

Religious Loyalties in Clinical Work: A Contextual View*

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I'm a fifty year old psychiatrist and I'm all burned out. I work with sick and dying people in a city hospital. There's pain and suffering all over the place. But psychiatric literature is almost bereft of terms like pain and suffering. Something's wrong somewhere. So I'm taking a look at religion.

These days a lot of mental health professionals seem to be taking a look at religion just as, earlier, a lot of religious professionals began to take a look at the theories and tools of the mental health profession. Understood as partners rather than as rivals, religion and psychology can combine the wisdom and vision of one with the knowledge and methodologies of the other. The integration of psychotherapeutic insights and skills with religious conviction and the life of the spirit offers new options and resources for practitioners in both fields as well as for their clients.

Many pastors and religious educators have already set out to meet the promise of psychology at least halfway. In point of fact, there are a growing number of religious professionals who have gone beyond the halfway point in a search for psychological explanations and methodologies. Many of them have parentified psychology, i.e., made it the measure of their life and work, and have abandoned their religious vocations. On the other hand, mental health professionals in the main have been more tentative in approaching religion and in indentifying its merit for use in their professional contexts. Many of them handle their ambivalence about religion by compartmentalizing their personal beliefs

and their professional practice, taking care to avoid the issue of how or if the two converge. Still other mental health professionals tend to ignore their clients' religion and religious loyalties if they can, or even to invalidate them.

Taking a look at religion, of course, is a complicated task and requires the same seriousness of purpose and massive investment of time and energy as becoming a practicing therapist. Clouded by human tendencies to regard religion as an object of study rather than as a living path, attempts of the clinician to define religion often result in mystification, idealization, deprecation or in resistance to asking hard questions about its function in a client's context. Reduced to a judgement on how life *should* be lived, religion is worse than useless and loses whatever redemptive effect it may have. At best, religion is a way of life rooted in God and conveyed to man through direct revelation and received wisdom. Freely chosen and actualized through infinite generations by people in quest of integration and balance, lived religion can be a viable, healing and redemptive resource.

As used here, the term "religion" is to be differentiated from the phrase "religious loyalties." In context, religious loyalties represent a person's adherence to trans-generational expectations transmitted through the familial, communal and social milieu into which (s)he has been born. On the other hand, religion or religious commit-

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ment is the end result of individuated decision-making by a person who can be guided by transgenerational expectations at the same time that (s)he can be led by the independently arrived at conclusions of his own heart and mind. In any case, like other potential resources or stumbling blocks in clinical work, religious choices and loyalties are brought into the therapy room, and can neither be dismissed nor imposed. Furthermore, like other significant determinants of a person's attitudes and behavior, religious loyalties have to be understood in context, i.e., in terms of its implications for an individual vis-a-vis his or her familial and social network.

If religious loyalties and their functions in a given person's life are to be addressed, what people bring into the therapy room of a religious description deserves careful assessment.

Given the multifaceted function of religious loyalties, is the burden of a client's interest and priorities ethnic, social, aesthetic, historical, ethical, cultural, educational, behavioral, spiritual, devotional?

Given the variability of individual religious goals, is the burden of a client's pursuits identity or integrity, conformity or rebellion, parentification or infantilization, a longing for community or a quest for God, abandonment of personal responsibility or personal growth and interpersonal concern?

In other words, in clinical work hard questions have to be posed to elicit the basis of a client's religious loyalties.

Hard questions in the therapy room are normative. The differential when religious loyalties are involved, however, may be the clinician's personal lack of resolution about religion as well as a hiatus in his/her professional competence to assess the function of religious loyalties in his/her clients' lives and contexts. That is, if religion and religious loyalties remain an unintegrated source of shame, guilt, conflict or vicarious pride for the clinician, his

unfinished family business¹ may be played out in the therapy room. In any case, the fluid and often elusive terms of religious loyalties can be confusing and can impose unexpected demands on helping agents. Consider the following vignette.

Joshua and Michelle have come into family therapy. Their presenting problem has to do with Joshua's alleged lack of availability to his wife and son. The etiology of the couple's conflict with each other is frequently defined in terms of their colliding religious loyalties. He is an educator actively committed to religious Zionism. He speaks Hebrew fluently. She is an Israeli artist who has little tolerance for religious observance of any kind, for synagogue involvement or for political activism. On the other hand, she is committed to her family in Israel, to her land, to the survival of her nation, to her culture and to her language.

