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International Journal of PSYCHOTHERAPY

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Editorial

COURTENAY YOUNG	5
NEW EDITORIAL TEAM MEMBERS NEEDED	9

Core Psychological Needs and the Complex Theory of C.G. Jung

ISABELLE MEIER	15
----------------------	----

Epistemic Trust and its Utility in Psychotherapy

RADHIKA PALEPU, GILES NEWTON HOWES, SHARON LAWN & JOHN MCMILLAN	29
---	----

Ongoing 'Special Issue' on Psychotherapy vs Spirituality

Treating Spiritual Issues in Secular Psychotherapy

DANIEL A. HELMINIAK	43
---------------------------	----

"Ukrainians are standing up for the highest principles of humanity."

INTERVIEW WITH PATRICIA HUNT, EAP PRESIDENT	69
---	----

UUP & EAP Joint Symposium on Ethics, February 2023

OPENING ADDRESS BY PATRICIA HUNT	73
LINKS TO PRESENTATIONS	76

BOOK REVIEWS:

1: *Psi in Psychotherapy: Conventional & non-conventional healing of mental illness*

by Alex Tanous, Elaien Schwinge & Andrew F. Bambrick

Reviewed by COURTENAY YOUNG	77
-----------------------------------	----

2: *Depth Psychology and Climate Change: The Green Book*

by Dale Mathers

Reviewed by SUSANNE VOSMER	81
----------------------------------	----

Professional Issues & Adverts	85
-------------------------------------	----

International Journal of PSYCHOTHERAPY

Volume 27

| Number 1

| Spring 2023

The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 24 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

The focus of the Journal includes:

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the

future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;

- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European ‘mother-tongue’ languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new ‘Editorial Policies’ that are available on the IJP website, via the ‘Ethos’ page: www.ijp.org.uk

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Volume 27

| Number 1

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The IJP Website: www.ijp.org.uk

The IJP website is very comprehensive, with many different pages. It is fairly easy to negotiate using the tabs across the top of the website pages.

You are also able to subscribe to the Journal through the website – and we have several different ‘categories’ of subscriptions.

You can also purchase single articles and whole issues as directly downloaded PDF files by using the Catalogue on the IJP website. Payment is by PayPal. We still have some printed copies of most of the Back Issues available for sale.

Furthermore, we believe that ‘**Book Reviews**’ form an essential component to the ‘web of science’. We currently have about 60 books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing; and – as a reviewer – you would get to keep the book. All previously published Book Reviews are available as free PDF files.

There is also a whole cornucopia of material that is currently freely available on-line (see the top left-hand corner of the website). **Firstly**: there are several “Open Access” books on Psychotherapy available, free-of-charge; **next** there are an

increasing number of free “Open Access” articles; **then** there are often a couple of articles available from the forthcoming issue, in advance of publication.

There is also an on-going, online ‘Special Issue’ on “**Psychotherapy vs. Spirituality**”. This ‘Special Issue’ is being built up from a number of already published articles and these are available freely on-line, soon after publication.

Finally, there are a number of previously published **Briefing Papers**. There is one on: “*What can Psychotherapy do for Refugees and Migrants in Europe?*”; and one on an important new direction: “*Mapping the ECP into ECTS to gain EQF-7: A Briefing Paper for a new ‘forward strategy for the EAP.*” Because of a particular interest that we have in what is called by “Intellectual Property”, we have included a recent briefing paper: “*Can Psychotherapeutic Methods, Procedures and Techniques be patented, and/or copyrighted, and/or trademarked? – A Position Paper.*” Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: “*EAP Statement on the Legal Position of Psychotherapy in Europe*”, which we published in a recent issue.

Editorial

Courtenay Young

Editor, International Journal of Psychotherapy

Dear Readers of – and Subscribers to – the International Journal of Psychotherapy (IJP),

We are starting another year of publication and – so far – the present year is still quite grim. The war in the Ukraine still continues; there is a risk that it might extend into Belarus and/or Moldavia or – worst case scenario – even become nuclear. The environmental commitments of the COP 26 and 27 don't seem to be holding up; so, our world is getting steadily warmer and our seas and waterways are more polluted. The population has topped 8 billion people, all crammed into a world with resources suitable for a lot less.

