

## **Draft: Quote from Published Version**

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### **Introduction: Spiritual Competency in Psychotherapy**

*... the philosophy which is so important in each of us is not a technical matter; it is our more or less dumb sense of what life honestly and deeply means. It is only partly got from books; it is our individual way of just seeing and feeling the total push and pressure of the cosmos.*

*—William James, 1907/2003, p.1*

The same can be said of competency. Competency is not obtained completely from books, and when it comes down to it, one demonstrates his or her competence as an individual way of seeing and feeling in the pressure of one's corner of the cosmos. If a person has a stroke, that person wants a doctor who knows something about strokes, has an appropriate attitude toward the patient, and can apply information to specific facets of an otherwise novel situation and actually *do something* to ameliorate the patient's condition. In this sense competence is pragmatic and competence can be observed and evaluated.

Competence is also ethical. Professional ethics are comprised of systems of thought, cultural values, and professional experience grounded in the rigors of philosophical discipline (Hanson, Kerkhoff, & Bush, 2005). Something is regarded to be right or wrong—helpful, compassionate, and caring or destructive, callous, and cruel—and the arbiter in any given case is often nothing more than a person's conscience.

The man with a conscience fights a lonely battle against the overwhelming forces of inescapable situations which demand decisions. But he is torn apart by the extent of the

conflicts in which he has to make his choice with no other aid or counsel than that which his own innermost conscience can furnish. (Bonhoeffer, 1949-1995, p. 68)

The American Psychological Association has provided aspirational principles and guidelines to help people exercise ethical decisions of conscience. Table Introduction.1 shows examples of the numerous other organizations that also provide such ethical codes (since I am a psychologist, I will refer to the APA's ethics code in subsequent issues of ethics, but the reader might do well to cross reference in the code that applies most appropriately for his or her organization or profession).

Table Introduction.1

Examples of Ethics Codes

Organization	Online Reference
American Psychological Association	<a href="http://www.apa.org/ethics/code/principles.pdf">http://www.apa.org/ethics/code/principles.pdf</a>
American Association of Pastoral Counselors	<a href="http://www.aapc.org/policies/code-of-ethics.aspx">http://www.aapc.org/policies/code-of-ethics.aspx</a>
American Counseling Association	<a href="http://www.counseling.org/Resources/aca-code-of-ethics.pdf">http://www.counseling.org/Resources/aca-code-of-ethics.pdf</a>
American Association for Marriage and Family Therapy	<a href="http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx">http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx</a>
National Association of Social Workers	<a href="http://www.socialworkers.org/pubs/code/default.asp">http://www.socialworkers.org/pubs/code/default.asp</a>
European Association for Gestalt Therapy	<a href="http://www.eagt.org/code_of_ethics.htm">http://www.eagt.org/code_of_ethics.htm</a>

Regardless of all these codes of ethics, it still requires individual judgment to keep from doing harm, to maintain respect for others, and to practice in areas in which one has knowledge and ability.

In order to evaluate spiritual competence in psychotherapy a person must comprehend the nature and demands of psychotherapy as well as the nature of spirituality and the requirements for competently addressing the needs of spiritual people encountered during psychotherapy. It is not necessary, nor is it even possible, to know everything about all the diverse religious and spiritual streams flowing among the communities of faith in this world. What is necessary is that one begin to see spiritual and religious life as an important consideration, right up there alongside cognition, affect, and development. It is also necessary to know some facts about various religious and spiritual people, their worldviews, values, and practices and to develop an attitude of curious fascination with regard to the ways in which people inhabit spirit. In one way it is a different world (Yancey, 2003) with its own culture, but in another it is a whole set of worlds, each with its own culture.

### **The Nature of Psychotherapy**

Some consider psychotherapy to be an application of science, but others claim it to be a form of art. Although the science of psychotherapy demands evidence-based practice, the artistry of psychotherapy requires an aesthetic sensitivity (Francesetti, 2012). The therapist-as-artist subjectively discerns its form and contributes to its emergence in relationship with the client, who, conducting a corresponding piece of artistry, appreciates the process and contributes to its progress. As such, Gerald Corey (2012), in his survey of psychotherapeutic approaches, stated that psychotherapy “is a process of engagement between two people, both of whom are bound to

change through the therapeutic venture. At its best, this is a collaborative process that involves both the therapist and the client in co-constructing solutions to concerns..." (p. 7).

