

The inclusion of spirituality in psychotherapy: developmental levels, personal processes, and moral dilemmas.

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Abstract

I will present a model of developmental changes of psychotherapists when applying spiritual notions in therapy. The first level, involves the application of spiritual notions in cases involving life-threatening situations or loss. The second level includes being open to the possibility of the existence of a metaphysical reality and to spiritual beliefs expressed by clients even in "regular" situations. At the third level, clinicians acknowledge the existence of a transcendental reality but are still "in the closet": they cautiously contact a transcendental reality and seek ways to utilize this dimension to access information relevant to therapy but they do not actively suggest this dimension in therapy or use it as causal explanation. At the fourth level, clinicians actively engage in implementing spiritual interventions aimed at facilitating change and healing. These levels of integration of spiritual notions in therapy will be discussed along with inherent changes in the therapist's worldview, perceived professional role, and relevant moral dilemmas.

Background

- There is growing recognition that spirituality represents a central factor in individuals' lives and growing recognition of the need to take it into consideration in mental health interventions.
- Growing number of therapists using various spirituality oriented psychotherapies
- Growing number of spiritual healers of various kinds
- Growing number of people using such help.
- It is, however, as yet unclear how this sensitivity to the spiritual domain is enacted and implemented and what might constitute a full acknowledgement of this dimension in psychotherapy

Objectives

- This presentation attempts to elucidate the various modes in which spiritually-sensitive therapists work.
- I present a conceptual discussion of the possible ways by which spirituality might be (and has been) incorporated in mental health interventions.
- Together with Dr. Liora Birnbaum we suggest a developmental approach involving various levels of integrating spirituality into mental health practice. Successive levels denote a more comprehensive incorporation of spirituality into the sphere of mental health.
- Each of these levels is related to (1) ontological shifts (2) epistemological shifts; (3) changes in the nature and purpose of intervention; (4) changes in methods and practices used (i.e., changes in therapeutic tools); (5) different ethical dilemmas.

Level 1 – Traditional

- 19th century positivist worldview regarding the material world as the only existing world. No room for the metaphysical. Spiritual experiences and beliefs are mostly seen as reflecting anomalous activity of the mind or brain, or as a sort of delusional belief.
- When spiritual beliefs are part of a recognized religious system, their validity is neither contested nor accepted; they are conceived to be outside the domain of valid scientific knowledge
- Clinical interventions within a religious framework by priests, ministers, rabbis, or pastors openly acknowledge and use the spiritual dimension all along.
- Still, certain situations in clinical practice "allow" the use of patients' spiritual beliefs in the existence of a higher power and /or "another reality" without raising undue criticism. These are conditions of existential crisis and life threatening situations such as terminal illness, loss or grief, or contemplation of suicide. In such cases, issues related to meaning, higher purpose in life, the existence of a higher being, life after physical death and other spiritual concerns are quite common.
- What is special in these circumstances? There seem to be three relevant themes in such life threatening situations that allow clinicians to go beyond their dominant materialist beliefs:

(1) These cases are usually perceived as crises which demand individuals' ultimate inner resources of strength, including their spiritual beliefs, which receive legitimacy in light of the crisis;

(2) The human quest for hope in such situations calls for solutions beyond human control and rational perception; if practitioners adhered to their usual reality perception – no hope, solace or consolation would be forthcoming;

(3) Compassion towards seriously ill or dying people relaxes practitioners' judgmental criteria; individuals are given the privilege of observing their lives from a transcendental-holistic perspective without having to worry about being seen as irrational.

Summary - Level 1

- Ontological assumptions: only the material exists; the mental world dies when the body dies.
- Epistemological beliefs : we cannot get information from deceased people, higher beings, or a cosmic, universal source of wisdom
- Nature and purpose of intervention : cure neurosis, solve internal conflicts; well-being, self fulfillment
- Methods and practices used : regular psychotherapeutic tools such as talking, listening, role playing, interpretation, transference
- Clinical example: If a widow tells a therapist about her conversations with her late husband whom she believes contacts her from the "other side" -- should the clinician (as many do) interpret this as an internal conversation with her representation of her husband, or should they accept the possibility that the deceased actually exists in another dimension and continue from there to explore her possible relations with him in other incarnations?
- Ethical Dilemmas: Some relevant questions and dilemmas relating to this level might include: Should clinicians accept "non-scientific phenomena" as legitimate? Should they honor such concerns and worldviews even if they clearly do not share them and actually think that they are fantastic creations of the imagination?

Level 2 - Openness

- Post modern Ontology and Epistemology: accepting the possibility that a spiritual realm exists. A client's view of reality – his or her life story or narrative -- is what matters, and clinicians cannot and should not disqualify it, just as they cannot and should not convince a client who believes in God or in a certain religious tradition that this is just a subjective, non-valid belief.

- The therapist him/herself may still hold positivistic views but accepts that clients may hold other (i.e., transcendental) beliefs
- According to this view, a spiritual or transcendental reality can be accepted as a legitimate worldview – to be explored in therapy *if and when the client raises such issues*.
- An interesting example of utilization of spiritual point of view in psychotherapy from a perspective that views it as valid and relevant can be found in a recent study where dreams were interpreted in a series of clinical sessions using either a spiritual or a non-spiritual approach (Davis & Hill, 2005). The study used a controlled pre-post design and concluded by suggesting the "benefit of incorporating spirituality into dream interpretation for spiritually oriented clients" (p. 492).
- Nature and purpose of intervention : Similar to level 1 but the main goals are determined by the client and is usually the well-being of the client
- Methods and practices used : Similar to Level 1
- Clinical Example: A young man presented for therapy following traumatic exposure to severe physical injuries sustained by a young boy in a biking accident while under his care. After several sessions the client reported that as he bent over the boy's body and attempted to tend to his wounds and support him, he experienced the presence of a woman with long white hair telling him that he was in the right place and doing the right thing. He felt surrounded by love and was filled with a strong sense of inner compassion and calm. The therapist had not initiated exploration in such a direction, and was not particularly oriented toward such metaphysical phenomena, but he reacted to the client's statement of his experience with complete acceptance and empathic amazement.
- Ethical Dilemmas: To what extent should their openness to a metaphysical

reality be expressed in the therapy room? Is it necessary for practitioners to stretch and modify their own beliefs in order to meet clients' spiritual needs and if so -- to what extent? Should clinicians raise these possibilities actively or should they wait for their clients to raise them and then respect it and follow them in their clinical interventions?

