

Spirituality and Religiosity in Psychotherapy



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Overview

- Definitions
- Background
- Findings of a national survey among German psychotherapists
- Components of an integration
- Forms of integration
- Possible pitfalls
- Conclusions and implications

Definitions 1

Spirituality and Religiosity

The relationship between a person and a higher reality which transcends the individual personality and is conceived of and designated differently, dependent on the respective religio-cultural context.

Spirituality (*spiritual*) is more and more associated with a personal, individual and experiential approach towards the transcendent dimension

whereas

Religiosity (religious) is increasingly confined to the formalized, traditional and institutionalized forms of reference towards an ultimate transcendence

Definitions 2

“The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education.”

European Association for Psychotherapy (EAP)

“The practical question for clinicians is no longer *whether* to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are *when* and *how* to address the sacred.”
(Post & Wade, 2009, p. 132)

Background 1

Growing interest of the general population in individual forms of spirituality as well as continuing relevance of traditional forms of religiosity

“This spiritual energy has created a powerful cultural demand for psychotherapists to be more aware of and sensitive to religious and spiritual issues. Unfortunately, very few psychotherapists are adequately trained or prepared to deal effectively with such issues. Because of the alienation that has existed historically between the behavioural sciences and religion, the religious faith and spiritual concerns of clients have long been neglected in the psychotherapy profession.”

Richards & Bergin (2002, p. 6)

Background 2

Increasing criticism of academic psychology and psychiatry as regards their dealings with spiritual and religious issues.

Accusation of ignoring, marginalizing and pathologizing the religious dimension in theory, research, education and practice.

In such a sense the theologian Hans Küng had spoken of a repression of religion in psychology, psychiatry and psychotherapy in an invited address to the members of the American Psychiatric Association and declared religion the final taboo of these professions.

(Küng, 1987, p. 111f)

Causes in the history of psychology and psychiatry

- strong natural-scientific, biologist and positivistic orientation of the two disciplines
- priority of biological over cultural factors
- striving to become recognized as scientific disciplines and to distinguish themselves as independent from the fields of theology and philosophy
- enlightenment versus belief
- religion-critical stance of prominent exponents of psychotherapy

Further arguments for including spirituality and religiosity in clinical practice

- empirical evidence concerning s/r as significant health related variables
- frequent addressing of s/r issues by the clients
- revision of APA-ethical guidelines as regards cultural diversity issues
- clinical problems of the clients are often intertwined with their s/r worldviews

“You cannot tear the human being into two pieces, to delegate one part to the physician and one part to the theologian”

C.G. Jung (Jaffé & Adler, 1972, p. 132)

Common characteristics of psychotherapeutic approaches and religious ideologies

They both provide frameworks that

- a) possess some degree of internal coherence,
- b) reclaim to accurately reference reality,
- c) may reach a high degree of abstraction and so are potentially capable of influencing an extensive range of perception, evaluation and action
- d) can help to understand the human condition, to diagnose both, personal and social problems and to offer remedy.

(Bilgrave & Deluty, 2002, p. 245)

Increasing trend towards an inclusion of the spiritual/religious dimension since the beginning 1990s

- strong increase of the scientific specialist literature
- development of concepts about an inclusion or even integration of the spiritual / religious dimension in the context of psychotherapy
- discussion of the historical background and the professional framework conditions

Comprehensive volumes about an inclusion / integration of the spiritual/religious dimension in clinical practice

- various handbooks of the APA (Shafranske, 1996; Richards & Bergin, 2000, 2002, 2003; Miller, 1999; Sperry & Shafranske, 2005)
- comprehensive volumes for the field of psychiatry (Bhugra, 1996; Boehnlein, 2000)
- comprehensive volumes from the German speaking areas (Utsch, 2005; Bucher, 2007; van Quekelberghe, 2007)

Empirical Findings

Some results of a national representative survey with psychological psychotherapists from Germany (N=895)

Results 1

A high relevance of the spiritual and religious dimension in the personal lives of the psychotherapists was found.

