, 1998, p. 32 )

Klein asserts that as deeply rooted as our impulse to suckle and sob and yowl and aggress is our impulse toward reparation, and that gratitude, rooted in our birth, will give rise to the need to give in relationship as well as to receive. It is noteworthy that Klein saw the human capacity for gratitude, and give and take in relationship as elusive. For the infant who has entered into the depressive state, reparation exists only as a permanent possibility, not as a permanent state.
Throughout life human beings will oscillate between the depressive position and the position that preceded it, the *paranoid-schizoid* position (Segal, 1979).

Klein described the earliest position as paranoid-schizoid. The infant is born into terror, believing that she is surrounded by violative threat and invasion. The early experience of total threat activates fantasies in the helpless newborn. In this primary stage perceptions are keen if undeveloped, and the hyper-watchful babe splits and destroys projected enemies. Splitting the external world allows the infant the concept of good and bad. Then it provides the means to identify with the good. In earliest life we cast off our bad feelings on living targets through projective identification and in earliest life we endeavor to take in the goodness of other living beings through idealization. The mechanisms of the paranoid-schizoid position trouble the infant through the whole of her life. Even a well-adjusted adult, largely content in their social relationships, will find the lure of projective identification too convenient, too easy and too effective to abstain from.

All that is required by this defense is that we have emotions we'd prefer to rid ourselves of, and an *object on which to project them*. As our resourcefulness grows, we become adept at our unconscious smear campaigns, finding ways to use people we have never met, splitting our intolerable parts off and releasing them onto our object. Perhaps this more discreet ridding of self is observable in the practice of unconscious racism. “Racism involves mental structures and psychodynamic processes that operate in both the perpetrator of such social actions and the victim” (Rasmussen, & Sulhani, 2012, p. 134). Racism acts for many of us as a mechanism for projective identification based on the maintenance of meaningless phenotypic categories.

The Paranoid-schizoid position is also a position we move into and out of throughout adult life. Klein holds that one does not ever fully graduate the paranoid-schizoid position, there
is no cathartic freedom later in life for the enlightened. It so effectively services the ego, it is never fully quit. “The binary splitting is essential for healthy development as it enables the infant to take in (internalization) and hold on to sufficient good experience to provide a central core around which to begin to integrate the contrasting aspects of the self” (Klein, 1935, p.40). Before we can experience wholeness, we will know separation. In Tillichian terms, separation has to abound in order for reunion to be possible (Tillich 1954). Or in the language of Martin Luther, whose thought Tillich builds upon, one must recognize that her life is out of whack in order to realize that healing is possible.

If you are a preacher of mercy, do not preach an imaginary but the true mercy. If the mercy is true, you must therefore bear the true, not an imaginary sin. God does not save those who are only imaginary sinners. Be a sinner, and let your sins be strong (sin boldly), but let your trust in Christ be stronger, and rejoice in Christ who is the victor over sin, death, and the world (Martin Luther, as cited in Atkinson, 1987, p. 98).

This is not to say that the hope for healing obscures the pain of existence. Klein does not make such a claim and neither does Tillich. Indeed, his thought delves deeply into our awareness of our estrangement. We know that we are separated. We not only suffer with all other creatures because of the self-destructive consequences of our separation, but also know why we suffer. We know that we are estranged from something to which we really belong, and with which we should be united. We know that the fate of separation is not merely a natural event like a flash of sudden lightning, but that it is an experience in which we actively participate, in which our whole personality is involved (Tillich, 1950, p. 196).

Later, Tillich goes on to elaborate on the spiritual toll such inescapable truth takes on the individual and her relationships.
Who has not, at some time, been lonely in the midst of a social event? The feeling of our separation from the rest of life is most acute when we are surrounded by it in noise and talk. We realize that much more than in moments of solitude how strange we are to each other, how estranged life is from life. Each one of us draws back into himself. We cannot penetrate the hidden center of another individual; nor can that individual pass beyond the shroud that covers our own being (Tillich, 1957, p. 55).

**Kohut’s Contribution**

Tillich names it well, but what cost does an awareness of this reality take on an individual? The internal experience of self is the concern of the latter Object Relations theorist, Heinz Kohut, whose theory of Self Psychology facilitated another strain of traditional Object Relationist thought. In his early career Kohut was a disciplined Freudian, however his later work life gave way to his own formulated classical psychoanalytic thought which bears the name Self Psychology (Flanagan, 2011). Kohut departed from Freudian Structural Theory offering the *tripolar self* as the psyche’s organizing apparatus. Like many of the prominent Object Relationists before him, Kohut was interested in the inner representations of self and self-objects and the way these representations are expressed and lived out throughout an individual’s life.

Aspects of Self Psychology carry similarities to Klein. Kohut observes splits in individuals conducive to an internal disavowal of traits. Like the skins of an onion we bear a layer of narcissism (healthy or otherwise) and a layer of repression over our genuine selves that cobbles a kind of armor for our hidden vulnerabilities (Siegal, 1996). Self Psychology speaks of two types of narcissistic transferences. One is the “therapeutic activation of the idealized parent imago, and the activation of the grandiose self which will be called the mirror transference” (Kohut 1968, p. 16). Perhaps the most central tenet of Self Psychology is the conceptualization
of the tripolar self. Tripolar is indicated by the pole of our grandiose, exhibitionist desires, our requirement of twinship and for the parent imago (Baker, 1987).

A summary of Kohut’s self psychology centers on self esteem, narcissism (healthy or otherwise) and early internal experience of other, or self-object. Kohut asserts that healthy self regard is rooted in particular attributes in early important relationships. The self-objects he refers to are those we experienced as primary care givers and therefore have internal representations of. A key concept of self psychology is that without these particular attributes the development of the true self will be compromised. Without them the developing self may be ordered around the unmet need for affirmation. The particular attributes are mirroring or affirmation of a child’s value, ability and worth. Idealizing which allows a child to experience merger with the cherished self-object. Finally, twinship which allows the child the meaningful experience of belonging, or sameness with those around her or him (Flanagan, 2011). Self psychology cautions that if these tripolar qualities are not present in the child’s early experience, the self will suffer developmentally. In order to develop a healthy sense of self the child is first provided with emotional regulation by the self-object. Then over time, a process Kohut names transmuting internalization takes place. Transmuting internalization is an investment over time, that should nurture a child into a self regulating individual, and in this process the child’s original dependence on the self-object is reduced (Flanagan, 2011).

In earliest childhood we demonstrate our longing to see ourselves positively reflected in our self objects (Kohut, 2007/1968). Our first sense of value is from the parent’s affirmation of the child’s expressions of self. The first steps, mastery of the toilet, sandcastles, scaled trees, gold stars, kindneses and charities are all meant to witnessed, in order to be completed. If not witnessed and affirmed by the parent figures, the foundation of self worth is in part, undone.
These calls, if unanswered, assail our well-being right through the years. In our hunger to be seen and heard we may turn inward for the kinds of affirmation the parent figure provides. Or, in this hunger we may aggressively try to wring it from the world around us. But there is no healthy substitute for the authentic experience. It must be had, even if it is had years later with an individual’s therapist.

From the first moments of life, the parent imago is our promise in a painful world. The promise is expansive and inexhaustible, it is the ground of the infant’s being. The idealized imago is source of comfort and love and can banish all newborn terrors. Many of our first urges are around merging with this omnipotent source of security (Kohut, 2007/1968). Gradually these urges relax to urges for nearness versus merger. From there they graduate further to knowledge of the source (Baker, 1987). We carry the good enough parent with us always. They source our sense of security in the world throughout our lives.

