

The Psychology of Prejudice and Discrimination

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DISABILITY, RELIGION, PHYSIQUE,
AND OTHER TRAITS

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PRAEGER PERSPECTIVES

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CHAPTER 2

Spiritual Diversity and Clinical Practice

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What is the relevance of religious and spiritual diversity to the psychology of prejudice and discrimination? At the American Psychological Association's 1999 National Multicultural Conference and Summit, one of the three major themes was "spirituality as a basic dimension of the human condition" (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1065), which psychologists have an ethical mandate to address. While more crises of spirituality are being reported to therapists and more Americans are searching for meaning in their lives, however, psychologists are unable to help.

With the effects of globalization and the breakdown of traditional communities comes the freedom to intermarry and create one's own forms of religion and spirituality (Kristof, 2003; Serlin, 2001). While this may in some cases lead to increased openness and tolerance, it can also lead to backlashes of fear and discrimination. This form of discrimination is also found in response to other forms of cultural diversity. Stuart notes, "Despite innovative efforts to teach cultural competence, stereotypic thinking still clouds many evaluation and intervention efforts" (2004, p. 3). Research shows that most psychologists are not only unprepared to deal with these issues of religious and spiritual diversity, however, but actually have their own biases and prejudices against religion (Shafranske & Malony, 1990).

This chapter, therefore, builds on findings from APA's National Multicultural Conference and Summit in Newport Beach, California,

which recommended that “psychology must break away from being a unidimensional science, that it must recognize the multifaceted layers of existence, that spirituality and meaning in the life context are important, and that psychology must balance its reductionistic tendencies with the knowledge that the whole is greater than the sum of its parts. Understanding that people are cultural and spiritual beings is a necessary condition for a psychology of human existence” (Sue et al., 1999, p. 1065).

Psychologists should be able to demonstrate religious and spiritual competency (Pope-David & Coleman, 1997), so this chapter proposes theoretical and clinical examples of how to teach psychologists this competence. It explores the relationship between religious and spiritual diversity and the psychology of prejudice and discrimination from the following three perspectives: the impact of globalization on religious and spiritual diversity; the relationships among religion, spirituality, and psychology; and the importance of religious and spiritual competency to clinical practice.

GLOBALIZATION AND RELIGIOUS AND SPIRITUAL DIVERSITY

Religious affiliations are changing rapidly across the globe as well as within our own country. Waves of immigration have made religious pluralism inevitable. Religion has always been a strong force in America (Kasmin & Lachman, 1993); since the American Revolution, when almost all Americans were Protestants (Hoge, 1996, p. 24), the religious makeup has changed. A Gallup poll from 1992 estimated that 56 percent of Americans were Protestant, 26 percent were Catholic, 2 percent Jewish, 7 percent other, and 9 percent marked no preference. Other figures show that the number of Muslims is increasing and is now between 1.5 percent and 2 percent of the population. Conservative Catholics have the highest birthrate, and the majority of immigrants today are Catholic, with 25 percent to 35 percent being Latino (Hoge, 1996, p. 25). Many people today are attracted to Zen and Tibetan Buddhism, Sufism, Hinduism, and contemplative or mystical branches of Christianity and Judaism. A national survey showed that 92 percent of all Americans said, “my religious faith is the most important influence in my life” (Bergin & Jensen, 1990, p. 5). Most Americans report that they believe in God, and 75 percent identify themselves as religious (Cadwallader, 1991), while more than 40 percent have admitted to a mystical experience

or communication with transpersonal beings (Gallup & Castelli, 1989). Nine out of ten Americans say they pray, and 97 percent believe that their prayers are heard (Steere, 1997). Spiritually based rituals have been shown to be effective coping strategies for dealing with life stresses (Pargament, 1997), while the importance of religion is growing among married couples and identified as an “essential ingredient” in long-term satisfying marriages (Kaslow & Robison, 1996). Other individuals today choose new forms of religion or spirituality, or even more esoteric practices such as witchcraft and neo-paganism or earth-based goddess religions (Gimbutas) 1982; Neumann) 1955), while some develop a strictly personal form of spirituality. Recent figures show an increasing number of unaffiliated individuals, while many face unprecedented challenges about forming communities and relationships from new combinations of cultural backgrounds and traditions.