Spirituality/religiosity of the psychotherapists

- 65%** affirmed the belief in a higher, transcendent reality
- 57%** self-designated their belief-orientation as spiritual (36%) or religious (21%)
- 65%** estimated the importance of spirituality or religiosity for their own life as moderately (27%), quite (22%) or very high (16%)
- 63%** reported having had own significant spiritual or religious experiences

Results 2

The majority of the psychotherapists advocate a greater consideration of religious and spiritual issues in the context of academic education and postgraduate psychotherapy training.

Education and Training

67% assert that clinically relevant questions related to spirituality and religiosity should be given more regard in graduate education

81% report, that such issues were rarely or never discussed in their psychotherapy training

43% report that the dealing with these issues in psychotherapy training did not at all or barely meet their needs as psychotherapeutic practitioners

63% estimated the possible profit of further training as moderate to very high.

Results 3

Spirituality and religiosity especially seem to play an important role, as an influencing factor on the part of the psychotherapists.

More than half of them reported, that their personal spiritual or religious orientation has an effect on their practice of psychotherapy to a moderate (27%), quite (21%) or very high degree (8%).

Part 2

Foundations of an “Integration”

Development of

- practice standards
- ethical guidelines
- informed-consent-procedures
- models of an integration

Forms / Models of an Integration

- Spiritual-theistic or ecumenic strategy for therapy and counseling (Richards & Bergin)
- Adapted cognitive-behavioral psychotherapy for the religious client (e.g. Probst)
- Mindfulness- and acceptance based approaches (e.g. Kabat-Zinn, Linehan)
- Integral and Transpersonal Psychotherapy (e.g. Wilber, Grof, Assagioli)

Possible Pitfalls 1

- usurpation and violation of the integrity of the traditions of origin
- lack of in-depth understanding of the underlying paradigms
- a purely technicistic approach, functionalization and misappropriation of spiritual practices for the purposes of a health technology which is focused on efficacy and goal attainment

(eg. Walsh, 1980, 1988; Heidenreich & Michalak, 2006)

Possible pitfalls 2

- trivialisation of the numinous or sacred
- abusive and encroaching practices
- imposing spiritual or religious worldviews and values upon the client
- practicing outside the boundaries of professional competence
- holding of dual religious and professional relationships

Possible pitfalls 3

- the displacement or usurpation of religious / spiritual authority
- violating the boundaries given by the worksetting
- raising utopistian expectations of the clients due to the combination of medical or psychotherapeutic and spiritual authority

(Richards & Bergin, 2002, p. 143ff; Utsch, 2005)

In the year 1990 the Committee “Religion and Psychiatry” of the American Psychiatric Association issued some general ethical guidelines for psychiatrists in order to avoid possible conflicts between their religious commitments and psychiatric practice.

Ethical guidelines of the Committee “Religion and Psychiatry”:

- psychiatrists should maintain respect for patients beliefs,
- they should seek to obtain information on the religious or ideologic orientation and beliefs of their patients so that they may attend to them in the course of treatment. Empathy for the patients sensibilities and particular beliefs is central.
- psychiatrists should not impose their own religious, antireligious or ideologic agenda on a patient nor should religious concepts or ritual be offered as a substitute for accepted diagnostic concepts or therapeutic practice

(APA, 1990, p. 542)

“Every psychotherapist not only has his own method *he himself is that method*. Ars totum requirit hominem [The art requires the whole person]. ...the great healing factor in psychotherapy is the doctors personality, which is not a priory given; but rather represents performance at it`s highest but not a doctrinaire blueprint. Theories are unavoidable, but mere auxiliaries....”

(C.G. Jung, CW 16, transl. LH)

Thank you very much for your attention!

Further information:

www.igpp.de/english/eks/cv/liane_hofmann_e.htm