Corsini and Wedding (2007), in the 8<sup>th</sup> edition of their book surveying a number of approaches to psychotherapy, claimed that any form of psychotherapy is a learning process that concerns the way people think, feel, and act. As such, psychotherapy is intended to make people think differently (cognition), to make them feel differently (affection), and to make them act differently (behavior).

Many people believe the concept of psychotherapy originated with Sigmund Freud in 1900 (Bankart, 1996), with his work titled *The Interpretation of Dreams* (since republished in numerous editions and translations). Others trace the origins of psychotherapy five years earlier to the collaboration between Josef Breuer and Freud, and the publication of their book *Studies in Hysteria*; Breuer's patient, Anna O. is said to have called the hypnosis she experienced as "the talking cure" (Winick, 1997). Because of these associations, psychotherapy, "the talking cure," has been attributed largely to Sigmund Freud. With the advent of such a talking cure, the psychotherapist became the doctor of the *interior* (Cushman, 1992), and psychotherapy's focus became what takes place when two people sit down to speak with one another about one person's subjective experience. It is any form of treatment using verbal or non-verbal communication between a therapist and a patient/client/consumer that is understood to be a professional relationship.

(Brownell, 2010, p. 4)

Thus, psychotherapy entails a unique pairing. That is, the process and the experience are not identical and transferrable between one therapist and another, or even with the same therapist

between one client and another. While manuals can delineate procedures leading to uniformity of practice, no two therapists using such manuals will conduct themselves in exactly the same way, every time, for each and every client.

There is a way in which one person draws another out, turns another on, turns another off, or sends another into retreat. It is not that such a person intends to do something like this to the other; it is a by-product of the way they each exist, interact with one another, and the specific settings in which they find themselves with the specific extra-therapeutic factors that affect each one of them. For psychotherapy to work there must be “chemistry” between the therapist and the client; they must “click” with one another. They must establish contact and build a relationship (Norcross, 2011).

People tell their therapists things they would never tell anyone else, and that is the way it is supposed to be. The therapist is the trusted confidant, but not just that; the therapist is trusted for his or her ethical stance (being trustworthy as a person with altruistic values) and for his or her competence as a professional (as a psychotherapist).

The word "psychotherapy" is a compound formed from two Greek words: *psychē* and *therapeuō*. *Psychē* means "soul." There are two Greek words associated with curing or healing, and one of them is found in the compound—*therapeuō*, meaning "heal" or "cure." On that basis alone the compound refers to a process that heals the soul, with “soul” being a more general term that in many places is best translated as “person.” There is another word indicating mind (*nous*); so, it is best to retain the more general sense of person for *psychē* and allow the association of mindfulness with psychology to emerge at will. The other Greek word that is worth considering is *iaomai*. While *therapeuō* originally meant to serve a superior, and to cure that person of various ills, *iaomai* was the more direct word for healing, and its result was a person who

became *hugiēs*, or healthy or whole. *Iaomai* includes healings and cures from physical and psychological ills. Thus, the implication in the compound "psychotherapy" (and associated words) is that the therapist serves the client for the purpose of healing that person and rendering him or her healthy, sensible, and of sound mind (Brown, 1976).

With these things in view consider Jesus as psychotherapist. For some that would be an oxymoron, because they consider psychotherapy and religion to be opposite one another, with no place available in religious thinking or practice for psychology—the study of the soul. Obviously, I am not one of those people. Consequently, I often see scripture through the eyes of a psychotherapist, through the eyes of someone who has listened to the way people really are, the secrets they keep from others, and as someone who has witnessed the anguish they experience in trying to live among other people as well as the exhilaration and excitement they experience on the occasion of an intimacy.

Jesus sat down with a woman he met at a well outside a dusty town in Palestine. He asked her for some water and then he told her that she was living with a man outside of marriage and had been married several times before. She was astounded, and she ran away to the townspeople saying, "Come see a man who told me all about myself."<sup>1</sup> (Literally, "Come see a man who told me everything that I did...")

Now, the point here is not that Jesus, as psychotherapist, exercised omniscience and knew facts about his "client" that she had not revealed. The interesting thing to me is the effect of being with Jesus.