The marriage seems to be a low priority in both of their lives. Their apparent inability to make a commitment to each other is clearly linked to intergenerational issues. The most apparent of these has to do with the fact that Michelle's father was rarely available to her mother or her. Moreover, his unavailability was hard to challenge, for he was involved in important work on behalf of Israel. On Joshua's side, he had spent his life growing up with an insatiably needy mother who seemed never to be satisfied by anything that he or his father could do for her.

Almost needless to say, both of these likeable, decent, intelligent and caring adults quickly became overinvested in their son as soon as he was born. Like all young children, Zwi was a captive investor in his parents' well-being.² That is, he became the coinage of his

¹ See Ivan Boszormenyi-Nagy and Geraldine Spark, *Invisible Loyalties, Reciprocity in Intergenerational Family Therapy*, New York: Harper and Row, 1973, "The Justice of the Human World and the Revolving Slate," pp. 65-67.

² See Ivan Boszormenyi-Nagy and Barbara R. Krasner, "Trust-Based Therapy; A Contextual Approach," *American Journal of Psychiatry*, 137:7, July 1980, p. 774. "Children should not be forced to guarantee age-inappropriate nurturance to their parents or be used as unilateral, captive investors in their parents' depleted accounts of trustworthiness.

parents' battles. Every holiday was laden with conflict when Joshua whisked Zwi to synagogue against Michelle's deepest wishes. Every Hebrew language conversation between mother and son evoked hostility from Joshua who felt excluded from their intimate relationship, and betrayed by the fact that the little boy hadn't mastered English and sounded like a "foreigner."

Failing in efforts to make things right between his parents, the child became a victim of split loyalties.³ Zwi grew increasingly insecure and tearful, developed tics and, early on, learned to live two separate styles of life in accordance with his parents' separate expectations.

Split loyalties in children and loyalty conflicts⁴ between mates are common and expectable phenomena in human lives and relationships. They are existential conditions that occur by virtue of people being raised in differing contexts with differing criteria of family loyalty and differing requirements for fulfilling parental expectations.

Given a fundamentally trustworthy family environment in which people have acquired a developed capacity to consider each other's sides and terms, and actively care for each other's life interests as well as for their own self-gain,⁵ colliding loyalties

³ The simultaneous rejection of one person and devotion to another. See Boszormenyi-Nagy and Spark, *op. cit.*, p. 132.

⁴ A conflict between a spouse's unresolved loyalty to his family of origin, and his loyalty to his nuclear family. See Boszormenyi-Nagy and Spark, *op. cit.*, "Patterns of Loyalty Conflict in Marriage," pp. 103-105.

⁵ "Trustworthiness is a characteristic of mature, nonexploitative (object) relations. It connects and channels the vicissitudes of the opposing needs of two or more persons in a relationship. It enables ego strength to be invested in controlling one's tendencies toward exploitative misuse of close relationships. It serves self-interest through maintaining relational resources. Caring for another person's needs can enhance personal satisfaction through empathy and love. In other words, retaining a trustworthy relationship is in the reality interests of all participants." Boszormenyi-Nagy and Krasner, *op. cit.*, p. 769.

can be reworked and resolved. On the other hand, children are often raised in the midst of mixed signals and colliding expectations which are rarely reliable or trustworthy. Under the circumstances, a youngster's inclination to trust parenting adults is transformed into learned mistrust and unfair patterns of behavior. Put in other terms, adults who have failed to find ways to be loyal to some of the expectations of both of their parents are likely to be torn and unsure of how to treat their own children. Furthermore, a marriage marked by chronic loyalty conflicts is likely to turn mates toward their children for compensation and consolation.