While research is beginning to track the impact of multicultural couples and families) however, there is relatively little on the effect of spiritual or religious diversity. These differences may include issues of child-rearing, family traditions, in-law and blended family issues, and personal versus traditional religious or spiritual practices. As globalization brings more interpersonal and interchangeable surroundings, people are losing their sense of place and local community. A community traditionally provided its members with a stable sense of identity, their place in the world, role models) support, and a set of values and beliefs to live by. Norms of moral behavior regulated relationships during courtship and marriage and provided a connection to the ancestors and continuity over time.

However, many individuals today are disconnected from that source of identity and stability. They are vulnerable and without traditional support structures (Sue, 1999). They may find the challenge of constructing a personal worldview of purpose and meaning overwhelming, become confused and depressed, and come to psychologists’ offices with a crisis of meaning. According to the San Francisco Chronicle, the group of people who marked “no religion” (the so-called “nones”) was “one of the fastest growing religious categories in the United States” (Lattin, 2003, p. A1). The path of creating a personal spirituality is lonely; on the other hand, a spiritual practice can buffer modern Americans in a stressful society.

Spirituality and mental health have a long history of connection in America, dating back to the Puritans’ mission to reform society. Religion has been a voice against alcohol abuse, adultery, and forms of

oppression. It has taken strong stands against issues like abortion, sex outside marriage, and sex between people of the same sex. From a societal perspective, issues of discrimination and prejudice are in effect inseparable from issues of religion and spirituality. Sensitivity to cultural differences helps us “recognize that traditional psychological concepts and theories were developed from a predominantly Euro-American context and may be limited in their applicability to the emerging racially and culturally diverse population in the United States” (Sue et al., 1999, p. 1063).

When their sense of meaning breaks down, instead of seeking counseling from priests or other religious figures, individuals may come to therapists with a crisis of meaning. There is a crucial role for psychologists to play in helping people sort out highly diverse cultural influences and make meaningful choices for themselves.

Clinical Vignette: Psychologists Need to Inquire about a Patient’s Religious and Spiritual History at Intake

One client told me that she was having a difficult time putting together her own forms of spiritual practice. Her mother was a Southern Baptist and her father Catholic. She has memories of being in both churches, but doesn’t have a church of her own. In fact, she describes her lack of roots in anyone community as a source of psychological pain.

In our work together, she talked, drew, and danced out her cultural images. She used music from her own culture and explored feminine role models from those traditions. She needed new images to help her re-imagine herself as a woman, a lover, an artist, and a healer. By exploring a variety of images from other cultures and historical times, she could put together her own set of images. These gave her a sense of self that was more coherent, flexible, and resilient.

RELIGION, SPIRITUALITY, AND PSYCHOLOGY

Religion and psychology have only recently been separated; the Latin term *psychologia* was first used by Maruie about 1524 to refer to one of the three divisions of pneumatology, the science of spiritual beings and substances. *Pneuma* (spirit or religious aspect) was inseparable from psyche, or soul (Vande Kemp, 1996, p. 72). However, since that time, modern psychiatry and psychology have been trying to

situate themselves as natural sciences, aiming to liberate man from religion (Needleman, 1983, p. 6). Positivist scientific psychology uses an exclusive method and view of truth, instead of the multiple epistemologies that are part of the history of knowledge. Psychology, once linked with philosophy, theology, and the arts, has followed medical psychiatry into science (Hillman, 1972). Returning religious and spiritual dimensions to psychology rebalances the positivist trend of modern psychology and is congruent with a broader feminist, narrative, and multicultural psychology whose epistemology is based on personal knowledge (Polanyi, 1958) and alternative ways of knowing (Polkinghorne, 1994).

Sue et al. challenge us to see the cultural component of these epistemological differences: “Moreover, a psychology based solely on the separation of science and spirituality and that uses primarily the segmented and reductionistic tenets of the natural sciences is one that may not be shared by three quarters of the world nor by the emerging culturally diverse groups in the United States” (Sue et al., 1999, p. 1065). Because of this, psychological theories are not necessarily generalizable across cultures. Included in this definition of culture is “subjective” culture, which “includes such elements as social norms, roles, beliefs, and values” and aspects of “spirituality and religion” (Betancourt & Lopez, 1993, p. 631). Cultural differences also affect research outcomes and threaten external validity.