Twinship is the third integral pole of selfhood. This was the last formulation Kohut put forth in his final book. This is the ongoing requirement for one to perceive a general likeness with others in the world around them (Lessem, 2005). This need will begin with the first caregiver/s and then extend out toward peers later. Later still it may be present in intimate relationships.

The animating force of twinship is the irresistible lure of positive communion with another. When this happens, the divisions between the child and caretaker, the best buddies or the close couple, melt away from you and me to we. Once joined with the twin object the fortified self can thrive both in the moment of the twinship experience and in moments where the solitary self bears an indisputable imprint of belonging. Both Klein and Kohut direct our understanding of self to be self in relation.
Let us consider the concept of trifold estrangement with the tri-polar self. The self in the trifold estrangement is a fluid self, shifting moment to moment over a lifetime. This self expresses an individual's interpretation of existence (Tillich, 1951). For Tillich, this expression is mediated through the self’s situation. Situation as defined by existential theology bears striking likeness to situation as defined by social work, but is at core discrete from the concept of the psychological and sociological state in which individuals and groups live (Tillich, 1954). The concept of trifold estrangement urges us to conceive of situation as “the scientific and artistic, the economic, political, and ethical forms in which [the self] expresses interpretation of existence” (Tillich, 1954, p. 80). Existence is interpreted by the self through these lenses, an ongoing act of creation. I want to suggest that the trifold estrangement concept of situation expands the commonly held social work concept of person in situation.

As therapists we want to know a client's self. We want to see and understand something about a person which is to large part invisible, unknowable. To a certain extent we are perpetually seeking something we can never know completely. But there is a rich and vital world in the seeking that transforms folly to acute sagaciousness. We will never have clear, explicit, full knowledge of a client's self. We cannot get it, but we can get at it. Getting at it concerns us very much with the ways a client interprets existence.

Now let us consider the tripolar self. Kohut conceptualized the self as composed of three developmental streams; the need of the grandiose self, the need for the idealized imago, the need for twinship (Flanagan, 2011). Self psychology asserts that client problems originate in early self object empathy deficits. How does the idea of early empathic self object failure align with the trifold estrangement concept of situation? The estrangement concept of situation points us
toward listening for client interpretations of existence while self object empathy deficits point us
toward listening for the client experience of self and other.

Personal ethics are a major artery for all interpretive pathways. An individual's ethical
framework can convey aspects of selfhood not otherwise apparent. What is revealed in the
therapeutic setting when a client asserts the depths of their personal sense of right and wrong?
So often our personal hells bear not only the wrong done to us, but the wrong we fear we've done
to others. A tripolar stance invites us to consider how both lines of thought hold quiet gesture
toward tumultuous periods in an individuals self functioning development. The tripolar stance
sets its vision on the ways in which an individual experiences themselves as fragmented. A client
who experiences their ethical charge as a parent to guarantee academic success from their child
without thought to the child's emotional life may be enactment of their own struggles to merge
with the imago as a young child. The client's devastated self esteem recreates the disruptions in
the relationship between self and self object now from the self object side.

What is the reflection of a self never mirrored? A client never convinced they possess the
ability to make change, to make gains in their functioning may be enacting the unmet need for
grandiosity necessary to a healthy development of self. Their internal representation of self is
fragmented. This particular aspect of the tripolar self lines up almost symmetrically with the
aspect of trifold estrangement referred to as separation from self. Trifold estrangement says
separation from self means we can never be the woman or man we are meant to be, it will always
be struggle to unite with our full human potential as a human being. In the understanding of the
trifold self there is a springtime for the self. A springtime where our infant grandiosity must be
told back to us. If it is told back to us, it is ours, ours to repeat, and repeat. The poet Robert
Browning sets a metaphor of healthy narcissism to verse in these lines; “that's the wise wood
thrush, he sings each song twice over, lest you think he never could recapture that first fine
carless rapture! (Browning, 1845/2010) Without the affirmative mirroring of the self object, our
first attempts at song, at individuality will die on our lips.

A client's experience of twinship also is told through their interpretation of existence.
Twinship is associated with the period of latency, when psychic pain is connected to feelings of
isolation, not belonging or experiencing the self as part of something greater than the self.
Feeling part of a family, a circle of friendship, or community over the course of a lifetime
continues to broaden from the micro to the mezzo and even to macro levels of the experience of
belonging. My family, neighborhood, profession, friends, country and faith all have claim to my
understanding of my selfhood. And I have a claim on these structures as confirming my selfhood.

**An Example of the Two Theories Bridged**

While Tillich’s thought on separation and the Object Relations school’s understanding of
what it takes to find individual wholeness arise out of quite different disciplines, they can be
bridged. In fact, they often are. This can happen in therapeutic practice with a religiously minded
individual, but the overlap also pops up in more unlikely places and programs.

The urban neighborhood I live in has an old iconic church on a major intersection. In this
church there is a preschool, within this preschool there is a social playgroup called *First Friday*
that gathers monthly for children whose early experiences of their prescribed gender roles differ
from their experience of their selves. I have been a guest at these playgroups many times. At
these typical joyful and unruly open play dates there are kids from around the corner who walked
or scootered there in a matter of minutes and there are families there from across the city, the
farthest flung suburb and beyond. Siblings and parents find fast friendship and kindergarten and
pre-kindergarten transgender children are nurtured and affirmed as part of things, bearing an
essential likeness to others. It looks like the mundane. Children tell secrets, do craft projects and run wild with each other while adults sip coffee and chat. Yet, these gatherings are anything but typical for these families. It is a tremendously vigorous, community wide site of a twinship experience that fortifies participants with so much more than kickball skills. The First Friday playgroup offers a few hours of twinship experience each month to every member of the family who will attend. Families come in a variety of configurations and can appear to have little in common with other families present. The thing that unites them, the shared goal of emotional safety where they can be their authentic selves overwhelms many of the ordinary categories employed to divide them in other contexts. This particular twinship phenomenon contains meaningful parallels between the theoretical underpinning of the tripolar self and sin as estrangement.

A parent whose child is regularly assailed by gender messaging that indicts their experience of themselves is given the opportunity to witness their child in an environment of total acceptance. That same parent gets the opportunity to offer acceptance to other children who are similarly messaged. The siblings who bear witness perhaps even more acutely than the parents to the rejections of their little sisters and brothers by the broader community are afforded the opportunity to shake loose their own shackles slapped onto them by gender normative schools and neighborhoods. The guilt, protectiveness, and anger can be temporarily surrendered to twinship and acceptance. Finally what value do we ascribe to these gatherings for seemingly oblivious kindergartners? Tripolar self theory explains the value this community as relevant to each individuals life. It is a source of twinship for each person there. It is a source for a nuanced and positive mirroring experience between parents and children.
To conclude this section I wish to highlight the overlap between object relations and Tillichian theory. Object relations trains our therapeutic lens on the inherent contradictions all individuals bring to close personal relationships. Tillich was also concerned with these contradictions. It is relevant to take from this intersection that both theoretical orientations hold that our estrangement or paranoid positions are not fixed or static but can be conceptualized as opportunities for reconciliation and growth. The emphasis of this thesis has been to understand sin in a therapeutic context as an example of how theological self-understanding and psychodynamic theory might intersect. However, neither a Christian nor a therapist ought to let their analysis stop at human brokenness. In the conclusion of the next chapter I will therefore briefly explore the Tillichian understanding of grace in order to consider how it stands as an equivalent to the therapeutic notions of insight and resolution.