Failing trust that their terms can ever be heard with fair consideration, people become discouraged, cynical and demotivated. Lacking motivation and skills for surfacing their terms for relationship, or for hearing someone else's terms, people resort to distorted, exploitative and essentially manipulative modes of relating. Incapable or unwilling to say what they mean or to mean what they say, people disengage from caring for each other, at the same time that they often retain longings to discover new ways to reengage. Under such circumstances, the clinician may well ask, "But why not say what you want?" On the one hand, parents, children and mates are often unsure of what they want from each other, or despair of ever getting it. Just as often, they are confused about what they owe to a given relationship, and about what they deserve to receive.⁶

Unable to meet some of their legacy expectations or to attain a viable balance of give-and-take in relationship, people seek

⁶ See Margaret M. Cotroneo and Barbara R. Krasner "A Contextual Approach to Jewish-Christian Dialogue." *Journal of Ecumenical Studies*, Winter 1982. Basic responses to the following questions are formed in the crucible of the family: What do I owe and to whom? What do I deserve and from whom? Which relationships do I want and need? Which relationships am I obliged to retain whether or not I want or need them?

refuge in comments like, "I don't want to hurt them," "my father's had a heart attack and I might upset him," or "my children are selfish; they just don't care." It's here, at least in the framework of religious expression, that the commandment to honor father and mother becomes a hiding place and a sham. If the fifth statement of the Decalogue is used to conclude that a child is forever obliged to be loyal to the wishes of the people who bore him, without room for individuation and differentiated decision-making, it is being misused.⁷ Moreover, if, in a distorted expression of familial homeostasis,⁸ the commandment is used to suggest that parents indefinitely remain the sole, objective referent for their children's lives and choices, then it becomes a bludgeon for control rather than a guideline for just entitlement between the generations.⁹ Conversely, its burden cannot be evaded over the long run. For adults whose attitudes and behavior reflect the illusion

that they owe nothing in return for life and for parental investment in that life remain as tightly loyalty-bound to their parents as if they, the children, had never left home.

In any case, whether or not they're manifested in religious terms, unworked family loyalties result in ethical disengagement.¹⁰ That is, presuming that they are uncared for, people pull back from future investments in a given relationship in order to care for themselves. The variations are endless. Consider, for example, the Reform rabbi whose Orthodox mother, a survivor of the Holocaust, now lives in Israel.

Strictly observant, she regards religious ritual as a source of parenting and as an expression of loyalty to her murdered family. Ashamed of her son's preference for reform Judaism, she hides the fact from her Israeli friends, and describes him as a teacher rather than as a rabbi.

From the son's side, he has taken his mother's orthodoxy and his father's militant agnosticism and created a viable option for living his life. But he is enraged at his mother's shame over him, and regards her ritual observance with contempt. Loyalty-bound, neither parent nor child can make room for each other's discrete choices. But it seems paradoxical that the son also defines himself as a teacher rather than a preacher. For him, the two functions are mutually exclusive.

Or consider the case of the fundamentalist Christian whose Jewish upbringing, in her view, naturally led to conversion.

Twenty-five years old, Nancy entered therapy at the suggestion of her mother's rabbi. As she defined it, her presenting problem had to do with her need to find a way to set her family at ease over her conversion. A Christian for four

⁷ See Gerald Blidstein's *Honor Thy Father and Mother, Filial Responsibility in Jewish Law and Ethics*, New York: Ktav Publishing House, Inc., 1975. Warning of the complex implications of the commandment, Blidstein notes that both Talmud and codes are extremely chary of discussion and regulation of the filial relationship, p. xiii: "The Talmud clearly left many obvious dilemmas undiscussed, and subsequent teachers did not rush in to fill the void. I assume that all this is deliberate, that the rabbis realized the unique quality of each relationship and did not hasten to issue generalized rules; that they perceived the sensitive nature of the relationship and the limited effectiveness of legislation in this area."

⁸ See D.D. Jackson "The Question of Family Homeostasis," *Psychiatric Quarterly Supplement* 31, (1957), pp. 71-90. Jackson described a concept of family homeostasis, "a hypothetical condition in which change in one family member effects changes in others in the family."

⁹ See Ivan Boszormenyi-Nagy and Barbara R. Krasner, "The Contextual Approach to Psychotherapy: Its Applications and Implications," *The Annual Review of Family Therapy*, volume 1. Edited by Gerald Berensen and Harvey White. New York: Human Sciences Press, 1981, pp. 92-128.

¹⁰ *Ibid.* "From a contextual perspective, relational corruption is an existential condition promoted by unbalanced intergenerational accounts that reinforce flight and evasion of mutual responsibility as a family's accepted mode of relating." A chronic lack of responsibility among family members usually leads to disengagement from active caring about each other.

years, she hid the fact of her conversion for two years. She decided to be baptized ten months after her father died.