Definition of Terms

Another problem with analyzing the impact of religious diversity and the psychology of discrimination is that definitions of religion and spirituality are confusing. The literature in psychology shows different definitions about to what extent experiences of religion or spirituality include a divine power, a set of beliefs or practices, and a cultural context. For example, the experience of spirituality in family therapy practice has been defined as “a relationship with a Transcendent Being that fosters a sense of meaning, purpose, and mission in life” (Hodge, 2000, pp. 218-219). Religion is usually associated with Structured rituals or practices, while spirituality can be defined as a personal and direct experience of the sacred (R. Walsh, 1999, p. 3). Definitions of spirituality have also included an ecological and moral dimension, such as the sense of “connectedness” that spreads out to a compassionate concern for all beings (Elkins, Hedstrom, Jughes, Leaf, & Saunders, 1988) and “living in a manner consistent with

their interior value framework” (Genia, 1990). In *Religion and the Clinical Practice of Psychology* (1996), Shafranske distinguishes five kinds of religious/spiritual practices: religious preference, church affiliation, church involvement, religious belief, and personal religious behavior. Wulff contrasts “cumulative tradition” as the “observable contents - temples, scriptures, myths, moral codes, social institutions, and so on - “ with faith as the “essential and less variable personal quality. . . . one’s orientation toward oneself, other people, and the universe as they are experienced in the light of the transcendent dimension” (1996, p. 47). Whatever definitions are used to describe these dimensions of meaning and self-knowledge, however, they have been significantly left out of our value-free scientific psychology.

The split between religion and practice in society is mirrored in the split between religion and practice in the profession of psychology. Modern psychologists tried to position psychology as a science and thus separate it from its roots in religion and philosophy. Sigmund Freud (1927/1961), a product of the German Enlightenment, considered religion to be a defense against unacceptable impulses. Based on a belief in a father God and ritualistic practices, religion was “an illusion” (Freud, 1927/1961).

However, not all psychologists were against religion. There has always been an underground tradition of psychologists interested in consciousness and religion. For example, William James in *The Varieties of Religious Experience* considered religion to be more than the outer behaviors of religious practice and actually “an essential organ of our life, performing a function which no other portion of our nature can so successfully fulfill” (1902/1985, p. 49). Swiss psychiatrist Carl Jung (1932/1969) concluded, “Among all my patients in the second half of life -- that is to say, over thirty-five -- there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost what the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook” (p. 334). Ferenczi described the therapeutic process as “redemption” and the “similarity of psychotherapeutic love to that love which permeates the Judeo-Christian tradition” (De Forest, 1954, p. 179). Erik Erikson valued the fact that religion connects us back to our deepest human longings, childhood needs, and basic ontological security. For humanistic psychologists,

religion was less a regressive function than a progressive one, connecting human beings to the “farthest reaches of the human spirit” (Maslow, 1971). Gordon Allport (1950) was one of the first to describe and document a “mature religious sentiment” as well-differentiated, dynamic, directive, comprehensive, integral, and heuristic (Wulff, 1996, p. 60). The first to make the useful distinction between extrinsic and intrinsic spirituality, Allport discovered an important relationship between extrinsic religious attitudes, prejudice, and traits such as authoritarianism, ethnocentrism, dogmatism, and prejudice against blacks, gay men, and lesbians (Wulff, 1996, p. 61). Erich Fromm contrasted authoritarian religions that emphasized submission to a higher power, guilt, and sorrow with humanist religions that stressed optimal development of compassion, love, and a mature relationship with nature and other human beings. Abraham Maslow also saw religion as a path to human excellence, a life of integration and wholeness, and a mystical experience that was filled with wonder and awe. According to Victor Frankl (1959), religion helps us confront the void of disintegration and discover meaning, coherence, and integration. Psychiatrist Robert Assagioli extended the therapeutic goal of personality integration with spiritual dimensions in a process called “psychosynthesis.”