Inevitably, we will see increasing climate change (global warming), environmental degradation and species extinction; inevitably, there will be increasing tensions, wars, numbers of refugees and displaced people; inevitably, there will be more economic crises, shortages of resources, starvation and drought. Governments are becoming more autocratic: they had to in order to cope with CoVid, but it is unlikely they will now reverse the trend. Thus, I am reminded of James Hillman's 1992 book, entitled: *We Have Had a Hundred Years of Psychotherapy and the World's Getting Worse*, written – somewhat prophetically – 30 years ago!

It is difficult to know what we – as psychotherapists can do. How do we – for example – capitalise on the recent EAP conference, just a year ago – *'The Hope of Psychotherapy for our Endangered World'*? (see Vol. 26, No. 2, Summer 2022).

Many of us only see individual clients; some of us work in slightly wider forums: like health centres, universities, mental health clinics, etc. Very few of us have politicians "on the couch", where we might be able to influence them – but, then, would that be ethical? – even in a 'good cause'?

At a recent Men's Group that I attended in Scotland, we felt that – as well as whatever we might do individually, or even collectively – one way forward might be to try to create “islands of sanity” (a concept from Dr. Margaret Wheatly's (2017) book: *Who Do We Choose To Be: Facing Reality; Claiming Leadership; Restoring Sanity*). The hope here doesn't lie in systemic change, for which the time has largely past and, for which we are largely impotent, but rather it is a hope that hinges on individuals creating metaphorical “Islands of Sanity.” These are based on Meg Wheatley's firm belief that:

“... it is possible for leaders to use their power and influence, their insight and compassion, to lead people back to an understanding of who we are as human beings, to create the conditions for our basic human qualities of generosity, contribution, community and love to be evoked no matter what”. (p. 8).

These “islands of sanity” are based on two of Wheatley's fundamental concepts: (1) “*Whatever the problem, community is the answer,*” and (2) “*Humans can get through anything as long as we're together.*”

Whilst this may well be true, I am not sure how empowering this is to the individual (psychotherapist or client) in the present moment. It still largely depends on leaders doing this or that – with the rest of us relatively disempowered. So, I prefer to think of a slightly wider concept of these ‘Islands of Sanity’ as being small groups of people with similar beliefs coming together at a particular moment in a common cause. Much more then depends on an individual's ‘consciousness-raising’, or greater awareness, and then communication, and – of course – education. We have all seen how this can happen – again and again – with protest marches, single-issue campaigns, people-power revolutions, demonstrations, interest groups, use of social media, etc. If we, as moderately emotionally intelligent people do not act in some way, what does that say about us? It is perhaps now the time that psychotherapy and psychotherapists need to become more socio-politically engaged, or even pro-active.

Just being a *tabula rasa* for the client's thoughts, feelings and issues is probably (definitely) not enough nowadays. We may need to question them a little (Socratically) in order to help them elucidate; we may need actively to support them in their struggles, if they are oppressed; or to help them to become more empowered, or gain greater agency in their workplace, or the family; even encourage them a little to speak out their truth; and reclaim their autonomy by claiming “*What Works for Me?*”.

Maybe this is a form of “Muscular Psychotherapy”, similar (in some ways) to the mid-19th century “Muscular Christianity” that promoted a regimen of greater physical and moral health. I don't think this is unethical or immoral, if done sensitively and with respect; you are just suggesting that they might be happier with some changes of perspective. I see it similar (in some ways) to an architect

encouraging his or her client to utilise environmental-friendly building materials for their new home.^[1]

Anyway, now to the content of this issue. **First**, we have an advert – for some new Editorial Team Members for the IJP. If you consult the IJP website, you will discover that we have an Editorial Board and also an International Advisory Board. When they were advised recently I was beginning to engage in “Succession Planning” – as I am thinking of retiring, there were a lot of very pleasant comments returned: these have been appended.

