The Use of Children’s Religious Ideas in Their Psychiatric Evaluation

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Children’s religious ideas provide a source of projective material that can be relevant clinically in a child’s psychiatric evaluation. Areas that are sometimes revealed include (1) information about the child’s parental introjects; (2) level of superego formation; (3) level of defense formation; (4) areas that are most anxiety provoking for the child. This religious material is frequently ignored, but can be a particularly useful adjunct when the usual child-evaluative techniques do not reveal a complete picture.

INTRODUCTION

It is well known in child psychiatry that finding out something about the content of a child’s fantasy life is the key to understanding his or her important psychological issues and conflicts. With this in mind, the child evaluator usually tries to facilitate the child’s playing “make-believe” with the use of toys, puppets, drawings, and anything else that will work. One
area of fantasy that has often been considered outside the ken of psychiatry, however, is religious fantasy. Perhaps because most adults, including therapists, feel that their religious beliefs are a deeply personal matter which ought to be above question, they refrain from questioning others in detail about their beliefs—and this custom prevails much of the time in both adult and child psychiatry. It might also be felt that one's religious fantasies have more to do with one's religious background than with one's psychological makeup. Finally, as Winnicott (1965) has written, “Religion is an intermediate area of experience between the play of the young child and the reality acceptance of the adult which is not challenged.” In Winnicott’s view, therefore, Freud’s (1913) writings on religion in “Totem and Taboo” in which he proposes a psychological formulation for man’s need for religion are slightly shocking because most of humanity has an implicit agreement not to question each other’s religion but to respectfully leave it as a private area of personal freedom.

One psychoanalyst whose work has been chiefly with adults has found exploration of religious ideas to be very rewarding clinically. In a recent book called The Birth of the Living God, Dr. Ana-Maria Rizzuto (1979) has elaborated some research she has done with a group of adults, in which she correlates their religious ideas with their psychiatric histories. By tracing their psychological development and learning in detail about their parenting, she concludes that most people use the God representation in a way that is similar to the child’s use of the so-called transitional object. Here “transitional object” refers to Winnicott’s concept of the child’s use of a favorite blanket or teddy bear as a kind of symbol of the mother’s good relationship with the child. Further, Rizzuto feels that the content of each person’s notion about God is based in a large part on parental images, but other important people such as grandparents or siblings may also provide some representational components. She also remarks that an individual would need to modify his notion of God to fit his new maturational level when such milestones as leaving home or losing a significant person occur. Draper and co-workers (1965) have also found religious questions to be very useful in their adult psychiatric evaluations. They comment that even their supposedly “areligious” patients were able to utilize religious questions in a psychologically revealing way.

The question we considered, as child therapists and evaluators, was, Could we use questions about religious ideas in a way that might be helpful in revealing crucial conflicts, affects, or potential psychopathology for children? Each author was aware of what important roles God and prayer play for most children, no matter what their religious upbringing, but it was not clear whether we could get at this material or use it once we had gotten it. For example, some of the questions we first envisioned asking children—“Do you believe in God?” or “What do you pray about?”—would