SPIRITUAL ISSUES IN FAMILY THERAPY:
A GRADUATE-LEVEL COURSE

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With the advent of the biopsychosocial approach in family therapy, the domain of spiritual issues is increasingly being recognized as important to families. This article will describe a graduate-level seminar on Spiritual Issues in Family Therapy at the University of San Diego that offers family therapy students the opportunity to examine issues of spirituality, religion, and meaning and their place in therapy. One premise of the course is that research has demonstrated that most clients consider their spiritual life to be relevant to personal problems and would prefer a therapist who is comfortable with such topics. The goals of the course include (1) training in opening a dialogue with individuals and families about spiritual issues and discerning when referral may be appropriate; (2) expanding an awareness of wisdom traditions through use of comparative religions material; and (3) identifying from current practice many of the spiritual issues that may arise in the clinical setting.

HISTORY OF SPIRITUALITY AND PSYCHOTHERAPY

"The spiritual and religious dimensions of culture are among the most important factors influencing human experience, beliefs, values, behavior, and illness patterns" (Lukoff, Lu, & Turner, 1992). The notion of "honoring the sacred" (Moore, 1995) and embracing the spiritual dimension in everyday life, including the healing encounter, is not new. For millennia, shamans and witch doctors, the therapists of indigenous and preindustrial cultures, made no distinction between physical, emotional, and spiritual healing (Butler, 1990, p. 282). In other cultures, spiritual leaders took the same holistic approach. For centuries, Buddha was called the King of Doctors, and Jesus earned a reputation as a faith healer (Butler, 1990).

However, in the Western world, the prevailing view has been one of rational and logical thought. Science focused on the biological side of human beings, while religious institutions focused on the spiritual. Despite the importance of both scientific and religious perspectives to the development of culture, science and religion have not been in dialogue. However, the Pope's recent praise of Nicolas Copernicus's discovery that the Earth revolved around the sun almost 400 years after it was denounced by the church demonstrates greater awareness and openness between science and religion today (Associated Press, 1999). Huston Smith (1992), author of the world's leading text on comparative religions, points out that there are ways of knowing that cannot be tested in the laboratory. Direct experience that originates in flashes of insight, awareness of meaning, or connection has often changed history for both individuals and cultures. "The far-flung embroideries of science, and the entire scientific worldview, are based on a relatively small number of . . . experiments. If this be true in science, why not in religion as well? If factual truth is disclosed not through routine perceptions but through key or crucial ones, might not this be the case with religious truth as well?" (Smith, 1992, p. 262).

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When the field of psychotherapy developed, it focused on psychological and behavioral aspects of
human beings. Therefore, rational thought was the dominant influence in the development of psychology,
with little emphasis on the spiritual domain. In more modern times, religion and psychotherapy were
segregated based on the construct that emotional problems originate from childhood, family, and trauma
(Kabat-Zinn, 1990). In addition, as empirical science became the prominent epistemology in mental health,
therapists grew skeptical of belief systems based on faith. Churches suspected that psychotherapy lured
people away from faith and family. The field of psychotherapy retained Freud’s scorn for religion and
spirituality as being comforting illusions. As a result, practitioners of organized religion and psychotherapy
were in agreement regarding the separation of spirituality and psychotherapy and continued to foster this
separation.

“I see a spirituality in students that I have not seen in a long time; it seems to be an increasingly popular
phenomenon in the culture . . . . I suspect that the average Americans of the next century will move away
from science and toward an interest in the spiritual side of human nature” (Kagan, 1998, p. 63). America
has always been a religious country, starting with its founding by the Puritans and the many religious
outcasts who were persecuted in their native countries. However, there appears to be an awakening to the
importance of spirituality in our lives. Several factors appear to be fueling this movement. These include
social isolation, lack of community, long working hours that have led to feelings of dissatisfaction, lack of
ability to cope with increased technological advances, and an interest in spirituality by aging baby boomers.
The result appears to be a yearning for nature and a search for spiritual meaning in life. According to several
authors, this “spiritual hunger” or desire for greater connection is felt by many (Anderson & Worthen, 1997;
Thorensen, 1998). The plethora of related consumer products, services, and publications attest to this
interest in spirituality and range from exercise/bodywork, including yoga and Tai Chi, to coursework,
including special retreats and schools, and to self-care through nature and homeopathic remedies.