Another link between religion and psychology concerns the relation of religion to mental health. Religion has been positively correlated with mental health: “Through its function of going beyond explanation to acceptance, faith instills a sense of meaning, coherence, and at times, courage in the face of confusion, disappointment, loss, suffering, and anomie” (Shafranske, 1996, p. 2). Crises of meaning can occur at any point in the life cycle, but are particularly apt to hit during times of transition like graduation from high school, marriage, birth of a child, loss of a loved one, and living with a life-threatening illness. Psychiatrist Roger Walsh notes that a spiritual approach to psychotherapy has been positively correlated with decreased anxiety and conflict, enhanced creativity, increased health and longevity, deeper empathy, greater marital satisfaction, and resiliency (1999). A negative relationship between religiosity and suicide, between religious commitment and drug use, and between church attendance and divorce; a positive relationship between religious participation and well-being for the elderly; lower levels of depression in college students; and a negative relationship between religiosity and suggestibility were reported by Gartner (1996). In addition, some religions experience prejudice more than others. Some non-western spiritual

traditions like Buddhism are becoming more popular, but still face discrimination in mainstream Protestant America. How does a psychologist address these issues, and what kind of training should she or he have?

RELIGIOUS AND SPIRITUAL COMPETENCY

Religious and spiritual diversity are parts of a general understanding of the need for diversity-based psychology. Awareness of the need for multicultural competence in the training and practice of psychology was achieved with the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association, 2003) and the APA's 2002 Ethical Principles and Code of Conduct (Knapp & VandeCreek, 2003). A new emphasis on training in diversity includes competence in religious and spiritual diversity (Manese, Saito, & Rodolfa, 2004). The multicultural guidelines for competency are applicable to spiritual and religious diversity. These include awareness of one's attitudes and beliefs, knowledge about cultural differences, and skills in working with diverse groups (Sue, Arredondo, & McDavis, 1992). In addition, the creation of a safe space for psychotherapy is an ethical practice. Pope, Sonne, and Holroyd (1993) listed several factors that contribute to what Manese et al. call a "safe diverse training and practice environment" (2004, p. 19), such as respect for the other and sensitivity and empathy for the other's experiences.

However, training in religious and spiritual competence is not available to most psychologists. In 1948, Allport examined fifty psychology textbooks published between 1928 and 1945 and concluded that "recent authors have virtually banished from their pages the essential problems of the will, conscience, reasoning. . . self, subjective values, and the individual's world view" (1948, p. 80). The profession has not changed much since that time (Shafranske, 1996, p. xv).

Yet some clients are reporting that they feel fragmented by having to consult both psychotherapists and pastors to address both relationship and spiritual issues (Griffith & Griffith, 1992); their needs are not being met. They need help navigating their spiritual and psychological confusion (Serlin, 1989b, 2000). Not only are most psychologists not trained to deal with these issues, but they may in fact have a bias against religion. They report feeling poorly prepared to deal with clients' religious and spiritual issues (Shafranske & Malony,

1990) or the psychological effects of globalization (Arnett, 2002, p. 774). They may over-medicate or over-pathologize their clients, missing an opportunity to help them discover the meaning of their symptoms and construct a new identity. Psychologists should not reduce all conflicts to inner psychological disorders, and they should acknowledge the very real impacts of religious and spiritual issues. They should have a clinical proficiency in religious and spiritual diversity issues. They have an “ethical responsibility” to teach it (Shafranske, 1996; Vaughan, 1987). Religious and spiritual competency includes a familiarity with differences between spirituality and religion, ability to differentiate between a healthy and pathological religious or spiritual experience, and an understanding of how spirituality can be both a problem and a helpful dimension in psychotherapy.