Looking Ahead

In my next chapter I will examine the theory of separation from self, other and the Ground of all being as explored through Existential Psychotherapy. I will draw heavily from Irvin Yalom and utilize whenever possible the work of the great existential thinkers Tillich was participating in discourse with at the time he voiced his theology in those terms. Final discussion in this subsequent chapter will include thought on the limitation of the theories discussed toward addressing problems of religious content.
CHAPTER IV

Existential Psychotherapy and Protestant Thought

Overview

In this chapter I will explore the conceptualization of sin as separation with existential psychotherapy. I will begin by highlighting the key concepts of existentialism as it has been integrated into mental health. I will then explore the Tillichian concept of sin as described to the core domains of existential psychotherapy, freedom, death, isolation and meaningfulness, as described by Yalom (1980). In this chapter I will begin by lifting up a brief history of existentialism as a philosophical movement, before considering its influence on psychotherapy. I will aim to name and highlight those instances in which the three strains named below surface within and influence subsequent psychotherapeutic approaches.

Existentialism Key Concepts

The existential school of psychiatry has three main branches, based on different aspects of its philosophical fathers. The first based on Husserl, emphasizes the phenomenological reduction; Karl Jaspers worked in this tradition, which formed the mainstream of Continental psychiatry for decades. The second, resting on early Heidegger, emphasized the existential structure of each individual’s world; here [Ludwig] Binswanger made his mark. The third, building on the late Heidegger,
itself on the importance of authenticity for the understanding of persons; Sartre belonged to this approach, along with assorted others such as Laing and Erich Fromm” (Ghaemi, 2001, p. 9-10).

Karl Jaspers (1886-1969) is credited for widening the clinical lens psychiatry trains on patient behavior and symptomology. He “adopted Husserl's notions of intuition, description, and presuppositionlessness, transforming them when necessary in order to serve the investigations of the psychopathologist” (Wiggins & Schwartz, 1997, pp. 15-36). One can see how this would have been a paradigmatic stylistic shift from traditional Freudian method. The traditional orientation rested on natural observation and scientific methodology, however, there were many practitioners restless with the inadequacies of scientific positivism. Now the clinician is invited to involve themselves more fully in the reduction and description of things (Wiggins, Schwartz, 1997).

Ludwig Binswanger (1881-1966) is thought by many to have been the most noteworthy psychiatrist working from the phenomenology orientation (du Plock, 1996, pp. 29-61). Highly influenced by Martin Heidegger’s generative work Being and Time (Heidegger, 1927/1962). Binswanger worked to integrate ontology into psychotherapy. Like others before him, he wasn’t content with the categories of self and other. He wanted to explore self in relation to the world around. The type of analysis he advocated became known as Daseinanalysis. It is named after the term dasein, the German word for being there that Heidegger applied to his work on being (du Plock, 1996, pp. 29-61).

Both R.D. Laing (1927-1989) and Erich Fromm (1900-1980) also draw from the same stream of philosophical influence and have at times garnered criticism for straying too far from the natural sciences (Miller, G. 2006). Laing (1927-1989) was an accomplished author with an
extensive philosophical knowledge that informed his ideas on reading, writing, and interpretation. Laing argued that psychiatry should be modeled on skillful textual exegesis rather than scientific explanation. The exegesis of a psychotic’s words and actions is difficult, he infers, because the impoverishment of our experience cuts us off from the sense that lies within seeming madness. Like philosophers such as Edmund Husserl, Laing therefore criticizes the way in which the natural sciences have invalidated subjective experience. He consequently employs a rhetoric designed to disclose with renewed vigor its complexity, variety and reality. Laing fails, however, to find an alternative to scientific reason: experience, in his weakest work, is an irrational realm of mystical and self-validating certainty that closely parallels Heidegger’s later accounts of Being. (Miller, G., 2006, p.1). This period of discourse exposed the classical fiction of pure empiricism in psychoanalytic work; a delusion that still draws sharp criticism today.

Existential Psychotherapy “holds that [human] drives or dynamisms, whatever one calls them, can be understood only in the context of the structure of existence of the person we are dealing with” (May, 1958). Existentialist thought was initiated by several notable philosophers of the late nineteenth and early twentieth centuries including Soren Kierkegaard, Friedrich Nietzsche, Edmund Husserl, Martin Heidegger, Jean-Paul Sartre and Karl Jaspers. There is great variance among them, however their approach to the work and problems of philosophy all begin with the experience of being-in-the-world as women and men. Rooted in this foundation are many of the concepts central to existential thought.

However a description of the context in which existentialist thought first took root has much to do with the development of this theoretical perspective and what it rejected. Soren Kierkegaard (1813-1855) was a philosopher, scholar and theologian of the 19th century. Kierkegaard’s motives were rooted in his dissatisfaction with the philosophy and theology of his
time. He disliked the narrow positivist language of rationalism and found the religious dogmatics
purporting that God could be comprehended fully and directly by humankind at odds with his
own faith and intellect.

As Kierkegaard and other intellectuals began to further question the fundamentals of the
then predominant philosophy. Early existential thought challenged essentialist ideas of human
kind’s supposed nature. It reopened the mind-body problem, challenging the Cartesain
conceptualization of dualism, offering instead the idea of monism which held that mind and body

These foundational concepts required existentialist thinkers to uncover new terms on
which to philosophize if they were to remain in any kind of discourse at all with western thought.
These new terms were articulated through phenomenology. The teachings of Edmund Husserl
drove a new kind of systematic approach to philosophical discourse (Willis, 2001). These terms
indicated that the meaning of things was made in the eye of the beholder. All knowing of things
is subjective and constructed in the perception of the subject.

Phenomenology wants to slow the researcher down and hold her or his gaze on
the phenomenon itself- the lived-experience of some activity, seeking not to locate it an
abstract matrix by saying how its abstracted structure might be similar to others, but
rather to illumine its specific quality as an experience (Willis, 2001, p. 19).

We will now turn attention from this summary of the early philosophical context of the
advent of existentialism to its key concepts. The aim will be to introduce how these concepts
have influenced existential psychotherapy.

Key Concepts
The terrain of the philosophy of existence is vast; rather than attempt to offer full accounting of existential concepts I will highlight those most relevant to its course toward psychotherapy and mental health. Perhaps the most foundational and poignant concept of existentialism is in fact, a non-concept. That is to say a rejection of humankind’s most basic conceptualizing. The conceptualizing of being. This philosophy teaches that being is not a concept. Instead, being is a phenomenon. To treat being as a concept is to shrink down our openness for understanding the phenomenology of being. The great Christian philosopher and theologian Soren Kierkegaard provided rich antecedent thought for the concept of phenomenology. He asserted that we cannot know existence through concepts and abstractions, it is too particular. It must be explored through the structures of subjective experience (Yalom, 1980, p. 8). This line of inquiry was more formally introduced to the world in the later work of Edmund Husserl, an early existential philosopher and professor to many notable students including Martin Heidegger.

