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Incorporating Spirituality into the Therapeutic Setting: Safeguarding Ethical Use of Spirituality Through Therapist Self-Reflection

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Type of Contribution: Homework for the therapist

Objective

As various mental health professions are increasingly open to incorporating the client's spirituality into the therapeutic process, therapists now more than ever feel greater freedom to discuss topics that heretofore may have been perceived as off limits. Yet, inviting discussion about a client's spirituality within the context of therapy is fraught with danger due in large part to the subjective nature of such a deeply personal, life changing, and in today's world, political aspect of human experience. This chapter invites the therapist to consider one's ethical obligations to the client before attempting to utilize a client's spirituality as a therapeutic tool. Specifically, the therapist is invited to engage in a self-examination process in which one's clinical and spiritual orientations are articulated as part of a process of safeguarding against a pejorative, reactive, and/or prescriptive use of spirituality in the therapeutic setting.

Rationale for Use

Given the power and complexities of spirituality, the potential exists for a therapist to compromise safe and effective treatment through its misuse. There are myriad reasons why using a client's spirituality as a therapeutic tool can threaten the mandate to do no harm. This chapter focuses on those issues uniquely related to the person of the therapist: How and/or why are we susceptible to losing clinical perspective? Spiritual identities not only uniquely shape our clients and hold immense power in their lives, but influence the therapist as well. It shapes how we view the world and ourselves within the various roles we enact as family members, friends, citizens, mental health professionals, and significant relational others in the lives of our clients.

The two central qualities of spirituality threatening its appropriate use in the clinical setting are its highly subjective and identity defining nature. How we understand ourselves as spiritual beings cuts to the core of how we understand ourselves as humans. The meaning and purpose we assign our lives, for many, are derived from our spiritual identities. Add to this the subjective nature of spiritual beliefs and it is easy to

understand why religious interpretations and the lifestyle choices that emerge from those understandings can be quite polarized even among those of the same spiritual community. These qualities underlay all additional concerns raised in the following text.

The subjective experience of spiritual expression and its core defining function are intimately linked with one's geopolitical environment. Where and when we were born, our race, ethnic origins, and gender, the socioeconomics of our family of origin, our education, and the communities and families we surround ourselves with as adults all influence our understanding of our selves as spiritual beings even as we attempt to have those aspects of our identity influenced by our faith orientation. Our spiritual interests and experiences draw us into like-minded communities, each with its own tide, its own agenda and sense of mission in the world (Neusner, 2003; Richards & Bergin, 2000; Smart, 1999). Today, many of us make quick evaluations--whether right or wrong of a person's political opinions and lifestyle choices simply by identifying his or her spiritual orientation. Even more challenging, many of us may be prone to holding members of communities unlike our own in deep suspicion, creating divisions based on fear and prejudice.

Related to the influence place and time have on our spiritual identity, our understanding of ourselves as spiritual beings is influenced by internalized God images (Maher, 2006). These God images reflect our most significant attachment relationships (Brokaw & Edwards, 1994; Rizzuto, 1974; White, 1984). It is common for therapists to recognize the interconnections between formative relational experiences and career paths. Likewise, internalized God images also exert influence over our lifestyle and vocational choices. For many of us, there is a very intimate connection between our spiritual understandings and beliefs and why we chose the mental health profession.

While one's sense of spirituality shapes and resonates with one's worldview, it ultimately shapes and influences attitudes and behaviors. This intimate relationship between one's inner spiritual experience and outward social response has many permutations. We might be familiar with clients who hold us in deep suspicion when invitations to broaden perspectives are viewed as a challenge to their faith system. Likewise, many therapists believe that the values and goals of therapy are at odds with or do not fully address their mission in life derived from deep faith convictions. They feel personally obligated to redefine the therapeutic setting to adjust or accommodate those shortcomings. On the contrary, just as some clients make great strides in personal change due to deepening their connection with the values inherent in their faith system, likewise many deeply religious and/or spiritual therapists function most safely and effectively precisely as a result of reliance on their spiritual identities.

