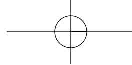

Dialog Versus Decalogue: Psychotherapy and the Ten Commandments

NORMAN A. CLEMENS, MD

The foundation of the social order and the system of law in the Judeo-Christian tradition of Western civilization is the Ten Commandments.[1] Leaving aside the highly politicized debate regarding the posting of the Ten Commandments in courts of law of a religiously diverse nation that constitutionally forbids the establishment of a state religion, these formidable rules are nonetheless part of the internalized conscience of most of our patients. Other traditions have similar rules. How we as psychotherapists relate to that aspect of a patient's superego that comes from his or her religious and moral background is a crucial part of our work.

In many respects, the Commandments are simple and straightforward, the obvious necessities of a human society that can live in peace and prosperity. Respect for an ultimate authority, the rule of law, the sanctity of human life, and the relationships of family and community are a *sine qua non* for living together in any civilization. We are very troubled when we see those rules violated, as, for example, in war, human sacrifice, capital punishment, and sexual depravity. But in our therapeutic work with individuals, we find that the issues related to even these fundamental rules are not so simple or straightforward. Here is where psychotherapeutic skill comes in.

A therapeutic stance

To begin with, we must work from the vantage point of the patient's beliefs and conscience, not our own. And not just the conscience or superego alone: the patient's needs, desires, affects, goals, comprehension of external reality, ego strengths and vulnerabilities all enter into play. Thus we encounter a whole realm of conflict—the patient's conflict. It is not our role to judge, or to condone or condemn, certain behavior. It is our role to help the patient sort out the conflict, elucidate what defensive distortions are occurring, and discern factors of which he or she is unaware and to bring relief by helping the patient clarify, understand, and find a way to resolve the conflict.

Countertransference

But we do not work in a sterile environment, devoid of feeling. Each of us has a personal superego, a set of moral principles of right or wrong, as well as standards and ideals of acceptable behavior. So, as we work with patients to understand their superego expectations and conflicts, we must be aware of our own as well—and the reactions within us that the patient's situation evokes. This is an area of mental life that is highly likely to evoke countertransference responses within us, as it resonates with our own superego issues and developmental history. Our professional standards and our expectations of ourselves as psychotherapists—an aspect of our superego that is more conscious and recent in development—must guide us as we manage those responses by controlling them and by using our awareness of them to deepen our knowledge of the patient. If our reaction is greater than we can manage in our professional role, then it is time to seek consultation or to refer the patient elsewhere.

Thought and impulse versus action

Some of the Ten Commandments are prohibitive ("You shall not commit murder"); some are prescriptive ("Honor your father and mother.") Some deal with behavior ("You shall not bear false witness"); some with thoughts and feelings ("Do not covet…"). Psychotherapeutic work generally carries with it a distinction between thought or impulse, on the one hand, and deed or action on the other. This is in contrast to some religions, for which the thought itself is the same as the act. In such belief systems, for example, lusting in one's heart after someone other than one's spouse is viewed as the same as committing adultery and thus becomes the source of profound guilt in some of our depressed or obsessional patients, even though they have not acted on the impulses. If the patient's defenses are strong enough to repress the awareness of the lustful thought, the patient may only be aware of unexplainable anxiety, shame, or guilt. In contrast to religious views that would condemn the impulse, psychotherapy aims to bring the

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conflicting thoughts and impulses to light as insights (in a psychodynamic modality) or awareness of automatic thoughts or schemata (in a cognitive-behavioral modality.) The tasks then are to help the patient see the dividing line between private thought and its expression through action, accept certain natural impulses that it is not appropriate to indulge, deal with issues in the marriage or in one's own psyche that may have led to such thoughts, consider how to manage these issues, and diminish guilt as the patient recognizes that he or she has made a choice to be faithful.

