Psyche means soul: Understanding the role of spirituality in psychotherapy

Emily R. Askew

University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©1991 Emily R. Askew

Follow this and additional works at: https://scholarworks.uni.edu/grp

Part of the Education Commons

Recommended Citation


https://scholarworks.uni.edu/grp/2018

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.
Psyche means soul: Understanding the role of spirituality in psychotherapy

Abstract
Until the growth of science in the late seventeenth and eighteenth centuries, the treatment of the mind was inseparable from the treatment of the body and the spirit (Benner, 1989). Across all cultures and faiths, the individual was seen as a complex whole whose physical and emotional symptoms were considered a sign of an estrangement from a larger spiritual dimension. Shamans, priests, faith healers and witch doctors all called upon divine principals to aid in the healing of the person under their care whether the affliction be a broken arm or a broken heart. However, advancement in medicine quickly excised the mind from the body and spirit, while advancement in psychology, in the late eighteenth century, excised the spirit altogether (Butler, 1991; Meyer, 1988).
Psyche Means Soul:
Understanding the Role of Spirituality in Psychotherapy

A Research Paper
Presented to
The Department of Educational Administration and Counseling

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Emily R. Askew
May 1991
This Research Paper by: Emily R. Askew

Entitled: PSYCHE MEANS SOUL: UNDERSTANDING THE ROLE OF SPIRITUALITY IN PSYCHOTHERAPY

has been approved as meeting the research paper requirement for the Degree of Master of Arts.

4/15/91
Date Approved

Annie Jones
Advisor/Director of Research Paper

4-16-91
Date Approved

Richard Strub
Second Reader of Research Paper

4/16/91
Date Received

Dale R. Jackson
Head, Department of Educational Administration and Counseling
Until the growth of science in the late seventeenth and eighteenth centuries, the treatment of the mind was inseparable from the treatment of the body and the spirit (Benner, 1989). Across all cultures and faiths, the individual was seen as a complex whole whose physical and emotional symptoms were considered a sign of an estrangement from a larger spiritual dimension. Shamans, priests, faith healers and witch doctors all called upon divine principals to aid in the healing of the person under their care whether the affliction be a broken arm or a broken heart. However, advancement in medicine quickly excised the mind from the body and spirit, while advancement in psychology, in the late eighteenth century, excised the spirit altogether (Butler, 1991; Meyer, 1988).

To separate itself from the monolithic power of the Church, and in order to gain credibility as a science, Freudian psychoanalysis determined that adherance to religious institutions and spiritual creed were symptoms of neurosis (Benner, 1989; Butler, 1991; Meyer, 1988). The legacy of this opinion is summed up in the following: "If a client mentions a religious interest, most psychologists will pass it over, with the assumption that the client is immature or neurotic, that religion is a
symptom of something wrong." (Butler, 1991, p. 77). In stricter terms
Dombeck & Karl (1987) state, "In making a psychiatric diagnosis, the first
question when encountering 'God-talk' or religious or spiritual behavior is
to assess whether it is related to the pathology." (p. 186). While it is
beyond the scope of this paper to discuss the cases in which 'God-talk' is a
manifestation of psychopathology, the point made is that what was once
taken as a sign of health and healing, i.e., a connection with and reliance
on a spiritual dimension come to be regarded with suspicion by many
mental health care professionals. As a result of this suspicion, only 5%
percent of a surveyed sample of psychotherapists report being trained to
address religious issues in the therapeutic context (Benner, 1989).

In light of this statistic, it is the task of recent literature to point
out the discrepancy between the nature of many of the issues clients bring
to therapy and the training psychotherapists receive to deal with those
issues. This is done by substantiating the following claims:
(a) psychotherapy is in essence a spiritual endeavor (Benner, 1989;
Dennis, 1989; Pancner & Pancner, 1988), and (b) many people who are
undergoing emotional crises spontaneously consider religion in their
deliberations about their dilemmas, even if they have not recently been active in formal religion (Howe, 1988; Worthington, 1989). Along with this argument, several options for supplementing the lack of training helping professionals receive in the area of counseling spiritual issues are offered.

Definitions of the terms 'spirituality' and 'religion' are papers unto themselves. In many ways these words have become meaningless from overuse (Benner, 1989) and from the ambiguity inherent in the attributes they portend to express. The task of definition is made more difficult still by virtue of the fact that all of us bring our own connotations and biases to an understanding of these two concepts. However, in order to proceed working definitions are needed.

Elkins, Hedstrom, Hughes, Leaf and Saunders (1988) use this broad framework:

Spirituality, which comes from the Latin, *spiritus*, meaning "breath of life", is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by
certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate. (p. 10).

Religion is defined by Dombeck (1987) as "... an organized body of thought and experience concerning the fundamental problems of existence; it is an organized system of faith." (p. 184).