She did not recoil in shame, as if feeling judged by a legalistic and oppressive religious figure whose interest was her sexual sin. She described Him as a man who told her *everything that she did*. Actually, He did not tell her everything that she had ever done; He went to the heart

of an important but single aspect of her life. It only seemed so big as to feel like everything she had ever done. Her experience was also not simply at the level of the facts of her life, as a category description of how many times she had been married. Her experience was that Jesus had gone to the kind of person she was, and with just a few facts stated openly between them she got in touch with who she believed herself to be—as a person.

Jesus had touched her soul in such a dramatic fashion that she wondered aloud if He might be the Messiah. She inquired with him about a nagging question she had had (where was the correct place to worship God?). It was in this dialogue that Jesus provided one of His most salient teachings: God is Spirit. It's not a matter of where to worship God but how to worship God (in spirit and in truth), bringing together two important features of spirituality (process and relationship).

The privilege of being a psychotherapist is that psychotherapists are involved in touching people in the way that Jesus touched the woman at the well. Psychotherapists touch people's souls, and there is healing in that. Research on psychotherapy has shown that significant healing comes directly from the quality of the psychotherapeutic relationship. This is contact between two people *as people*. This is not one person playing a professional role in order to do something helpful to the other one. On the other hand, no psychotherapist is omniscient; so, there are skills involved in promoting the self-revelation of the client and competencies required to advance the presence of the therapist. With increasing awareness people learn (both therapist and client) more about what they do and how they do it, and there is a beauty to this process—a good form to it that can be promoted, perceived, and appreciated. In fact, a skilled psychotherapist will do just that, bringing together the science of psychotherapy with its artistry.

### **The Issue of Competence**

Competence involves not just what a person knows, but also what a person can do and what happens when that person does what he or she can do. “Competence in professional psychology refers to developmentally appropriate levels of knowledge, skills, and attitudes and their integration in various foundational domains of functioning” (Johnson, Barnett, Elman, Forest & Kaslow, 2012, p. 558).<sup>2</sup> Rodolfa, Bent, and Eisman, et al., (2005) asserted that competent professionals are “qualified, capable, and able to understand and do certain things in an appropriate and effective manner” (p. 348). They claimed competence is a matter of “what a person brings to a job or role (knowledge), what the person does in the job or role (performance), and what is achieved by the person in a job or role (outcomes)” (p. 349). They proposed a set of functional competencies that are each related to a concomitant set of foundational competencies. The functional domains of competence are (1) assessment (diagnosis and case conceptualization); (2) intervention (understanding and applying evidence-based treatments); (3) consultation (guidance, expert assistance); (4) research (contributions to the professional knowledge base); (5) supervision or teaching (training and evaluation of professionals); and (6) management (administration). Each of these is impacted by relating it to a set of orthogonal foundational competencies, and the foundational competencies are (a) self-reflective practice; (b) scientific knowledge; (c) relationships; (d) ethical and legal standards; (e) individual and cultural diversity; (f) interdisciplinary systems.

Considering that competence is something in which a psychotherapist continually grows, competence can also be understood as developmental. Competence is always a work in progress. However, it is helpful to see phases of this development in which a psychotherapist undergoes graduate or doctoral education, internship, post-graduate supervision and residency, possibly further specialization residency or fellowship, and then continuing development. The

combination of functional and foundational competencies and developmental stages of growth have been referred to as the “cube” model (Rodolfa, Bent, & Eisman, et al., 2005) for professional competency in psychology, and this combination provides a good heuristic of the issues involved when considering competency in psychotherapy.

In regards to spiritual competency, then, knowledge, performance, and outcome can be assessed in the following matrix:

Table Introduction.2  
Competency Matrix

	Self-Reflective Practice	Scientific Knowledge	Relationships	Ethical and Legal Standards	Individual and Cultural Diversity	Inter-disciplinary Systems
Assessing						
Intervening						
Consulting						
Researching						
Supervising						
Managing						

Thus, for example, a person could evaluate to what degree he or she might be spiritually competent by considering to what degree he or she were self-reflective and knowledgeable about religious issues, careful in regards to relationships, ethical and sensitive to diversity among communities of faith, and able to utilize interdisciplinary systems (in the case of psychotherapy perhaps the disciplines of philosophy and theology or religious studies) in the areas of assessment, psychotherapy, consulting, research, and management.

