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de Groot, C.N.

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## Sociology of religion looks at psychotherapy \*

by C.N. de Groot \*\*

Se pourrait-il que la psychothérapie séculière soit implicitement religieuse ? Sur base de recherches personnelles et en s'appuyant sur la sociologie de la religion de Weber, l'auteur élabore une grille heuristique qui identifie les traits et tendances de la psychothérapie hollandaise. La grille est à base de quatre concepts : 1. Les méthodologies de salut, oscillant entre un ascétisme et un mysticisme subjectifs ; 2. Le le souci pastoral et le pouvoir pastoral ; 3. Les homologues structurelles entre les champs religieux et thérapeutiques ; 4. Les relations au dedans du champ religieux". Une typologie des rapports pastoraux est esquissée. Elle montre que les intérêts induisent des articulations changeantes entre les champs en question. La portée du concept "religion implicite" est soupesée : a-t-il intérêt à faire tache d'huile ?

Journalists, theologians, philosophers, anthropologists, sociologists and even psychotherapists themselves regularly draw attention to religious aspects of psychotherapy <sup>1</sup>, or even classify psychotherapy as a religious practice (Becker, 1973 ; Gross, 1978 ; London, 1964 ; Rosen, 1977 ; Vitz, 1977). The general statement that the psychiatrist has replaced the priest, or that psychology is a new, implicit, religion has already acquired the status of a cliché. Still, the idea has not yet been systematically elaborated in a sociological way. I think both the sociology of religion and the sociology of medicine and health could benefit from such an undertaking, although paradoxically, elaboration may lead to a dismantling of the general statement. For the idea that psychotherapy should (also) be regarded as a religious phenomenon, is constituted by several different, more specific hypotheses and suggestions. It appears that observations and interpretations that are only loosely connected come together in the vague general notion that something religious is going on.

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\* The content of this paper is discussed more widely in GROOT (DE) C.N., *Naar een nieuwe clerus*, Kampen, Kok Agora, 1995 (in Dutch with a summary in English).

\*\* Katholieke Universiteit Nijmegen, Faculteit der Godgeleerdheid.

<sup>1</sup> I use "psychotherapy" as a general term for the psychological, rather than physical, treatment of people facing problems of living such as relational problems, anxiety, grief and bereavement. Thus it comprises large parts of what may be understood by the term "mental health care". Psychotherapists, in my own usage, can refer to mutually overlapping professionals such as psychologists, psychoanalysts, psychiatrists and counsellors. As an emic term it may also have more restricted meaning.

This fuzzy idea may be linked with an equally fuzzy concept of “implicit religion” (Bailey, 1990b ; Swatos, 1993). I take this concept as an unelaborated starting point, an exhortation to use the perspective of the sociologist, or perhaps more broadly : the scientist of religion when the object is not religion as it is usually conceived. Deliberately, I do not specify this concept much further because this is bound to lead to a restrictive choice for a particular approach within sociology of religion, while in my view nearly all approaches of explicit religion are principally available to the researcher of “implicit religion”. This is not to question the value of specific theories of implicit religion but to emphasize the distinction between the necessarily unspecified notion of implicit religion<sup>2</sup> and specific theories of commitment (Bailey, 1990a) or ultimate significations (Nesti, 1990).

Using this fuzzy concept, I have specified the heuristic value of the similarities, comparisons, historical relations, etc. between psychotherapy and religion that have been brought up. I see four ways in which psychotherapy is conceived as a religion, or as you wish : the literature reveals four aspects of psychotherapy’s “implicit religion”.

