

# Spirituality and Psychotherapy

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Over the past two decades, a subtle but profound shift has been occurring in how psychologists conceptualize and respond to the painful experiences our patients share with us in psychotherapy. You could almost say that psychology is finally “getting it” after over a hundred years of being in denial. With rare exceptions (e.g. William James, Carl Jung, Viktor Frankl, etc.), twentieth century psychological thought was characterized by a kind of knee-jerk, dysfunctional, conditioned animosity toward all things religious or spiritual. But with the new millennium, psychologists seem to be opening their minds and consulting rooms to a fairly radical concept. The biopsychosocial model is being replaced with a biopsychosocial-spiritual model. That is, many psychologists are now agreeing that our patients are in fact spiritual beings and that psychotherapy is inherently a spiritual endeavor.

In this article, I’d like to review some of the reasons for this shift in psychologists’ attitudes toward spirituality. I’ll then discuss a few ways in which spirituality can affect psychotherapy and how the patient’s spiritual beliefs can be ethically addressed in treatment. Finally, I’d like to conclude with a brief comment about what the future may hold for the practice of spiritually sensitive psychotherapy.

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The recent positive shift in how we think about our patients' spirituality certainly reflects what James, Jung, and Frankl saw long ago. Spirituality is at the core of human identity and the heart of our capacity for courage and resilience. Nevertheless, while basic psychospiritual concepts may be familiar, we've never before seen them illuminated quite so brightly. Consider that the American Psychological Association will soon be unveiling a new journal entitled *Psychology of Religion and Spirituality* which will be the official journal of APA's Division 36 (Psychology of Religion). What's more, we can now view APA-produced DVDs featuring such distinguished psychologists as P. Scott Richards, Ph.D., and Edward P. Shafranske, Ph.D., performing spiritually sensitive psychotherapy and discussing how their patients' spiritual and religious beliefs can be supported during treatment rather than pathologized.

#### PSYCHOLOGISTS FACING FACTS

Part of the shift in attitude toward spirituality is probably related to psychologists finally facing facts. Our society is remarkably religious as indicated by surveys suggesting that, for the past fifty years or so, at least 90% of Americans have consistently professed a belief in God or a higher power. Indeed, most people say they pray and most report praying on a daily basis. Similarly, over half of Americans report attending religious services at least once a month or more, an attendance rate that has been stable for the past few

decades. Given this strong theme of spiritual values in the society from which they emerge, it's little wonder that spirituality is central to the identity of many psychotherapy patients. The psychologist who ignores or, worse, demeans their spirituality clearly risks undermining the very therapeutic relationship considered critical for positive psychotherapy outcomes.

At the same time, psychologists are increasingly aware of the vital role spirituality can play in helping people bear the weight of their personal anguish. It's becoming abundantly clear that spiritually committed people seem to have higher degrees of happiness and life satisfaction, and lower levels of substance abuse, depression, and anxiety. Indeed, recent research has led psychologists to recognize that an important indicator of a high risk of suicidal behavior in any given individual is whether that person has a sense of purpose in life. Of course, purpose in life, as Frankl observed after surviving the horrors of the Auschwitz concentration camp, is associated with our spiritual natures and our capacity for self-transcendence. At the same time, there is research suggesting that attendance at church or religious services does seem to be associated with a lowering of all-cause mortality levels. In this regard, there may be as much as a 25% reduction in risk after adjustment for established risk/protective factors such as healthy lifestyle, social support, and depression.

Finally, the American Psychological Association recently released *Stress in America*, a survey which found, perhaps as we would expect, that Americans, especially women, are getting more stressed and anxious about such issues as money, the economy, and work. At the same time, while 52% of Americans say they listen to music and 47% say they exercise or walk to manage their stress, 37% say they pray and 21% say they go to church or religious services. Meanwhile, 18% say they drink alcohol, while 7% say they see a mental health professional. But when individuals who say they use a particular stress management strategy are asked to rate its effectiveness, the two activities rated most effective were praying (77%) and going to church or religious services (75%). Compare these ratings with the effectiveness ratings of exercise or walking (65%), seeing a mental health professional (61%), listening to music (54%), and reading (50%). Findings such as these lend weight to

the idea that spirituality is significantly associated with psychological resilience, at least for many people. For psychologists who perceive psychological and spiritual development as just two different sides of the same coin, it's quite natural to assert that patients should feel free to discuss their spiritual beliefs in psychotherapy if they wish to do so.