Publishing house statistics also present evidence of the public’s strong interest in spiritual issues. Books
on religion, spirituality, and inspiration, once a small segment of the literary markets, are now outpacing
every other category, and books often appear on the best-seller lists for months at a time. Numerous
indicators show phenomenal growth in religious publishing. For example, sales of religious books increased
150% from 1991 to 1997. According to one editor, “this kind of growth for any category is unprecedented”

SPIRITUALITY AND THE PSYCHOTHERAPEUTIC PROFESSIONS

Similarly, a parallel shift has occurred within the mental health community where the separation and
distinction between psychotherapy and spirituality has been blurred. Referring to the past 50 years, Steere
(1997) notes that the increased prevalence of psychotherapy, combined with the decline of mainline church
attendance, resulted in a gradual shift in the provision of counseling and guidance from religious institutions
to mental health providers. In fact, “the consumers of therapy today expect its practitioners to be not only
teachers of communication skills and problem-solvers, but spiritual guides, mothers, fathers and even paid
friends” (Butler, 1990, p. 284). This shift has resulted in mental health providers searching for ways to
successfully integrate spirituality into their therapeutic paradigm in such a way that is compatible and
complimentary.

As more people seek relief from their emotional distress, a trend has developed. People no longer want
to simply cure a symptom or gain relief from some type of dysfunction. “They are concerned with the
meaning of their lives and how to integrate their experiences with some sense of a larger purpose” (Steere,
1997, p. 8). Clients have reported that they feel fragmented by having to discuss spiritual issues with their
priests/pastor and relational issues with their therapists (Griffith & Griffith, 1992).

Recent polls have shown repeatedly that the general public would prefer a more holistic approach to
health care that includes the incorporation of spirituality into the realm of psychotherapy. According to a
1992 Gallup Poll, 66% of respondents said they preferred a professional counselor who represented spiritual
value and beliefs, and 81% preferred to have their own values and beliefs integrated into the counseling
process (Rosenberg, 1993). In a 1994 Gallup Poll, 50% of elderly people surveyed said they wanted their

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doctors to pray with them as they faced death, and 75% said that physicians and therapists should address spiritual issues as part of their care (Rosenberg, 1993). What the general population is telling the field of psychotherapy is that “there is a spiritual dimension of human experience with which mental health practitioners must come to terms with more assiduously” (Bergin, 1991, p. 401).

Paralleling this societal demand for change is psychotherapy’s evolution toward a biopsychosocial model of treatment. This model, formally put forth by George Engel in 1977, acknowledges the inextricable interconnectedness of mind, body, and spirit. This model promotes the treatment of the whole person (Engel, 1977). The fact that the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; DSM-IV, 1994), the primary diagnostic source for mental health professionals, addresses “spiritual issues” is evidence of the overall change in attitude toward the importance of spirituality in mental health assessment and treatment. The section in the DSM-IV, V 62.89, “Religious or Spiritual Problem,” states, “This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution” (American Psychiatric Association, 1994, p. 685).

**SPIRITUALITY AND MENTAL HEALTH**

As a result of adopting a biopsychosocial model of treatment, mental health providers are searching for ways to successfully integrate spirituality and the consideration of spiritual issues into their therapeutic paradigm. Bergin et al. (1997) encourage psychotherapists to consider spiritual issues as part of psychotherapy by noting that a spiritual perspective can strongly contribute to a client’s (and therapist’s) views of human nature, morality, rituals, and practices. For some clients, an understanding of the spiritual and/or religious implications of their situation is not only useful but may also be the most direct way of empowering them. Indeed, Watson (1997) refers to religion as a resource that can be accessed by family therapists for growth and healing. Other authors refer to spirituality as a means for intervention and as a potential resource for positive change (McAllister, 1998; Prest & Keller, 1993).

Moreover, therapists who neglect to recognize the potential relevance of a client’s religious and spiritual practices are likely to be at odds with the clients they treat (Bergin, Masters, & Richards, 1987). For instance, nine out of 10 adult Americans pray. Ninety-seven percent believe their prayers are heard, and 95% believe some of their prayers have been answered (Steere, 1997). Ninety-six percent of Americans currently believe in a God or a universal Spirit, and the majority of Americans feel that religion is an important component in their lives (Kudlac, 1991; McAllister, 1998; Thoresen, 1998). All of these statistics demonstrate the importance of spirituality and religion in the lives of clients.