If, as is the case, researcher bias has been shown to be a factor, shouldn't people consider the

possibility that psychotherapist bias might be in play as well? The issue of spiritual competency is a relevant one precisely because it has not been developed and considered; it is a blind spot in the training of many psychotherapists. In the darkness of that blind spot the bias of the psychotherapist lurks unexamined, and spiritual competency in psychotherapy is the developmental process of bringing all these features of the matrix into the light, dispelling darkness over time.

The 3 most commonly used methods of assessing competence are subjective assessment by supervising clinicians, multiple-choice examinations to evaluate factual knowledge, and abstract problem solving (Epstein & Hundert, 2002). These methods are used to determine what a person knows and what a person can do. As stated, what a person knows and what a person can do are not static categories. As the cube model illustrates, these things evolve and develop over time, and so the means of assessment should accommodate such growth.

The assessment and development of spiritual competency requires an organized approach to the development of such competency. Those tasked with the obligation to attend to adequate preparation of clinicians need to attend to their own educational competencies so that their students and trainees emerge from their studies knowledgeable and capable in regards to the role of spirituality and religion in life.

### **Spirituality As A Cultural Issue**

Spiritual competence in psychotherapy is best understood as belonging to that part of the foundational competencies involving individual and cultural differences,<sup>3</sup> otherwise also known as multiculturalism (Saunders, Miller, & Bright, 2010; APA, 2003; Sue, Bingham, Porche-Burke & Vasquez, 1993). One's culture includes spiritual and religious elements; one's field is a complex situation in which spiritual and religious influences are present. Just as a

psychotherapist living in Western Europe would not think of working with a client from Asia without gaining some appreciation of Asian culture, psychotherapists need to consider the spiritual and religious cultures of the people with whom they work. They need to evaluate their competence to work with clients who hold significant religious or spiritual worldviews. They need to consider how religion and spirituality have or have not been a factor in the lives of their clients, especially when clients represent marked difference in ethnic, cultural, and national categories. For instance, one would obviously engage a translator if forced to work with a client from another country who spoke a different language, but would one think to engage a consultant to understand the client's different religious or spiritual "language?"

The issues of spirituality, religion, and secularism are in stark contrast as multicultural considerations when it comes to working with migrant populations. A given therapist, having lived and worked in a context of secularism, might find it difficult to understand a client coming from a different country, one in which religion is a major force (Limberg, 2013). For that matter, a therapist working in a country where religion is a major factor would need to understand the relative secular perspectives of a client coming from somewhere that does not value religion and spirituality. This is true of the differences across various cultural elements and communities even within the same countries. Furthermore, when religious and spiritual constructs and practices bleed into public policy, depending on the jurisdiction in which one practices, one needs to become competent with regards to the effects of such policies on both the therapist and the client (Singh & Cowden, 2011).

Seen in another way, all these kinds of cultural influences are part of the extra-therapeutic factors that both therapist and client bring into the meeting and that affect the development of their relationship. They are at play in the very beginning stages of their contacting, and they

account for a majority of the outcomes in psychotherapy (Brownell, 2010). Thus, the multicultural issues of spirituality and religion are crucial considerations.

Unfortunately, spiritual and religious beliefs have been marginalized in psychology; that might be because spirituality and religious worldviews, commitments, and practices are not often considered relevant to psychological process and thus not provided as a standard element of graduate training in psychotherapy. That could be a holdover from the bias of Freud, who considered religion to be pathological. It could be a reflection of the socio-political context in which any given training program exists, including an unspoken expectation that religion not be introduced into the “public square.” There could be many reasons why this deficit has existed, but exist it has.

According to a study conducted by Crook-Lyon, O’Grady, & Smith, et al. (2011), 250 psychologists from Division 12 of the APA (Clinical Psychology), 296 from APA Division 36 (Psychology of Religion), and 250 from APA Division 45 (Society for the Psychological Study of Ethnic Minority Issues) were surveyed, and 76% agreed that religious and spiritual issues were inadequately covered in training. In the same study 77% agreed that spiritual and religious issues are multicultural issues, and 67% did not view spirituality and religion as distinct from multiculturalism. Clearly, more work needs to be done.