In response to the culture’s increasing hunger for issues of meaning and purpose, psychiatry and psychology responded with the creation of a new diagnostic category called “religious or spiritual problems” in the 1994 *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994). The role of spirituality is gaining notice in psychology (Tan, 2003; F. Walsh, 1999) and family therapy and couples counseling (Anderson & Worthen, 1997; Mowes, 2000; Prest & Keller, 1993; Richards & Bergin, 1997; Rotz, Russell, & Wright, 1993). Some psychospiritual interventions have been empirically validated (Jacobs, 1992; Pargament, 1997; Worthington, Kuru, McCullough, & Sandage, 1996) and correlated with religious attitudes of the therapist (DiBlasio, 1993; Moon, Willis, Bailey, & Kwansy, 1993). The first APA-accredited integrative doctoral degree was the Graduate School of Psychology at Fuller Theological Seminary, followed by Brigham Young University and others that offered courses like “Spiritual Issues in Family Therapy,” which is offered in the masters in family therapy program at the University of San Diego (Patterson, Hayworth, Turner, & Raskin, 2000). A few organizations, like the Spiritual Emergency Network in Palo Alto, California, specially train counselors to recognize and help with “spiritual emergencies.” Nontraditional programs exist in areas of creation spirituality, transpersonal psychology, and consciousness studies. Other programs have an East/West perspective on spirituality and psychology, like the Naropa Institute in Colorado, the California Institute of Integral Studies, and the Institute of Transpersonal Psychology.

Interest in the psychology of religion has grown also within the organized professional structures of psychology. In 1975, the American

Psychological Association formed a division called Psychology of Religion (Division 36). In 1961, the *Journal of Religion and Health* was founded, and in 1991 the *International Journal for the Psychology of Religion* was founded (Wulff, 1996, p. 45). Textbooks began appearing (Argyle & Beit-Hallahmi, 1975; Meadow & Kahoe, 1984; Spilke, Hood, & Gorsuch, 1985; Wulff, 1991).

Many crises of meaning, however, do not present floridly as spiritual or religious emergencies, but show up in our clients' everyday descriptions of inner emptiness and despair. Some clients describe the vague feeling of wanting to connect to something "beyond themselves," while others want to connect to a sense of meaning in their work. These spiritual crises are not psychiatric disorders that require treatment. They are existential and spiritual afflictions of the psyche.

Clinical Vignette: Psychologists Should Be Aware of the Role of Meaning in Their Patients' Lives

In my office, I see young people working for hi-tech or prestigious companies who find no meaning in their lives. They have "arrived" in their prime years of late twenties or early thirties, they are making large salaries, and they feel that they should be enjoying their lives. Instead, many are lonely, feel that what they are doing every day is pointless, and have trouble motivating themselves. Their lives have lost their meaning.

A crisis of meaning occurs also in their relationships. Why should they marry today? No longer a guarantee of security, relationships need a new reason for being. Some couples come to therapy to find more meaning in their lives together. Or they may discover that a relationship does not guarantee intimacy or stop their loneliness. New studies have shown that even intramarriage does not bring more intimacy than intermarriage (Heller & Wood, 2000, p. 245). What they miss is a sense of communion and connection that is often described as spiritual. The need for "reclaiming connection" to the basic web of relationships and life is a basic human right (Spretnak, 1991, p. 22).

Finally, relationships no longer provide a sense of home. Couples are transient, and few have family homes or families. Many young couples are desperate to make homes but cannot afford the high nationwide prices. Not only do they not have a literal home, but they also lack the neighborhood and web of family responsibilities to create a sense of place. Consequently, they are disoriented, flighty,

and agitated. Spiritual practices teach them how to stay grounded in themselves.

THERAPEUTIC APPROACHES: A BRIEF HISTORY

A student training in religious and spiritual dimensions in psychotherapy needs to know the history of this field. Knowledge of these dimensions is ethically mandated, according to Guideline 2 of the Guidelines on Multicultural Education, which says, “Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge and understanding about ethnically and racially different individuals (Manese et al., 2004, p. 18).” Understanding the historical resistances and splits between psychology and religion, as well as the history of psychological practices that embrace religious and spiritual diversity, is the foundation of such knowledge.

To provide some of that background knowledge, this chapter will provide a brief theoretical overview of historic and contemporary psychotherapeutic approaches that integrate spirituality into their theory and practices. The following section will summarize some of the major schools and briefly describe their traditions and approaches to the issue of spirituality and psychotherapy.

