

THERAPEUTIC ROLE OF SPIRITUALITY IN PSYCHOTHERAPY

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Abstract: Should the secular psychotherapist be prepared to explore a client's spiritual life? Psychotherapists since Freud have traditionally been suspicious of spirituality and religion as at once unscientific and psychologically harmful. More recently, spirituality has come to be viewed more positively as an often necessary component of psychotherapy. Acknowledgement of the spiritual facilitates a therapeutic alliance, builds resilience through spiritual resources and mobilizes relational support from spiritual communities. Psychotherapists need to learn how to listen and question in such a way that clients' can comfortably reveal their spiritual lives. Such conversations draw both therapist and client into a dialogue between persons, which has the potential to 're-humanize the professional.'

Key Words: Spirituality, Religion, Psychotherapy, Therapeutic Alliance, Spiritual Resources, Resilience

I can still remember vividly how Freud said to me, "My dear Jung, promise me never to abandon the sexual theory. That is the most essential things of all. You see, we must make a dogma of it, an unshakable bulwark against the black tide of mud—and here he hesitated for a moment then added— of occultism." . . . What Freud seemed to mean by 'occultism' was virtually anything that philosophy and religion, including the rising contemporary science of parapsychology, had learned about the psyche."

Carl Jung (1963, p 150-151)

Should a secular psychotherapist open psychotherapy sessions to a person's spiritual life? Can spiritual resources be usefully engaged in psychotherapy, particularly when no religious beliefs, spiritual practices, or community of worship are shared in common between the person and his or her psychotherapist?

For most of the twentieth century, the answer given to both questions was a firm "No." For nearly a hundred years, most American and British psychotherapists kept religion and spirituality at a distance. This was in part due to Sigmund Freud's antipathy

towards religion as "the black tide of occultism" which powerfully shaped attitudes within psychoanalysis. More broadly, psychiatry and psychology were attempting to establish themselves as scientific disciplines. For many, this meant drawing a sharp boundary between scientific explorations of the mind and beliefs grounded in the supernatural. For others, psychoanalysis and psychological theories represented liberation movements that promised to free mankind from unnecessary, self-inflicted suffering. Spirituality and religion were accused of making people neurotically ashamed and guilty, or, worse, making neurotic suffering honourable or heroic. Ethical concerns were also raised about the possibility that discussion of spiritual concerns would risk imposing the psychotherapist's values upon the patient or client. For each of these concerns, specific cases or clinical situations could be cited that appeared to validate the concern.

Since the 1990's, however, a rapprochement has occurred between psychotherapy and spirituality. Professional psychotherapy conferences, whether psychodynamic, cognitive-behavioural, or family systems, commonly feature a spirituality track. Researcher Peter Kahle found that 98% of psychotherapists surveyed in the U.S. in 1997 would talk about spirituality and God if a client were to bring it

up; 60% would ask about spirituality if client hadn't brought it up first; and 42% would ask about a relationship with a personal God when the client hadn't bring it up first. In the U.S. today, it appears that most psychotherapists uncomfortable with spirituality are so due to a sense of incompetence in how to deal with these issues, rather than a theoretical objection to addressing the issues in psychotherapy.

Why has such a reversal of attitude occurred? A waning in the influence of traditional Freudian thought may account for part. However, there has also occurred broad recognition of positive reasons why opening psychotherapy to patients' and clients' expressions of spirituality is a needed component of psychotherapy. These positive reasons include the importance of facilitating a therapeutic alliance by acknowledging a person's spirituality; building resilience by helping a person to draw from spiritual resources when confronting life's adversities; and mobilizing of relational support during crises through religious communities.

Facilitating a Therapeutic Alliance by Acknowledging Spirituality

Spirituality provides a core sense of identity for many people. Often acknowledging and learning about a person's spirituality is a cultural sensitivity that is prerequisite for openness and trust. "*I was referred for my panic attacks, but I am a born-again Christian . . .*" ; "*After all the sexual abuse, only God knows my pain . . .*" ; "*What comes from God is good . . .*" When one hears such allusions to religious or spiritual experience at an early point in psychotherapy, it suggests that spirituality may be a core element of this person's identity.