Next, we have an interesting article on *Core Psychological Needs and the Complex Theory of C.G. Jung* by **Isabelle Meier**, a Swiss Jungian Analyst and one of our authors (She previously published an article on *Complexes & Schemas*^[2] with us in 2014. She discusses Jung’s Complex Theory, which assumes that unmet (or insufficiently met) basic needs in childhood and adolescence later lead to dysfunctional complexes, meaning that the emotional patterns that influence perception, thinking, images, bodily sensations and behaviour in adulthood prevent the individual from a satisfying life, comparing this with Grawe’s research-based theory of basic needs, with the result that there are now five basic needs (attachment, autonomy & control, self-enhancement, play & pleasure, meaning) that must be taken in account as reasons for dysfunctional complexes.

This article is followed by one on *Epistemic Trust and its Utility in Psychotherapy* from four authors, **Radhika Palepu, Giles Newton Howes, Sharon Lawn & John McMillan** from Universities in New Zealand and Australia looking at how epistemic trust is a key principle in psychotherapy. Interestingly, they used Grounded Theory (a qualitative research study method) with six client-therapist dyads to explore what makes therapy effective. They found the notion of epistemic trust to be central to a client’s ability to translate and apply lessons from therapy to their everyday life. They also uncovered three prerequisites to epistemic trust in therapy: interpersonal trust, self-agency in the client and ‘intrapersonal epistemic trust’ in the therapist. This study provides direct information for psychotherapists to consider in the therapy relationship and elements to attend to in order for the work ‘in the room’ to be taken into the real world. This study provides direct information for psychotherapists to consider in the therapy relationship and elements to attend to in order for the work ‘in the room’ to be taken into the real world.

Of possible further interest was a suggestion of one of our reviewers, who felt they would have liked more specific information. This was then communicated

1. See *Simply Build Green: A technical guide to the ecological houses at the Findhorn Foundation*, by John L. Talbott, (Findhorn Press, 1993).
2. Meier, I. (2014). Complexes and Schemas: A comparison of the concepts of Analytical Psychology based on the work of CG Jung and the Schema Therapy of Jeffrey Young. *International Journal of Psychotherapy*. 17 (3), 71–80.

to the authors (a first!) and then supplied in an appendix. Any further comments can be read in the next issue.

Our next article in this issue adds to the series of articles in our On-going Special Issue on “Psychotherapy vs. Spirituality. This Special Issue was originally ‘triggered’ by a ‘diktat’ from the Austrian Ministry of Health in 2014: entitled *Guidelines for psychotherapists on the issue of differentiating between psychotherapy and esoteric, spiritual and religious methods* and essentially saying that spirituality has little place in psychotherapy (despite the Greek origins of ‘psyche’ (soul) and ‘therapeia’ (healing)). Our on-going series challenges this and this instalment is the latest, which forms Part V. **Daniel A. Helminiak** is a Catholic priest, theologian and author in the United States. He is most widely known for his international best-seller, *What the Bible Really Says about Homosexuality*. We welcome him to our team of authors and thank him for his permission to re-print this article here.

Next, we have two contributions arising out of a recent collaboration between the EAP and the Ukrainian Umbrella Association of Psychotherapists – a joint Ethics Symposium on *Ethical Challenges for Psychotherapists in our Changing World* on 24th February 2023 (the 1st anniversary of the start of the Russian-Ukrainian War). First of all, we publish an interview with **Patricia Hunt** EAP President and also her Opening Address to the Symposium. The other presentations are published on the EAP website as video recordings: www.europsyche.org/online-symposium-on-24-february-2023/. Further details of these are given after Pat’s opening address.

Finally, we have a couple of book reviews and a listing of some events that may be of interest. So, I hope that you will enjoy this issue.