In many cases the terms overlap, as issues pertaining to one's comfort with or belief in an organized religious body naturally reflect and relate to one's sense of spirituality and vice versa. It is important to note that every person can be understood to have a spiritual dimension, a belief system against which they act, but not all persons subscribe to an established religion (Dombeck & Karl, 1987). Most often literature in this area uses 'spirituality' rather than 'religion' in the context of psychotherapy. The universal characteristics of most belief systems, allows for a discussion of same without promoting any specific mode of worship. (Elkins, et al., 1988).

Psychotherapy and Spirituality

The answer to the question, "How can the process of psychotherapy be considered spiritual?", involves three parts: (a) it is spiritual because
it is based on values, i.e., the values of both the therapist and the client (Bergin, 1988; Dennis, 1989), (b) it is spiritual because beneath the symptoms there are usually deeper questions of meaning (Prezios0, 1987), and, (c) the process of change and healing in therapy often consists of developing or reestablishing connections to larger frameworks, moving the individual beyond her/his individual isolation (Corrington, 1989; Krystal & Zweben, 1988; Prezioso, 1987).

With respect to the question of values, Bergin (1988) reports that 68% of a survey sample of family therapists, psychologists, social workers and other mental health care professionals report a deep personal interest in non-institutional spirituality, with 40% reporting regular church attendance. This sense of spiritual connection or questing has a direct impact on actions taken i.e., what we believe impacts what we do and, thus, values can be said to influence behavior and choices. In this light, therapeutic interventions, as actions, can be said to be rooted in part in the values system of clinician and are therefore not value-free or value neutral. Similarly it is impossible to state that treatment goals and outcomes assessment are value neutral (Bergin, 1988). The mandate of
traditional training for therapists, to assume a value-free but respectful stance in the therapeutic setting with regard to questions of belief, seems an impossibility as long as therapists are human beings whose actions and decisions are reflections of their belief systems.

Worthington (1989) reports that in a series of surveys since 1978, 90% of the population of the United States has expressed a belief in a divine being, and an equally large number report a reluctance to bring up issues of a spiritual nature in a counseling setting for fear of being misunderstood or of having their values challenged or belittled (Worthington, 1989). With 68% of a survey group of mental health care professionals reporting an active personal interest in a spiritual life and 90% of the general population reporting a belief in a divine being, issues pertaining to the spiritual dimension of the individual ought not be left at the office door. Thus, spirituality as it is lived in the values of
individuals plays a very direct part in the tone and tenor of the counseling setting (Benner, 1989; Elkins et al., 1988).

Psychotherapy is a spiritual process, as well, because beneath the presenting concerns are often questions of a larger more basic nature.

In their innovative work Pancner and Pancner (1988) write:

Within mankind (sic) throughout time, there have been longings and spiritual questings for answers to life's broader questions: "Why am I here?", "What is my purpose?", "Is there a greater power or source than myself and if so, how do I connect?" This yearning... can be masked in the sideshows of medical or psychiatric symptoms....

As therapists, we may begin to sense our enlarged task or responsibility in taking the patient's symptoms as metaphor... for defining and exploring broader issues and questions. Many of the presenting problems can be interpreted as revealing deeper issues and discordances on the spiritual level. (p. 158-9)

Therapists are taught to look beneath the words used and to search for the underlying meanings but are not taught what to do when they find those deeper, existential issues (Benner, 1989). They are taught to help the
client cultivate a sense of hope and a belief in their power to change, both of which resonate with the primary tones of a spiritual link. If these deeper issues are to be resolved and hope fostered, the spiritual dimension of the human being has to be addressed or change and growth will be purely superficial (Benner, 1989).

Finally, psychotherapy is a spiritual endeavor because much of the healing and changes wrought involve an examination of the spiritual aspects of one's life (Meyer, 1988; Worthington, 1989). In order to understand how this works, it is important to look at specific areas of concern which have been successfully addressed by delving into and treating the spiritual history of the client.

Counseling Issues

Worthington (1989), citing Fowler (1986) and Kobbel (1985) supports the claim that most emotional crises carry with them a spiritual dimension. Three areas commonly considered problematic exemplify this assertion. In each, spirituality is either a contributing factor to the dilemma, a part of the healing process or both. The areas significantly
affected by spirituality and organized religious belief, often found in recent literature are: (a) addiction, (b) sexuality, and (c) death.

**Addiction**

Much of the rapprochement between spirituality and psychotherapy is the result of the popularity and success of 12-step programs (Butler, 1991; Krystal & Zweben, 1988). A currently pervasive view of addictions characterize them as a synthetic transcendence or allegiance to a false god, wherein the individual at the first signs of discomfort or change inherent in the developmental process, finds relief from existential conflict in a substance or relationship (co-dependency) (Godaski, 1989; Prezioso, 1987). Gradually this turn leads to dependence.