Integrative Movements

During Boston’s Emmanuel Movement, psychotherapy used mental, moral, and spiritual methods to help sick people. After that movement, the clinical pastoral education (CPE) and pastoral counseling movements emerged as new specializations within psychology (Vande Kemp, 1996). The Christian Psychopathic Hospitals were founded in 1910, followed by private psychiatric hospitals with Christian therapy units. The field of hospital chaplaincy is a growing therapeutic application that is an attractive alternative to the traditional clinical psychology route, and its training programs can offer useful curricula to training programs in psychology and religion.

Existential Psychologies

Theologians and philosophers like Paul Tillich (1952) and Soren Kierkegaard (1844/1941) described existential states like anxiety, dread, fear, and trembling. Martin Buber (1922/1937) integrated Jewish mysticism with existentialism in the form of dialogue between

man and God or man and man. Their astute psychological and phenomenological investigation into layers of the psyche contributed to a psychological understanding of the existential human condition. They had immediate influence on a new generation of American psychologists like Rollo May, James Bugental, and Irving Yalom, who developed existential and humanistic perspectives on psychotherapy (Bugental, 1976; May, 1940; Schneider & May, 1994; Yalom, 1980).

Transpersonal Psychology

Transpersonal psychologists critique western psychology for not going far enough. While western psychology can help us recognize dysfunctional patterns and free ourselves from our pasts, it lacks theory or practices to help us move beyond these patterns. Western psychology has a well-developed taxonomy of mental disorders, but almost nothing about mental “order” or, as the Buddhists say, “basic sanity,” or extraordinary states of mind (Wilbur, 1981).

In 1969, Maslow and Sutich (Sutich, 1969) founded the *Journal of Transpersonal Psychology* and the Association for Transpersonal Psychology to explore “the farther reaches of human nature.” Maslow defined transpersonal psychology as a “higher Fourth Psychology, transpersonal, transhuman, centered in the cosmos rather than in human needs and interest, going beyond humanness, identity, self actualization and the like. . . . We need something ‘bigger than we are’ to be awed by and to commit ourselves to in a new, naturalistic, empirical, non -churchly sense, perhaps as Thorough and Whitman, William James and John Dewey did” (Maslow, 1968, pp. iii-iv). The early transpersonal theorists believed that consciousness existed as a phenomenon that could be systematically studied by science. It used clinical and experiential methods such as meditation to study inner states (Murphy & Donovan, 1997).

Abraham Maslow, president of the American Psychological Association from 1967-1968, helped establish transpersonal psychology in the United States. He theorized that human beings needed to first satisfy their basic needs for food and shelter, but then experienced a drive for higher states of consciousness (Maslow, 1971). Maslow identified such extraordinary states of mind as metavalues of “wholeness, perfection, completion, justice, aliveness, richness, simplicity, beauty, goodness, uniqueness, effortlessness, playfulness, truth, and self-sufficiency” (Hastings, 1999, p. 193). Today transpersonal psychology

has its own national and international organization, journals, and wide popular interest (Frager, 1989; Fadiman & Frager, 1998).

Buddhist Psychology

Because the Buddhist method of inquiry into the phenomenology of mind is experiential, it includes the bodily experience of mind: namely, emotions. A Buddhist approach to psychotherapy, therefore, integrates body and mind through meditation and cultivation of the mind (Trungpa, 1969, 1983). In Sanskrit, for example, the words for “heart” and “mind” are part of the same reality or “citta” (Welwood, 1983, p. viii). The expanded mind brings expanded awareness that lets us see things in perspective, as they truly are, and it brings expanded compassion as well (Suzuki, 1949). The essence of Buddhist psychotherapy is the cultivation of compassion, or “maitri.” In the encounter between client and therapist, both hearts awaken. The awakened heart is called “bodhicitta” (Welwood, 1983, p. 159), and the awakened state is called “Buddha nature.” The goal of Buddhist psychology is to cultivate compassion to oneself first, seeing through the veil of illusions and self-deceptions to a clearer sense of reality.

Clinical Vignette: Psychologists Should Know How to Bring a Meditative State into Psychotherapy

Training exercises in spiritually and religiously diverse psychotherapy would include simple meditation exercises that are powerful non-invasive treatments for anxiety disorders and other psychological conditions. These practices, which include teaching a moment of mindful meditation, finding a calm center within and slowing down intentionally, also build preventive general resiliency and stability in most clients.