Phenomenology is concerned with the first hand experience of a subject. The individual receivership of every human being is the starting point for phenomenology. The seeing, hearing, feeling, desiring, thinking, and intentionality that compose one’s experience of the world are the proper descriptors of phenomenology. It sounds simple enough, but

Husserl came to believe that the scrutiny of the structure and contents of our conscious experiences was inhibited and deeply distorted by the manner of our engagement with our experience in ordinary life, where our practical concerns, folk assumptions, and smattering of scientific knowledge all got in the way of a pure consideration of experience as it is given to us” (Nath, 2011, p 9).
Another key existential concept is that of *facticity*. This can be described as aspects of experience an individual has taken up throughout their lives. It can include particularities of one’s birth and early communal experiences as well as family, time, physical appearance and spoken language. It can be described on parallel to the psychodynamic concept of *person-in-situation*. However it also concerned with the way we are perceived, or the way we believe others perceive us. Facticity bears further psychological weight when described by existentialists like Sartre, as the basis from which free choice is enacted by an individual. Sartre puts forth the idea that an individual is in a constant state of reckoning with their facticity. Each of us acquiesces to certain limitations of our facticity, at other times each of us endeavor to transcend these limitations. (Sartre, 1946)

Another hallmark existentialist concept is that of the *absurd*. There are no better words to capture this dictum than that of the celebrated author playwright, Albert Camus. In his oft cited play *The Myth of Sisyphus* he penned the following “the absurd is born out of confrontation between the human need and the unreasonable silence of the world” (Camus, 1955). The world’s indifference to our suffering, to the suffering of others, is so abhorrent to us our lives are conditioned by the struggle with it. Existentialism proposes that our struggle with meaningless and the absurd sources all manner of malcontent and despair, anxiety and unhappiness. It supposes that we get up to all kinds of things in order to weather this hostility, and that we move between our private or individual protestations and a resigned attempt to cope with it.

Another key concept of existentialism that travels well toward psychology is the idea that *existence precedes essence*.

A person is born a blank slate; humanity has no universal, predetermined principles or ethics common to all of mankind. Since no preformed essence or definition
exists of what it means to be human, a person must form his/her own conception of existence by asserting control of and responsibility for his/her actions and choices. Consequently, a human being gains his/her essence through individual choices and actions. It is solely through the process of living that one defines one’s self (Forish, 2007, p.14).

This may be one of the more popularly exported ideas into social work education. When we work with a client we are tasked with the challenge to always bear in sight, as best we can, that client’s subjective truth. Never entirely possible we still strain to dimly perceive the truth as described by the client. Another aspect of this existential legacy is that as social workers we rely on bio-psycho-social assessments. These assessments are at best, and at heart, a deconstruction of the hierarchical values and their hidden manifestations in the life of a client. This is a fitting segue into the manner in which existentialism became a therapeutic approach.

**From Existential Philosophy to Mental Health Practice in the United States**

As the existential approach caught the attention and invited the participation of social activists and theorists around continental Europe, it also caught the attention of many prominent psychiatrists in Europe and the United States. “An emerging group of European existentialist thinkers, who were trained as psychoanalysts broke with Freud’s dogmatic model of the mind (McInerney, 2013).

One of the first Freudian analysts to break existential trail was Ludwig Binswanger. Binswanger enjoyed a longstanding collegial friendship with Freud and correspondence with Heidegger. A scholar of Husserl and highly influenced by Heidegger, Binswanger is credited for initiating *Daseinanalysis* (Condrau, 2013). *Dasein*, is the German word for being there, and it had become a meaningful Heideggarian term for those involved in existential discourse.
Eventually Daseinanalysis became its own psychotherapeutic approach for working with clients. Daseinanalysis is concerned with seeing before or even rather, than explaining (Condrau, 2013).

Another prominent acolyte of existential psychologist was Rollo May. May was a lifelong friend and highly influenced by Tillich. One of his seminal works *The Courage to Create* (1975) is titled in honor of Tillich’s *The Courage to Be* (Condrau, 2000). May was born in Ohio educated in New York, Ohio and California in the areas of theology, philosophy and psychology. He spent his career practicing in the United States. Rollo May influenced Irvin Yalom who underwent his own analysis under him (Loye, 2004). May was interested in the period of transition the country was in during the seventies. He was critical of what he saw in the practice of psychotherapy as heightened focus on the self and the prevalence of methods and approaches he felt were gimmicks (May, 1975, p.1) One reason existentially driven psychotherapeutic approaches could have gained popularity in the United States is that scholars like May were interested in finding ways for the practice of psychotherapy to be less balkanized (May, 1975).

It is, perhaps, Yalom who most thoroughly incorporated existential concerns into the field of mental health. Existential psychotherapy is described by Yalom as an orientation for dynamic therapy based on an individual’s confrontation with the *givens of existence*. Yalom describes the givens of existence as “certain ultimate concerns, certain intrinsic properties that are a part, and an inescapable part of the human being’s existence in the world (Yalom, 1980, p.6). In his defining 1980 work *Existential Psychotherapy*, Yalom grounds these givens in a systemic approach framework. The approach seeks to uncover for an individual the *ultimate concerns* that undergird the anxieties of everyday life. These ultimate concerns can be accessed through therapeutic encounter under the right conditions. The conditions, as articulated by Yalom are
“solitude, silence, time and everyday distractions with which each of us fills his or her experiential world” (Yalom, 1980, p. 330). Existential psychotherapy seeks to reveal underlying or ultimate truths by dedicating therapeutic attention to them.

In the last few decades modern psychoanalysis has moved away from the existential tradition (Ghaemi, 2001). However there is a useful body of thought from the tradition that informs the practice of contemporary clinicians, often referred to as a relational approach (Ghaemi, 2001). In addition, the scholarly website existential therapy.com displays a welcome and introduction that uses existential and depth psychology interchangeably, and links them with Jungian approaches, Gestalt therapy and any type of current relational approach. How then, does this kind of psychotherapy relate to the Tillichian formulation of sin, and work with religious clients?

**Freedom and Separation from Self**

Deeply embedded in individual freedom is responsibility. Existential psychotherapy asserts that this truth is one of the greatest sources for angst and anxiety in our lives. It also charges us with the knowledge that freedom and responsibility can offer myriad opportunities for change, healing and growth. Existential freedom differs from political freedom in that it relates to psychological freedom as opposed to political or social freedom (Condrau, 1998). The theory of existential freedom and responsibility holds that one (such as a client or a therapist) must work ceaselessly toward self awareness. Through self awareness we can hope to alter many of the seemingly immovable forces on our life experience. The responsibility on the individual is that they are creating the world as they inhabit it. This can be terrifying and our terror at it can feed
into all manner of defenses. Yalom defines these as “clinical manifestations of responsibility avoidance” (Yalom, 1980, p. 223-230).

No therapist goes through a day of work without encountering several examples of responsibility avoiding defenses. The more common ones: compulsivity, displacement of responsibility to another, denial of responsibility (innocent victim, losing control), avoidance of autonomous behavior and, decisional pathology” (Yalom, 1980, p. 224).

While a religiously minded Protestant client could be resistant to the jargon of psychotherapy or the philosophical language of existentialism, she may be comfortable understanding her dilemmas through the familiar lens of faith. Thankfully, it is no stretch to identify aspects of what Tillich calls separation from self present in each of the defenses Yalom names. Because a Protestant Christian may take humanity’s essential separation from God as a given she may be open to considering the implications of this separation in her own life.

The avoidance of personal responsibility can become a way of life, a way of life that keeps one far away from self awareness. Without self awareness a client cannot live an authentic life or in terms of Tillich, reconcile with themselves (Tillich, 1950). Consider a client whose distress is related to not making a major decision in their life for fear that it would be a bad one, or the wrong one. The avoidance of the decision itself can trouble a client greatly arresting them in their tracks as they fail to choose a course for themselves. Helping a client see such paralysis as contradictory to reunion with her own best self could be healing.

