

Brent D. Slife*, Lisa Scott, Adam McDonald

The Clash of Theism and Liberal Individualism in Psychotherapy: A Case Illustration

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Abstract: The present article extends the work of Allen Bergin by illustrating the therapeutic clash of liberal individualism and theism in an actual therapy case. As many scholars have demonstrated, liberal individualism has long been the “disguised ideology” at the assumptive base of many psychotherapy theories and practices. The case shows how the lead author was an “agent of culture,” to use Bergin’s terms, in his therapy with a Christian woman. It explains how he attempted to persuade her, without realizing it, to move from her basically Christian values to an individualist emphasis on happiness, instrumentalism, freedom from, autonomy, openness, and independence. Recommendations to deal with these issues are described.

Keywords: psychotherapy, religious values, theism, liberal individualism, happiness, instrumentalism, autonomy, openness

The purpose of this article is not only to honor Allen Bergin’s momentous work on religious values but also to extend this work through an actual therapy case. As early as 1980, Bergin described how the naturalism and pragmatism of psychology leaves it open to a “straightforward implementation of the values of the dominant social system.”¹ The therapist, as he put it, is “an agent of culture.”² The therapist is both influenced by and a purveyor of culture, which is not a problem as long as the culture is critically examined in its use with clients. Unfortunately, Bergin not only implies quite rightly that this examination rarely occurs in psychology; he also states quite explicitly that the value system or culture typically implemented “clashes with theistic systems of belief,” the most likely belief system of American clients.³

The present article illustrates this clash through the therapy work of the lead author who, at the time, did not realize he was an agent of a particular cultural and professional ideology—liberal individualism. As many scholars have demonstrated,⁴ liberal individualism has long been the “disguised ideology” at the assumptive base of most psychotherapy theories and practices.⁵ Although the therapy illustration described in this paper occurred many years ago, during the lead author’s clinical training, there is abundant evidence that this cultural ideology is alive and well in the professional values of many psychotherapists and social

1 Bergin, “Psychotherapy and Religious Values,” 98.

2 Ibid.

3 Gallup, *Religion*; Pew Research, *Religious Landscape Study*.

4 Bellah, Madsen, Sullivan, & Tipton, “Habits of the heart”; Fowers, Richardson, & Slife, “Human frailty, vice, and suffering”; Rieff, “The triumph of the therapeutic”; Richardson, Fowers, & Guignon, “Re-envisioning psychology.”

5 Bernstein, “The restructuring of social and political theory”; Richardson, “Critical thinking about psychology.”

*Corresponding author: Brent D. Slife, Brigham Young University, E-mail: slife@byu.edu
Lisa Scott, Adam McDonald, Brigham Young University

scientists.⁶ This therapy example demonstrates how these values can affect psychotherapy with theistic clients, in this case a Christian client.

The Therapeutic Context

During my (BDS) early training as a clinical psychologist at Purdue University, I was assigned to a “depression case,” a middle-aged Indiana woman who sincerely believed, at least at first, that her emotional turmoil was the result of “spiritual struggles.” Mary, as we will call her here, had worked with her pastor on these struggles, but her emotional problems did not seem to abate. When my supervisor, a self-proclaimed behaviorist, heard that Mary was convinced of the spiritual nature of her emotional troubles, he stated in no uncertain terms: “the first thing you do, Mr. Slife, is disabuse her of that religious claptrap. Her depression has nothing to do with her ‘spiritual struggles.’ It is a straightforward lack of reinforcements in her life.”

Although this quote from my supervisor (the gist of which I will never forget) might make him appear unduly critical of religion, I remember some thoughtful conversations that revealed his main problem was not religion per se but rather his belief that Mary had misunderstood her troubles. In his mind, “research has clearly shown the importance of reinforcements, not spiritual struggles, in depression.” In fact, my supervisor was generally clear about the sovereignty and autonomy of the client—that we should “take our cues, as much as the research will allow, from the values of the client.” In this sense, we should be open to Mary’s own ways of thinking about her world, especially because “our main if not only goal” is to move her away from her depression and back into the realm of a happy person. As it happens, my work with Mary seemed moderately successful after a few months, and we terminated our relationship.