In recent years, the medical community has begun to recognize a connection between spirituality/faith and positive medical outcomes. Research is being conducted and published by many different disciplines, including sociology, psychology, psychiatry, gerontology, and social epidemiology, and the National Institute on Aging has funded several grants focused on religion and health (Ellison & Levin, 1998). Research suggests that older patients with strong religious beliefs are more likely to be satisfied with their lives and to have lower blood pressure, which reduces the risk of heart disease (Koenig et al., 1998). In other studies, religious commitment has resulted in reduced alcohol and drug abuse, lower blood pressure, and reduced risk of dying from arteriosclerotic heart disease (Kuritzky, 1998). Moreover, a review of research studies in two leading psychiatric journals during the period of 1978–1989 showed a positive relationship between mental health and religious commitment and an inverse relationship to suicide (Kuritzky, 1998). Despite these compelling findings, Tournier (1987) states that it is still not uncommon for a client to mention a religious interest and for the mental health professional to either ignore the issue completely or to raise an eyebrow, combined with a subtle pathologizing of this belief.

Despite marriage and family therapists’ best intentions, they are often reluctant to bring spirituality into the counseling relationship. One of the origins of mental health providers’ lack of comfort and reluctance to incorporate spiritual dimensions into clinical practice could have its roots in the lack of training experiences (Shafranske & Malony, 1990; Weaver, Koenig, & Larson, 1997). Many therapists were trained during a time...
when the scientific/empirical epistemology was the only source of truth. During training, beginning therapists learn to rely on research outcome studies as a way of demonstrating effectiveness and achieving credibility. As a result, many therapists consider themselves unable to assess spiritual issues or to provide spiritual solutions or treatment. These therapists would perhaps equate any spiritual treatment as a form of proselytizing. In addition, therapists are generally less involved in formal religions than their clients (Bergin, 1991; Novak, 1998; Weaver et al., 1997).

In summary, spirituality has not found a place in the family therapy curriculum of most training programs. In much the same way that issues of ethnicity, gender, and race had been ignored until recently, issues of religion, spirituality, values, and belief have also been ignored in family therapy training. Graduate programs are not alone in their oversight of the importance of spirituality in family therapy. The American Association of Marriage and Family Therapists’ (AAMFT) Commission on Accreditation makes no mention of spirituality in its curriculum guidelines (AAMFT, 1991). The result is that family therapy students often overlook the systemic effects of a person’s spirituality on the self and on the system.

MARRIAGE AND FAMILY THERAPY GRADUATE CURRICULUM RATIONALE

In an effort to better prepare future marriage and family therapists for the treatment of clients from a biopsychosocial-spiritual model, the Master of Arts program in Marriage Family Therapy at the University of San Diego designed a course that addresses the systemic effects of an individual’s or family’s spirituality. This required one-credit course is appropriately titled “Spiritual Issues in Family Therapy” and is one component of the biopsychosocial-spiritual model of mental health care on which the program curriculum is based. Other courses deemed to be requisites for a holistic curriculum at the University of San Diego include pharmacology, ethnicity, gender, health, family law, and treatment of sexual issues. The “Spiritual Issues in Family Therapy” course is part of the overall strategy to provide students with as many lenses and perspectives from which to assess and treat families and is an important component in providing balance in the program.

Prior to the existence of the course on spirituality, students expressed concern and confusion about the frequency with which they were encountering issues of spirituality at their practicum sites. Although a discussion of spirituality was included in the course on family studies, it was not specific or comprehensive enough to adequately address the needs of students and their clients. Therefore, there was the recognition that not only do spiritual issues have meaning and relevance for clients but also that students needed training in the spiritual domain. Furthermore, another premise is that therapists in training can benefit if they are also caring for themselves by attuning to personal values, beliefs, and ways of knowing.

In fact, spirituality is far more prevalent in the therapeutic process than it was given credit for in the past (Fleischman, 1993). When students assess families with presenting problems, which ostensibly do not involve spiritual issues, often a spiritual component will become apparent as the student continues the system assessment. In fact, a significant number of students report encountering spiritual issues at different transition points during therapy. Because the therapeutic process is often about suffering and emotional pain, most clients want to make sense out of their suffering. Consequently, clients look for spiritual direction from their therapists.

During supervision, it became apparent to several faculty supervisors that students were often being presented with problems involving the spiritual dimensions of a family system and that the University of San Diego curriculum did not prepare them to assess and treat these issues. For example, a 14-year-old Catholic female was admitted to a psychiatric hospital for a suicide attempt. The client explained to her therapist that she had become pregnant and before she could decide what to do about the baby, she had a miscarriage. Three days later, the client’s grandmother died suddenly of a heart attack. The young girl concluded that God had punished her for contemplating an abortion. Consumed with grief, shame, and guilt, the young girl had tried to kill herself. The student was at a loss as to how to proceed and did not know how to incorporate spirituality into the assessment and treatment plan. Should she refer the girl to her family priest? Should she try and address the patient’s depressive symptoms outside the context of the larger spiritual issues?
In summary, the course and its curriculum were designed in response to the spiritual needs of the clients, the prevalence of these issues in the therapy room, and the holistic framework of the Marriage and Family Therapy Program at the University of San Diego. At the heart of the course is an examination of the relationship between spirituality and family therapy. Issues such as questions of meaning and purpose, explanations for human suffering, the role of values and religious beliefs in therapy, the use of stories and rituals, and the impact of spiritual beliefs on family functioning are explored and addressed. The course is ecumenical in spirit and content and focuses on a broad array of religious traditions and explicitly identifies the therapist’s responsibility to respect the client’s spiritual background. A position of curiosity is advocated, and techniques are taught to encourage clients to share their subjective experience of personal beliefs and spirituality.