**Death and Separation from Self, Other and the Ground of all Being**

Tillich charged that to fully exist or live, one must confront non-being or death. What does it mean when a religious person, a Protestant Christian, is experiencing fear of death? Liberal Protestantism promises the grandest reunion at death, the reunion with the Ground of all
being. Yet many religious people who believe in these claims, or some kind of personal version of them still struggle throughout their lives with death related anxieties. Death will come for the ones we love and death will come for all of us. Before physical death there will be symbolic death and this too will pursue the healthiest among us.

Tillich, in the legacy of Kierkegaard, encourages us to make peace with the fact we cannot possess all knowledge. Existential psychotherapy compels us to this understanding also. A Liberal Protestant is indoctrinated to accept the unknowability of God. This acceptance of unknowablility is a parallel to the unknowability of death. Yalom offers great discussion of the ways in which human beings manifest the avoidance of death. He describes the heroic rescuer who can be internal or external. This underground conviction can be so strong that a person unconsciously believes they will not die (Yalom, 1980 p.129). Yalom also writes about another aspect of death denial that existential writers have commented on frequently over the decades. The aspect of not fully living, as if this were a protective factor against death (Yalom, 1980). Yalom names attempting to “merge with a dominant or powerful other,” “hero and rescuer” fantasies and “compulsive workaholism” as defences enacted against death that can actually restrict fullness of life (Yalom, 1980, p. 122-135).

Consider the links of this position to many of the symptoms of depression and anxiety. The client who refuses to engage in relationships or who refuses to set and pursue goals, or take even marginal risks of failure in their lives could be seen as having an underlying death anxiety. Each of these potential failure can gesture implicitly and boldly toward death. The ending of loving relationships, failing to achieve a goal or losing the most hoped for result of some human venture are all, by existential thinking, symbolic of death for one inclined to construe it that way. Tillich reminds us that individuals participate in the creation of what is symbolic for them.
Clients with heightened death anxiety tread on a highly symbolic landscape, bringing to mind the old wise words, all anxiety is death anxiety.

Death, in its finiteness compels a worldview that effects human beings differently. If death terror is too great it can call one away from life and into a shallow existence at great emotional cost. However, a certain amount of awareness of death throughout life is seen as a good thing. The finiteness that causes some to want to protect themselves can serve as a catalyst to being for others. The idea is that our very awareness of the inescapable expiration of a perfect spring day, our dearest intimate relationships, our very bodies and thoughts, is what allows us to fully experience being. This is what Tillich points to in his seminal existential work *The Courage to Be*. Yalom expressed a similar assertion:

The concept of death plays a crucial role in psychotherapy because it plays a crucial role in the life experience of each of us. Death and life are interdependent: though the physicality of death destroys us, the idea of death saves us. Recognition of death contributes a sense of poignancy to life, provides a radical shift of life perspective, and can transport one from a mode of living characterized by diversions, tranquilization, and petty anxieties to a more authentic mode (Yalom, 1980, p. 111).

Christian religious life has much to say about death. Protestant Christian religious life has offered adherents vastly differing perspectives on death. The spectrum holds within it concepts of damnation and retribution for the laundry list of wrongdoing added up over a lifetime as well as promises of eternal peace. Protestant faith can teach that no sin will go unpunished or teach that there is no way for a human being *not* to sin and that we are offered forgiveness of sin or grace. Both faith and existential psychotherapy recognize the tension, the sometimes ordered
feeling contingency between the finite, and the infinite. One cannot exist without the other, the
infinite require the finite and the finite, the infinite to exist.

**Isolation and The Separation from Self, Other and the Ground of all Being**

The existential understanding of isolation places it as a core determinant in our life experience. Existential isolation recognizes the day to day feelings of loneliness that can overtake us from time to time, i.e., I have too few good women friends whom I can laugh with and relate to meaningfully. Existential isolation proposes a floor beneath this one, i.e., even if I had more time to devote to cultivating rewarding friendships, I would hold part of myself back and not be completely open to these relationships, I would condition these relationships with factors curtailing intimacy. Existential isolation refers to the foundational isolation that undergirds all loneliness, referred to by Yalom as *separation from the world* (Yalom, 1980).

There is striking similarity between the conceptualization of foundational isolation as *separation from the world*, and the Tillichian conceptualization of our foundational separation from the Ground of all Being (Tillich, 1950). How are separation from the world and separation from the Ground of all Being similar? Perhaps the former is more on the metaphysical side and the latter is more theistic. But both conceptualizations see isolation structurally as vertical systems that manifest the deep experience of human aloneness into the surface feelings and behaviors that might be part of a client’s presenting issues.

A therapist working with a client experiencing isolation and its attendant grief will find remarkable likenesses between these particular theological and psychological bodies of thought. Perhaps more so than in the other theories there are extremely similar conclusions. Existential psychotherapy wants therapy to move the isolated client toward more fulfilling relationships with others. Yet, neither existential psychotherapy nor liberal protestantism will ever promise freedom
from the pain of isolation. Both hold isolation as a condition of existence that will be
experienced even by those whose lives are utterly engaged in meaningful relationships. “No
relationship can eliminate isolation. Each of us is alone in existence. Yet aloneness can be shared
in such a way that love compensates for the pain of isolation” (Yalom, 1980, p 335). The
existential psychotherapeutic approach encourages the client toward recognition that each of us
are alone, each of must work to negotiate that aloneness, the other is not merely a device for
doing this though. The other is also a being negotiating their own isolation.

Despite such significant areas of resonance and overlap, each of the comparisons I have
lifted up present unique challenges and do not always line up neatly with Tillich’s understanding
of either sin and its implications, the work therapists are tasked with, or the perspectives we are
trained to see through.

For instance, in the case of existentialist thought, the idea that loneliness is a condition of
existence can be understood to sit in tension with training that is focused on secure attachment
histories. Tillich, Yalom, Rollo May, Sartre, all believe that we are captive to a most
fundamental aloneness that cannot be totally assuaged in our lives regardless of the quality of our
early relationships. This should not, but could, limit the therapeutic attention given to that
history. The existential approach may minimize a client’s actual facility for pursuing and
maintenance of quality relationships. It is still attachment history that will equip them to do so, or
point toward the relational injuries in need of healing for stronger relationships.

Tillich’s concept of tri-fold estrangement holds within it extraordinary contradiction when it
comes to isolation. It is the task of humankind to overcome the separation between us, yet this to
do this entirely is utterly outside our ability (Baker, 2010). And similarly, Yalom asserts that we
must accept our fundamental isolation in order to turn lovingly to others (Yalom, 1980). The
abyss surrounds each one of us, however “a great relationship [sic] breaches the barriers of solitude and subdues its strict law, and throws a bridge from self-being to self-being across the abyss of dread of the universe (Buber, 1965, as cited in Yalom, 1980, p. 393). Theologically and philosophically the concept of isolation as a permanent, immoveable given may work just fine, theology is tasked in part with naming our brokenness, its purview: our fallen state. Philosophy with its in endless interest in riddles, seems like theology, content to sit with the paradox. However, this is a particularly challenging contradiction to work within therapeutically. Neither theology or philosophy as fields are known for great interest in making themselves especially accessible to people. Therapy on the other hand, needs to concern itself with accessibility.