What evolves is the illusion that the individual is “treating” her/his pain, but in reality the original urgings which prompted the search for transcendence become obscured by a demand for the maintainance of the addicted behavior i.e., continued use of the substance of choice (Godaski, 1989; Prezioso, 1987). The base yearnings appear to be tempered, but are definitely not ameliorated. Issues of identity and change continue to
perpetuate the desire for relief and until the basic needs are addressed, the addicted behavior is unremitting or lies dormant until emotional factors rekindle it.

The spiritual component of treatment for addictions provided by 12-step programs consists of reconnecting the individual with themselves, the community, and the Universe (Higher Power) (Corrington, 1989). Thus, the issues believed to lie at the heart of the addiction are treated through replacement of illusion with a solid core belief system. What is provided through this method of addressing addictions is the possibility of instilling a sense of hope in the future, lessening the sense of alienation and introducing a stronger force on which the individual can depend (Corrington, 1989; Godlaski, 1989; Prezioso, 1987).

Sexuality

Freeman (1988) reflecting on the role and value of sexuality in Judeo-Christian belief states "... enfleshed existence is merely to be tolerated, if not subdued, and ultimately escaped. Whatever comes out of the impulses and drives of the flesh is regarded as bad." (p. 170). The implications of this attitude for the sexual development of any person in
the western world is astounding, whether that person is actively practicing in this religious tradition, rejects it or, having come from another spiritual orientation, is surrounded by it in a predominantly Judeo-Christian society.

A few of the areas of possible conflict arising from the dichotomy between behavior and values illustrates the important role of spirituality in sexuality. These include, but are not limited to: premarital sex, sexual orientation, masturbation, decisions about contraception, abortion, alternative methods of conception and infertility. (Worthington, 1989). At work here, encompassing all of the above is the larger issue of self-acceptance (Freeman, 1988; Worthington, 1989).

There is much literature exhaustively examining each of these topics; excerpts from some of it underscore the interface between spirituality and sexuality. On nonmarital sexual relationships and masturbation, Worthington (1989) writes:

...One difficulty frequently encountered the single person with religious beliefs...is the difficulty of controlling sexual impulses. Although masturbation occurs among the married as well as the
unmarried... the nonreligious as well as the religious... coping with guilt over masturbation can be a serious problem. (p. 579-80).

Nelson and Jarratt (1987) writing on homosexuality, AIDS and spirituality, relate the following, "Having been raised in a religious home, he (a gay client with AIDS) felt that he was 'finally being punished for the sin of homosexuality'. Feeling he was condemned anyway, he began frequenting sex environments that resulted in more guilt, shame, and depression." (p. 485). With respect to infertility, Worthington (1989) offers, "... 10-15% of married couples are involuntarily childless... in most religious traditions children are valued. Infertility often causes intense spiritual questing in the infertile couple... (this crisis) can trigger changes in people's religious beliefs and practices." (p. 581).

With the search for self-acceptance an integral part of the process of psychotherapy (Freeman, 1987), conflicts between the realities of being human and internalized spiritual values play an important role in aiding or hindering the development of a positive sense of identity.
Death

Death and dying universally compel thoughts of spiritual connection (Worthington, 1989, for a review). For many, perceptions of death are not codified until the event is eminent. With perceived tragedy, one is confronted with coming to terms with the larger meaning of life. This may involve accepting parental attitudes or rejecting traditional notions and creating new ones. However its form, the issue of death is never without a philosophical mandate (Pancner & Pancner, 1988). Related areas of concern include facing medical interventions or losing mental and/or physical capacity before dying occurs. These carry with them another heavily emotionally and spiritually laden issue, euthanasia (Pancner & Pancner, 1988).

Though the use of stage theory in the bereavement process has often been a useful template for helping professionals, Nelson and Jarratt (1987) warn that there is a tendency for therapists to stereotype individuals' reactions to death in placing them in categories or stages. The authors maintain this may represent a therapist's denial and discouragement in dealing with her/his own feelings about death. The
move to generalization may help the therapist avoid an existential encounter with both themselves and the client. Thus, the connection to the spiritual in dealing with death and dying in the therapeutic context involves examination of belief on behalf of both client and therapist.

With a preponderance of clients hesitant to bring up aspects relating to religion or spirituality (Worthington, 1989), it is incumbent on the therapist to become comfortable probing this dimension. To treat any aspects of death and dying or any other issue as void of significant spiritual content is negligent (Dennis, 1989).

Conclusion

The literature reviewed advocates a closer examination of the spiritual component in psychotherapy. This is illustrated by looking at the role values play in the dynamics of the counselor and client relationship and by examining the understanding and treatment of specific client concerns, which many authors believe carry a significant spiritual impact.