INTRODUCTION TO SPIRITUALITY COURSE

Course Description

The goals of the course include (1) training in opening a dialogue with individuals and families about spiritual issues and discerning when referral may be appropriate; (2) expanding an awareness of wisdom traditions through use of comparative religions material; and (3) identifying from current practice many of the spiritual issues that may arise in the clinical setting. The course is given over a 5-week time period, and each class meets for 3 hours once a week. Students receive one academic credit (of a 48-credit program) after completing this required course.

The course is taught in an interactive discussion format. The ultimate goal of the class is to cultivate and enhance each student’s empathic response to his/her clients’ spiritual needs. The syllabus is organized around the clinical implications and applications of religious/spiritual issues and is structured to serve as a framework for content areas. Students are encouraged to assume a position of curiosity from the onset of the class, and their questions and ensuing discussions shape the direction of each session. Assignments and exercises are structured so that students have choices about the content.

Time is spent on developing and exploring broad definitions of spirituality and religion that result in a wide range of interpretations. Huston Smith (1991) describes the practical aspects of religious practices as “tools of the spirit,” and it is these that provide resources for the therapist. For example, a student presented a case where the client, John, vacillated between depression and panic attacks. The client had experienced little improvement from medication. The student reframed the anxiety to an experience of fear about the future and the depression about regret regarding the past. The student decided to teach the client a simple mindfulness experiment of focusing on the breath and being present in the moment. The student reported a successful outcome with the client the following week. The class then spent time discussing the experience of “being present in the moment” and gave examples from their own lives and their clients’ lives.

At the beginning of each session, a quotation from a poem or book is read to generate discussion and dialogue regarding the definitions of spirituality and religion. Some examples used include quotations from Albert Einstein, William Blake, André Gide and Viktor Frankl in addition to a Hindu proverb. One example of a beginning class quote is: “Those of us who lived through the concentration camps can remember very clearly the men and women who walked through the huts comforting those in need and giving away their last piece of bread. They may have been few in number but they are a testimony to the possibilities of the human spirit” (Frankl, 1963, p. 104). Another quotation is as follows: “A human being is a part of the whole called by us ‘the universe,’ a part limited in time and space. He experiences himself, his thoughts and feelings, as something separate from the rest—a kind of optical illusion. Our task must be to free ourselves . . . to embrace all living creatures and the whole of nature in its beauty” (Kornfield, 1993, p. 288).

No attempt is made to provide definitive meaning for complex and individual experiences. In general, spirituality is addressed as a universal phenomenon that occurs in all people and that finds a variety of expressions in the direct experience of wholeness. Religion is defined as a more specific prescribed cultural expression of spiritual meaning. Religion can be an enhancement of community and personhood but may also be experienced as a source of confusion or conflict within an individual and/or a community. Consequently, there is sometimes a discrepancy between the wisdom of a tradition and the practices within a locality, which may result in a negative experience for some individuals.
The required text for this course is a packet of reading material, which is made up of approximately 13 selected articles and book excerpts designed to provoke and stimulate classroom discussions. Although it would be less labor intensive to assign several required books, the compilation of a reading packet enables the instructor to tailor the readings to complement weekly class topics and to include current journal articles and excerpts from newly released texts. The material contained in the reading packet combined with personal notes taken in class will ideally create a resource that the student can utilize in clinical practice.

Rather than giving tests or a final exam, students are asked to write three papers pertaining to various aspects of spirituality. In each of the three written assignments, students are encouraged to include reflections as to the effects of their spiritual journey and beliefs as well as how their beliefs might surface in their role as a clinician. Each assignment is designed to be introspective and to reinforce the importance of self-awareness in and outside of the therapy room.

At the end of the first session, students are asked to read three articles and then write a short paper expressing their thoughts and ideas on the place of spiritual issues in the practice of family therapy. The first paper is not graded but receives full credit for completion. Care is taken to model the kind of acceptance and nonjudgmental awareness that is being presented in class. The presupposition is that each student will find a unique and personal approach in relating to the course material.