New Editorial Team Members Needed

We have passed our Silver (25th) anniversary and have made the transition to more of an e-Journal. We currently get articles sent in – not only from Europe and America – but also from several Middle Eastern countries and the Indian sub-continent. We believe the Journal has a steadily increasing high standard and quality – it is a good professional Journal.

This journal has a potential circulation of about 120,000 psychotherapists all over Europe and beyond. It is now in its 27th year of publication. It comes out 3 times a year, mainly as an e-Journal, with some printed copies.

The present team has been in place for a while now and we are now looking at some “succession planning” – for some people to leave and for some to come in and for some (perhaps) to move up – and we would like some expressions of interest for potential new members of the Editorial Team.

We are now looking for some new members for the current Editorial Team of the International Journal of Psychotherapy: the European Association of Psychotherapy's journal (www.ijp.org.uk).

These are: (1) a possible new Editor for the Journal; (2) an ‘English-language’ Editor; (3) a Website Manager (no real internet skills needed); and (4) an Editorial Assistant (to handle the reviewing process of the articles).

These people must – ideally – be psychotherapists (or psychologists), in good standing, who have had a clinical practice for at least 5 years. They must / should have English as their 1st or 2nd language and be reasonably familiar with the normal rules of English punctuation, good syntax, spelling, etc. Some previous Editorial work would be a distinct advantage.

We are looking for people who are prepared to offer a minimum 5-year commitment. Ideally, they should be somewhat familiar with the EAP and its political role in European psychotherapy. They should also be somewhat familiar with several of the different mainstreams and modalities of psychotherapy. They should have some familiarity with appraising research articles, though they do not have to be a researcher. They should have some experience of reviewing articles for publication. It would also be useful if one of them had some experience with managing a website.

There would be some remuneration offered, dependent on the amount of work that they take on. They would have to work voluntarily with the present Editor and other members of the current Editorial Team for an initial period covering 2–3 issues. If it was then felt appropriate, then they could take on a permanent, part-time position. The time commitment would be about 10 hours per month; though the Editor would definitely do more.

There would be scope to develop the Journal in several different directions: a wider readership; a focus on other countries (in the Far East, Australasia, Africa, South America); translated abstracts, articles and issues; Special Editions; Impact Factors and DOI; amalgamation and cross-fertilisation with other psychotherapy journals; advertisements; publication by a commercial publisher; etc.

Please contact the present Editor: Courtenay Young: admin@ijp.org.uk in the first instance.



IJP Editorial Board

As the result of the meeting of the IJP Editorial Board in Vienna in February, 2023, we received a number of favourable comments from members of the International Advisory Board and from the Editorial Board, so – we append these. However, this is perhaps the past: we are also looking forward towards the future and comments made during the meeting and Dan Anders' comments are the beginnings of this future planning for the Journal. These will form the minutes of the meeting, which will soon be posted on the IJP website.

Appendix to IJP Editorial Board Minutes

Barbara Fitzgerald (Ireland)

What can I say that has not been said before with regard to your stewardship of the Journal. You have nourished, fought for and in the midst of it all, forged a strong identity for the Journal that enables succession to be put in place that will enable it develop and become stronger. I have deeply admired your spirit, fairness and editorial excellence with regard to the content. As you know I have stood down from the EAP and the Governing Board. I would like to remain part of the IJP International Advisory Board and will step down from the Editorial Board now as I will not be attending meetings. I hope our friendship can continue and look forward to corresponding with you in the future.

Toby Herman (Iceland)

Sorry I cannot join you, but I do hope you resolve this to your satisfaction. My wish of course is that you and Marzena continue as long as you can and want to. I would support extending the 10-year limit, if need be, but as you say it is a technicality. Best wishes to you and yours my old friend.

Ulrich Sollman (Germany)

Thank you very much for your invitation to the meeting. Unfortunately, it came at such short notice that I was unable to attend. Therefore, my small suggestion for improvement for the future. As soon as the new date for the next meeting has been set, I would be grateful for prompt information so that I can prepare for it.