Calm, inquiring and relatively undefended, Nancy said that she had been shortchanged by the "Jewish community." "For Jews," she said, "religion is just a crutch. They don't believe in God."

In her upbringing, Nancy said, she never paid much attention to Christianity one way or the other. Her mother now feels she failed to convey a Jewish background to her daughter. On the other hand, both her mother and one of her brothers would be just as upset if Nancy had become "a really religious Jew." They would "have feared for her sanity," she said; "but they would have been relieved of guilt."

At home and in college, all of Nancy's friends were Jewish. Then she met some "Jewish-Christians" who offended her by their aggressive behavior. Later she read C.S. Lewis' books in which he defines the phenomenological criteria for being a Christian. When Nancy left college to go out on her own, she was unhappy and less inclined to independence than she had supposed. Feeling a loss of purpose and meaning, she began to study Scripture. When her father died, she became depressed, and her depression made her more dependent on God in "the Christian context." She knew nothing of God in the Jewish context.

Nancy is keenly aware that her involvement in Christianity is closely related to her father's death. She was surprised at the intensity of her feelings when her father died. In her definition, they had not been close. She remembers judging both her parents for their materialism or what she calls "the country club scene." She thinks of her father as a moody man who was usually tired, grumpy and inaccessible to her mother, her brothers or her. But when he was drunk, he was "perky and gay." "He had a sense of humor and was young at heart." They were buddies, would ski together, and she would laugh at his jokes. He sided with her against her mother who, though a liberal, was horrified when a young black man asked Nancy for a date. Her attachment to her father, Nancy concluded, was based on the fact that he could be a friend. "But he never acted like a father." That is, by her criteria, he was never serious, calm, dependable or respectable.

Nancy's disappointments over her lack of fathering converged with her mother's disappointment in her husband. Nancy's mother was "always looking for an infallible man." She couldn't find one and turned to her children instead. After her husband's death, she boasted that she had always depended on her children. "But," said Nancy, "she really meant me; my brothers were too busy becoming successful like my father."

In her father, Nancy had a buddy. In her mother, she had a child who had abandoned the harder tasks of parenting. As she sees it, Nancy has spent most of her life trying to meet her parents' needs. In return, she was given many things; but rarely the parenting that a youngster requires. "I wanted to know that there were people who could take a hand in shaping my life, and I finally found that. I want my mother to share my joy. I also want her to see that I'm not deserting her and never meant to."

"I want to be fair to Judaism," she says. "Besides, I haven't turned my back on the Judaism that I was taught. I'm still a loyal daughter. The last thing in the world that I want is to reinforce someone's anti-Semitism. In Canada where she was raised, kids used to pelt my mother with stones. On the other hand, I've never had any options when it came to my parents. And this is one option that I just won't give up. The choice for me has never lain between being Jewish or Christian. The choice is between faith and no faith, meaning and no meaning, a reason to live and no reason at all."

Some years ago a psychiatrist, writing about the ways of the human will, posed a complex and difficult question: "Could it be," he asked "that the disordered will, with its paradoxical privilege for scientific fact, and the hunger from which we suffer for another will, are the consequence of the death of God proclaimed by Nietzsche in the last century?"¹¹ Nancy's is not a disordered will, but at the very least, it is signal behavior.¹²

¹¹ Leslie Farber, *The Ways of the Will, Essays Toward a Psychology and Psychopathology of the Will*. New York: Harper Colophon Books, 1966, p. 50.

¹² Boszormenyi-Nagy and Spark, *op. cit.*, p. 275 ff.

Signal behavior in family work can indicate many things. In its simplest form, it is usually meant to force attention to the fact that something's awry in a person's life and context. Paradoxically perhaps, the "indicated patient" in family therapy is frequently the person most attuned to the fact that the family's in trouble. These signals can take the form of school phobia, infidelity, substance abuse or sexual impotence or frigidity. In any case, it indicates that the balance between self-gain and mutual care in a person's life has broken down. In other words, if unfairness and mistrust become a family's way of life, someone pays a price.¹³

If relationships between parents and children eventually leave room for only one person's terms, estrangement becomes inevitable. If one person lives at a permanent advantage at the cost of another person's permanent disadvantage, then a child's natural, perhaps even biological inclination to trust is eventually transformed into mistrust. If children are forced to be loyal to one parent at the price of betraying the other, splitting and manipulation will become reliable tools for relating. If family members have neither the conviction that dialogue between them can be fruitful nor the courage to surface their sides, then evasion, flight and denial become a way of life. And the basis for fair exchange is corrupted. If parent-child relations are mired in mistrust, there is nowhere to go for a reference point of life meaning or purpose. And then it's every person for himself.