Finally, despite our profession's advancements in recommending safe and ethical guidelines regarding the use of spirituality in therapy (Chappelle, 2000; Doherty, 1995, 1999; Miller, 1999; Miller, 2002; Richards & Bergin, 1997; Sperry, 2001; Walsh, 1999),

no universally accepted approach exists on how to proceed. Many clinical texts on incorporating spirituality into the therapeutic setting naturally reflect the subjective faith experience of the writer. These approaches evoke strong reactions as practitioners and either resonate with the spiritual orientation of the author or stand in opposition to the author's presentation. These subjective responses make it difficult for us to adopt the common wisdom contained in the material and then contextualize it to meet the needs of our clients,

Of focus here is the recognition that the therapist, like the client, enters the therapeutic environment with his or her own set of biases; our spiritual identities, and hence the spiritual communities in which we immerse ourselves, co-create a worldview, an understanding of ourselves and others, and ultimately a sense of purpose and mission in the world. And given the power of spiritual beliefs on the worldview of the therapist, how can we preserve the integrity of the therapeutic environment as greater credence is given to addressing spiritual issues in therapy?

Instructions

This chapter acknowledges two broad frameworks for accomplishing this task, yet focuses only on the latter. Although not addressed in this chapter, safe and ethical incorporation of spirituality into therapy requires affirmation of the core values of the mental health professions in order to remind ourselves of the purpose and limits of psychotherapy (Tjeltveit, 1999; Woody & Woody, 2001). By affirming the structure of the therapeutic environment, the stage is set to max imize the therapist's freedom to incorporate the client's spirituality into the therapeutic setting while differentiating between psychotherapy and spiritual formation/discipleship and/or religious mentoring. Additional resources to assist the reader in this process are offered in the Professional Readings & Resources section of this chapter.

The second step, and the one of focus here, requires the therapist to engage in one's own self examination and languaging process as a direct form of clinical accountability. Here, therapists are invited to engage in a process of clarifying what they do and why in the language of their profession, their faith community, and then in everyday, common, conversational language. This discipline is intended to not only increase one's own self awareness regarding the congruency or lack thereof between their core professional and spiritual identities, but to also practice what we teach our clients: to clarify who we are, what we are about as part of the process of identifying where we want to go. Therapists want to go in a direction directed by and respectful of the client. Knowing that the therapeutic relationship is never devoid of the therapist having—and owning-one's own values, this chapter explores a way we can own our spiritual identities without being prescriptive.

Therapist Self-Examination

Due to the subjective nature of spirituality and its tendency to tap into core identity issues, the following self-reflection process is recommended in preparation for utilizing a client's faith system in treatment. In the Brief Vignette section, aspects of this author's own self-exploration process are briefly summarized.

For each of the following five subheadings, write your responses in outline or narrative form. Many of your responses may change and/or deepen over time as a natural part of the reflection process. This exercise may also be beneficial to do within group supervision and/or within the context of peer supervision as hearing multiple perspectives also stirs deeper clarification of one's own thoughts.

Therapist spiritual history and current context. Conduct your own spiritual assessment to un cover personal beliefs, preferences, and biases. How were faith/religious issues practiced and/or talked about in your family of origin? What beliefs about God, a Divine Being and/or religion are overtly and covertly expressed within your current family? Explore the sociopolitical climate influencing religious belief and practice in the greater culture, and observe one's own personal responses. Refer to Maher (2006) in which a sample spiritual assessment is provided. Spiritual genogram and inventory instruments can be found in Frame (2000), Hodge (2001), Ingersoll (2001), and Lawrence (1997).

Language. Practice expressing your spiritual beliefs using ecumenical language to minimize the likelihood of imposing one's beliefs onto the client (Richards & Bergin, 1997). Although spiritual language can never be totally devoid of constructs predisposing assent to belief systems not universally shared, therapists can search for "generic" language describing the manifestations of their sense of the spiritual (Chappelle, 2000; Miller, 1999; Richards & Bergin, 1997). This is most important for therapists steeped in religious communities with its associated language systems and hence unfamiliar with how to verbalize human experience without using the terminology of their faith system.