**Meaninglessness and the Separation from Self, Other and the Ground of all Being**

In the section of his book dedicated to existential psychotherapy entitled *Meaninglessness*, Yalom differentiates between meaning and purpose. He writes “meaning and purpose have different connotations. Meaning refers to sense, or coherence. A search for meaning implies a search for coherence” (Yalom, 1980, p.423-424). When any of us are caught in the teeth of meaninglessness it can give rise to the deepest despair. As contemporary clinicians working with religious clients we should note the ontic overtones to any dissolution of meaning in a client’s life. A crisis of meaning in a client’s life encompasses the threat of nonbeing. Experiencing oneself as having no meaning to our lives is as experiencing symbolic nonbeing. In his 1952 book The Courage to Be, Paul Tillich wrote that “we are in danger of spiritual nonbeing” (Tillich, 1952, p.59). He sought to categorize anxiety into:

The three directions nonbeing threatens being. Nonbeing threatens man’s ontic self-affirmation, relatively in terms of fate absolutely in terms of death. It threatens man’s spiritual self-affirmation, relatively in terms of emptiness, absolutely in terms of
meaninglessness. It threatens man’s moral self-affirmation, relatively in terms of guilt, absolutely in terms of condemnation (Tillich, 1952, p. 59).

Tillich wants us to identify the natural state of emptiness we all must wrestle with as rooted in our estrangement from God or the Ground of all Being. He says that our anxiety is “aroused by the loss of a spiritual center, however symbolic and indirect, to the question of the meaning of existence” (Tillich, 1952, p.60). Tillich’s assertions regarding meaninglessness offer very little that is particular enough to translate therapeutically. However, existential psychotherapy seems to pick up the concept and offer a terra firma from which to orient oneself to work with clients. Existential psychotherapy sees living a life of meaning as a healthy and brave rebellion to meaninglessness and the tolls it will take on us all. Any therapist can work with a client to identify the fertile ground in that client’s life from which to draw meaning. Religious clients are primed for this exploration. Already engaged in a give and take with questions of meaning in life these clients are familiar with the idea that meaning is sought, as opposed to, or as well as, created. The distinction between meaning making and meaning seeking is noteworthy for a secular therapist approaching from an existential orientation (www.existential-therapy.com). It would be a great limitation to work with a religious client on their experience, or lack of meaning in life and not hew back toward the ultimate. The concept of the Ground of all being is open and abstract enough for the secular therapist to enter with the religious client.

For Tillich the Ground of all being was “associated being with feminine aspects of divinity” and symbolic concept for the ultimate (Stenger & Stone, 2002). He states that the concept implies life-giving and nurturing and suggests a more intimate tie between creator and created than traditional metaphors of God the Father imply (Stenger & Stone, R., 2002).
Regardless of whether we consider them today to be representative of feminine virtues or not, therapy can focus on these themes in a client’s life toward recognizing and living with meaning and purpose. Having touched upon that notion, it is interesting to compare the notion of grace or reconciliation in Tillich and the psychodynamic theories we have explored.

The preceding section highlighted a theoretical exchange between trifold separation and the existential psychotherapeutic domains of freedom, death, isolation and meaninglessness. We noted that while this kind of theory offers many points of connection to sin as separation there does exist a fundamental tension between the philosophical roots of existential psychotherapy and the theological orientation of sin as separation. And we gave consideration to how religious clients may be primed by their faith observance for robust engagement with an existentialist approach.
CHAPTER V

Discussion and Conclusion

Discussion

This essay has demonstrated the complicated history between social work as it is practiced in the United States and religion. I have shown that at the field’s formal inception, it was coupled with religious institutions and their various missions. We trace enormous good to the early work done by religiously driven organizations, however, our contemporary vantage includes the exclusivist, problematic appropriation of early charitable resources, and the weight of religionist judgment. The essay highlighted the period of uncoupling between religion and social work as well as the later renewed interest in spirituality.

This theoretical work has utilized seminal theology from one of the United States’ most esteemed theologians and the theory from progenitors of object relations and existential psychotherapy. The theoretical orientations of object relations and existential psychotherapy were compared to and contrasted with the liberal Protestant conceptualization of sin as a state of separation. The psychodynamic theories were explored both in terms of content explicitly relevant to religion and in terms of divergence from the theological thought.

Klein holds that in infancy we find ourselves at war with our dependency (Klein, 1937). As a person ages in contemporary America this conundrum is exacerbated because we are taught
that we are self made individuals whose primary purpose is to exercise our own independence. We deny, distrust or even loathe our own contingence. All the while, as the theologian Stanley Hauerwas snidely notes, the mark of our dependence is stamped right into our flesh. What is a belly button if not a sign of our contingence (Hauerwas, 2001, p.99) It is good for clinicians to recognize both the impossibility of true self-sufficiency, and the manner in which our culture often presents such a state as an ideal to which our clients ought to aspire.

Contemporary clinicians are inheritors of the relational paradigm and social work compels an ongoing examination of person-in-situation. We must then ask ourselves, how does self in relation fare in our excessively individualistic society? In a 1984 study (Hofstede, 1984) looking at the dominant value system of 50 modern countries, the United States topped the list in the domain of individualism versus collectivism (Alpern, 2001). Such an extreme ethos has a cost to a society. Our individualism is pathological. The pillars of individualism i.e. narcissism, competition, detachment are antagonistic to the building blocks of human relationships. Social theorists have long recognized the effects of this alienating individualism (Rotenberg, 1999). Such an environment inevitably contributes to the breakdown of our attachments (Alpern, 2001). It isn't that we're punished for living in such a state, rather that living in such a state is punishment. If we understand that excessive individualism has negative impact on people, families, society, then we also understand that the adaptations we make to our dysfunctional systems are likely to cause inner conflict. If the context of contemporary American society reflects back our paranoid-schizoid fears, then we as social workers ought to take avid interest in the ways people resist full assimilation into these anxieties.

For many religious people, their faith tradition stands as a means for reconciliation of individual and collective need. For their adherents, faith communities can act as the expanded
holding environment. The *holding environment* introduced by second generation object relation theoretician Donald Winnicott in 1965, has something to offer us throughout our lives and is a precondition for psychological well-being. Winnicott proposed the holding environment first provided by our mother or primary care giver is expanded over development. The idea is that for our individual need there exists an individual or a family or community that can answer the need.

For the holding environment to hold the state of separation is reconciled. There is great symmetry here with the Tillichian concept of sin, but with a different starting point. Sin as separation begins with separation from the ground of all being, experienced as separation from self and expressed as separation from other. Both understandings of a human being point toward the great promise reconciliation holds for a suffering individual. Both understandings see reconciliation with other as necessary to individual healing. Object relations theories or any psychodynamic theoretical branch, are not tasked, as existential theology is, with resolving ontological or soteriological problems, however a therapist working with a religious client should attend to the corollaries.

In this final chapter I will discuss limitations in methodology and author biases, implications for the social work field and possible directions for future exploration.

**How did the Research Work?**

In my thesis I have shown that Melanie Klein’s work on the crises of infancy and the reparative expressions that follow, offers a symmetry with the Tillichian idea of separation from other and the Ground of all Being. They both hold that shot right through our estrangement from the Ground of all being as Tillich would have it, or from our primary caretaker as Klein theorizes, is the pull toward reconciliation or reparation. This is a force that cannot be ignored and a force that is embedded with promise and opportunity in the language of Klein and the language of
Tillich. Both Klein and Tillich name the state of reconciliation or reparation as impossible to sustain, we will realize it only fleetingly. Human existence does not permit the mastery of these forces. Yet while we may not know in full, we may better know, enter more fully into and even make way for these phenomena.