## SPIRITUALITY AFFECTS PSYCHOTHERAPY

Having slowly but surely come to see the relevance of spirituality in the treatment of many patients, psychologists who wish to be spiritually sensitive are faced with two related tasks. First, we have to recognize how spirituality can affect psychotherapy. Second, we have to find ways to address spirituality in the treatment process without violating basic ethical imperatives. Kenneth I. Pargament, Ph.D., in his 2007 book entitled *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, has exhaustively explored how spirituality can be ethically and effectively integrated into psychotherapy. I'd like to adapt some of his ideas to convey a sense of the different ways spirituality can enter the consulting room and be addressed in an ethically appropriate manner. But for those wishing a more in-depth understanding of these issues, his book is an ideal resource.

### Therapeutic Strength and Courage

First, psychotherapists frequently see patients for whom spirituality is an essential component of their identity, including their conscious awareness of who they are and what life is all about. These individuals inevitably bring their spirituality with them when they walk in the door, and their spirituality can frequently serve as a source of therapeutic strength and courage as they face the seemingly overwhelming problems motivating them to seek treatment. These patients might engage in one or more of several types of spiritual coping. On the one hand, they may attempt to discover a spiritual meaning in their suffering, developing a positive spiritual assessment for an otherwise negative situation. Thus, they may see their pain as a spiritual test and an opportunity to develop spiritual depth and insight. What they face is not accidental or arbitrary; their experience has a purpose,

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a meaning, and they will be better for having endured it if they endure it well. On the other hand, patients pursuing spiritual coping may pray for guidance and strength. By opening themselves to their transcendent, they become allied with what is sacred for them. That sacred force then becomes a part of their identity, infusing them with a sense of direction and courage. In this manner, prayer can create a stronger and a more confident sense of self. Both a positive meaning to a painful experience and a sense of confidence or self-efficacy can be critical assets in attaining psychotherapeutic goals. In this sense, the patient's spiritual and religious beliefs at the initiation of treatment may provide a stable foundation for the personal and spiritual growth that follows.

As psychotherapy unfolds, the treatment process may directly address questions of a spiritual nature. Perhaps the patient has experienced a profound trauma or loss (e.g. the unexpected death of a spouse) that threatens the person's fundamental sense of the meaning of life. In a psychotherapy session in the early phases of treatment, we might hear the patient ask: "How could a just God do this to me?" or "How can God expect me to go on with my life after this?" Or perhaps a patient has become so worn down with chronic depression that life now seems devoid of any coherent meaning: "Why am I even here? Why doesn't God just take me and end this useless suffering?" What these clinical scenarios have in common is that the underlying issues are directly spiritual in nature. What's more, they imply a developmental quality to

the spiritual growth process roughly reflecting the developmental quality associated with the psychological growth process. Specifically, psychotherapy may lead patients to question their more self-absorbed, childlike conceptions of God and the meaning of life just as it may lead them to question their attitudes toward their parents and their fear of thinking independently. The upshot is that, as patients progress in their psychological development, they may also progress in their spiritual development, seeking new ways of understanding the transcendent and what their relationship with that transcendent will become. In this sense, psychotherapy can be spiritually transformative. My self-centered concept of who I am, based as it may be on having a certain possession or a certain external characteristic, evolves into a sense of self-as-transcendent, a sense of self as defined by more internal, enduring, and universal goals. Perhaps my suffering teaches me that life is not all about me and my latest focus. Perhaps my suffering teaches me that life is about my transcendent duty to use my gifts, to care for others, and in so doing to fulfill my destiny.