Concepts such as faith and religiosity in the work of Paul Halmos and Philip Rieff refer to one aspect (Halmos, 1966 ; Rieff, 1966). The way psychotherapists operate, reflect on their work and the way they are appreciated, have aroused the impression that psychotherapeutic orientations are expressions of faith. Halmos argues that counsellors (including psychotherapists) are not just secular, technical equivalents of pastors : they offer salvation and spiritual solace motivated by some sort of faith. That there is indeed an active role of faith is demonstrated, according to Halmos, by the apparent contradictions in the professional ideology which, axiomatically, must be transcended ; this transcendence is characteristic of faith, religious or secular. In addition, Halmos stresses the continuity between the Christian and the counsellors’ beliefs and moral principles. Rieff postulates that psychotherapy uses a language of faith, but unlike Halmos he stresses the discontinuity with Christian religion.

According to Rieff, the psychotherapeutic culture does not unite people to form a moral community. Christopher Lasch elaborated this idea in his condemnation of the culture of narcissism, calling psychotherapy an “anti-religion” (Lasch, 1980). All three authors argue that psychotherapeutic theories are based on faith.

The second aspect is psychotherapeutic practice itself. Anthropologists (Lévi-Strauss, 1967) and psychiatrists (Ehrenwald, 1966 ; Frank, 1973) have identified psychotherapy as a secular western version of shamanism and faith healing. James Dow’s concept of symbolic healing is an influential example of this approach and an attempt to explain the religious char-

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<sup>2</sup> Thus conceived, one may also speak of an implicit study of implicit religion (BAILEY E., 1990b). After all, authors who pay attention to faith, beliefs, rituals and morals that are not explicitly religious rarely use the label “implicit religion”.

acter of this phenomenon as well (Dow, 1986). This line of thinking competes with an element of the thesis of Halmos and Rieff, namely that psychotherapy and pastorate (rather than faith healing) are at least in some respects functional equivalents. The critical psychiatrist Thomas Szasz put it more boldly : psychotherapists are secular pastors (Szasz, 1978). Michel Foucault presented a special version of this latter argument (Foucault, 1978, 1983). In his hypothesis the continuity between psychotherapy and pastorate concerns the form of power exerted<sup>3</sup>. Pastoral power, cultivated in Christianity but multiplied in secular institutions, stimulates people to reveal the truth about the individual as such, resulting in an advanced and radical self-control. Hepworth and Turner and Abercrombie took up this point fruitfully in their studies of confession (Hepworth/Turner, 1983 ; Abercrombie et al., 1986).

The third aspect can be inferred from analogies between the world of psychotherapy and the world of religion, such as psychotherapeutic sectarianism, holy books, rites of initiation, etc. These are analogies of a general character, which may be useful in the study of the field of arts, or of science as well. Gilbert Vincent tried to grasp this aspect for the intellectual and helping professions in particular through a sociological conception of vocation, *croyance*, etc. (Vincent, 1985 :27). Thus it becomes possible to compare, for example, the way therapists derive their authority from their loyalty to the therapeutic scene, with the way clerical priests derive their authority from the Church.

The fourth aspect consists in the observation that there are various ways in which psychotherapy and institutional religion interconnect. It has been put forward as an argument for continuity that several psychotherapists and leading theorists in the field have a religious, clerical or theological background. The same case has been made for Sigmund Freud's and others' aversion to religion (but see Gay, 1987). One may also interpret the mutual influence of psychotherapy and church pastorate as an indication that they are related. Gilbert Vincent and Pierre Bourdieu suggest that the history of mutual influence and jurisdiction should have a central place in future research (Vincent, 1985 ; Bourdieu, 1985). Bourdieu perceives an ongoing dissolution of the religious field into a new field for the symbolic manipulation of personal philosophy and way of life (Bourdieu, 1985). From a similar perspective Andrew Abbott discusses how the clergy in the United States failed to obtain the personal problems jurisdiction and withdrew in the face of the rising psychotherapeutic profession (Abbott, 1988).