Level 3 – Cautious spirituality

- Ontology and Epistemology. Clinicians believe that an alter-reality exists and that spiritual issues need to be addressed. One spiritual way of knowing the world may include therapists' ability to use altered states of consciousness to gain access to intuitive or transcendental knowledge. Still the therapist does not openly initiate discussion of these beliefs upfront - therapist may be described as still "in the closet"
- Nature and purpose of intervention: healing and coming to terms with one's ultimate "purpose" especially in this life and perhaps also beyond.
- Methods and practices used: Clinicians may use various means of accessing transcendental knowledge about themselves, their clients, clinician-client relationships, and the best ways to help their clients. They actively collect pertinent information via various channels such as different types of meditation, as well as channeling and regression therapies, but remain hesitant to use such data in therapeutic interventions with clients. They may well use spiritual dimensions when thinking about the client's presenting problems, yet they do not present themselves openly as spiritual therapists.
- Clinical Example: For example, in one case of a young woman who complained of a conflictual relationship with her husband, the focus was the couple's inability to share parenthood; the client felt her husband was withdrawing and abandoning her to handle their three kids by herself. After a couple of sessions the feeling in the room was that therapy was not progressing. Between sessions, the therapist engaged in mindfulness meditation focusing on the case, and received information pointing toward the

father's fears about the oldest son (10 years old) being gay, and his confusion about how to approach the matter. After some hesitation and tentative exploration around the issue, the therapist decided to share the results of her meditation with the client though these issues and the information about the son had not been raised by them. The relevance of this issue was confirmed, and facilitated a dramatic shift in the course of therapy. This is an example of using spiritual tools to access information to be used in confronting a "regular" presenting problem. The spiritual aspect is seen in the way by which this information was obtained.

- A different clinical example has to do with redefinition of the problem altogether. A couple turned out for therapy due to various problems including a major problem of the man with his mother in law. Discussions tended to result in inability to comprehend his conduct with her which seemed to both of them to be irrational, yet uncontrollable. Meditation by the therapist revealed to her that the husband and his mother in law were once a romantic couple in a previous incarnation and had unfinished relationship issues to resolve in this life that were left open in the other incarnation. The therapist asked the husband to invent a "fictional" story in which him and his mother in law would be the main characters and through this story opened up the previous life issue and the unfinished business. This proved very helpful proved a turning point in therapy.
- Ethical Dilemmas: Who should collect the transcendental knowledge, and how should it be used? Is it the professional and ethical duty of the clinician to actively use their spiritual abilities for the benefit of their clients? Should the clinician meditate on behalf of their clients, even if this was not part of the therapeutic contract? If so, what measures can the clinician use to assure this knowledge is reliable? How active should clinicians be in bringing in their own spiritual worldview and knowledge? Should the clinician actively present the client with these ways of knowing? Should the client be asked to open up for such experiences?

Level 4 – Full Engagement

- Ontology and Epistemology: Clinicians have a distinctly spiritual and holistic world view, and actively apply it in defining clinician-client relationships, conceptualizing presenting problems and introducing various techniques and interventions in and outside therapy sessions. The various spiritual definitions of the relationship and the therapeutic process as well as the therapeutic techniques are derived from healing traditions
- Nature and purpose of intervention: healing, actualizing and coming to terms with one's ultimate "purpose" in this life and especially with one's spiritual destiny.
- Methods and practices used: Spirituality is fully and actively incorporated in mental health interventions. Clients are helped to actively engage in exploring their relationship with the cosmos/higher power and therapists freely use their own power/connection with higher existence to facilitate healing.
- Clinical Example: Clients explore their sense of mission in their current life, in which the current problem plays some role. The following questions can be asked: *Assuming there is a higher purpose behind your life events and that they aren't random*, what do you think is the meaning of your illness/problem at this point in your life? What could be the meaning of the fact that the *two of us* are working together in this particular setting? Therapists can ask themselves, "How do I understand the assignment of this particular client *to me, now?*"
- Ethical Dilemmas: If clients can be encouraged to acquire such skills, which clients are appropriate for it? Can every client benefit from some form of spiritual self-inquiry? What would indications and contraindications for this be, in terms of the client and their life circumstances? With what cultural and special populations and problems, at what ages and developmental stages, and at what point in therapy might such interventions be more and less appropriate?

Discussion

- Highlighted similarities and differences between "regular" psychotherapy and spiritually- oriented psychotherapies.

- The first two levels represent primarily similarity in epistemological and ontological world views of clinicians.
- The next two levels reflect translation of the shift epistemological and ontological world views into action.
- The four levels taken together may be viewed as developmental. They involve a gradual increase in the centrality of spirituality in mental health intervention, each presenting different associated professional dilemmas, and ways of conceptualizing the purpose of the therapy.
- However they should not be viewed as stages with the last one viewed as "better".