Well, dear Courtenay, what would the Journal be without you and your commitment. 😊 I can understand your move very well and hope that a worthy successor can be found. S/he will certainly be able to move in your big shoes and yet at the same time bring a “breath of fresh air” to the work alongside continuity. In this respect, I look forward to the future. Best.

Richard Erskine (Canada)

Thank you for the invitation, but your meeting will begin at midnight Vancouver time. That's not a suitable time for me to be involved in the discussion but I wish you all the best as you put on a successor. I want you to know that I am grateful for all the fine editorial work, you have done over these many years. It has been an honour to publish in your journal. Warm regards.

Margherita Spagnuolo Lobb (Italy)

This is sad! And yet I can imagine a lot of energy in your commitment. It will be difficult to replace your dedication, your generosity and gentle spirit, your competence, your open vision. But, as you say, things inevitably move on, and you will give your “child”, who is now an adult, to other hands. I'd very much like to take part in the meeting, but I will be teaching in Hong Kong that day, so it's not possible. That doesn't diminish my support to you and the Editorial Board of the IJP. With affection, my best regards.

Vesna Petrovic (Serbia)

I have just arrived in Vienna. I came with a delay. I want to apologize that I will not be at the meeting this morning. I want to thank you so much for your excellent work for IJP. You promote IJP in the best way and make it grow. Warmly.

Theodor Itten (Germany)

Thank you for your excellent communication and congratulations on holding IT together for so long, as well as writing many an Editorial, Article and Essay, as well as taking a solid stance for our Journal continuous existence, vis-à-vis other members of the EAP Governing Board, sometimes the so-called 'grey eminences'. I hope to check-in next week. Thank you for your invitation. Best wishes and 'Ahoi' from Hamburg,

Miles Groth (USA)

The Board meeting is one I would like very much to attend. Alas, it begins at 4:00am here in NYC. I will look forward to hearing what transpired and continuing to work with you.

Emmy van Deurzen (UK)

I will not be able to attend the meeting, as I will be visiting my grandchildren in the USA that week. But I do want to express my appreciation of your ten years of hard graft for the journal. It's made a huge difference and it is much appreciated and valued. I presume you are going to take it a little bit easier?

Dan Anders Palmquist (Sweden) – present by Zoom

I am full of admiration with regards to your so eloquent and steady steering the ship! And what a tremendous work you have put down. The Journal, I'm sure, would most certainly have died but for your tender and so clever care.

So – some structure with collaborative ingredients, 2 (people for) each function, perhaps with some supervision, of the "on duty/call at home" variant might become a solution.

It became clearer to me (in the meeting) what the scope of the Journal might be: A Journal dedicated to the enhancement of psychotherapy, psychotherapists; the essential variables of this, as well as pointing at new horizons.

Many a psychotherapeutic adventure/journey is told in an anecdotal way thus making it very difficult to replicate – which of course is one pre-requisite of scientific work.

However, I do firmly believe that every paper should be within a kind of a scientific frame; meaning that what is written should be, whether original, dealing with personal discoveries and thoughts or not, conceived in such a way as to make possible a search for references, other people's thoughts on the subject, hopefully replicable (what I do, another therapist might also do, perhaps with

another result but then allowing a discussion of why so). A rather clear structure. References should be mandatory – references that are possible to get at and readable; (I recall one Indian paper hinting at Aura Veda, sort of). And so forth.

The overall aim (is) helping psychotherapist to become more creative, more candid, more informed of man's infinite ways of escaping the hardships of life. And giving ways of helping.

And, from own struggle to find a way of helping – not-withstanding the fact that there are methods, the principal variable is “le veritable moi”, das Ding an Sich, is Dich/Du Selbst, is you, yourself. I've met so many psychotherapists in training who are afraid of getting personal (I don't mean getting private – there's always limits; sometimes it might be advantageous). May sound non-scientific, but I do hold that the personality of the therapist should be looked upon as a very relevant variable – thus open for study.