When thought becomes action or threatens to do so

However, some of our patients are clearly behaving in ways that violate the Ten Commandments. Some are breaking the civil law, and a few are endangering others or have committed major crimes. Psychotherapists may be placed in a situation that challenges the fundamental values and principles of psychotherapy by pitting them against therapists' responsibilities as citizens as well as laws that require health professionals to report certain specific kinds of criminal behavior. On the one hand, effective psychotherapy can only take place in an environment in which the patient feels perfectly safe to disclose the most intimate thoughts, feelings, and behaviors in order to understand them and their origins, resolve inner conflicts, learn means of healthy self-direction, and gain relief through mastery. On the other hand, we have obligations to intervene when there is a serious threat of irrevocable harm to others. The Tarasoff decision looms in our minds when the patient threatens assault or murder; requirements to report child abuse or elder abuse arise when the patient reveals such activities. One can only feel for Dr. Melfi as she hears about Tony Soprano's violent life style in the course of helping him with his panic disorder.

We are not agents of the police or the FBI. At times, we may feel that the best way to stop damaging behavior in the long run is to work privately with the patient to confront it, understand it, and thereby to bring it under control, without the total disruption of family that would inevitably result from a heavy-handed intrusion by a government agency. At other times, we may sense that a seriously out-of-control patient would feel immense relief at the imposition of external controls to stop destructive behavior while psychotherapeutic work is taking place. Likewise, we must be aware that the hoped-for benefits of protected therapeutic interventions would be vastly overshadowed by the guilt (ours as well as the patient's) and destruction of the patient's life situation (in addition to others' lives) that would follow a tragic loss of control. On the other hand, when the patient reveals a crime committed long ago for which he or she escaped prosecution, is it our obligation to report it? I think not. **[John Oldham suggest saying "Except in extreme cases, I think not." since, for example, if a patient confessed to a string of heinous unsolved murders, one surely wouldn't do nothing]** The patient may have much psychotherapeutic work to do to achieve some peace about such past actions, and, in some cases, achieving this peace may entail the patient's setting things to rights with those who have been harmed—but it is not our place to enforce such a resolution, but rather to help the patient carefully consider all aspects of how to proceed. When such a powerful conflict of therapeutic, ethical, moral, and societal values presents itself to us, consultation and perhaps legal advice are strongly advisable.

Let us now consider some specific Commandments and their implications for psychotherapy. The range of issues associated with each commandment is so extensive that this discussion can only focus on a few of them.

I am the Lord your God... you shall have no other gods before me[2]... You shall not make for yourself an idol, whether in the form of anything that is in heaven above, or that is on the earth beneath, or that is in the water under the earth. You shall not bow down to them or worship them. (*This condenses two Commandments.*)

This is the foundation of a patient's belief system. It is not our place to engage in religious persuasion, let alone to proselytize, regardless of our personal beliefs. The patient can only feel safe to take a reflective stance if the atmosphere we maintain is open and neutral. He or she needs to feel free to express doubt as well as to affirm faith. To be sure, some patients feel safer if they believe that the therapist is an adherent of the same faith as their own, but even then it may foreclose highly relevant discussion if the dyadic pair **[AU: Suggest just saying "dyad" rather than dyadic pair]** assumes that they both believe the same things.

A belief in a God can serve as the basis for adherence to a higher order and an acceptance of a higher authority and rule of law. It is not a necessity or the only alternative for such an acceptance; non-religious people may also devoutly subscribe to the rule of law and conventions of order in human life. In fact, the ideas that avowed atheists or agnostics have about the concept of

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a god or of religious life may be just as relevant to their therapy as are those of religious patients. When ideas and feelings about God come up in the course of therapy, they are often pivotal in understanding basic patterns, automatic thoughts, or schemata that govern patients' lives, consciously or unconsciously. The mental representation of God is often rooted in the person's earliest childhood experiences with father and mother,[3] the original source of authority, discipline, and order as well as nurturance and protection. It is likely no accident that religions tend to foster that childhood connection by terms that refer to family relationships, such as father, mother, sister, brother, house of God, heavenly home. Some peculiar alterations of belief or practice may lie in early familial experience, such as a parent who could not forgive a transgression, which may incline a patient never to be able to forgive himself or others despite the explicit forgiveness of the sacrament of confession.