However, I now see that I taught Mary liberal individualism in the guise of “science” as a replacement for her Christian theism, at least in regard to her emotions. I even remember distinctly her expressing some doubts about some aspects of our work, but she eventually surrendered to my point of view because it was “backed by science.” I have no doubt that she would have still identified herself as a Christian after therapy, but I also do not doubt that she would have explained and understood her emotions, the main subject of our work together, as if her God and Christianity were irrelevant to them. Indeed, if she had continued her therapy with my supervisor and me, I would have taught Mary, little by little, problem by problem, to understand her *entire* world (not just her emotions) quite differently from her Christian worldview. Perhaps more importantly, I did and would have done all of this without her or me, and perhaps even my supervisor, knowing it was even happening.

Clarifying Liberal Individualism

Before describing aspects of the therapy process that illustrate these points, it seems important to get some clarity about liberal individualism. As mentioned, prominent psychological⁷ and sociological scholars⁸ have long believed that it was and is the primary values and assumptions of American psychotherapists. These scholarly resources, among others, explain the depth, breadth, and practical implications of this latent ideology. In this section, we will attempt briefly to unpack the meanings in the two terms of the phrase “liberal individualism.” In the sections following this one, we will then try to show how important characteristics of this individualism, as embedded in the treatment of the Indiana woman, conflicted with Mary’s own Christian belief system, however “successful” therapy might have been.

⁶ Fowers, Tredinnick, & Applegate, “Individualism and counseling”; Tredinnick, Fowers, “Individualism and psychotherapy”; Fowers et al., “Human frailty, vice, and suffering”; Nelson & Slife, “A new positive psychology”; Slife, “Liberal individualism.”

⁷ Fowers, “Beyond the myth of marital happiness”; Richardson et al., “Re-envisioning psychology.”

⁸ E.g., Bellah et al., “Habits of the heart”; Rieff, “The triumph of the therapeutic.”

Individualism

Robert Bellah and his colleagues⁹ provided one of the best descriptions of the widespread contemporary notion that the basic unit of human reality is the individual person. In this sense, social systems, such as marriage and community, are secondary to individuals. Mary is first and foremost an individual who only later creates a social system like her marriage. The secondary status of social systems also means that they are intended to serve the needs of the individuals who create them. Social systems such as governments, churches, and families are all the means, and individuals are the ends that these systems are supposed to serve.

Mary's marriage, in this sense, was created to serve the basic unit of reality, the individuals involved in the marriage. Individual happiness or well-being is frequently considered the primary end of individuals, from this individualist perspective, so that virtually everything and everyone in the world are the means to this end.¹⁰ The aim of Mary's marriage, then, is the individual happiness of her and her husband. In fact, psychological evaluations of marital satisfaction routinely measure only individual satisfaction.¹¹ If she and her husband are not happy, then the marriage is not functioning correctly, and it is perfectly justified for either partner to consider dissolving the marriage. Many scholars have argued that this type of individualism is a main culprit in the high rate of divorce.¹²

Liberal

Now that we are clear about the deepest of human realities for the individualist, the self-contained individual, we can entertain the basic rights of the individual that social structures should guard and facilitate—the “liberal” term in liberal individualism. This term is not about political liberalism, at least not in its conventional use. In fact, most observers consider liberal individualism to be so pervasive in American society that the mainstreams of both political liberalism and political conservatism draw from the same well of liberal individualism.¹³ Rather than political liberalism, the meaning of liberalism here means aspiring to a kind of freedom or liberation of the individual.¹⁴ Surely for many Americans this kind of aspiration is positive and good. Indeed, there is little doubt that this form of liberalism has historically led to the championing of human rights, with all its positive implications.¹⁵

However, this form of liberation rarely stops there. Many such liberated individuals view themselves as possessing a kind of autonomy that is free from moral tradition and external authority. After all, individuals have the responsibility and right to decide for themselves who they are and how they should express themselves—without the influence of authority or tradition. In fact, Mary admitted to being confused about such authority, because she was raised to be independent and make her own decisions, yet she was also taught to obey God's authority and her church's Christian precepts. This confusion led her ultimately to make many life decisions apart from the views of her family and religious leaders. After all, from her individualist perspective, she had to be a bit suspicious of their motives, given that they were likely using her as a means for their own personal ends. In this sense of liberal, dependence on others, especially various “authorities,” is rarely good.