For the second paper students are asked to reflect on the impressions and impacts of a specific book and how its primary themes relate to the practice of psychotherapy. Students are provided with a reading list of five books from which to select one. The books on the list are *Thoughts Without a Thinker: Psychotherapy from a Buddhist Perspective* (Epstein, 1995), *Man's Search for Meaning* (Frankl, 1963), *I Know Why the Caged Bird Sings* (Angelou, 1969), *Dibs, In Search of a Self* (Axline, 1964), and *The Chosen* (Potok, 1968). Most students choose to read *Man's Search for Meaning* by Viktor Frankl. To illustrate the purpose of the assignment, a student wrote, "Frankl believes that many mental disorders are the result of individuals who are frustrated with the lack of meaning in their lives. He refers to this inner emptiness as the 'existential vacuum.' My thinking is that the therapist's role is to help individuals and families clarify their own unique 'meaning of life.'"

The final assignment is a written paper in which students relate a spiritual issue to the context of family therapy. For students that are not yet working with clients, an option is to select one of the following films: *Secrets and Lies*, *Mi Familia*, or *Ordinary People*, and imagine meeting with the family in the film to explore a spiritual issue. The purpose of the third assignment is to allow the students to utilize the concepts and themes developed in the class and to apply them to a real or fictional family relationship.

An important component of this class is to have students not only recognize their own limitations in terms of their comfort level discussing spiritual issues with clients but also to identify external resources for assistance with spiritual issues. Students are given role-playing assignments in class that provide them with an opportunity to determine when a client might be better served by a referral to a spiritual mentor such as a priest, rabbi, imam, or shaman. Some students find that they are uncomfortable working with clients whose religious beliefs are in direct conflict with their own. This is an important realization for a beginning clinician and one that many students have not considered. Resources are identified for both the client and the clinician that encounters issues of spirituality, which are best addressed in another forum.

Teaching students the relevance of spirituality in psychotherapy in 15 hours is an ambitious task. Therefore, the goal of the course is to introduce and expose students to concepts of spirituality and to provide a basic overview of different religious faiths. Students are provided with different lenses and perspectives from which to view family pain and are encouraged to give all viewpoints equal respect. The importance of incorporating a spiritual component into the biopsychosocial-spiritual model of therapy is stressed. Consequently, the focus of the course is exposure to spirituality, rather than mastery of the subject.

In the following pages, a brief annotated outline of the course curriculum is provided. The outline format provides a concise summary of the entire course, including the assigned readings. The course is offered twice per year and varies each time according to additional source materials and interests of the students. The following description represents a summary of the formats that have been employed. Other programs can use this outline to create their own spirituality course or to identify topic areas of interest to include in an existing spirituality course or in other related course work.
The Curriculum in Spirituality

First session: The relationship of spirituality and psychotherapy. The first session looks at the historical silence of the literature of psychotherapy toward religion and spiritual issues. Readings and class lectures focus on acquainting students with the research literature related to the disparity between religious commitment in the general population and among mental health professionals. Discussion regarding the difference between faith and science is initiated. Students are asked to consider if they can separate their experiences from their beliefs. The historical cultural biases of the DSM-IV and the field of mental health, in general, are explored. Students are asked to examine their own biases and the potential implications that these might have on both assessment and treatment.

In the first class meeting, students frequently express their discomfort talking about spiritual issues with clients and the desire to either refer these clients out or to avoid such conversations altogether. Role plays are held in which students meet with “clients” who present with covert and overt spiritual concerns. Discussions following the role plays focus on helping the students learn to adopt a position of curiosity. Students are told that the ultimate goal of being open to a client’s spiritual journey is to be able to utilize their spirituality/beliefs for positive therapeutic gain. Definitions of spirituality, religion, beliefs, and values and their applicability to establishing an effective therapeutic relationship are discussed.

The videotape Wisdom of Faith with Huston Smith (1991), a leading authority of the history of religions, is shown during the first class. The video serves as an introduction to the main themes, assumptions, and philosophies of major religions including Buddhism, Hinduism, Confucianism, a variety of other Chinese religions, Islam, Christianity, and Judaism. The importance of maintaining a position of openness and the avoidance of stereotypes is emphasized. The purpose of the video is to develop an appreciation of similarities and differences among different faiths and to consider how these might be expressed in clinical terms.

Assigning readings for the first class include Opening Therapy to Conversations with a Personal God (Griffith, 1994); Exploring the Fourth Dimension: Spirituality as a Resource for the Couple Therapist (Anderson & Worthen, 1997); and Marriage and Family Therapists and the Clergy: A Need for Clinical Collaboration, Training, and Research (Weaver et al., 1997).