For example, a young man hospitalized for severe Obsessive-Compulsive Disorder was refusing to take prescribed medications. In the consultation, he described intrusive images of God and angels engaging in sexual encounters. He felt horrified by the images and tried to keep them at a distance by quoting scripture. Obsessive thoughts doubting his salvation persistently entered his mind. He often feared that the images and thoughts were sent from Satan to tempt him. At these times he believed that his problem was a religious one that needed stronger faith, more reading of scriptures, and more church attendance. At other times he believed that this was a mental illness that needed treatment with psycho-

therapy and psychiatric medications. During the consultation, he eagerly and openly talked about his faith in God, his shame over such images and thoughts, and his uncertainty over how to understand the meaning of his symptoms— religious or psychiatric. It was evident that acknowledging the validity of these concerns and serious consideration of his questions had to occur first before a therapeutic alliance for psychiatric treatment could begin.

As a general rule, the more marginal a person feels in a social group, the more important this acknowledgement of identity becomes. Thus, it is most important to inquire about a person's religious beliefs, stories of spiritual experience, and spiritual practices when the person belongs to a religious group or spiritual community who perceive themselves to exist outside the mainstream culture. In the U.S., this can be the case with such churches as Jehovah's Witness or Church of Latter Day Saints, as well as major religious groups that are less represented in the U.S. compared to other world regions, such as Hinduism, Islam, or Buddhism.

Building Resilience through Spiritual Resources

Demoralization from losses and hardships evokes despair, loneliness, helplessness, meaninglessness, and resentment. Each spiritual tradition provides its adherents with tools to sustain hope, communion, agency, purpose, and gratitude in the face of losses and hardships (Griffith and Griffith 2002).

A skilled psychotherapist can ask such questions as: What keeps you going through hard times? From where do you draw hope? Who really understands what you are going through? From whom do you feel love? Why does it matter that you continue to live and struggle? For what do you most deeply feel grateful? While none of these questions explicitly use the words "*spirituality*" or "*religion*," they reliably open conversations that travel quickly to a person's religious beliefs, spiritual practices, or participation in spiritual communities. Examining how these expressions of spirituality can help sustain existential postures of resilience can be appropriately included in nearly any form of psychotherapy (Griffith and Gaby 2005).

For example, a work-disabled man on renal dialysis was going through divorce. He requested psycho-

therapy to help cope with the stresses of medical problems plus the recent loss of his marriage. I asked: *“When the problems feel overwhelming—both the medical illnesses and the family stresses—where does that take you? Some people feel alone, others hopeless, others helpless—what most do you feel?”* He described most feeling alone. He spoke about his faith in God, which had helped him endure despite his ill physical health. However, he was a reserved man who was not comfortable sharing openly his private experiences with others. He could speak more openly with God or a professional psychotherapist than with his friends or family. His psychotherapy began with a dual focus on his relationship with God and relationships with other people in the different roles they could play in lifting his burden of isolation.

Mobilizing Relational Support from Spiritual Communities

Dostoevski is said to have defined man as a creature capable of bearing infinite suffering. This surely must be qualified, however, with stipulations that, first, the suffering has meaning; and, second, the person does not have to bear it alone. Further, suffering is rendered bearable not by the factual existence of a relationship but by a subjective sense of communion, which is the felt presence of a trustworthy person.

Spirituality can enable a sense of communion at two levels. First, churches, mosques, synagogues, temples, and other religious gatherings serve as vital social networks for many people. In Western cultures, they often serve the social roles of extended families of family clans in more traditional cultures, providing conversations and practical help with day to day concerns. A psychotherapist can inquire about participation in spiritual communities, helping a distressed person to seek effectively the practical support that his or her community of faith can provide.

However, a psychotherapist can also inquire about the emotional support and wisdom that God, ancestors, saints, or other non-material beings can provide. A secular psychotherapist has an advantage over a religious professional in that he or she may be able to use his or her lack of religious expertise by asking reflective questions naively from a non-expert position and stance of curiosity. This can

help a person to try to put into words the complex and ineffable dimensions of his or her relationship with God. Such a psychotherapeutic dialogue can facilitate transformation of the relationship from a mere cognitive belief in God to an emotional *“felt presence”* that lightens the burden of suffering.

For example, a patient in psychotherapy was struggling with fears over a difficult to diagnose medical illness. She was anxiously awaiting results from medical tests. I wondered how she could best fend off the anxiety from her uncertainty. What helped most? She said she would rely on her faith: *“I believe there is a purpose to everything, and that God will take care of me.”* Was this a belief that existed only within her mind or was God a presence that you felt in your body? She paused quietly, then said, *“I want it to be a felt presence, but it isn’t right now. I don’t know how.”* Subsequent psychotherapy sessions focused upon ways for her to feel the comforting presence of her God.

How About Spirituality Should Be Added to the Education of a Psychotherapist?