In a broader sense, one may ask what a person values most highly. Someone with a nominal, professed belief in God may unconsciously place a much higher value on achieving power, wealth, knowledge, or sexual conquest. **[AU: Ok to delete the following sentence? These are not only modern and John thought the paragraph read fine without the sentence]** Are these modern idols to be worshiped? Thus it may be worthwhile in therapy to consider where the person makes the greatest investments of mental energy and caring. A belief in God is a belief in spirituality, a dimension of existence that goes beyond physical reality, and in some kind of determination of cosmic, natural, and human events. **[AU: To avoid repetition of word belief, ok to rewrite as follows "A belief in God represents spirituality, a dimension of existence that goes beyond physical reality, and faith in some kind of determination of cosmic, natural, and human events." Also, John suggests deleting the following sentence since it is not needed for the discussion]** The current battles over creationism versus evolution are manifestations of that belief in its most concrete and literal form.

Frequently, when our patients face ill fortune—major illness or loss of a loved one—they have to struggle with profound issues of faith in a God who could allow such things to happen. Rage at God may evolve into guilty feelings; through this introjection, patients may come to the conclusion that they are being punished through this suffering—a frequent dynamic in depression. Rage and guilt are worthy of great attention when exploring feelings about God.

You shall not make wrongful use of the name of the Lord your God...

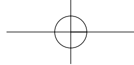
Given the frequency of swearing and blasphemy in the current culture, this must be one of the most violated of the Ten Commandments. On a deeper level, the name of God and the names of religions have been used since the dawn of religious history to justify gratuitous murder, theft, conquest, sexual imposition, and other forms of aggression. Perhaps violation of the spirit of this Commandment enters most frequently into therapy through self-righteous rationalization and concealment of not so lofty motives, in order to justify efforts to dominate or punish others.

Remember the Sabbath day, and keep it holy.

This is a matter of religious observance that does not come up so frequently in therapy. Yet the spirit of this Commandment merits some attention. In a broad sense, the injunction to keep the Sabbath holy calls for a day of rest from everyday labors as well as reflection, self-scrutiny, and attention to what is most important in life. For many people, it is also a day when family life preempts other concerns. Even for non-religious people, the principle of honoring this custom is worth considering. It could be seen as an important element in a mentally healthy life style.

Honor your father and your mother, so that your days may be long in the land that the Lord your God is giving you.

This is a Commandment that really gets to the heart of psychotherapy! Notice that there is an element of self-interest in the text as well—one may live longer by honoring one's father and mother. Hopefully, in such a long life, your children would also honor you and look after you as you decline into senescence. Looking after elderly parents is a major theme that arises in working with patients. The stress of caring for increasingly needful parents whose social skills and cognitive capacity may be declining takes a heavy toll on their middle-aged children. Conflicting feelings include sadness, fear of loss and death, apprehension about one's own future decline, stress and frustration, discouragement, anger, exasperation, and—in a sea of ambivalence—guilt. The introjection of anger combined with guilt is a recipe for depression, often with a major component of anxiety. Identifying and managing these feelings more effectively is crucial to moving beyond impasse and helplessness.



It is especially important that caretaking children learn to permit themselves to meet their own needs. In certain respects, this is a matter of understanding that they are not violating the Commandment to honor father and mother by doing so, but rather are simply dealing with inevitable feelings generated by a real-life, difficult situation.

Therapy at any age that touches on issues involving parents is likely to be dealing with fundamental, ambivalence-laden issues. Since one's life experience of parents goes back to preverbal, totally dependent infancy, individuals have a wealth of memories involving parents—both explicit and implicit—that are laden with affect. The intensity of needfulness, fear of loss, anger, and even primitive sexuality can feel overwhelming. As adult patients bring these to light in the course of learning the source of their hitherto unexplained anxiety, depression, anger, or affection-seeking behavior, they must deal with the guilt evoked by this Commandment or its derivatives. It helps if they can step back to the framework of suspended judgment that is essential to exploratory therapy of any type and learn to forgive the immature child within and his or her misunderstandings and unbridled reactions. Eventually this work may clear away repetitive, inappropriate, or excessive responses to the foibles of their present-day parents and lead to greater appreciation of their love, their caring, and their human struggles and limitations.