Second session: Connecting experience to meaning: Finding a language. Family-of-origin and developmental issues are explored as they relate to spiritual issues. Several models of spiritual development from different cultures are presented and discussed. A handout of questions for small-group discussion invites conversations in small groups. Students are asked to participate at the level of disclosure that feels appropriate to their learning and that will relate to clinical practice. For example, a handout of questions for small group discussion invites conversations according to the selection of each group. Second-year practicum students are invited to present cases with spiritual issues.

Students often relate ego-dystonic experiences with religion or wish to discuss the dystonic cultural effects of religious wars and persecution. For some, this is the first opportunity to address such issues and to sort out the valuable from the harmful aspects of religion. A distinction is made between negative and positive spiritual issues that may present in client cases. Many spiritual experiences of clients may be very positive, such as receiving comfort from their relationship with God or a higher power and/or feeling that God has answered their prayers. Some spiritual themes may be reframed to promote self-awareness and self-affirming resources, such as the framing of addiction as an attempted solution in the search for personal meaning. However, some spiritual themes can be negative, such as the self-devaluing religious experience of women who were counseled by the church to remain in abusive relationships for religious reasons. Another example would be a gay or lesbian client who was raised in a religion that believes homosexuality is a sin. Offering a context in which the split can be explored with a neutral therapist can be immensely relieving to the client.

The first assigned paper is done at the beginning of this class. The purpose of the paper is to encourage students to examine their thoughts and ideas on the place of spiritual issues in the practice of family therapy.

Third session: The world of the client and the world of the therapist. The primary focus of this session is to shift the student toward a position of curiosity regarding a client’s spiritual or religious orientation. The Buddhist concept of maintaining a beginner’s mind is discussed. Readings focus on listening, empathy, and avoiding the temptation to “pathologize” or prematurely diagnose a client when their experience may be simply misunderstood.

The use of the videotape Mythos, by Joseph Campbell (1996), serves to introduce the students to a perspective on listening to stories that is both multicultural and mythological. The objective is that students may hear themes in their clients’ stories that represent the search for meaning. While not all would agree with Campbell’s notion that symbols in the psyche are universal and refer to similar efforts to find selfhood and belonging, this construct seems useful for students in developing a “listening ear” for the clients’ way of determining meaning.

Students are encouraged to think of themselves as cultural anthropologists. Transference and counter-transference are discussed in relation to issues of spirituality. The different ways in which clients may use their spiritual beliefs to justify their actions are explored. Empowering clients and helping them to take responsibility for their lives and actions are themes of role plays in class.

The difference between an open and a closed religious system/set of beliefs and the impacts of both on a client and a therapeutic relationship are the topics of conversation when the class is divided into small groups for more in-depth discussion. The class concludes with a discussion of the roles of shame and guilt in religion and the family.

Assigned readings for the third class include Full Catastrophe Living: Using the Wisdom of Your Mind and Body (Kabat-Zinn, 1990), Therapeutic Change in Religious Families: Working with the God-Construct (Griffith & Griffith, 1992), and Care of the Souls: A Guide for Cultivating Depth and Sacredness in Everyday Life (Moore, 1995).

Fourth session: Growth and transformation or rigidity and stagnation. The fourth session discusses some varieties of religious experiences and some tools for assessment. A distinction is made between the spiritual principles of faith versus the human practices of an institution, which can sometimes be experienced as a source of confusion or conflict. Cross-faith conflicts as they appear in treatment are discussed. For instance, a Jewish woman marrying a Christian man face the additional anxieties of their respective families regarding the upbringing of their progeny.

In addition, the positive use of rituals by families is discussed. The Huston Smith video from the Wisdom of Faith series on Judaism illustrates Shabat and sitting Shiva (Smith, 1991). These are illustrative of powerful rituals of connection not only family but also with community and history. Students provide other examples of rituals. Also, there is a discussion of intentional and conscious practices within the family, such as lighting candles at dinner or reading a few lines of poetry.

The second assigned paper is due at the beginning of this class. As described previously, students are asked to select from the suggested list of titles provided. The purpose of this paper is to challenge the students to identify and comment on the relation of the book’s central themes to spirituality and how these relate to the practice of psychotherapy. Students are also asked to describe the impact the book had on them in terms of perceptions regarding spirituality and how it was contextualized by the book’s author.