### **Competence, Ethics, and Cultural Sensitivity**

Gonsiorek, Richards, Pargament, & McMinn (2009) asserted something that almost seems like common sense—that religion is important both to people who retain their religious affiliations and those who turn away from theirs. It is inevitable, they observed, “that such deeply held aspects of the human experience will regularly express themselves in clients’ presentations for psychological services” (p. 386). Therefore, they concluded, competent service provision should

be expected, and that would indicate “a sufficiently broad and detailed combination of course work, supervised experience, continuing education, professional reading, consultation, and other standard training vehicles that together are satisfactory to licensing boards and ethics committees” (p. 386).<sup>4</sup>

According to the APA’s ethics code, psychologists should practice only in areas of such competence: “Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.” (2.01a, APA, 2010, p. 1063) Using that as a model, those engaged in the provision of psychotherapy should do so only within the boundaries of *their* competence, which, as has already been established, is a function of what they know, what they can do, and what takes place when they do it.

If they lack competence, then they should get appropriate training: “Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.” (2.01c, APA, 2010, p. 1064)

Unfortunately, there is a gap with regards to the competence of most providers when it comes to clients’ spiritual and religious identities and practices. Please note: not only have spiritual and religious issues been poorly covered in training programs, even though most people believe they are part of a multicultural perspective, but they have also been shown to be missing in terms of provision of service. If competence involves knowing something about what one is doing and then having the outcomes prove ability to apply knowledge to critical areas of life, then that is lacking in many cases.

Rosenfeld (2011) observed that many therapists deal with religious issues in psychotherapy

without sufficient training. Citing a dated study, he pointed out that three fourths of social workers had almost no content on religion or spirituality during their graduate education (Canda & Furman, 1999), and he reported a similar condition for psychiatrists and clinical psychologists. This observation was supported by later research<sup>s</sup> cited by Crook-Lyon, O'Grady, & Smith, et al. (2011), noting "...most psychologists have limited awareness and understanding of issues surrounding clients' religion and spirituality...Few graduate training programs address religious or spiritual issues" (p.1).

This incompetence, unfortunately, shows up in practice when the understanding of religious clients leads to poor treatment planning and service provision. Kevern, Walsh, and McSherry (2013) conducted a study to evaluate the efficacy with which care plans captured and made use of data on the spiritual and religious concerns of mental health users in a UK Health and Social Care Trust. A questionnaire was given to 71 service users and the findings compared with the information that made it into files held on their behalf at three key points in the care planning process. The importance that service users accorded to spiritual and religious matters was not reflected in the electronic records, some of the information was wrong or wrongly nuanced when compared to the clients' self-descriptions, and service users themselves were misinformed about the kind of information that *was* being stored about them. The study concluded that spiritual and religious concerns were not being considered in the construction of care plans. It is likely that in spite of training focused on spiritual concerns being important in mental health, the individual service provider's local competence is a crucial factor in adequate treatment planning.

With this in view it is clear that people who do not have training in working with spiritual and religious issues ethically ought not practice with clients presenting with those issues or for whom such issues are integral elements of the field/significant extra-therapeutic factors. In fact,

even with training it is likely that service providers will need to take stock of their own beliefs, worldviews, and biases with regards to spirituality and religion, and if a service provider is aware that he or she is inherently anti-religious, it is probably best to develop a good referral resource for use with clients who need something the anti-religious service provider may not be able to provide.

With spiritual and religious beliefs and practices being integral to clients' ethnic and cultural identities, Principle E of the of the APA's ethics code is also relevant. Principle E states that psychologists respect the dignity and worth of people, including the rights they have to privacy, confidentiality, and self-determination. It asserts that psychologists should be aware and respect cultural, individual, and role differences like those "based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation..." and related categories, taking these kinds of things into consideration when working with members of such groups. It also says that psychologists attempt to eliminate biases from their work and do not knowingly participate in or condone activities based on prejudice (APA, 2010, p. 4).

Following the APA benchmark, then, psychotherapists ethically ought to attend to the blank spots in their training and the biases in their own worldviews. Psychotherapists who believe that religion is the cause of suffering, religious people are weak minded, and that there is no reason to make religious or spiritual concerns integral to the process of psychotherapy would be unethical and incompetent to work with clients who strongly believe in God or those who adhere diligently to a spiritual discipline.

This would likely fly in the face of experienced psychotherapists who believe that they can remain "objective" or whose approach is basically phenomenological and thus tracks the experience of the client (so if the client is religious, there is no problem because the therapist

simply takes his or her lead from the client). The problem with that is that it reflects a one-person psychology that does not deal adequately with the presence and subtle influence of the therapist, making for a two-person psychology (at *least* a two-person psychology, if not for a more collective view allowing for the influence of society and culture on both therapist and client). Rather, therapists need to realize that religion and spirituality as issues and matters of concern are likely to be “in the room” one way or the other, and in order to be competent they need to account for them, to become knowledgeable, to challenge their own religious/anti-religious commitments, and to develop the ability to respond effectively.