I have related these four aspects with a coherent sociological approach : Max Weber's sociology of religion, and Pierre Bourdieu's interpretation of it. As to the aspect of faith and practice, I suggest two Weberian ideal types, in the latter case in combination with the hypothesis of Foucault ; I

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<sup>3</sup> See CHIDDESTER A., 1986, for suggestions on how this and other areas of the study of religion may benefit from Foucault's work.

use Bourdieu's field theory to consider the third aspect and in discussing the fourth I will take the question whether psychotherapy should be distinguished from religious pastoral care in a constructivistic perspective : in which ways do the participants themselves draw the boundaries ? I will present the thus constructed four sensitizing concepts, and illustrate them with material taken from the Dutch professional journal for mental health workers *Maandblad (voor de) geestelijke volksgezondheid/MGV* (MGV, 1946-1993)<sup>4</sup>. The objective is not to determine whether professional psychotherapy is implicitly religious or not, but to clear up the heuristic value of what has been interpreted as the religious aspects of an ostensibly secular phenomenon such as psychotherapy.

### **I. Methodologies of salvation**

Weber's typology of methodologies of salvation (*Heilsmethodiken*) seems useful with respect to the idea that psychotherapy (or rather psychotherapeutics) not only refers to a method to reach a certain goal, but also to a system of beliefs, requiring faith (Weber, 1966 :166-183). It draws attention to the orientation towards salvation, in particular when such an orientation is based on an ethical mood (*Gesinnungsethik*), systematizing people's behaviour to be conscious, enduring and innerly motivated. Often it is oriented towards deliverance from suffering. Deliverance is always a deliverance from something towards something else. It implies a negative definition of the situation and a positive ideal. Here, the deliverance is defined in a systematized worldview. As a religio-ethically rational practice, placed within a system of values and beliefs, it is opposed to an economically rational practice, where only costs and results count.

An advantage of the concept of methodology of salvation is that it is more specific than "value" or "ideology", yet not as confusing as "religion" or "religiosity". It is a notion derived from the study of world religions, but its usage is not necessarily restricted to this context. Weber distinguished two methodologies of salvation : ascetism and mysticism. The former is action-oriented ; the latter focuses on contemplation. Both have an inner-worldly and a world-rejecting or world-fleeing version.

Puritanism is an outstanding example of inner-worldly ascetism. This "radical" version attracted most of Weber's attention, and is the more relevant version here as well, because psychotherapy is usually supposed to make people function better in this world, not in isolated communities (the bulk of Western monasticism is characteristic of the world-rejecting variant).

In an exceptionally early article, Kingsley Davis already argued that the Mental Hygiene Movement propagated the moral, individualistic message

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<sup>4</sup> I used keywords derived from the sensitizing concepts in a computer-assisted qualitative content analysis. This journal is the authoritative Dutch professional journal in the field.

of the Protestant ethic under a scientific veil (Davis, 1938). The Dutch version had a more nationalistic flaw, but here too, the concept of mental health provided a framework to connect psychiatric diagnoses with moral judgements. In addition, as a consequence of the pillar-like structure of Dutch society, the ideal of mental health was linked with religious beliefs in different ways. For the first ten years after World War II it was not uncommon to explain people's problems by referring to mental illness and the moral crisis at the same time.

A marriage counsellor, for example (MGV, 1948 :154-160) primarily blamed life during wartime for young people's problems. Using an elaborated analogy with the healing of a physical injury, however, she argued that this is not a sufficient explanation, since some heal better than others. This, she writes, is caused by the «pathological, anaemic families, where these young people come from» Yet, pathological turns out to be a metaphor for moral shortcomings. Despite the medical language the analysis is normative-sociological. First she mentions the Dutch materialistic culture : «We lack the idea of spiritual values that have to be conquered and protected». In the second place she blames the diminishing influence of the church : «for the common man the church only has a decorative function». Thirdly she criticizes conventionalism or the lack of an ethical mood : this facilitated the breakdown of (sexual) morality. She concludes her analysis with women's liberation, a cause, in her opinion, of marriage conflicts.

This illustrates the prevailing ethos of the Dutch mental health workers. Moral degradation was a primary source of concern. This worldliness had to be combated. Demoralization was the central concept of evil. Salvation was sought in orderly conduct, in a sober and decent life. The ethos of the mental health movement has ascetic traits.