#### Spiritual Growth by Another Name

If psychotherapy can sometimes directly involve spiritual questions, certainly it can very frequently involve issues that are indirectly spiritual. On any given day in my work as a psychotherapist, I can see a man who recently discovered that the spouse he has worshipped for years has been unfaithful. Or I can see a woman who is living with the knowledge that she married an alcoholic after having been raised by one. I can, in back-to-back hours, see a depressed college student who is secretly cutting her arms and a middle-aged man who is crippled by anxiety attacks. What all these patients have in common is the fact that their psychological growth depends on their developing the very best in their human natures: forgiveness, courage, confidence, and faith. This is spiritual growth by another name. At the end of the day, successful psychotherapy depends on patients facing their particular issues and finding a way, with the therapist's help, to inspire or "in-spirit" self-transcendence, movement beyond what they previously thought possible for them in their unique situations. From where might the inspiration or motivation for this self-transcendence emerge?

William James, writing over a hundred years ago, sought to understand how the transcendent could impact an individual suffering in a particular situation. In *The Varieties of Religious Experience: A Study in Human Nature*, he described a process for connecting with the transcendent that Jung, Frankl, and probably many modern day psychotherapists would find intuitively valid. In James' view, we all have a sense of self, much of which is subconscious, and it is from this subconscious self, our soul, that we receive messages of true genius and power, messages that we perhaps receive into our subconscious from the transcendent. In James' phrasing, ". . .the conscious person is continuous with a wider self through which saving experiences come. . ." (p. 441). This certainly is consistent with more modern notions (e.g. archetype, self-actualizing tendency, etc.) suggesting that we each have within us an element of the divine, a voice we may only hear in the dead of night that guides us to develop our potentialities, to find meaning in life, or just to not kill ourselves today. There is a spiritual core, a spiritual self, that promotes human resiliency and it is this resiliency, this ability to transcend, that perhaps reflects the presence of God. The self is the bridge between the anguished individual and the divine, and it is from the self, our internal gyroscope, that our inspired direction and determination emerges. So the angry and depressed young man, jilted by yet another lover, hears, even as he's throwing down the vodka and painkillers he hopes will end his suffering, a voice from within: "Don't throw it away." Fearful he may be too late, he reaches for the phone. This is psychospiritual growth in its most stark form.

#### A Spiritual Connection

A final way for spirituality to affect psychotherapy has more to do with the therapist than the patient. We therapists, like our patients, are at least unconsciously spiritual whether we like it or not. More importantly for the therapeutic process, there is inevitably a spiritual connection made in psychotherapy whether we like it or not. Of course, for many decades we've accepted the notion that, during psychotherapy, the patient and therapist interact and exert a remarkable psychological influence on each other. But just as spiritual development goes hand in hand with psychological development, so too the therapeutic

relationship involves a spiritual as well as a psychological connection. Pargament related that one writer referred to spiritually integrated psychotherapy as a process of “soul meeting” and “soul making” (p. 195). Psychotherapy is inevitably a spiritual enterprise and the therapist’s spirituality, and degree of comfort or discomfort with spiritual matters generally, influences how he or she conceptualizes the patient’s presenting complaint, the process of treatment, and the meaning of his or her work. I often ask graduate students if counseling is a business or a profession. I later explain that I would never refer a patient to a therapist whose goal was to operate a business. The all too likely outcome would be negative. Let me invite you to visualize a conversation between a man whose young son is dying from cancer and his therapist. The man asks his therapist what he thinks the meaning of his son’s early death could be and his therapist, uncomfortable with the sudden religious-sounding turn in the conversation, nods his head and mentions that the man’s insurance copayment has increased. What effect would the therapist’s level of spiritual discomfort have on the patient’s psychological and spiritual development?

#### AVOIDING ETHICAL PITFALLS

At this point in our discussion, it’s time to change direction. We’ve looked at why spirituality is important in psychotherapy and we’ve discussed a few ways in which spirituality affects the treatment process. Now we come to the very sticky question of exactly how we can best work with spirituality in therapy. I say sticky because there are several significant ethical pitfalls that must be avoided. In any discussion of values and beliefs in psychotherapy, including spiritual, there is first and foremost the very real danger that the psychologist will impose his/her beliefs, attitudes, and values on the vulnerable patient. Psychotherapy is definitely not pastoral counseling wherein a patient may expect to receive religious education as part of the counseling process. Psychotherapy patients by and large probably don’t expect any religious instruction, and any surreptitious efforts in that direction would likely not only be offensive to the patient but also to the profession. At the same time, as should be clear from our earlier discussion, imposing our personal antipathy to religion,