Begin by responding in narrative form to the spiritual assessment questions located in Chapter 8 in this book. Specifically, in Handout Three at the end of the chapter, Client Handouts: Exploring Your Spiritual History: Then, Now, and in the Future, Exercise One: Your Past and Present Spiritual History, respond to question 2 under Current Spiritual Interests and question 1 under Exploring Life's Ultimate Meaning and Purpose. Those questions are summarized and added to as follows:

1. If you believe in God or a Divine Being, how would you describe the character" of this entity? And how do you believe this spiritual being relates to you in times of struggle, sadness, pain, fear, and happiness*?*

2. How would you describe the purpose of your life (through the lens of your faith)? How have your spiritual and/or religious beliefs influenced these thoughts?
3. Additional question: How do you understand the nature of human beings, of good and evil, of struggle and triumph, through your spiritual/faith lens?

Once you have completed your responses, try to rewrite your answers by eliminating any spiritual terms or references that someone outside of your faith system would not understand. For now, let us assume they have a good grasp of English (or whatever language you are writing in) but are clueless in grasping theological and/or spiritual terminology. This is a difficult challenge for many, as the rewrite is often much lengthier than the original! This is the beginning of learning how to differentiate between allowing our faith to inform our life but not being languaged in a manner that imposes our religious doctrines on to our clients.

Theoretical synchrony. This section invites the therapist to explore the theoretical synchrony between one's theory of therapy and one's own spiritual beliefs about the nature of persons and what constitutes health and wholeness. First, write out your theory of therapy using the language (theories) of the social and behavioral sciences. The following is an abbreviated outline developed as part of a clinical exam I use with mental health intern students. While this exercise may require extended reflection (including a quick dash into your nearest theory texts), push yourself to identify what you do and why you do it using the language of your chosen profession. Many excellent textbooks summarizing the major psychotherapeutic approaches are available. Re sources are also listed in the Professional Readings and Resources section of this chapter.

1. *General theory of therapy*: What brings people to therapy and how does it serve them? Describe the overall purpose and function of the therapeutic process, and of the therapist. What theorists and philosophical underpinnings influence your work?
2. *Nature of persons:* How do you understand human beings? What makes us tick, what do we need to function optimally? Logical areas to explore include descriptions of what constitutes healthy functioning; how is it achieved, maintained, and restored. What constitutes dysfunction or lack of health (or whatever clinical language you use); how does it occur and how is it maintained?
3. As*sessment:* What is the purpose and function of assessment? What processes do you use and why? How might these activities resonate or conflict with your philosophical beliefs as detailed in items 1 and 2 above?
4. *Treatment strategies:* Describe what you do in session (in broad strokes and specifically) and why. Does it resonate with your theoretical orientation as described above?

This last question is often intimidating for therapists who suddenly observe that what they do bears no resemblance to the techniques suggested by their theory or theories. What we often forget is that treatment strategies are the therapist's creative expression of one's theory in direct relationship with the client. What we do bears the unique fingerprints of our personal style, our clients' needs in the moment, and our worldview, our theoretical orientation, if you will. This question is asking you to identify the connection between your worldview and what you actually do, not check to see if you are using the theory's recommended techniques (that author's unique fingerprints).

Now compare your answers to the clinical reflection questions with your previous theological reflections. Where do you see synchrony and/or incongruencies? What significance might this have to you at this time?

Self-resource. The previous exercises invite the therapist to engage in a self-reflection process. This item emphasizes the importance of learning about belief systems other than one's own, including the beliefs of our clients, as well as members of our local and global communities, Refer to texts such as Richards and Bergin (2000), Smart (1999), Smith (1991), and Neusner (2003). Enroll in world religion courses or attend worship services of various faith orientations within your own community. This process broadens the therapist's perspective, enabling us to see how other faith communities understand God and themselves as spiritual beings.