The second methodology of salvation Weber distinguishes is mysticism. The radical mystic flees the world, but the inner-worldly mystic lives in the world, while trying to protect himself from its influence. Here, salvation is linked with the mystical experience. This inner-worldly version is characteristic of the trend towards expressive individualism Bellah and his colleagues (Bellah et al., 1986) described for American culture in the seventies and eighties. This culture has a strong affinity with ego-psychology and American psychoanalysis (Kirschner, 1990).

Peter Berger used the «neo-mysticism» to characterize the psychological world-view of the sixties. In the Netherlands, this variant reached its highest popularity in the late seventies and the early eighties (Berger, 1965). An example of an article that recommended contemplation as the road to salvation deals with the psychotherapeutic message of Baghwan Shree Rajneesh. The author, one of the journal's editors, expressed this admiration for Baghwan, attributing to him an «inexplicable charisma» and reported on his stay in the ashram in Poona, including the psychotherapeutic sessions he took. He interpreted Baghwan's «eastern mysticism» as a remedy against the mental distress of Western man.

The core of his teachings is that man can only find himself after he has destroyed his Ego, has become a non-Ego. That is a Nothing, a spectator of his own drives and endeavors, without being involved and as a result independent of these. He preaches emptiness as essential Peace (MGV, 1980 :657).

Baghwan's approach is supposed to be superior to traditional psychiatry, because it concentrates on people instead of on their ailments and complaints. Clearly, a mystical orientation prevails here.

## II. Pastoral care

With respect to the psychotherapeutic practice, I prefer Weber's ideal type pastoral care ("Seelsorge")<sup>5</sup> as a sociological concept to the concept of symbolic healing, for healing is often not the most important aspect of a therapeutic treatment, and may even be completely absent, as in relational therapy. Weber himself distinguishes pastoral care «strictly speaking» from magical manipulation (Weber, 1989 :90ff). He describes the pastor as the priest-type who determines the cause of individual suffering by means of confession and searches for alleviating behaviour. Confession is supposed to serve and influence daily life, in the context of a systemized worldview. Also characteristic of pastoral care (strictly speaking) is the formation of a business and a clientele. This description applies to psychotherapy remarkably well, and allows the accentuation of either the former part as in psychodynamic and the latter, as in cognitive-behavioural therapies.

I take Foucault's characterization of pastoral power as an additional hypothesis to Weber's more general ideal type. Have psychotherapy and mental health care been institutions of a specific type of power? I think Foucault's contribution fits in well with Weber's interest for the process of individualization and for ethics based on a religious mood. Foucault characterizes pastoral power as salvation oriented, oblativ, individualizing, coextensive and continuous with life, and linked with the production of truth — the truth of the individual (Foucault, 1983). According to Foucault both confession and psychoanalysis cultivate sensitive souls requiring regular maintenance (Foucault, 1978). The Foucault-paradox states that the attention for individual identity stimulates social control (Abercrombie et al., 1986 :189). Thus, precisely because of its individualizing effects psychotherapy contributes to the regulation of society.

However, it appears that this power tactic, sometimes called "soft", has not always been characteristic of the Dutch Mental Health Movement. For example, it used to propagate re-education camps in the fight against the phenomenon of "anti-socials". "Psycho-hygienic" insights were supposed to bring about the ideal world rather than the salvation of the individual

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<sup>5</sup> Although "care of souls" would be a better translation, I will follow Fischhoff's translation (WEBER M., 1966).

through the production of truth. Only in the late fifties did an individualizing approach start to replace the authoritarian one.

*We focus our attention on the individual, as a human being and as a community member. For our principal endeavor is to drive people to solve their problems by themselves, to decide freely according to their own judgement (MGV, 1959 :138).*

In the first place, the idea of salvation was individualized. Salvation used to be conceived as the liberation of Dutch society. Now, mental health workers promoted individuality so that people may lead a happy life (MGV, 1958 :50). They even wished to «improve the human condition» (MGV, 1959 :142).