⁹ Bellah et al., “Habits of the heart.”

¹⁰ Fowers et al., “Human frailty, vice, and suffering.”

¹¹ Ostenson, “Measuring relationships or measuring individuals.”

¹² E.g., Amato, Booth, Johnson, & Rogers, “Alone together”; Fowers, “Beyond the myth of marital happiness.”

¹³ The political views of the conventional “liberal” and “conservative” camps in today's politics, from this perspective, are more alike than different. They are different versions of the same underlying modern individualistic doctrine. One camp advocates large-scale social programs and a high degree of personal or “lifestyle” autonomy, the other camp stresses reliance on broad market forces and celebrates individual economic freedom. Both political viewpoints make individuals and individual freedom the cornerstone of their approach, even though they understand these notions somewhat differently. Both tend to rely on large-scale impersonal mechanisms, either the state or market, to sort out our differences, and downplay more traditional notions of community, civil society, or reasoning together about the public interest or common good (Richardson et al., “Re-envisioning psychology.”).

¹⁴ Fowers et al., “Human frailty, vice, and suffering.”

¹⁵ Richardson et al., “Re-envisioning psychology.”

Flourishing

The implications of liberal individualism for flourishing are straightforward—happy and independent individuals are viewed as flourishing. Indeed, this implication is so obvious to many in American culture that it is typically unstated and assumed.¹⁶ Instead, the focus is on the means to attain this particular kind of flourishing. Self-help and self-improvement books are replete with methods to facilitate individual happiness and well-being. Psychology’s treatment strategies, in this same sense, are frequently viewed as part of this focus on means. They are methods that should facilitate individual goals, especially individual happiness. This particular goal is the reason so many psychological and psychiatric resources are devoted to reducing depression. Depression is the enemy of flourishing in this liberal individualist sense (hereafter, individualist).

Teaching the Characteristics of Individualism

Observers of individualism have listed many features or characteristics of this ideology or system of values.¹⁷ We have chosen several here to highlight some of the problems that can arise with theistic clients such as Mary. These include happiness, instrumentalism, freedom from, autonomy, openness, and independence.

Teaching Happiness

If the scholarship of those who have investigated individualism in therapy theory and practice is true, then there is at least the possibility that the main goal of my therapy with Mary—the remediation of her depression—was an implication of this hidden value system. Many therapists, however, would likely not embrace this possibility immediately, because they believe that the remediation of depression is not so much a “value” of a cultural ideology as it is a fact of life or a product of our biochemistry.¹⁸ After all, they might say, no one wants to be depressed. Some variation on human flourishing is one of the most endorsed lay and professional life goals in American culture and academia, whether it is happiness, well-being, or life satisfaction.¹⁹

But do we *have* to consider this negative view of depression solely as a fact of living or a biochemical malady? Depression could stem from several sources, including personal, cultural, and/or biochemical sources. Even *if* biochemistry is the source of depression in some cases, it does not follow that it is necessarily the sole source in all cases, especially if American culture is pervaded with the individualist expectation that it is wrong for people to feel unfulfilled or sad. Indeed, if the originating source *were* cultural in some sense, there is every reason to believe that this kind of emotional state would be reflected in an individual’s biochemistry. Either way, the possibility of such cultural factors needs to be taken into account, both in research and in psychotherapy. Why would we even *study* biochemical correlates of depression if not for a value system that considers them potentially problematic? And what if a theistic client like Mary does not wholly embrace this value system? We could be teaching happiness (e.g., facilitating reinforcements) as a treatment for something that is not really a problem, or at least not always a problem.

Consider, for example, how Charles Taylor²⁰ in his book *A Secular Age* challenges the compatibility of Christianity and the goal of happiness, or more generally, the goal of human flourishing. From his perspective, an emphasis on human flourishing is *not* part of the Christian worldview. Christians are called to move “beyond human flourishing” toward some type of self-renunciation or kenosis.²¹ They should be

¹⁶ Ibid.