In therapy, patients will also become more aware of their own identifications with and idealization of their parents and learn to modify those that are not adaptive. Of course, for better or worse, the major source of our basic superego comes from identifications with our parents, so that working out these aspects of conscience and ideals can lead to modifications of a harsh, or lax, superego and greater assumption of responsibility by the patient. Much of this, of course, may get played out in transference reactions to the therapist, which has the advantage of being a here-and-now experience rather than something that transpires in detached observation.

When the patient discovers real abuses by parents (and these may be confirmed by external validation) such as brutal beatings, sexual exploitation, or relentless degradation of a child's self-esteem, the injunction to honor one's parents comes into sharp conflict with the desire for retribution against or total rejection of the parents. Patients struggle with decisions about whether to confront aging parents about things that happened decades ago, or even to take legal action against them. One can see both sides of the question of whether patients should act on these wishes in some civilized way or just work it out in their own minds. Therapists can help patients think through these issues in terms of the consequences to the parent(s) or themselves, but ultimately there is no single correct answer and the patient must make the decision.

You shall not murder.

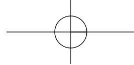
The wish to kill is primordial, or so it seems, in the human psyche. Children so easily shout, "I'll kill you!" The age of television aggravates the situation by showing so many acts of killing, whether in cartoons or on the evening news from the home front and the battle front. Rage may be experienced as a wish to kill, or something close to it. As already discussed, there is a vital distinction between thought and action, which as therapists we tend to think is better managed on a conscious rather than unconscious level. Psychotherapy becomes relevant in terms of learning anger management. At times the therapist may serve as a kind of auxiliary superego: for example, on a few occasions, a high-functioning patient with bipolar disorder has called me when he felt overwhelmed by rage that evoked urges to commit acts of violence.[4] Other aspects of dealing with violent impulses are discussed in the introduction to this column.

You shall not commit adultery.

Here again we confront the interface between thought and action. Again, it is up to the patient to interpret what adultery means in a personal context—whether narrowly defined as sex between a married person and someone who is not his or her spouse or broadly defined as any form of sexual activity outside of marital, genital intercourse or as thoughts and desires of infidelity. Psychotherapy can help a patient more precisely define what standards he or she aspires to live by in regard to sexual fantasy and activity. How much to hold oneself accountable for fantasy or masturbatory activity may call for searching attention to the background of one's religious views, both in formal indoctrination and in experience with parents, teachers, other authorities and caretakers, and peers. Early relationships with parents may have a strong but unconscious determining effect on adult sexual life, which may be revived and come to light in the transference.

You shall not steal.

There are many forms of stealing, from burglary and car theft to plagiarizing ideas, undertipping waiters, walk-



ing out of a restaurant without paying for a meal, padding expense accounts, or cheating on one's taxes. One form is failing to pay one's therapy bills in a timely way, and if this pattern emerges it may provide an opportunity to confront a superego lacuna. This has transference and countertransference implications, to say the least. It becomes a matter of psychotherapeutic technique whether, when, and how to focus on subtle forms of larceny without being judgmental—but when the patient brings it right into the treatment, making the therapist the victim, it cannot be ignored because the therapist would then be enabling a behavior which is often a key component of the patient's character and a clue to childhood relationships.

You shall not covet your neighbor's house; you shall not covet your neighbor's wife, or male or female slave, or ox, or donkey, or anything that belongs to your neighbor.