Secondly, mental health care no longer subordinated individual needs to public interests. The new approach made a more tolerant impression, yet encroached deeply on individual lives. The rowdies of the early sixties and the rebellious youths of the late sixties became objects of psychological research and were exhorted to develop their personalities. The new form of control served “the individual”.

Thirdly, the institutes for mental health care started to form a network, providing care for every individual in particular, from childhood to old age. This institutional care, varying from child guidance clinics to marriage counselling, was supposed to support the individual whenever he needed care, during his entire life.

Finally, the new approach sought to explore people’s inner secrets. Psychological techniques were introduced. The experiences of individuals who were already somewhat acquainted with psychotherapeutic orientations became the centre of attention. Psychologists and other professionals started to give psychotherapeutic help to those who were not considered mentally ill. According to a contemporary author this type of psychotherapy was essentially indistinguishable from church pastorate (MGV, 1967 :379). During the sixties, psychotherapy became extremely popular, in the seventies leading to what has been called «The Dutch phenomenon» : the establishment of a psychotherapeutic profession, separate from the psychiatric profession.

This secular pastorate implied social control because certain manners and ways of experiencing were propagated, by and among those who considered these novelties as liberating in general and especially by those who made a living from it.

Characteristic of the psychotherapeutic orientation is the suggestion that people are essentially independent individuals who are responsible for their own happiness, but one may expect that despite all self-actualization, ideal mental health was not always obtained, so that at times professional interventions were welcomed. Thus, social control was exerted by stimulating individual self-consciousness.



### III. The psychotherapeutic field

I conceive the third aspect as structurally homologous with the religious field. Some structural elements of the psychotherapeutic field are similar to those in the religious field. Bourdieu's ("post-")structuralist reading of Max Weber's theoretical essays on sociology of religion and hierocracy (Bourdieu, 1987a) has provided a comprehensive perspective on the structure and the genesis of the religious field (Bourdieu, 1971). Although each field has its own peculiar characteristics, it is possible to outline homologies between fields. Homologies with religious relationships and processes have Bourdieu's special attention (e.g. Bourdieu, 1980). In a sense, Bourdieu's general field theory, of which a typical concept of belief (*doxa* or *croyance*) is a salient component, even originates in his analysis of the religious field.

Bourdieu defines a field as a network of objective relations between objectively defined positions. As such, it draws attention to the force that relations confer on actors. The position of an actor in a particular field implies characteristic dispositions : orientations and behavioural schemes (a "habitus"). These positions are determined by the unequal distribution of the power sources that are relevant in the field. Bourdieu calls these power sources, whether they are economic, cultural, social, or religious, «capital». Here, the type of capital that is highly specific for the field, is the psychotherapeutic expertise, an often contested quality. In the Netherlands, the Movement for Mental Health played a major role in the formation of this field. During the fifties and sixties child guidance clinics, counselling bureaux, social psychiatric services and institutes for psychoanalytical psychotherapy started to form a network for mental health care, with the Roman Catholic institutes taking the lead. The important Roman Catholic contribution was a combined effect of clerical strategies to expand the Dutch catholic pillar and the critical church renewal movement. In the context of a secularizing society, however, the result was a separate secular institutional mental health care.

A central feature of Bourdieu's analyses of cultural fields consists in the struggle between priests and prophets (Bourdieu, 1971). The priests are those who control the field's capital and derive their charisma of office from it. Prophets dispute the position of the established, which is determined by the holding of this capital. Their charisma can only be personal. According to the priest, there is no salvation outside the institution, whereas the prophet proclaims universal calling to priesthood (Bourdieu, 1971 :322).