¹⁷ Bellah et al., “Habits of the heart”; Fowers et al., “Human frailty, vice, and suffering”; Rieff, “The triumph of the therapeutic”; Richardson et al., “Re-envisioning psychology”; Nelson & Slife, in press.

¹⁸ Serretti & Olgiati, “Biochemistry of depressive disorders.”

¹⁹ Seligman, “Authentic happiness”; Seligman, “Flourish.”

²⁰ Taylor, “A secular age.”

²¹ Taylor, “A secular age”; Sorenson, “Kenosis and alterity in Christian spirituality.”

less interested in their own flourishing and more interested in their God flourishing, especially if divine flourishing is less individualistic and more relational. Christians should baptize others in the name of Jesus Christ, and glorify Him, not themselves. As the beginning of a widely read Christian book, *The Purpose-Driven Life*, puts it, “it’s not about you.”²² In retrospect, I now see this issue as the source of my primary therapeutic struggle with Mary. She fought constantly the notion that she should “give herself more reinforcements” or “put herself first,” because these notions felt somehow wrong to her. Others and her God should come first.

Moreover, suffering and sadness are not always bad or wrong from a Christian perspective, as the lives of Job, the Apostle Paul, and Jesus illustrate (or “witness” to use Mary’s term). Suffering and depression, in this sense, are not necessarily indicators that something is wrong; suffering and sadness can be valuable aids to Christian meanings (e.g., Christ in the garden of Gethsemane), not to mention a stronger or a closer relationship with God. Christians should *at least* ask about the nature of their depression and not automatically try to eliminate it. Indeed, some vital life meanings may only come from suffering and sadness. I realize now why Mary was plagued with questions about the meaning of her depression. Instead of a quirk of biochemical fate, there might actually be some important meaning involved, some pivotal lesson to be learned. For this reason, the therapeutic short-circuiting of depression, especially if it’s primarily from cultural factors, could short-circuit the learning of significant client meanings.

This is not to say that human flourishing cannot *ensue* from this kind of divine relationship or these kinds of meanings. It is only to say that human flourishing should not be *pursued* from the Christian perspective. Pursuing some variation on human flourishing is to make God the means to human ends and preclude the possibility of real worship. As we will see in the next section, this instrumentalism is itself problematic from a Christian perspective. For Mary, however, the cultural pull of happiness was too alluring, not to mention that I, as her therapist, was actively selling her on this individualist view of the good life. From a Christian perspective, I was teaching her, at least implicitly, to value her own flourishing over that of her God’s. In a very real sense, I was teaching her to be the God of her own life, contrary to her Christianity.

Teaching Instrumentalism

When individual happiness reigns supreme, virtually everything else can be viewed as a means to or an instrument of this happiness, and this includes our relationships with others. Sometimes labeled *instrumentalism*,²³ this aspect of individualism portrays other people and our interpersonal relationships as instruments or tools of our happiness. When, for instance, Mary revealed some marital strife, my supervisor was quick to question whether her marriage was serving her wellbeing. Was it a factor in her depression? He was very clear with me that we either get her marriage working for her happiness again, or she needs to get a new mate.

This conception of marriage has led prominent marital researchers to consider such individualist attitudes a prime factor in our high American divorce rate.²⁴ Actually, *anything* that gets in the way of individual flourishing should be eliminated in this regard, including Mary’s own Christianity. Religion, from this individualist viewpoint, can only serve as an instrument of our happiness and should be discarded if something better—something that makes us happier—comes along. When a religious person like Mary is depressed, it is obvious that her religious activities need to be investigated, because they may not be performing their happiness functions.

Needless to say, Christians like Mary do not view their marriage or their Christianity in this instrumental manner. If anything, the reverse view is true. Instead of the individual as the end and the relationship as the means, the relationship is the end (in the service of love), with the individuals involved as the means. I remember distinctly the “Great Commandment”²⁵ befuddling Mary in this regard: “If I [Mary] should love

²² Warren, “The Purpose-Driven Life”, 17.

²³ Richardson et al., “Re-envisioning psychology.”

²⁴ E.g., Fowers, “Beyond the myth of marital happiness”; Amato et al., “Alone together.”