demeaning our patients’ spiritual convictions, or pathologizing our patients’ religious beliefs are all equally ethically bankrupt. In short, we as psychotherapists can’t take advantage of our patients’ vulnerability in order to make ourselves feel better, whether it be selling them on our idea of religion or selling them on our idea that religion is sickness. Psychotherapy is all about helping the patient to grow and develop using the patient’s values, beliefs, and tools.

Another ethical imperative that underscores how we actually deal with spirituality in therapy is the universally acknowledged need for informed consent. Consistent with our desire not to impose our values and attitudes on our patients, we certainly can’t impose any discussions of spiritual concepts on their therapy hours. Instead, we can alert our patients that it’s perfectly permissible to discuss these issues if they so choose. Then, we let them decide if they want to walk through that door. For example, in the early phases of psychotherapy, as part of an overall evaluation of the patient’s presenting complaint and history, I may ask if the patient is the type of person for whom religion and spirituality are important. If the patient answers with a clear no, I may conclude that spirituality is not a salient issue for this person and move on to another area of inquiry, never again raising the topic. But if the patient answers with a clear yes, I may ask follow-up questions about how religion and spirituality are important in the patient’s life. Depending on the situation, the topic may then go on the therapeutic backburner. The door has been opened; the patient has been alerted that it’s quite permissible to discuss his/her spiritual beliefs. Perhaps he/she will choose to do so in the future, perhaps not. The decision is largely up to the patient. If for some reason I do want to raise the topic again, I must first obtain the patient’s permission (“Jane, we talked some weeks ago about the importance of your spiritual beliefs in your life. But we haven’t mentioned them since and I was wondering if you ever thought your beliefs might be relevant to your struggles with anxiety. Do you think it might be a good idea to talk about your beliefs and how they might relate to your anxiety?”). Once again, a clear no would seal the deal. No informed consent, no discussion of spirituality.

There is a remarkable struggle going on for the soul of psychotherapy.

#### NONDIRECTIVE AND DIRECTIVE STYLES

Actually, our discussion of informed consent dovetails nicely with the critical issue of the psychotherapist's style in addressing spirituality in psychotherapy. In general, therapists can adopt a more nondirective style, in which spirituality is addressed implicitly, or a more directive style in which spiritual and religious issues are addressed quite explicitly. Each approach has advantages and disadvantages, and much probably depends on the therapist's personal preferences and predilections for how to be a good therapist. In the more nondirective mode, the therapist almost never initiates any religious discussions. Instead, the patient decides the agenda to be discussed by identifying the issues of concern for him/her. If the patient initiates any discussion of spirituality, the therapist's attitude is one of warm, respectful openness. The goal is for the therapist to empathically enter into the patient's spiritual world, not to correct it. By empathically helping the patient to verbalize and understand his/her spiritual and religious beliefs, along with the feelings they may engender, the patient will be better able to make the vital connections necessary for spiritual growth. But there are few, if any, prescriptions for specific spiritual beliefs or actions, and the therapist avoids any premature confrontation that would only intensify the patient's shame or anxiety. In many therapeutic settings (e.g. mental health clinics), where a wide range of patients with disparate beliefs may be represented, a less intrusive nondirective style may

offer the advantage of being spiritually welcoming without running the danger of imposing the therapist's beliefs on the patient. At the same time, a therapist doesn't have to be particularly religious to employ a nondirective style in spiritually sensitive therapy. Consequently, it may provide a more acceptable orientation for more therapists in more settings.