Assigned readings for the fourth session include The Call of Stories, Teaching and the Moral Imagination (Coles, 1995); Spirituality Reconsidered: Facing the Limits of Psychotherapy (Butler, 1990); Thoughts Without a Thinker: Psychotherapy from a Buddhist Perspective (Epstein, 1995); and I, Thou, and We: A Dialogical Approach to Couples Therapy (Fishbane, 1998).

Fifth session: Clinical implications/applications. The fifth session focuses more specifically on the clinical implications and applications of religious/spiritual issues. How can a therapist work with a person’s understanding of God/Universal Spirit to create positive change? What about specific populations where an understanding of religious/spiritual issues are critical for adequate assessment and treatment? Special attention is paid to the areas of addiction and recovery, grief, chronic and terminal illness, and fundamentalism.

Specific client cases are discussed in detail and explored utilizing a role play. Some case examples that have been explored in this session include a couple whose only child has died. The husband has turned to
his faith for comfort while the wife feels totally estranged from her religious belief system. These differing responses have created conflict in the relationship, and the couple would like to find a way to grieve together. Students in small groups role play the couple and describe inner and outer dialogues of the conflicts. The student therapist practices the opening of dialogue and acceptance of the couple’s experience while inviting the possibility that different processes of grieving need not threaten the couple’s love for each other.

The third paper is due at the beginning of this class. The purpose of this paper is to have students discuss a case (or movie) with a spiritual component and to describe how these issues presented in the family or individual. For example, the presenting problem might be the recent death of a family member. The issues that arise might be ones of questioning the meaning of the death: Why me? What does it mean? How can I cope? What have I done to deserve this? Students are asked to develop a treatment model for working with the identified spiritual issue within the context of family therapy. The class concludes with an open discussion of the personal and professional impacts of the course.

Unique Challenges of Spirituality Courses

Compared to other courses in our curriculum, students can have strong personal reactions to a spirituality course. For the course to be effective, instructors must be prepared to respond to students’ individual reactions. Reactions that have been noted include (1) students who consider themselves experts on spiritual issues and who prefer to take a “teaching role” in the class, (2) students whose identity is closely tied to their specific beliefs and feel threatened by the ecumenical milieu of the class, and (3) students who are indifferent to spiritual issues in their own lives and who see the course as irrelevant to their training.

All of these responses to the course material can evoke an equally strong reaction by the instructor or classmates who react to a particular student’s agenda. These frequently unstated agendas can be deleterious to class process and hamper the creation of an “open” learning environment. Instructors who are considering teaching a spirituality course might want to consider the fervor of their own beliefs and how it might influence the class process. Instructors might also consider ways to create a classroom milieu where classmates allow each student to reflect without intrusion.

Students’ Responses to the Course and its Application to Clinical Practice

Student evaluations from several semesters and a survey to second-year students in their field practicum were utilized to evaluate overall student response to the course and its application to clinical practice. Student evaluations are given at the end of each course every semester and are designed to assess both the effectiveness of the instructor and the content and design of the course curriculum. The course evaluation form asks broad questions about the strengths of the course and the instructor and suggestions for improvement. The survey to second-year students asked about the course’s impact on the practice of psychotherapy and clinical effectiveness.

Responses varied in regard to questions concerning the utilization of class time and the examinations and grading policies. Some students felt that less time should be spent in open discussion and that the instructor should lecture for a longer duration of time. Other students felt that more time should be spent in small discussion groups and less time spent watching videos that could be watched outside of the classroom setting. In regard to grading, several students stated that they felt that the class should be given pass/fail due to the highly subjective content of the papers.

The most commonly noted strength of the course was its value in a clinical practice. As one student wrote, “I had no idea that issues of spirituality could manifest in so many different ways. Learning how to assess and treat issues of spirituality will enable me to better meet the needs of my clients.” A similar comment discussed the importance of spiritual assessment in clinical practice. “Since I have been asking questions of my clients about spiritual and/or religious issues, the response has been very positive, and they have thanked me for bringing this up.”

Other positive comments about the course’s impact on clinical effectiveness included the importance of implementing a biopsychosocial model, and the recognition of countertransference with spiritual issues. For example, “I am so appreciative of being given the opportunity to learn about spirituality in the context of family therapy. I very much want to base my clinical practice on a biopsychosocial model and this class on spirituality is a necessary requisite for obtaining that goal.” Another
students commented that “I have always perceived myself as very open and accepting. Now I have realized that I have countertransference with certain types of clients. One woman who ‘turns everything over to God’ seemed passive and helpless, and this was irritating to me. Through this class, I have learned to be more curious and supportive in such a situation.”