²⁵ Matthew 22:37-39.

the Lord with all my heart, soul, and mind, and my neighbor as myself, why would I treat my husband and my God as potential sources of reinforcement?” To Christians, relationships are the ends, both divine and earthly, and so they are protected and nurtured, even if this protection means that the individuals involved are not themselves happy or flourishing, which may have been Mary’s point. Still, the power of the therapist is scary. I firmly believe that I was successful in persuading Mary, however unknowingly, to the priority of her own happiness, which necessarily meant the secondary importance of her relationship to her husband and her God.

Teaching “Freedom From”

Over half a century ago, Erich Fromm²⁶ richly portrayed the kind of personal difficulties that accompany an instrumentalized way of life, something he thought was a major source of emotional problems in living.²⁷ Discussing what he called the “ambiguity of freedom” in modern times, Fromm argued that we have a well-developed sense of “freedom from” arbitrary authority and dogmatic obstacles to individualist liberation. Yet, we are sorely lacking a corresponding sense of “freedom to” or “freedom for” that would give some context, direction, or deeper purpose to our increased freedom and opportunity.

In my therapy with Mary, I was convinced (by my individualist values) that she was virtually enslaved to the dogma of her church, if not her God. I use the term “enslaved” because it seemed obvious to me that she was completely weighed down with obligations. For my supervisor and I, obligations were inherently bad. They tied you down and prevented you from what Bellah et al.²⁸ would call *expressive individualism*, the power and duty to express your unique self and “do your own thing.” In personal discussions with my supervisor, I knew that he was looking ahead dreamily to his retirement, because he wanted to be obligation-free, Fromm’s freedom-from the constraints of life.

These discussions meant to me at that time that Mary’s flourishing implied fewer obligations. Consequently, I worked not only to increase her reinforcements but also to decrease her obligations. This task, again, was a struggle with her that I did not understand at the time. She seemed so entangled in her church work, what she called her “family,” that I could not imagine any fulfillment from such ties. To be sure, she complained about parts of it, but there is no question that she saw other parts as the way to spend her freedom. From the Christian perspective, what is the purpose of freedom-from if you have nothing meaningful in which to use this freedom for? Freedom (in Fromm’s sense too) is intended to be used to do good works, yet again, my not identifying my own values led me to decimate hers, effectively decreasing her freedom-to to bolster her freedom-from.

Teaching Autonomy

Client autonomy is another important professional and therapeutic value.²⁹ Recall that respect for this value is what led my supervisor to resist challenging any more of Mary’s Christian values. In fact, I do not believe that he or I ever intended to “convert” Mary to our own value system. As far as I knew, we were merely following the dictates of science. So therapy went along, with us championing the client’s personal autonomy and yet compromising it at many points we did not recognize.

This ironic process, as I now see it in retrospect, involved us in persuading Mary to adopt the value system of my supervisor and me on autonomy itself. What right do others, especially your pastor or your God, have to tell you how to live your life? The common adages, “to each his own” and “different strokes for different folks,” convey this common attitude. Indeed, as mentioned earlier, moral and religious traditions are themselves viewed as potentially problematic because they can repress if not squelch altogether individual autonomy in decision-making and self-expression. In this sense, I

²⁶ Fromm, “Escape from freedom.”

²⁷ Richardson, “Critical thinking about psychology.”

²⁸ Bellah et al., “Habits of the heart.”

²⁹ Jennings, Sovereign, Botorff, Mussell, & Vye, “Nine ethical values of master therapists.”

encouraged Mary to follow her own values, especially as they might influence her self-reinforcement, the focus of my supervisor.

On the other hand, one of the problems with this emphasis on client autonomy is that a client's values, even as autonomously chosen, can be part of the client's problems. How can we correct these values without offering another set of values that we believe is better? Indeed, how could we even discern problems with a client's values without some sort of value-laden criteria from which to evaluate them? Here is where, in retrospect, I wonder if the moral and religious traditions of our culture would come in handy. Indeed, how many therapists lean on these traditions by default in such instances? Is this issue yet another reason not to avoid the religious precepts and values of culture and bring them instead into full view as at least factors to be aware of in psychology and psychotherapy? An affirmative answer to this question is, in fact, part of the thrust of Bergin's work.³⁰

Some psychologists at this juncture might want to defer to the values discovered by positive psychologists.³¹ However, these values are merely descriptions of the values of others, possibly the liberal individualism of these others,³² not to mention how these values have led these others to their own happiness and well-being.³³ We are back to individualism and instrumentalism again, and we have not really addressed the therapeutic difficulty of handling problematic client values.