¹³ Ivan Boszormenyi-Nagy, "Contextual Therapy, Therapeutic Leverages for Mobilizing Trust," *The American Family*, Unit IV, Report 2. SmithKline Corporation, 1979: "The lack of trustworthiness in one's relational world is the primary pathogenic condition of human life." Also, see Krasner, "Restoring Relational Trust: A Rabbinic Mandate," presented at the 80th Annual Convention, The Rabbinical Assembly, 1980, *Minutes*. Audiotape copy.

The issues surrounding religious loyalties are demanding and complex for the clinician willing to address them. They can also be threatening to the helping agent's own deeply-held views; and have the potential to muddy his or her capacity for fair inquiry. Whether or not this is so, the line of inquiry from therapist to client will probably include some of the following questions.

From the client's side,

- What are his or her criteria of religion?
- What are the sources of his criteria: parents, grandparents, mate, rabbi, peers?
- Where and how do people's religious expectations of the client collide?
- How does he handle colliding religious expectations?
- What religious convictions, if any, has he chosen for himself?
- What is the function and goal of religion in his life?
- Does religion serve to modify his behavior? How?
- Is religion a source of friction in his family of origin? In his nuclear family? Is it a source of harmony?
- What difference does religion make?
- Is religious observance a resource to family members, or is it a source of conflict?
- Is religious ritual forced to do the work of relationship for him or her, that is, does it function in lieu of candor and intimacy?
- Is there room for differing expressions of religious observance in the family?
- How are differences in the person's family negotiated and resolved?
- Do his or her religious attitudes and behavior in family of procreation force him disloyalty to his family of origin?
- How have parental differences over religion forced the person into a situation of split loyalties?
- Do religious texts, guidelines, rituals, holidays, liturgy and prayer

- 1) Free the person or bind him?
- 2) Enable fair give-and-take or restrict it?
- 3) Contribute to openness and flexibility or to defensiveness and rigidity?
- 4) Make him judgemental or receptive to other people's views?
- 5) Help the person address and handle shame and guilt or drive him deeper into it?
- 6) Underwrite compulsive tendencies or prod him to new growth?
- 7) Help actualize forgiveness or provide a leverage for blame?
- 8) Encourage responsibility or its abandonment to others?

From the clinician's side,

- Do religious references and language from a client evoke ambivalence or anxiety in a clinician?
- To what degree has a clinician resolved his own religious conflicts so that he can more readily distinguish the terms of his client's context from that of his own?
- To what degree are a client's religious loyalties, his synagogue, his rabbi, ritual, and meditation or prayer a resource to the clinician?
- Does a client's investment in God comport with his clinician's criteria for mental health?

The questions are complex, the answers even more so. Yet the clinician's task is to help his client plumb the depth and breadth

of his inner and relational realities so that the healing process can begin.

The burden of this paper has been geared to clinical work. But its implications are clearly linked to religious considerations. Imbued with philosophical, legal, literary, historical and linguistic knowledge as well as with spiritual wisdom, religion has many facets and functions. But in my view, the primary task of biblical and rabbinic religion is to act as the guardian of the quality of individual and interpersonal existence. Its images of man and its vision of human potential have long offered viable paradigms of trust, justice, courage, joy, consolation and hope.

Subject to distortion, corruption and backsliding ways, religion like therapy is no end in itself. A direction and a way, like therapy, religion yields its possibilities to people who choose to invest in it. Sometimes confused with magic by those who mystify its purposes and goals, religion may indeed seem magical. There is mystery. But there is no magic about the rudiments of the Jewish religion that are embodied in the Sh'ma: 1) that the love of God is the root of human integrity, and 2) that the premises of human fidelity, i.e., a person's capacity to do what is required of him, are initially taught and transmitted through the intensity and the complexity of the parent-child relationship, from generation to generation (Deut. 6: 4-9).