It was Heinz Kohut’s conceptualization that early object relation injuries can be healed when twinship, mirroring and idealization can flourish in the supportive context of therapy. Both of these theories echo a likeness to Tillich’s thought that estrangement bears the possibility of reunion. Both of these theories also share a fundamental starting point with Tillich, that is that these separations, from self, other and the world, or the Ground of all being, cause individuals emotional distress in their lives. Kohut’s work on self psychology insists that the self is communally created, sustained, injured and healed. The tripolar self structure relies on twinship, mirroring and idealization to soothe the pain and distress of the self’s separations. Their shield and supply is vital to wellbeing and essential for healing. This is highly relevant for the therapist working with a religious client.

The conceptualization of tri-fold estrangement is existential. It extends naturally into the four domains of existential psychotherapy elucidated by Yalom; death, isolation, freedom and meaning hold requirements to our existence. Throughout our lives we are responding to these requirements in some manner or another, consciously or not. Tillich believed that theology resting on revelation, experience and symbol responds to the calls made by human existence (Tillich, 1973)

The more one becomes familiar with object relations, the more expansive its purview becomes. The depth to which an other is taken in to the self cannot truly be set to language, even through the most inspired rhetoric. The longing for reparation with the world, as Klein describes
it, calls our clinical gaze first to the primary infant care giver dyad and then to the human, world dyad (Klein, 1948). Object relations theory begins in the particular but also transcends it, reaching toward the universal. In doing so it avails itself to dialogue with theories of religion.

Existential psychotherapy offers us secular language to approach religion. This alone makes it a valuable and far reaching tool to engage religious clients. This approach avoids the paradigm of seeking to prove or disprove a given religion’s truth claims. It places highest importance on close attention to the client experience of being.

Both object relations and existential psychotherapy have an openness to cross disciplinary application. They both lent themselves well to consideration of liberal protestant clients. The idea of our primary motives being fueled by our struggle for and with human connection reaches toward the ontological. The primary focus of existential psychotherapy organizes client experience around themes of ultimate concern. In essence it is spiritual. All this is to say that these theories worked well for this research because they are already in dialogue with human experience in a manner sufficient to encompass religion.

Implications for Field of Social Work

The essay points out that secular therapists practicing in the U.S. will have clients who carry religious minded outlooks. We must be prepared to enter into a curious, respectful and learned dialogue with these clients and the content they bring. Given the diversity of religions practiced in the U.S. and the variety of interpretations within each particular religion it is highly unlikely that even the most must studious therapist could familiarize herself with the doctrine and truth claims of every faith they may encounter.

Fortunately, such expertise is unnecessary. To do the religious client justice a therapist does not need to know every arcane corner of that client’s religious tradition. After all even the
most orthodox religious clients will experience their faith in a relatively limited, individual and particular way. Moreover, therapists are called to work with women and men, not doctrine and dogma.

However to do justice to the religious client, the therapist cannot ignore the power of religion as a source and producer of meaning in the client’s life. Further, a basic understanding of the particular claims of a particular religious tradition can unearth points of fruitful connection between religious doctrine and psychotherapeutic theory. When a therapist who is trained to think in psychodynamic terms serves a client who is shaped by a particular religious outlook such connections can open new and promising terrain, areas of conversation and healing that might be unavailable if such intersections went unexplored.

My hope is that this exploration might serve to suggest that other such intersections are also possible. One might consider how Protestant understandings of redemption and forgiveness intersect with theories of addiction treatment, or how the Hindu understanding of karma relates to Freud’s oedipal theory. The possibilities are endless. The time to envisage the possibilities of theoretical exchange is when you learn the theory. If graduate programs explored concepts of theoretical exchange between theology and psychodynamic theory, students would be better equipped to use the theory they have learned when they practice. This kind of exploration in graduate programs would offer the experience of using the theory in actual practice. Repeating the isolated concepts of object relations, or other approaches, back to a professor regarding a case study demonstrates a student’s grasp of that theory. This is an appropriate first step, but it could be taught with greater flexibility. The way to learn that flexibility is to try it out in relation to other frameworks. To work psychodynamically means to work dynamically. The theories are not static, and we should resist the temptation to freeze them in rigid, fixed interpretations. Nor
should we cede the richness and vitality of classic psychodynamic theory to a bygone era. As contemporary psychotherapists these theories are our greatest inheritance. Far from fragile, these theories, have borne the grit of ten million maladies and can certainly have productive interface with many pieces of theology. They are designed to be in conversation with the world of our clients, right here in the present moment.

**Directions for Future Research**

In her work on the intersection between pastoral counseling and theology the scholar Deborah van Deusen Hunsinger drives home the intersectionality between faith and psychology. “For those who are open to God in faith, all the knowledge of other objects mediates the knowledge of God himself” (Price as quoted in Hunsinger, 1995, p. 54 ). Hunsinger reminds us that individuals imbue their internal objects with the meaning they carry (1995). As that activity is altered through therapy, so too may be an individual’s internal God representation. In fact, the God image one carries, which is often influenced by characteristics of early object relation experience, encompasses both what that experience may have offered and what it may have lacked. “Just as psychoanalysis provides an opportunity for the reworking of one’s internal objects, for redescribing the past such that a new relation is achieved with parents and other significant people, so similar opportunities exist for the God image” (Hunsinger, 1995. p.57).

When we enter into the therapeutic dyad with religious clients we partner with them in their striving for reparation with other and with self. Are we to ignore their experience of the Ground of all being even as we attempt to facilitate their move toward wholeness? We are not tasked with the same objectives as the ordained pastoral counselor. It is not our purview to counsel on God. However our stance cannot and should not be one of passive neglect or intentionally ignoring such meaningful forces in an individual’s life. Psychodynamic training
does offer opportunity for respectful exploration of religious meaning for a client from a secular position. We are especially prepared by our trained attention to the inner object experience of object relations theory. Guided by concepts such as Winnicott’s (1966) transitional space, we recognize the phenomenon of experience which cannot rightfully be assigned to wholly subjective or wholly objective realms. This area should be “exempt from the normal requirements of reality testing” (Hunsinger, 1995, p.39). It should not be exempt from the meaningful alliance an individual seeks to build with their therapist.

Freud believed that a person’s God representation was fixed, arrested in the paternal experience of early childhood (Rizzuto, 1979). But as psychodynamic theory has advanced through the years this perception has evolved. It is now understood as far less constant than Freud believed (Rizzuto, 1979). In fact it is likely to shift when object relations are re-worked (Rizzuto, 1979). Object relations theory opens us up to the liminal sphere of experience religion can be located in. The place Winnicott referred to as “outside, inside and at the border” (Meissner, 1984). Existential psychotherapy offers language for the secular therapist to speak with a client on their experience of ultimate concerns. Both offer powerful tools to help partner with the religiously troubled individual.

This theoretical thesis has demonstrated that concepts familiar to psychotherapists can be employed to help understand the client experience of religion. In particular, the concept of sin as a separation from self, other and the Ground of all Being can be used toward working with a client from a liberal protestant background.

Based on this thesis, implications for the field of social work include more work done on the use of theology and psychodynamic theory. It would be helpful to hear about casework where secularly trained clinicians work cross disciplinarily with clients. All theory and theology is at
some remove from actual people, it would be good to hear about the actual experience of being with clients who are invited to share their faith experience in the context of therapy. Moreover a survey of social workers who have had religion come up would be useful. The questions of what themes most often arose with these clients could drive future knowledge building projects.