For example, a young female client was dating two people, and her head was literally spinning with choices. She couldn’t think her way through them any more. I asked her if she would like to close her eyes and feel her breath, her weight, and her spine. As her breath became slow and steady, she felt her own rhythm. She was able to sense her interiority and feel at home in herself. She felt less panicked and could assess the situation more clearly, feeling a newly internalized locus of control.

Jungian Psychology

Jungian psychology contains a mythic soul and spiritual perspective on psychology. For the past several decades, our culture has had a new interest in Jungian psychology. People sense that something is missing in modern life, in everyday life and relationships. Some call it the quality of “soul,” by which they mean the anima or animating principle of life. A number of imaginative and creative writers have written about soul, including poets Rumi and Emily Dickinson and psychologist James Hillman (1972). Individuals have had to look outside psychology to address life’s essential issues; psychology should restore the cultural and mythic dimension of life to psychological practice (Serlin, 1988, 1989a).

Clinical Vignettes

Clients bring in images of the men and women in their families, for example, to see which archetypes run in their families and to search for more empowering images. They may be struggling with developmental or age-related crises, or may lack appropriate male role models. They don’t know how to be. Young women experience jealousy and insecurity at their friends’ weddings, and are anxious about what kind of women they want to become. Young men struggle with internalized self-criticism and can never live up to their fathers’ expectations. Understanding their problem in the context of its developmental stage is an effective tool to help them deal with its stresses.

Jungian psychotherapy uses symbols and images to represent aspects of the Self. While some of them are explicitly religious, images themselves are processed in a non-rational part of the brain and have a natural affinity for religious and spiritual content. Therefore, another spiritual tool for a diverse psychotherapeutic practice is one of using images, dreams, artwork, etc. to convey psychological material. Seeing themselves in the context of parents, grandparents, geographical background, and family story helps give young people a needed sense of where they come from and to where they are going.

An increasingly common tool in family therapy is to tell the family stories and bring in pictures. Seeing similarities and differences between oneself and one’s family of origin sharpens issues of what is genetic and what can be changed, and can help people make more appropriate choices about how to live their lives.

For example, one young man came from an extended Italian family. As he approached age thirty, he faced new pressures about

being a man and establishing himself in the eyes of the community. Through imagery exercises, he began to visualize himself taking his place among the men of his tribe. He visualized the strengths that he inherited from the father he never saw to strengths from his uncles, grandfather, and other role models. He was able to deal with his impending marriage and discover his own unique way of becoming a man in his new partnership.

Men can also examine their relationship archetypes relative to the way they partner in relationships. They are encouraged to interchange images of “hero as conqueror” with images like “hero as healer” and Martin Luther King Jr.

A young Mexican American woman was struggling with multiple losses of both parents and her grandmother and her own issues of infertility. In a dream, she saw her grandmother, who reassured her that it was okay for her to die because she would be with her God. The client’s grandmother was Catholic and believed that she would go to heaven and see the spirits of her ancestors. This reassurance gave my client enough strength to mourn her losses while still moving on to create her own life. She described, “I feel like I have a grip. I’m not losing it. I’m proud of myself.”

BUILDING SPIRITUAL COMPETENCY IN CLINICAL TRAINING

Many psychologists are interested in incorporating a spiritual or religious dimension to their work, but don’t know how. While spirituality includes alternative practices like meditation and imagery, it is primarily more of an attitude than a set of techniques.

The hallmarks of a spiritual attitude to psychotherapy and issues that underlie most sets of technique are the following:

The Here and Now

Buddhism teaches the truth of impermanence. Facing our mortality allows us to live more fully in the moment; a spiritual approach to psychotherapy emphasizes the present moment and the development of presence. We learn that we are always home in ourselves. Spiritual practices teach concentration and ways to calm the mind. Psychotherapeutic practices emphasize the importance of “fit” in clinical work rather than prestructured sessions (Maturana & Varela, 1992), continuing a trend started by the postmodern, feminist, and narrative

therapists that focuses on strengths (Saleebey, 1997) and being in the body (Murphy & Donovan, 1997). The therapeutic reality is co-constructed, promoting a collaborative approach to therapy (Kok & Leskela, 1996).