In 1991, the *éminence grise* of the Dutch psychotherapeutic community A. van Dantzig called for a crusade against the dangers of mental health. In his opinion, organized mental health care should not just wait for clients to come, but act as a responsible authority in these matters. Concerning child-abuse, for example, the institutes for mental health care should even be allowed to take preventive measures against the parents

involved (MGV, 1991 :643). Strong protest arose. Referring to Habermas, a critical psychiatrist interpreted the lecture as a plea for colonization of the lifeworld. In his opinion, people who have been traumatized should be allowed to live their own life. One should not force them into defining their misery in a particular way (MGV, 1991 :959-962). An ex-client joined him and complained that professionals make people delegate their mutual responsibilities to institutional mental health care, although it is not even clear whether this is actually effective (MGV, 1992 :46-47). All critics questioned the charisma of the psychotherapeutic office.

The priestly habitus is primarily concerned with the institution ; the habitus of the prophet is concerned with the individual means of salvation. Originally, priests and prophets are contesting parties in the competition for the legitimate exercise of religious power, that is to modify, in a deep and lasting fashion, the practice and worldview of lay people, by imposing and inculcating in them a particular religious habitus (Bourdieu, 1987a : 126). A homologue struggle for the protoprofessionalization (Swaan, 1990) of the client can be observed in the psychotherapeutic field. Orthodox psychoanalysts and heterodox social workers operating as psychotherapists compete to spread the psychological worldview and to practise their professions. An important feature of Bourdieu's model is its assessment of the commitment this struggle involves. Playing the game implies some sort of agreement about the importance of what is at stake. This is the field's *doxa*.

Prophets tend to provoke reactions from the establishment, and these reactions have a standard character. The type of reaction depends on the amount of perceived threat, which is determined (1) by the extent that the field's capital is closed off and (2) by the type of criticism. Condemnation becomes likely when closure is strong and criticism is radical.

(1) If the establishment has a closed off monopoly, the reaction to prophets will tend to be repressive (Bourdieu, 1971 :322). An advocate of psychotherapy based on the message of Baghwan was told not to confuse mystical guidelines with therapy : «If you happen to come round again at a psychotherapy conference, don't pretend to be a psychotherapist. You just float on your stream of consciousness» (MGV, 1980 :67) ;

(2) The criticism of prophets may be reformist or subversive : it may attack the way the establishment is functioning, or it may deliberately undermine its very existence. The former is the least threatening for the establishment ; it may be a successful strategy for succession. One mental health worker wrote :

The most underprivileged and least motivated class lacks special services and is not admitted to our institute until we can only offer to mediate for admission to a hospital. And that is not out-patient mental health care (MGV, 1976 :625).

Yet, loyal reformers may be condemned as heretics, too. Apparently, they unintentionally violated something sacred after all. The American psychotherapist Allen A. Bergin was exposed to the mockery of the Dutch Psychotherapeutic society when he made a “dangerous” plea for “theistic realism” and the “cultivation of the guilt response”. The therapists present reacted furiously and refused to discuss the content of the matter : «The Bible may be a nice book [...] but it contains some prescriptions that are not to be recommended for the sake on mental health» (MGV, 1980 : 1033). In this case we are dealing with *deseccration* and *execration*. Bergin revealed and propagated the exercise of pastoral power in psychotherapy, by exposing the mainstream psychotherapeutic worldview and discussing the issue of the experience of guilt. He caused a legendary affair, and was condemned as a “missionary”, the secular equivalent of heretic. What is called “heresy” in church history is constituted in this interplay of reaction and counter-reaction, in the challenge to and the exercise of legitimate symbolic violence.

At first sight the struggle between priests and prophets shows discord, but where there is discord there is communality as well. It is the ongoing struggle that unites the parties and furthers the reproduction of the field. Thus, the reproduction of the field is the unintended effect of acts that are related to a specific social position, corresponding with a particular type of perception evaluation and action.