In a way, coveting is theft or adultery in fantasy. Not a modern-day word, it may appear to us more as envy, jealousy, or relentlessly trying to keep up with the Joneses. Envy may also lead to hateful thoughts, petty grievances, rivalries, and other forms of needless, debilitating aggression. It is a bilious state, leading to the expression, "green with envy." Working through this state of mind and its roots in early childhood or in self-pity and low self-esteem can help the patient move towards a happier view of life and concentrate on what one can accomplish oneself. The incentive to do this in therapy probably has more to do with improving one's state of mind than avoiding the guilt of breaking a Commandment.

You shall not bear false witness against your neighbor.

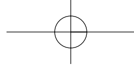
In everyday life, "bearing false witness" may refer to perjury, malicious prosecution,**[AU: AU: John asked if you could clarify what you mean by this phrase--malicious prosecution in a legal sense? Or persecution?]** or just plain gossip. The same considerations discussed earlier apply to whether and how the patient will assume responsibility for such actions and come to grips with the underlying motivations that led to them. In psychotherapy, we may encounter "false witness" in what patients tell us about other people in their lives. We must remember that what the patient tells us comes from the patient's image of the other person, which may or may not resemble what we would perceive if we had first-hand acquaintance with the other. False witness also entails lying—and patients do lie to us or tell us half-truths, deliberately or unconsciously. This can become grist for the mill. Always we must bear in mind that the patient speaks to us from his or her own perceptions and emotions, so that what we hear (imperfectly, by the way) is an image of the patient's own mental image. We are left always with suspended judgment about the objective truth of what the patient is saying. In this regard, we are like the people confined to Plato's cave, seeing shadows, images of the real world outside.

The Second Great Commandment

As presented in the *New Testament* of the Bible, Jesus' second commandment was "You shall love your neighbor as yourself."[2] The last two words always seem to me like recognition of basic, essential, normal narcissism, or healthy self-esteem. For patients with profound, religiously based guilt about desiring or doing anything that seems selfish, this commandment seems like a helpful antidote. It is a reminder that one is allowed to love oneself and take care of basic needs—that indeed one must do so if one is to be able to form caring attachments and meet the needs of others. Just pointing this out to the patient is, of course, not usually sufficient to correct underlying difficulties in the realm of self-valuation and loving relationships with others, but it may be a starting point.

Some final thoughts

These reflections about the issues raised by the Ten Commandments only scratch the surface of a wide-ranging array of topics. They particularly do not go into what happens in such disorders as obsessive-compulsive disorder, major depression, mania, antisocial **[Changed sociopathic to antisocial in keeping with current DSM terminology. OK?]**personality disorder, or other conditions in which superego functions may be profoundly affected. In such states, it would seem as if the religious life of the patient was only a substrate for the effects of far more pervasive biological dysfunction or damage from prior traumatic experience. Nonetheless, in the course of psychotherapeutic work with these more seriously ill patients, it is worthwhile to be aware of the role religious considerations play in the patient's psychological makeup.



References

1. The Ten Commandments are found in two places in the Bible, Exodus 20:1–17 and Deuteronomy 5:6–21. Quotations here are taken from the *Holy Bible: New Revised Standard Version*, copyright 1989 by the Division of Christian Education of the National Council of the Churches of Christ in the United States of America. A biblical statement of seven basic rules for non-Jews to live in the community of mankind is contained in the Noahide law, based on oral tradition and an exegesis of Genesis 2:16 and 9:4–6, as part of the covenant God made with Noah after the flood (http://en.wikipedia.org/wiki/Noahide_Laws, accessed October 4, 2006.)
2. In the Christian tradition, Jesus reduced the myriad rules of Hebrew law to two fundamental commandments (Matthew 22:35–40): "You shall love your God with all your heart, and with all your soul, and with all your mind…" and "You shall love your neighbor as yourself." (*Holy Bible: Revised Standard Version* [1952]. Toronto, New York and Edinburgh: Thomas Nelson and Sons. New Testament, p. 28).
3. Rizzuto A. Birth of the living God: A psychoanalytic study. Chicago and London: University of Chicago Press; 1979.
4. Clemens, NA. "Curb your enthusiasm": Psychotherapy with the bipolar patient. J. Psychiatr Pract 2005;11:344–6.