Due to an historical predisposition away from an inclusion of the spiritual with the psychological, many practicing psychotherapists report an uneasiness with religious issues, characterized as "... attempting
microsurgery with a lug wrench" (Butler, 1991). This problem is currently being redressed by the use of a "religious history" as a part of the general intake format, an approach historically used by clergy and pastoral counselors (Dennis, 1989; Dombeck & Karl, 1987; Elkins, et al., 1988; Worthington, 1989).

It is hoped that such an inclusion will provide an adequate venue for open communication on matters which may have otherwise been overlooked. Of the use of such an assessment tool, Dennis (1989) writes, "What surprised me... was the clients' willingness, even eagerness to discuss and deal with their faith as a routine part of counseling. It became apparent to me that faith was a neglected dimension in secular therapy." (p. 54).

Appendix

(Assessment Tools)

Religious history assessments range from the simple and informal to the complex. Four examples follow:
Dennis (1989), a reality therapist, offers:

Several years ago, in addition to the standard psycho-social assessment... I began to ask clients about their faith and beliefs. I simply asked the same questions about faith as I asked about Belonging, Power, Fun and Freedom. Clients reported that they felt the therapy process was “complete.” (p. 54).

Guidelines for Taking a Religious History  (Dombeck & Karl, 1987)

1. Placement Within a Religious Community.

Religious affiliation? Changes in religious affiliation? When did changes take place? What is the level of present involvement? What is the relationship with pastor and community?

2. Personal Meanings Attached to Symbols, Rituals, Beliefs and Divine Figures.

What religious practices are most meaningful? When and in what ways does one feel close to the divine? What does one pray about? When? What gives special strength and meaning?
3. Relationship to Religious Resources

What is the relationship with God? How is God involved in your problems?

Has there ever been a feeling of forgiveness?

Spiritual Orientation Inventory (Elkins, et al., 1988)

The complete inventory consists of 85 items reflecting 9 subscales. The following is a list of the subscales with representative items shown:

1. Transcendent Dimension Subscale
   
a. There is a transcendent, spiritual dimension to life.
   
b. I have had transcendent experiences in which I was overcome with a sense of awe, wonder and reverence.

2. Meaning and Purpose Subscale
   
a. Answers can be found when one truly searches for the meaning and purpose of one's life.
   
b. The need for meaning and purpose is one of the strongest human drives.
3. Mission in Life Subscale
   a. I have a sense of personal mission in life; I feel I have a calling to fulfill.
   b. Life is most worthwhile when it is lived in service to an important cause.

4. Sacredness of Life Subscale
   a. All life is infused with sacredness.
   b. I see wisdom in the view of primitive peoples that nature is sacred.

5. Material values Subscale
   a. While money and possessions are important to me, I find my deepest satisfaction from spiritual factors.
   b. I have found that wealth and possessions do not really satisfy me.

6. Altruism Subscale
   a. Humans are mutually responsible to and for each other.
   b. I am easily and deeply touched when I see human misery and suffering.
7. Idealism Subscale
   a. In spite of all, I continue to have a deep belief in humanity.
   b. I am a dreamer who believes in what can be.

8. Awareness of the Tragic Subscale
   a. Deep awareness of the tragic aspects of life makes one value life even more.
   b. It seems pain and suffering are often necessary to make us examine and re-orient our lives.

9. Fruits of Spirituality Subscale
   a. Contact with the transcendent, spiritual dimension has helped me reduce my personal stress level.
   b. Contact with the transcendent, spiritual dimension has helped me be more loving to others.

Worthington (1989) offers a comprehensive discussion of the nature and importance of religious assessment. In it, he includes questions the therapist must have in mind approaching and interpreting the assessment.
1. How formal should the assessment be?
   This will depend on, (a) the degree of apparent religious involvement in
   the problem and (b) the counselor's general assessment philosophy
   regarding formal and informal assessment. (p. 589).

2. To what extent is the content of the person's faith to be assessed
   versus the process of "faithing"?
   It is important to assess both the what and the how of faith.

3. How is religion involved in the life of the client?

4. How mature is the client in his or her religious life as well as in his or
   her cognitive, moral and socioemotional lives?

5. To what degree, if any is the client's religion related to the diagnosis?

6. To what degree is the client's religion involved in the etiology of the
   problem?

7. Who is the client?
   Is the client an individual, or is the client the family, religious
   organization achool, employer of social institution?

8. Is the counselor competent to deal with this client's personal issues
   and religious implications for the client?
There are many reasons why a therapist might disqualify themselves.
Counselors must carefully assess whether they think they can work with
the client without intrusion of their similarities or differences to such an
extent that therapy would be impaired.
References