#### **IV. The relation with the religious field**

The historical relation with the church and religious movements can be seen within the same perspective of Bourdieu’s field theory. The continuously changing delineations between psychotherapeutic and religious practices and orientations indicate that psychological and religious specialists are committed to the same issue. Therefore, the mutual influence of psychotherapy and religion and the definition of their respective jurisdiction are important objects of investigation. Here, I will restrict myself to the attitudes towards church pastorate that can be observed in the psychotherapeutic field.

In order to distinguish these attitudes I distinguish two dimensions : continuity (as perceived) and appreciation. There may be different grades of perceived continuity between psychotherapy and church pastorate, and the latter may be valued more or less positively.

**Attitudes towards church pastorate**

| Value-judgement<br>of church pastorate | Relation between psychotherapy<br>and church pastorate as perceived |                |              |
|--|---|----------------|--------------|
|  | different   | cognate        | equal        |
| Positive                               | compartmentalization  | cooperation    | substitution |
| Negative                               | stigmatization  | neutralization | competition  |

*Compartmentalization and stigmatization*

A strict distinction between pastorate and psychotherapy is expressed in the view that pastors preach the Gospel, whereas psychotherapists are value-free professionals, providing mental health care (MGV, 1963 :49). This may or may not involve a negative view on church pastorate. In the journal only faith healing («mass psychosis», MGV, 1953 :31-32) and some centres for spiritual growth («messy health care», MGV, 1981 :766-779) were stigmatized in this sense.

*Cooperation and neutralization*

A less rigid attitude is expressed in the view that psychotherapy and pastorate deal (partly) with the same issues, but in essentially different ways. If pastorate is valued positively, this position admits a great extent of cooperation. In the first two decades after World War II, for example, faith was considered a necessary prerequisite for mental health and mental health care was supposed to remove obstacles for sound religion<sup>6</sup>. Several authors present this opinion as an argument for cooperation (MGV, 1959 :224, 240). The negative version describes the pastoral approach entirely in psychotherapeutic terms, so that in fact no room is left for an autonomous pastoral approach. A deputy secretary of the department of Public Health regarded pastors and social workers as a sort of psychological pharmacists enabling self-help (MGV, 1977 :197). Thus, the pastor is neutralized to a psycho-social worker of the lowest degree.

*Substitution and competition*

Therapists may view pastorate and psychotherapy as representatives of the same phenomenon, e.g. specialized cure of souls. If this attitude involves a positive judgement of church pastorate, it would easily endanger psychotherapy's legitimate position : «The answer to the question of what the psychotherapist can do that the priest cannot, can only be : nothing» (MGV, 1978 :804). In this case psychotherapy may be substituted for

<sup>6</sup> *Sound Religion* is also the name of an American psychotherapeutic journal published since 1908 (CASTEL R., CASTEL F., LOVELL A., 1982).

pastorate. More often the attitude is negative : therapy is considered superior to pastoral care. In a welfare state this discussion may have financial implications as the following contribution illustrates.

With respect to neurotic believers or religious neurotics : I wonder what people would pay more money for — helping them find their religion, or releasing them from this burden ? In any case, the former option has been fashionable for centuries and has paid for dearly now — tons more than for the latter (MGV, 1989 :618).

Church pastorate is considered as a competitor on the market for welfare and happiness and valued negatively.

No typology can cover the complexity of reality. Neither does this one. Yet, it may clarify the ever changing relationship between psychotherapy and pastorate, addressing the fact that every definition of the relation also implies the definition of a jurisdiction. Usually, the development of psychotherapy is interpreted as an emancipation process. This interpretation evokes a picture of specialists taking care of the psychological treatment that had (unjustly) been the domain of various other occupations. A contemporary delineation is retrojected to an earlier phase so that development appears necessary. This is the case when the clergy is accused of having dealt with both spiritual and mental problems. In a more constructivistic approach distinctions between mental, psychological, spiritual, etc. are considered as contingent social constructions made by historical agencies, corresponding with specific interests. This implies a warning against the use of emic distinctions for etic usage. Thoughtless adoption of distinctions which have a strategic function in a particular field obscures the analysis.