Teaching Openness

The autonomy of the individual also implies another, cherished professional value—the openness of the therapist.³⁴ As just described, there should be no external authority whatsoever in therapy, whether religious or therapeutic, according to individualism. Otherwise, this authority would contravene the individual's autonomy in making important decisions. The therapist should therefore be open to the client's values and, if anything, facilitate and even operate within them. Indeed, the ethics of APA and ACA are clear in their declaration that therapists should never impose their own values on their clients,³⁵ leaving therapeutic openness the only option. My supervisor, as I mentioned, was a paragon of this option, and so I attempted to model him as I opened myself to some of Mary's rather odd values and ways of thinking, including some fundamentalist religious views.

The presence of these “odd” values, at least as I experienced them, raises a basic question for open-minded therapists: what should they do when their clients are closed-minded? There is no question that the relevant research has already addressed what such therapists *actually* do, because this research shows repeatedly that open-minded therapists typically view the close-mindedness of clients as bad or even abnormal.³⁶ In fact, the research confirms that these therapists attempt to change this close-mindedness so that their clients are more like them.³⁷

Needless to say, this situation is a bit paradoxical because the openness of therapists is apparently not open to certain client values. Paul Meehl,³⁸ in noticing this lack of openness and even “conversion” of clients, wondered if therapists were themselves “crypto-missionaries.”³⁹ I found myself particularly concerned in this regard about some instances of Mary's Sunday School teaching. She seemed closed-minded and dogmatic to me in relating her beliefs to her students. It was not until much later that I realized how I was attempting, fairly dogmatically, to teach her my own value of openness. I was, somewhat paradoxically,

30 E.g., Bergin, “Psychotherapy and religious values”; Bergin, “Values and religious issues in psychotherapy.”

31 E.g., Seligman, “Flourish.”

32 Christopher, Richardson, & Slife, “Thinking through positive psychotherapy.”

33 Fowers et al., “Human frailty, vice, and suffering.”

34 Jennings et al., “Nine ethical values of master therapists.”

35 American Counseling Association, “American Counseling Association code of ethics”; American Psychological Association, “American Psychological Association ethical principles.”

36 Slife, Smith, & Burchfield, “Psychotherapists as crypto missionaries”; Tjeltveit, “Ethics and values in psychotherapy.”

37 Tjeltveit, “Ethics and values in psychotherapy.”

38 Meehl, “Some technical and axiological problems.”

39 Ibid., 257.

close-minded about her closed-mindedness; I was a missionary of individualism. The issue here is not so much the truth or falseness of individualism; open-mindedness in this individualistic sense could be important for many clients. The issue is our knowing about these ideological issues, so that we can evaluate who they are good for and why.

Teaching Independence

Consider one final, potential influence of liberal individualism in psychotherapy, the import of a client's independence. Remember that the "liberal" means that clients should be liberated from whatever might get in the way of their needs. Everyone should, from this perspective, be as independent of restrictions as possible. Independence is good; dependence is bad. The popular notion of co-dependency is a case in point, and leaders in the field have bestowed a diagnostic label on consistent dependency of this sort—Dependent Personality Disorder.

Most therapists would, of course, want to note that this disorder refers to *excessive* forms of dependency, which is surely true. Still, there is curiously no Independent Personality Disorder. There is apparently no severe forms of *independence*, because there can be no such thing from the perspective of the individualist. Moreover, developmental psychologists frequently extol independence as one of the primary objectives of adult maturity, originating from and adding to psychology's emphasis on individualism.⁴⁰

As it happens, Mary's independence was an important issue in our therapy, particularly when we considered her marriage. At the time, I thought she was excessively close-minded about her devotion to her husband. I was convinced, as was my supervisor, that this marriage was a prime source of her depression. I was open, of course, to healing the marriage, so that she could be happy again, but her husband refused to attend sessions, and my remote interventions into their relationship were ineffective. My concern was so great at one point that I found myself trying to persuade her to leave him. My tack was pure individualism: it is better to be single and happy than married and miserable—pure logic, or so I thought.