I chose the Tillichian conceptualization of sin because it speaks so directly to human experience as I understand it through psychodynamic theory. Psychodynamic theory is concerned with being. It borders the ontological and as such will yield rich results when put in conversation with other ontic frameworks relevant to a client. In fact our own theoretical perspective comes in to sharp relief when we contrast it to other orientations.

Limitations of Thesis

Throughout this thesis I have focused on particular theology and particular psychodynamic theories. This was necessary for in depth theoretical exploration of how these theories do and do not correlate. Exploring these questions in depth requires narrowing the population to the clients it could meaningfully serve, in this case liberal protestants, or those with a liberal protestant background. This area of focus excludes many clients, atheist, agnostic and religious. That fact limits the potential value it may contribute to clinical readership. Another limit is that secular therapists are not trained in theology and when theological experience or religious feeling comes into the dyad there may arise a lack of clarity regarding roles. The clinician will have the added responsibility of tending to that role clarity. It is not appropriate for a secular clinician to make interpretations or counsel on client conceptualizations of God.

There is further added responsibility for a therapist working with theology and psychodynamic theory. This is the importance of knowing one’s own transference to religion. What is our reaction when a client tells us they rely on Jesus for protection or that they rebuke
the devil? How do we experience in our hearts and minds a client use of the language of sin? What about a client who believes in God but feels cut off from Her? A client who feels unmoored from the faith they were raised in and experiences grief over that will elicit varying responses depending on the clinician. We must know what we think and feel, as best as we can about religion and religious clients in order to work ethically and with integrity regarding their personal faith.

For instance, I am a liberal protestant. The lens of liberal Protestantism is my lens. I regularly note the role my faith life has in how I experience the world around me. I note the impact it has on my call to social work and the dimension it brings to how I experience clients. In terms of bias, once a therapist encourages a client’s religion to walk through the door it could prove difficult for the therapist to keep her own religious convictions at an appropriate distance. The risk of non-productive counter-transference is high. I know this personally from an experience I had working as an intern.

A client was referred to me for individual weekly meetings after it was brought to my supervisor’s attention that she and her family were homeless. She was African American, female, sixteen years old. Her parents emigrated from Haiti just before her birth. Tina and her family lived as part of a strongly Haitian identified community and participate actively in a Pentecostal Haitian church. Tina questioned her sexual orientation which put her in conflict and acrimony with her mother and step-father.

Tina described the membership of her tight-knit Haitian Christian church as extended family. The church included twenty to thirty biologically related members as well as “aunties and uncles” who are family by way of their regional Haitian background.
Tina relied heavily on the defense of internalization. She regularly stated that “gay people were sinning” even as she admitted frequent, powerful sexual attraction to other young women. Her family’s Haitian Pentecostal Christianity taught that these feelings (and thoughts) were damning. Frequently after proclaiming intense romantic feelings about her friend “T” (a gender-queer female) she would finish by telling me how she believed “gay people were an abomination.” It seemed too much for Tina to consciously accept her burgeoning identity. It placed her in a place of direct hostility with her central caretaker from birth, her mother. This gave way to psychic conflict. Her ego was at times flooded with feelings of worthlessness as she turned these harsh internalizations inward on herself.

Tina was diagnosed with Adjustment Disorder with depressed mood; Tina was troubled by discord with her environment. However, from my perspective as a Liberal Protestant I could not help but assess the messages she was receiving from her church and conclude that it was the environment that was broken, not the client. This proved problematic.

Tina was in the throes of coming to terms with her attraction to other young women. This was deeply troubling to her because her church taught that homosexuality is sinful. I am also Christian. An observant, Sunday School teaching, weekly worshiping, pray-at-the-table-before-meals Christian. But, I am the kind of Christian whose blood runs cold at the thought of gay people being made to feel anything less than beloved and affirmed in the eyes of God. I belong to a church that intentionally practices an “extravagant welcome” and whose doctrines hold that GLBT people reflect the image of God as clearly as do their straight brothers and sisters. Moreover, to be blunt, my church holds that homophobic Christian churches are distorting God’s truth.
On several occasions I noted that in my time with Tina I was subtly maneuvering the conversation toward the topic of Christianity and homosexuality. Eventually, as she steered the conversation elsewhere, I realized that I was trying to take care of myself. I was seeking to address my own longing for a corrective experience. I felt tremendous discomfort listening to a young person squirm with this issue. I felt guilt about my own membership in a religion that has been harmful to so many teenagers wrestling with questions of sexual orientation. I wanted to show Tina that there were others ways to be Christian so that I could sit comfortably with my own faith.

Eventually I came to believe that by never letting the faith question advance Tina told me that solving the conundrum of her conservative Christianity and her emerging sexual identity is not what she needed at this point in her life. It was better for me to honor her resistance. Behind that resistance lay her internalization of a mother who loved and cared for her. I came to believe that in order to be intact, she needed the security of her mother’s love above all else. However, if I had not been careful I could easily have slipped into an altogether different role, one that called for me to proclaim my own religious truth as superior to that of my client’s. As I said at the onset of this paper, secular therapists are not clergy-people and we should not pretend to be. There are many reasons for this, but the first one is that such role confusion could easily be harmful to our clients.

**In Closing**

As this thesis moves toward its conclusion it is important to reiterate its aim. While I hope to have established the fact that there is much ground for a fruitful exchange between a Tillichian concept of sin and various psychodynamic theories, the goal of my project is more expansive than this. I have used Paul Tillich’s understanding of the Protestant doctrine of sin in
dialogue with Klein, other Object Relations theorists and Yalom in an effort to lift up one example of how to meet a much larger need.

This need, of course, is for secular therapists to be able to hear their religiously observant clients on their own terms, or in what George Lindbeck might call their *particular religious languages* (Lindbeck, 1984). In order to do so it is important for therapists to gain some familiarity (if not comfort) with the implications of the truth claims of particular religions. Because these truth claims are not universal or universally similar it would be wise for a therapist to consider the particular religious perspectives of her clients. If she is working with a predominantly Catholic population it would be helpful to learn some basic Catholic doctrine. If she were working with a primarily Buddhist clientele it would make sense to familiarize herself with Buddhism. My goal has been to suggest how secular therapists might use the insights of the Object Relations school and existentialist therapy to better meet the needs of their Protestant Christian clients as an example of what such dialogue might look like. It will, of course, look different when a therapist uses the insights of the theories that undergird her work to dialogue with Hinduism or Islam.

It should go without saying that this study is limited by its concern for the religiously observant. The insights and methods suggested here would be of little help to an avowedly atheist client. Moreover, they could prove distinctly unhelpful to a client who has intentionally rejected her or his religious upbringing.

A final observation on the limits of this theoretical thesis is that it is theoretical. Psychodynamic theory added to a theory of religion means more abstraction, places us perhaps, more remote from lived experience. Working theoretically means working at a remove that must be overcome in the relationship. Each and every minute abstraction has its own life in the
experience of an individual. And so, when we begin with theory we have to work to transcend it also in order to fully enter into therapeutic encounter.

Both limited and phenomenal, dynamic theory of any kind is enlivened by exchange. Cross disciplinary efforts will bring into fuller view the wholeness of the people we are working with. It will promote the client experience of integration. It will contribute to the therapists’ efficacy. It will be healing.
References


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