Finally, learn about the various spiritual resources in your community. Inevitably, when spiritual issues are freely addressed in therapy, client needs will surface that extend beyond our scope of practice and competence as a therapist. At this juncture it is our obligation to invite clients to consult with spiritual resources within their faith community.

Isomorphism. Be aware of the potential isomorphism between the supervisor-supervisee, and the therapist-client systems in regard to one another's spiritual thoughts, experiences, and identities. It is easy for all levels of the therapeutic relationship to unknowingly act out distrust and/or (well-meaning) hidden agendas. Likewise, personal biases and fears may also discourage the supervisor and/or the therapist from embracing the role of spirituality in the emotional and relational health of each other and our clients. Comfort discussing such issues in the supervisory relationship allows the therapist to impart comfort in the therapeutic relationship. Ultimately, it is the client's process that is to be empowered using spirituality as a resource according to the client's wishes and perspective.

Take a few moments and reflect on your comfort level discussing your experience of spirituality with clinical peers, supervisors, and/or supervisees. What issues make such discussions possible or not advisable? What attitudes and/or biases in you might need to be tempered so you can become a "safe other" in conversations

regarding one another's spiritual thoughts and experiences?

As therapists increasingly invite clients' spirituality to be present in treatment, the supervisory and consultation room will need to invite the same. The very issues that polarize entire nations can, and do, alienate therapeutic communities. By working on mutual respect and hearing of one another, we stand in opposition to this cultural phenomenon, modeling relational healing. This is the very heart of preparing ourselves to be safe and effective when incorporating our client's spirituality into the treatment process.

Brief Vignette

Therapist Application

Home base. As a therapist and educator, I have given much thought to exploring the various ways in which people understand themselves as spiritual beings. Often I have been intrigued by how a facet of human experience intended to provide identity, hope, direction, and meaning has also been for many a source of deep pain and confusion. Rather than being an avenue of relational healing, this dimension of human experience is often used as a weapon in assuming power and control over others, in deciding who is right, or good, or acceptable. Personally believing that therapists must tend—and do whether it is acknowledged or not—to the spiritual nature of a person's functioning, it is imperative that we guard against its misuse. These thoughts and values motivate me to engage in my own examination process.

Briefly summarizing my own spiritual genogram, I was born in the late 1950s to a first-generation Italian Catholic home in the Northeast. This sociocultural context and the relational dynamics of my home have influenced my internalized God images. The polarized religious views as expressed in today's public arena certainly stir internal responses that both reflect and influence my faith. But my spiritual life has also been shaped by my theological and psychological education, solidified yet ever evolving and brought to life in my most significant relationships with others inside and outside of my faith community.

Identifying basic values using inclusive language. In this section I offer a short summary of my own theological ponderings using a combination of ecumenical language infused with general everyday, yet slightly (I admit!) "therapeutic," language. It is followed by a paragraph briefly summarizing my clinical orientation in order to demonstrate the synchrony between my thoughts as expressed within these two communities.

Omitted from this vignette are two complementary works. The first one missing is a narrative providing greater detail regarding the nature of persons, of human struggle

and what constitutes wholeness and health written in clinical language reflective of my theoretical orientation as a psychotherapist. The second narrative not included involves taking these same conce writing my response purely from the theological/religious language of my faith community as recommended in the Instructions section of this chapter.

Steeped in my Christian heritage, I believe that humans are relational by nature, reflecting the nature of the Divine. I understand the essence of human struggle to be a result of relational disconnection with oneself, one another, creation, and hence with God. I view caring and just relationships as the necessary ingredients for spiritual survival often expressed through our biological, psychological, and social functioning. I experience therapy as a spiritual endeavor in that through the I-thou encounter of authentic relating, we are all impacted by one another, in formed and changed, and in so doing experience the essence of being human (Buber, 1958). Although spirituality has many definitions (Becvar, 1997; Chappelle, 2000; Olson & Olson, 2000; Walsh, 1999) I experience it through embracing my humanness with full awareness and intention informed by values of love, care, honesty, and fairness authored by a Divine Being.