Psychotherapists do not need to become experts in theology and religion in order to serve useful roles in their patients’ and clients’ lives. They do need to learn how to apply to the spiritual domain their competencies in the therapeutic use of language and relationships. In particular, this involves:

- (1) Learning how to listen for the language of spirituality;
- (2) Learning how to ask existential questions; and
- (3) Learning to manage negative religious countertransference.

Careful listening is the most important contributor to psychotherapy with spiritual or religious experience. Supervising psychiatry residents and teaching psychotherapy workshops have taught me the importance of supervised listening for the different forms through which people express spiritual experience. Trainees can practice exercises from live or transcribed psychotherapy sessions in which they note the some of the different forms about which most psychotherapists are already knowledgeable. These include:

- Idioms— Shorthand expressions referable to religious experience whose meaning is shared

within a specific culture or religious group, such as “Washed in the Blood” or “God is Great!”

- Metaphors— Sensory images that capture the essence of God or spirituality, such as “Heavenly Father,” “Creator,” “Saviour”
- Narratives— First-person accounts of important spiritual or religious experiences;
- Beliefs— Propositional statements of what is true or is important regarding spirituality;
- Intrapersonal Dialogues— Prayer with God, ancestors, saints, or other non-material beings;
- Rituals and Ceremonies— Participation in meaningful religious rituals or ceremonies;
- Communities— Participation in a church, mosque, synagogue, temple, or other religious community;
- Practices— Use of meditation, dietary practices, chanting, or other spiritual practices for transforming one’s being.

During the past three years, psychiatry residents I have taught in seminars on ‘Conducting Psychotherapy with Spiritually-, Religiously-, or Ideologically-Committed People’ have prepared portfolios of clinical vignettes illustrating how they listened for, inquired about, and incorporated into their clinical work different forms through which patients expressed their spirituality (Griffith 2004).

Existential questions are typically appropriate to ask during an initial assessment for psychotherapy. While it can be useful to ask specific and detailed questions about a person’s religious beliefs or spiritual practices, this can risk disrespect when the psychotherapist is not sufficiently familiar with the particular religious culture to know how best to phrase the questions. Because they inquire about universal human experiences, existential questions carry the least risk of offending a person. Such questions often open conversations in which a patient or client discusses his or her specific spirituality:

- What has sustained you through hard times?
- From where do you draw strength?
- Where do you find peace?
- Who truly understands your situation?
- When you are afraid or in pain, how do you find comfort?
- For what are you deeply grateful?
- What is your clearest sense of the meaning of your life at this time?

- Why is it important that you are alive?
- To whom or what are you most devoted?
- To whom do you freely express love?

For many psychotherapists, religious countertransference is a problem needing both professional supervision and personal self-reflection. Its layers of complexity can include the defensiveness of many patients’ or clients’ who assume they will be belittled for their spirituality; the psychotherapist’s past negative life experiences with religion; religious psychotherapists’ zeal in proselytizing their own faith; the Freudian legacy of viewing spirituality as neurotic, superstitious, or anti-intellectual. Identifying, acknowledging, and appropriately managing aversive feelings towards a patient’s or client’s spirituality is no less daunting than other kinds of negative transference in psychotherapy. As with other types of countertransference, peer supervision with colleagues can be invaluable.

Acknowledging the Sacred Humanizes the Professional

Opening psychotherapy to the spiritual lives of patients and clients carries value beyond the specific therapeutic benefits. Unlike any other topic, discussion of spiritual issues levels the hierarchy that usually exists between professional and patient or client. As a professional, I may possess expert knowledge about psychiatric disorders and their treatments. I may utilize a technical vocabulary when formulating the problems that bring a person to psychotherapy. Neither professional expertise nor a technical vocabulary are appropriate when discussing a person’s spiritual concerns. When I ask my patient: ‘From what sources do you draw hope during the hardest times?’, I must silently ask myself the same question. When I ask my patient: ‘What is your life about? Why does it matter that you live?’, I must also ask myself the same questions. When a patient reveals to me that his strong sense of mission that arose from a transcendent moment long ago when he sensed God’s presence and heard God’s call, I listen in my awareness that I am being invited to witness the most private of all his conversations and I should do this as a person, not as a professional interpreter of his experience.

Spirituality draws both clinician and patient into a dialogue in which whole person meets whole person. Acknowledging the sacred in psychotherapy

can open more fully the therapeutic relationship to the humanity of the psychotherapist. In a technical world of mental health with its neurobiological and psychological theories, this impact is one that can re-humanize the psychotherapist.

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