### **Concluding remarks**

It appears that the four individual concepts make it possible to focus on themes that are otherwise either neglected or dealt with in an obscure or one-sided way. Firstly, whereas humanistic psychology has more that once been interpreted as mystical (e.g. Stone, 1976 ; Vitz, 1977), the fact that other schools in professional psychotherapy have their own methodology of salvation, too, is often neglected. Probably, the deviations from the ascetic tradition which is still dominant in the Netherlands catch the eye more easily. Secondly, the concept of pastoral care points at the equivalency between one traditional function of religious specialist and the central function of psychotherapists. Through the concept of pastoral power it indicates that individualization and expanding social control may be two sides of the same process. Thirdly, the concept of structural homologies clarifies the dynamics of the psychotherapeutic community. In particular the idea that the opinions and doctrines of contesting parties may have structural characteristics, corresponding with a particular position in a cultural field, and that the contest may reproduce a common belief, explains why psychotherapeutic controversies are often like religious

controversies. The intensity of the discussions and the ambivalent usage of religious terminology are only the more obvious signs of structural homologies with the religious field. Fourthly, a similar interpretation of attitudes towards church pastorate indicates that no definition of the relation between the two can be abstracted from the objective social structures it reproduces.

The sociology of religion is usually more concerned with issues of meaning than with power and is habitually more interested in beliefs than in practices. A sociology of implicit religion runs the risk of reproducing the same flaw. With respect to psychotherapy I have tried to develop a more comprehensive view. Therefore, I have worked with a varied set of concepts. In addition to : (1) the issue of orientations on salvation and (2) the functional equivalencies between psychotherapy and church pastorate, (3) the structural similarities between the two fields appear sociologically interesting. Resuscitating the original "economic" approach of Weber's sociology of religion, expressed well in his indiosyncratic vocabulary of *Heilsgüter* and *Fideikommissare*, Bourdieu may correct the one-sided interest in cultural aspects when "religion" outside the religions is concerned<sup>7</sup>; (4) Moreover, I suggested a more detached perspective on the debate over the religious nature of psychotherapy : to consider the arguments used (also) as social constructions.

At the beginning, I argued that in my opinion one should refrain from trying to determine the exact nature of implicit religion, since this would imply an unnecessary restriction of the tools available. I have reduced the concept of implicit religion to a general designation for diverse perspectives from sociology of religion on the secular. Thus conceived, does the concept of implicit religion still provide new opportunities for sociology of religion (Swatos, 1993 :196-197) ? For when the claim is abandoned that such a particular phenomenon as implicit religion exists, one could conversely argue that it recommends sociologists in other fields to be sensitive for themes that have been explored in particular within sociology of religion. Is it necessary to be a sociologist of religion to explore the role of faith, ritual, and the orthodoxy-heresy controversy outside the religious realm ; or, does a particular piece of research automatically belong to the sphere of sociology of religion when such a theme is the centre of attention ? This question cannot be detached from the internal affairs in the scientific field. The Bourdieusian perspective used is also an incitement to consider the role of the investigator (cf. Bourdieu, 1987b). The notion that points of view tend to correspond with internalized powerstrategies implies an epistemological reflection : what is the concept of implicit religion besides a new claim for sociologists of religion ?

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<sup>7</sup> On the other hand, his approach differs sufficiently from rational choice theories, which tend to neglect the typical characteristics of the religious field and to impose the rationality of the beholder on the actor.

The conviction that sociology of religion has the better tools to investigate "implicit religion" may still result in continued and explicit efforts to expand the terrain of sociology of religion in a secular direction. But maybe the role of sociology of religion here is more to stimulate than to execute. In any case, research into "implicit religion" should be more than staking claims and it should not lead to a continuing neglect of matters of faith by specialists in other fields. Researchers of secular phenomena such as psychotherapy should realize that their insights may be gain from using sociology of religion, if only because their object of investigation has its roots in a religious context.

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