Another strength of the course that received a significant amount of praise was the concept of entering the therapy room with a curiosity about the client and their experiences. Students mentioned that learning this skill improved their effectiveness as clinicians. A shared sentiment by students was that they did not realize how much their own ideas and experiences concerning spiritual issues affected their ability to really hear and understand a client’s subjective spiritual journey. One student summarized the thought when she wrote “I thought because I was Catholic that I understood what it meant to be Catholic. What I found out was that another person’s experience with Catholicism could be vastly different from my own and subsequently affect their life in ways I never would have thought possible. Had I not learned to assume a position of curiosity I never would have been able to recognize the issues of spirituality that lay at the foundation of my clients’ presenting problems. Approaching each client with what the Buddhist’s call a ‘beginners mind’ is a gift I not only give my clients, but myself.” In this example, the student reflects on what the literature describes as the “beginner’s mind,” which is sometimes referred to as a position of “not knowing” (Joanides, 1996; Kudlac, 1991).

Strengths of the instructor were numerous. Students felt that the instructor’s accepting and gentle manner facilitated opening their minds to the myriad of ways of expressing and experiencing one’s spirituality. “I never felt as though I was wildly off track in my role plays or papers. Instead, I was gently guided to consider other perspectives as if the instructor has taken my hand and gently led me down a path of reflection and introspection.” Another student wrote that she “really appreciated the opportunity to openly discuss issues of spirituality in a nonjudgmental forum.” According to students, the openness and sensitivity of the instructor had a positive impact on how the students addressed these issues in the therapy room.

Suggestions to improve the course received the least amount of response. Students often wrote positive comments such as “don’t change a thing” to “make it longer. Five weeks doesn’t do to the subject matter justice.” One suggestion made by a few students was to have guest speakers who were “holy men, priests, rabbis, ministers, shaman” or to have a round-table discussion of experts that share experiences counseling people within their religious faiths. Another suggestion was to include a more structured description of the major world religions in terms of their associated customs, beliefs, and rituals. Some of the negative comments from students focused on the lack of structure and the subjectivity of the course material. These students would have preferred a structured, more organized approach that included assignments and/or exams that were less explorative and more objective.

Since the spirituality course is part of the Master of Arts curriculum, all students are required to take the course. Some students felt that this course was most beneficial when it was taken later in the program because it provided them with skills, ideas, and a position of openness to put into practice in a clinical setting. The importance of openness or the “beginner’s mind” was described as “being the foundation for empathic attunement.” A student further expanded upon this by saying that “teaching us to approach our clients with respectful curiosity is best taught and conceptualized within the context of spirituality primarily because it is a subject matter which historically has been approached with trepidation and shrouded in mystery and uncertainty. However, when you approach issues of spirituality with a respectful curiosity, the mystique vanishes and what appears is each individual’s subjective journey.”

CONCLUSION

For years, the domain of spirituality was left to members of the clergy and was not entertained in mainstream systemic family therapy. A biopsychosocial-spiritual approach to mental health care, however, mandates inclusion of this domain in training programs. Systemic family therapists need to understand the points of contact between family therapy and spirituality and to integrate spirituality into their therapeutic paradigms.

This trend in mental health care reflects the broader cultural trend of a newfound interest in religion
(Johnson, 1998). In an editorial in the New York Times Novak (1998) quotes international leaders such as Norman Mailer and Vaclav Havel as noting that “religion is the last frontier” in that secular humanism has demonstrated its limits in answering questions about how we should live and what compass will make our moral decisions. Even the field of psychiatry, which once clearly delineated between the psychological and the spiritual, is beginning to incorporate spirituality into its training programs (Dossey, 1993). Directors of psychiatry training programs have created curricula on topics such as “Taking a Religious History” or “Spirituality at the Hospital Bedside,” both of which were funded by the National Institute for Healthcare Research based in Rockville, Maryland (Mitka, 1995).

The spiritual dimensions of psychotherapy will always be subject to interpretation and conjecture. Due to the limitations of a 2-year, 48-unit curriculum, this course does not attempt to provide students with finite answers to the multitude of ways issues of spirituality can manifest in a therapeutic setting, nor does it attempt to address the “how-tos.” A key component of the integration of spirituality and psychotherapy is teaching students to foster and maintain a beginner’s mind and a position of curiosity in the therapy room. Students are also taught that the spiritual context of an individual and/or their family often shapes behaviors and the functioning of the system as a whole. Once students can conceptualize the relevance of clients’ spirituality to the functioning of the family system, this knowledge can be incorporated in a biopsychosocial-spiritual approach to therapy. In summary, this course provides a valuable introduction to concepts of religion and spirituality for the beginning marriage and family therapist.

REFERENCES