Mary, for her part, never bought this "logic," leaving me and my supervisor (with our hidden ideology) completely puzzled. In retrospect I can clearly see the issues. Many Christians view themselves as inextricably dependent on their deity and their community, with marriage as a sacred portion of both. I now respect that belief, but during our work together I considered Mary quite irrational on the subject.

Disguised Ideologies: What to do

Informed Consent

If individualism really is surreptitiously informing our therapeutic and professional values, should not our clients be at least apprised of the situation, especially if they potentially hold contrasting beliefs? This was surely one of Allen Bergin's most important aims:

In light of the foregoing, it would be honest and ethical to acknowledge that we are implementing our own value systems via our professional work and to be more explicit about what we believe while also respecting the value systems of others. If values are pervasive, if our values tend to be on the whole discrepant from those of the community or the client population, it would be ethical to publicize where we stand. Then people would have a better choice of what they want to get into, and we would avoid deception.⁴¹

Therapists have, to some degree, already taken these kinds of warnings to heart, including in many instances their own personal values in their informed consent with clients. The problem is that some therapists are unaware of the systems of values that pervade American culture and their own profession, such as liberal individualism, especially as they might impact theistic clients. Because these cultural

⁴⁰ Santrock, "Adolescence"; Van Petegem, Vansteenkiste, & Beyers, "The jingle-jangle fallacy."

⁴¹ Bergin, "Psychotherapy and religious values", 101.

and professional values are rarely challenged, they have not been identified as values to be revealed in informed consent procedures.

The issue here is not just potential therapist-client disagreement or even therapeutic bias. If the case of Mary is any indication, the most important issue is Meehl's point—the therapist as crypto-missionary—where therapists attempt to “convert” their clients to their own value-laden “faiths”.⁴² At least religious missionaries know to some degree the faith to which they are converting people. Not only are many therapists unaware of these cultural values; they have not critically examined the characteristics of this ideology—its emphasis on happiness, instrumentalism, freedom from, autonomy, openness, and independence—to know if any of these characteristics are right or effective with the particular clients involved.

Training

But should psychotherapists be involved in spiritual issues at all? There is no question that such issues will befuddle many psychotherapists. Most will assume that the secular and the sacred should be separated, with psychotherapists working on the former and pastoral counselors working on the latter. The difficulty is that this separation is not so easy. After working both in the Bible Belt with Mary and more recently in the Book of Mormon Belt with clients, the authors of this paper would challenge the sharpness of any such division. Certainly, any serious understanding of culture or indigenous psychology would not assume that cultures can be divorced from their religious elements.⁴³ Indeed, most cultures are pervaded with value systems of this sort or another. Perhaps it is time that our training includes some religious competency as well as cultural competency.

Was not this part of Bergin's original point? As agents of culture, we cannot escape value systems such as religions, so some type of training in such systems would seem imperative. We recognize that this approach to training would violate another feature of liberal individualism—our liberation from religious traditions so we can decide for ourselves. However, this feature assumes that culture *can* be “liberated,” such that religions are extracted from cultural competency. There is an important body of literature that severely questions this assumption.⁴⁴

In this sense, training could at least arm fledgling students of psychotherapy with an awareness of these issues. What are the assumptions and values of the discipline, and how do they stack up to those of other cultures and value systems? Currently, much of American psychotherapy theory, research, and practice are often presented as if they are relatively separate from culture and values. Yet there is every indication that they too are parts of an indigenous psychology, a psychology born of a particular culture. We hope that this paper, in honor of Allen Bergin's pioneering work, contributes to the greater awareness of the cultural crucible of American psychotherapy.

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⁴² Tjelveit, “Ethics and values in psychotherapy.”

⁴³ Kim, Yang, & Hwang, “Indigenous and culture psychology.”

⁴⁴ E.g., Kirmayer, “Mindfulness in cultural context”; Whitley, “Religious competence.”

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