### **The Purpose of This Book**

The purpose of this book is to contribute to spiritual competency in the practice of psychotherapy. I have been thinking of this book for several years. The issues covered evolved through conversations with colleagues, presentations at professional conferences, training workshops, and previous writing projects. I wanted to write something that transcends a gathering of facts. At the same time, I cannot escape the realization that this can only be from the perspective of one person’s gathering of facts and implicit, relative meanings.

Nevertheless, I wanted to write something that touches the soul, and I admit that is a grand ambition.

Recently, I attended a church service in a large city, and this service was supposed to be devoted to worship. The church had brought in worship leaders from a church in a prominent southern city, and supposedly they were to be given the entire New Year’s Eve worship service—to usher in the new year on the right note. The worship leaders began to work the situation. They sang upbeat numbers, all well choreographed and staged. There was a live band. There was a back up choir. It was a big production, but it wasn’t going anywhere and just seemed to be

what professional musicians can do. The worship leaders sensed this. They were telling emotional stories about their autistic child. They were inviting the congregation to “get into it.” But it was going nowhere. The worship leaders toned down the volume until it was a hush, and one of the leaders sidled over to the keyboardist, stepped in beside him, and then took over. He deviated from the plan. He roamed the keys and the notes seemed to be searching for a theme, and then a classic hymn from the reformation emerged in the notes of the piano. I had been sitting, rather bored with the whole thing, but when I heard that hymn, a wave of passion swept over me, and I stood up. Others all over the church did the same. Then, the worship leader modulated to Agnus Dei, a well-known aspect of the mass set to contemporary music by Michael W. Smith, and people began to sing it spontaneously. Some began to moan. The place was flush with the sense of God, and I closed my eyes and dropped my head in worship. Then, it all stopped. The pastor of the church had sent one of his staff up to make announcements and to lead the congregation in a canned prayer. The whole tone of the situation dropped out in a disappointing crash.

I wanted to write a book on spiritual competence that would encourage and stimulate an experience of the Spirit and not just make announcements or lead the reader in canned and predictable statements about professional responsibilities. The approach I have taken is analogous to what Perls, Hefferline, and Goodman (1951) called a gestalt analysis. In a gestalt analysis, one does not point directly at some figure and explain it or at some fact as a form of proof. One observes all the various elements of the situation in which the figure appears, and one describes the “things” as they are given, in the context in which they are given, however one encounters them. A picture emerges. A story unfolds. An experience comes about.

People commonly say that one person cannot really know what something is like until he or

she walks in the shoes of the person engaged in that something. Supposedly, you can't know what having a baby is like unless you have given birth. You cannot know what sex is like until you lose your virginity. You cannot know what psychotherapy is like unless you've experienced it. That argument, obviously, has its limitations. We can know something about a condition without having to experience it. I have worked with numerous people suffering from a postpartum depression, and I understand what the dynamic is like even though I, myself, have never been pregnant and given birth. I used to work in the delivery room of a Naval hospital, and I've been in the delivery room for the births of all three of my children. No, I was not the one having labor pains, panting, and sucking on chips of ice, but I could hear and see, and I was in the room and part of the experience from my corner of it. I know something about it, because I immersed myself in the elements of the situation. I know something of the experience of postpartum depression because I have immersed myself in the elements of my clients' experiences and learned from them.

So, the purpose of this book is to give enough of a gestalt analysis, to look at the issue of spirituality and how it manifests at various times and in various persons, to immerse the reader in it so that a picture emerges and an experience comes about. It would not be good enough that one might read this book, gather some facts, and then simply know something about the subject; rather, I hope that people might engage with spirituality enough to "get it," to comprehend themselves as spiritual beings and to understand their spiritual and religious clients, respecting the place of spirituality in psychotherapy. That builds knowledge, supports growth in ability, and hopefully leads to a more effective, ethical, and competent practice.