While acknowledging the advantages of the nondirective style, clearly there are settings in which a more directive approach may be preferable. The directive approach is at the opposite end of the spectrum from the nondirective style. A directive therapist explicitly refers to religious and spiritual values in therapy, assessing for dysfunctional patterns of religious beliefs, and actively prescribing prayer, the reading of spiritual material, or a referral to a religious congregation. In the directive approach, the therapist may recommend religious meditation strategies, openly advocate for a process of forgiveness, or suggest a religious visualization to help a patient feel emotionally supported during a crisis period. Certainly, the directive approach runs the risk of therapist imposition of values. But that risk may seem more tolerable in limited situations where patient and therapist are known to have very similar religious values (e.g. where both belong to the same religious order) or where the patient has expressed very clear informed consent for a more directive spiritual style of therapy (e.g. specifically seeking psychotherapy from a Christian counselor or a therapist openly affiliated with another religious belief system).

Maybe a concrete example would be helpful in illustrating the difference between the two styles. Many years ago, I worked with a young woman who was suffering from a terminal illness. As she faced her anticipated death, she said that she wanted to talk about what her death meant for her. She added that her father and her boyfriend wouldn't allow her to talk about death, fearing such pessimistic talk would bring it on. She noted that she usually agreed it was best to live in hope; but she knew her time was coming and she wanted to think it through. I didn't say much during our sessions. It didn't seem necessary. I may have started us off with a simple "Can you tell me what it's like for you?" But she did most of the talking, explaining that she was very spiritual and that she felt her death was natural and inevitable. She added that she thought she would again see her sister who had

died earlier, and that she wished her family would lighten up a little bit about the whole thing. As she expressed her thoughts and feelings, my job seemed to be to listen empathically, reflecting back to her the meaning of what I was hearing. She knew much more about her spirituality than I would ever learn and I felt no need to send her to church or to give her a reading list. By the end of our discussions, she seemed to be at some peace and I felt that I had witnessed a very brave woman spiritually prepare for death. To be that close to mortality helped confirm for me my own priorities in life and I now believe it was one of my most memorable experiences as a therapist, even though my contribution to the sessions was probably limited to knowing what not to say.

#### CONSIDERATIONS FOR THE FUTURE

As we move further into the twenty-first century, there is a remarkable struggle going on for the soul of psychotherapy. On the one hand, proponents of a rigorous empirical scientific approach, perhaps encouraged by cost-driven managed care concerns, advocate for evidence-based practices as the new standard of care. These techniques do, by and large, efficiently (and less expensively) treat the patient's presenting problem. But psychotherapy then becomes a complex set of manualized techniques that work, not a process of human interaction that heals. On the other hand, we have the proponents of a more traditionally humanistic orientation for whom psychotherapy is still as much an art as a science. For these psychotherapists, the essence of their profession lies less in manualized techniques than in such intangible qualities as understanding, compassion, love, courage, and faith. It would seem at this point that spiritually sensitive psychotherapy may not be considered an evidence-based practice because, while the mental and physical health correlates of spirituality may be known, spirituality itself can't readily be operationally defined. At issue is whether psychotherapy in the future will be solely technique-driven or whether it may at some level be person (soul) centered, whether the principal criterion for effectiveness will be the reduction of

observable symptoms or the lifting of subjective despair. I don't know how the struggle will turn out, although I hope that psychologists will take a middle road and try to preserve the best of both options. What I do know is that the proponents of spiritually sensitive therapy have fought long and hard to bring spirituality to the surface in our discussion of emotional healing. Now that it's here, I believe it's here to stay. Certainly, when I talk with graduate students about these issues, they frequently seem to form an immediate, intuitive "Of course!" connection. My best guess is that psychotherapy in the years to come is going to be a whole lot more meaningful and uplifting than anything we've seen thus far.

#### RECOMMENDED READING

Frankl, V. E. *Man's Search for Ultimate Meaning*. New York: Basic Books, 2000.

James, W. *The Varieties of Religious Experience: A Study in Human Nature*. New York: Barnes & Noble Classics, 1902/2004.

Jung, C. G. *The Undiscovered Self*. New York: Mentor Books, 1957.

Miller, W. R., and C. E. Thoresen. "Spirituality, Religion, and Health: An Emerging Research Field." *American Psychologist*, 58, pp. 1, 24-35.

Moss, E. L., and K. S. Dobson. "The Place of Spirituality in Psychological End of Life Care." *The Register Report*, 33, pp. 10-19.

Pargament, K. I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: The Guilford Press, 2007.



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