Identity

We normally identify with our bundle of personality traits and neuroses, and think that is who we are; a spiritual approach knows that we are more. We normally identify with our jobs or roles; a spiritual approach teaches that even if these things crash, we have a deeper identity. We have moved from the “self” with a small s, as Jung described, to the “Self” with a large S (Jung, 1958). Beyond the narrow perspective of our insecure egos lies a larger egolessness and panoramic awareness, or “vipassana.” Developing a larger awareness helps us get perspective on ourselves and our problems, and provides space for change to occur.

Transcendence

Buddhist psychoanalyst Ed Podvoll notes that a psychiatric history is usually the story of pain; instead, he teaches his students to take a “history of sanity,” and he supports their “intrinsic instinct toward wakefulness.” Behind the confusion of the neurosis is usually a deeper level of clarity.

Meaning

The search for meaning is an essentially human activity, but life may often feel meaningless. Victor Frankl (1959), coming out of a Nazi concentration camp, showed in his theory of logotherapy how the search for the meaning of these life events can itself overcome despair. Spiritual practices help us discover new meanings in the new spaces or emptiness (Buddhist “sunyata”) that opens up. Discovering the meaning of an experience transforms knowledge into wisdom.

Compassion

Seeing and accepting ourselves as we truly are allows us to develop compassion toward ourselves and therefore to others. A spiritual practice trains the mind, which develops the discipline and courage to face life squarely. Through spiritual practices of “active love,” we

Toolbox for Change

The training toolbox consists of two levels: general guidelines of multicultural sensitivity and clinical methods to meet religious and spiritual psychotherapy needs. Clinical training, coursework, and research can develop new ways to help psychologists bring spiritual competence to working with issues of spiritual diversity in therapy today.

Level 1: Multicultural sensitivity

Be sensitive to one's own prejudices about religion and spirituality.

Avoid efforts to avoid the subject. Instead, try to adopt a non-judgmental and exploratory approach that invites clients to share it with you.

Examine your countertransference issues regarding confrontation with mortality, the void and meaninglessness, freedom and fate, and isolation and community.

Work collaboratively and respectfully, co-creating the understanding of the problem, central issues, and progress over time. Using approaches common to feminist, humanistic, and postmodern psychotherapies, therapists do not diagnose or pathologize spiritual issues in psychotherapy. Instead, they try to genuinely understand, with the client, the exact nature of the problem. They may be open about their own spiritual or religious perspectives, but not impose it on the therapy. Treatment goals are discussed together, and periodic check-ins give a sense of progress over time. While honoring the depths, they nevertheless focus on strengths.

Use of ethnographic interviewing and assessment techniques to help clients share the uniqueness of their worlds and religious and spiritual mixes.

Match therapists and method to client's background, which improves outcome (Morris, 2001).

Level 2: Clinical practices

Take a thorough **religious and spiritual history**. Ask about religion in the family of origin, belief in a transcendent being, cultural belief and rituals dealing with death, and history of spiritual practices and affiliations.

Assess for **spiritual strengths**. What coping mechanisms has the client demonstrated in the past to deal with loss, death, or change? What support system does the client have in terms of religious or spiritual friendships, mentorships, and community?

Introduce **spiritual practices into therapy**. Teach simple meditation and relaxation practices to help clients experience an expanded sense of self, connection, and internal locus of control.

honor our kinship and extend our compassion to others (Spretnak, 1991) .

Home

Seeing a larger context than the self, we rediscover our larger connection to community and the universe. We find our sense of place: we belong. Some family therapists have developed practices such as spiritual genograms (Frame, 2002) and spiritual ecomaps (Hodge, 2000) to help couples perceive these connections in their own families and extended families.

CONCLUSION

Psychotherapists today face an exciting challenge. Their clients confront unheard-of changes in identity, mortality, and meaning. Many seek coherence and meaning by discovering their own forms of spirituality, but then need to bring this into larger contexts of relationship and community. By meeting the challenge of religious and spiritual diversity, psychologists fulfill their “ethical and social responsibility as a profession” and as a “scientific discipline” (Betancourt & Lopez, 1993, p. 636).