This spiritual orientation, expressed in ecumenical language, influences my approach to therapy. I was drawn to the marriage and family therapy profession for two reasons. One was the inclusiveness of system's thinking, the hallmark characteristic of this profession. It is an approach that incorporates an understanding of persons as embedded within a social ecology as well as an understanding of family and greater cultural systems as comprised of the individual. Second, a systemic approach embraces the concept that we are relational by nature, hence our health and well-being are informed and/or enhanced by our relationships with one another and within our own selves (Borszormenyi-Nagy & Krasner, 1986; Nichols, 1987; Papero, 1990; Schwartz, 1994). Today I find my clinical thinking also influenced by narrative therapy, a short-term yet comprehensive treatment approach in which the client's total experience is honored as new possibilities are explored (Freedman & Combs, 1996). In sum, my clinical orientation integrates attachment (Cassidy & Shaver, 1999), systems, and postmodern approaches.

As I contemplate how I understand my world through clinical, spiritual, and moral lenses (as detailed by Doherty, 1995; 1999) I see the synchrony. It is this "total package" that I bring into the therapy room.

Suggestions for Follow-Up

To successfully complete the therapist preparation process, the clinician may wish to enroll in a psychology and spirituality integration course. The reading resources listed for therapists are also recommended.

As you language your orientation from these multiple perspectives, begin where you feel most comfortable. Some may choose to first articulate their clinical orientation; others may find that ideas flow more naturally by writing or talking aloud using the language of their faith community; and still others may not be sure what language they are using; they just start expressing their thoughts about the topics being queried. Begin in whatever fashion is most productive for you. The more you strive to language your thoughts completely, the more you will be apt to dig into both professional and spiritual resources. Enjoy the work in progress that this exercise invites**.**

Contraindications

There are no contraindications for therapists engaging in their own self-exploration process. However, clinicians are advised to listen to their own internal dialogue concerning these issues. As with all issues touching core parts of our human experience, discussions related to spirituality and/or faith perspectives can open deep wounds and unleash powerful emotional responses.. The therapist is advised to seek out clinical peers, supervisors, a personal therapist, and/or a spiritual mentor to process some of these responses.

Completion of the recommended self-reflection exercises inay feel overwhelming for clinicians with no formal faith orientation or with little exposure to theories of therapy. For these therapists, bibliosources are provided in the Professional Readings and Resources and Refer ences sections. These texts offer insight into a variety of religious faiths and theories of therapy. Familiarizing yourself with divergent religious and therapeutic systems of thought may assist you in putting your own experience into words.

Caution is warranted when discussing the use of spirituality in supervision and group practices. In some counseling clinics, supervisors and administrators often fear that any discussion of spirituality in the therapeutic session might breach the separation of church versus state. However, some of these strong reactions reflect encounters with therapists who sought to convert clients or used spiritual interventions inappropriately. A hostile environment may exist in situations in which supervisors and/or colleagues are antagonistic to working with a client's religious orientation, exude overt disapproval of a colleague's religious orientation, or use spirituality within therapy in a dogmatic or prescriptive manner. In such situations, the therapist or supervisor may wish to recommend in-service training facilitated by an outside consultant to assist colleagues through a process of mutual understanding while also offering treatment guidelines for incorporating the client's spiritual interests in the therapy process.

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Professional Readings and Resources

As with clients, given the diversity of spiritual and/or religious beliefs, caution is recommended when supervisors refer specific reading, video sources, or experiential activities related to this topic to supervisees. It is also recommended that supervisors invite supervisees to participate in recommending resources to aid in mutual resourcing and discussion of this topic.

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Bibliotherapy Sources for the Client

This chapter addressed the needs of the therapist in preparation to incorporate the client's spiritual interests in treatment. Bibliosources for the therapist are listed under Professional Readings and Resources.