### **The Structure of the Book**

The first part of this book examines spirituality itself. It might seem obvious what that is,

but there are actually many takes on the subject. So, the first part of the book lays a ground and allows the reader to find his or her own starting point. It contextualizes spirituality in various religious understandings and provides a workable definition. Included in this section is a discussion of the common polarity between spirituality and religion and an exploration of the approaches to the study of religion—that is, from the perspectives of philosophy, psychology, and theology. While there are various typologies one might encounter with regards to the study of spirituality, one can simplify them into two elements: spirituality as process and spirituality as relationship. There is an obvious overlap in that there is a process to relationship and every process will include certain relationships, but this approach first explains the two-fold typology and then, in the rest of the book, explores how spirituality as process and relationship can be understood in practice. The last chapter in part one explores the personal and existential nature of spirituality.

Part two of the book breaks down into four chapters, each taking one aspect of an evolving convergence in psychotherapy. Each chapter explores spirituality in psychotherapy directly. The first chapter in this section describes how spirituality as process and relationship is present and relevant to the therapeutic relationship. The second describes the overall complex situation. The third describes the holistic but subjective experience of people involved in psychotherapy (including the cognitive elements of mindfulness and the interpretation of experience), and the last chapter in this section describes spiritual work in the context of the experimental nature of experiential learning.

Part three includes several chapters that take a different approach. In this section I tell stories more than build arguments. I also relate, as in most of the book, from that spiritual tradition I know the best and in which I am most competent—Christianity.<sup>6</sup> My hope is that the reader

whose spiritual and religious tradition differs might be able to “translate” these stories and metaphors into his or her own context, and I hope that those without any ground in such a tradition will at least gain an appreciation for the complexity and richness inherent to our clients’ situations. Instead of starting with the processes of psychotherapy, these chapters present common problems or situations that a psychotherapist might encounter in clients presenting with relevant spiritual issues. In the least, part three provides a broad appreciation for the kinds of dynamics any given therapist might reasonably encounter in religious and spiritual clients.

I started off this introduction claiming that competency is an individual way of seeing and feeling in the pressure of one’s corner of the cosmos. Although we are all accountable for our competencies, that is still true. It’s up to the reader to make the most of this book, but here are a few suggestions on how to read it:

- You may want to skip the first part—an exploration of the concept of “spirit” and how that relates to religion—and go to parts two and three.
- You might want to explore more for yourself one of the four consilient elements of psychotherapy in part two (dialogue/relationship; field/situation; interpretation of embodied and subjective experience; existential/behavioral experimentation) for its spiritually relational and process-oriented features with regards to a religious tradition more akin to your own background and culture.
- You may want to take one of the issues covered in the third part and see if there are any corollaries in other religions.
- You might want to attempt writing treatment plans for some of the issues in part three.
- You might want to use this book as a resource for a personal meditation and to reflect

on the way you experience spiritual process and spiritual relationship.

One other thing needs to be said. I may show evidence of it along the way. This is not a book that tells people all about spirituality in psychotherapy. It is from my own perspective, and there are other books in the genre of the psychology of religion for instance, that are much more exhaustive and scholarly than this one. While I attempt to relate to spiritual things outside my own religious and spiritual tradition and experience, I speak most freely and with the most competence from a stance within my own ground. Further, while I attempt to relate things to what others have written, and so provide various references, this is not, as I have said, an exhaustive literature review. The things I am sharing should be investigated more by the reader and tracked down for their counterparts in other religions and in the literatures of theology, psychology, and philosophy. What I do hope to do here is to open a door into spiritual and religious experience and the processes associated with that in psychotherapy. In that regards, my hope is that you will not just know about some things, but that you will also actually experience some things, and that your ability to work with spirituality in psychotherapy would increase.

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## Notes

<sup>1</sup> δεῦτε ἴδετε ἄνθρωπον ὃς εἶπέ μοι πάντα ὅσα ἐποίησα (*The Greek New Testament*, 1983, United Bible Societies, p. 334-335)

<sup>2</sup> Johnson et al., quote Epstein and Hundert (2002) to further define competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community served” (p. 226).

<sup>3</sup> Which does not mean that spiritual competency is not relevant to the other functional and

foundational competencies.

<sup>4</sup>This book is intended to be a resource in the development of such competence.

<sup>5</sup>See Walker, Gorsuch & Tan, 2004; Young, Wiggins-Frame, & Cashwell, 2007; Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Russell & Yarhouse, 2006 cited in the reference section.

<sup>6</sup>I am Christian but perhaps less rigidly sectarian than most.

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