To be yourself or to act yourself, that's the question. Beware of “psychotherapeutic officials” hiding behind methods, administering clever sentences by the drop of a hat!

I'm sorry to say I found it difficult to hear the persons in Vienna; playing in bands during my entire life has taken its toll on my hearing. Music is my (second) mistress. But, I had no problems hearing the Zoom participants

Ingrid Pirker-Binder (Austria)

My apology, I have Health Problems and can't join you

Mit freundlichen Grüßen / best regards

Susanne Vosmer (UK)

Apologies, I also had an unforeseen emergency and was unable to join you.

Bw

Susanne

Alicja Heyda (Poland)

I have an emergency at the clinic at this moment, I need to go right now and take care of the patient.

I will join you if possible, but I am not sure if I can make it.

Best wishes

Core Psychological Needs and the Complex Theory of C.G. Jung

Isabelle Meier

Abstract:

C.G. Jung developed, based on empirical studies of the association experiment, the concept of complexes, that is a main component of the psychodynamic method of analytical psychology. His successors further developed the complex model. Nowadays, Complex Theory (CT) assumes that unmet or insufficiently met basic needs in childhood and adolescence later lead to dysfunctional complexes, meaning that the emotional patterns that influence perception, thinking, images, bodily sensations and behaviour in adulthood prevent the individual from a satisfying life. Dysfunctional complexes lead to problems and difficulties in dealing with oneself and others. The individual tries, with insufficient means, to satisfy their previously unfulfilled basic needs. This article discusses Grawe's research-based theory of basic needs in relation of Jung's concept of complexes with the result that not only four, but five basic needs (attachment, autonomy & control, self-enhancement, play & pleasure, meaning) must be taken in account as reasons for dysfunctional complexes.

Key Words:

Core psychological needs, C.G. Jung, Complex Theory, K. Grawe, Schema Therapy

Introduction

According to modern Complex Theory (CT), complexes contain unconscious representations of childhood and adolescent experiences, as memories of internalized interactions, thoughts, symbolic images (e.g., in dreams), fantasies, motivations, and bodily sensations, and are accompanied by strong emotions and restricted coping strategies. Complexes can

be triggered in later life by structurally similar cues as in the person's childhood and generally turn out to be dysfunctional. In this case, the complex takes hold of the ego of the adult and the perceptual, regulation and differentiation abilities of the ego become distorted (Roesler, 2020; Meier, 2017, 2019a, 2019b).

The degree of intensity of dysfunctional complexes varies; the stronger the affective charge

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is, the more disturbances emerge since the affective charge leads to distortions of the perception and the emergence of unconscious material (Meier, 2019a). The degree of intensity depends on the severity of unsaturated need satisfaction. Dysfunctional complexes can also arise later in life (e.g., after a war trauma), however such complexes may not be as destructive or powerful as those that arose in childhood when the possibilities to find strategies were weaker.

The contemporary CT has incorporated insights from other disciplines, such as the attachment theory, infant research, or psychoanalytic internalized object relation theory, and neuroscience (Bovensiepen, 2004; Meier, 2017, 2019b). Moreover, the CT is compatible with models of Schema Therapy as we will see below.

Dysfunctional Complexes and Negative Schema

Grawe states that people who grew up in an environment where their basic needs are repeatedly violated, threatened, or disappointed, develop negative schemas to protect themselves from further violation and there is much evidence that severe and persistent violation of basic needs is the most important cause of the development of mental disorders (Grawe, 2006). To protect oneself, coping mechanisms are developed that are predominantly automatic and without awareness. A negative schema, according to Grawe, includes perceptual distortions, emotions, memories, fantasies, cognitions, coping strategies and a psychic energy (motivation) (Grawe, 2006). C.G. Jung (Jung, 1928b) and Meier (2019a, b) also point to the fact that dysfunctional complexes have an own agenda: they pursue motivational goals via projection or identification of unconscious contents (needs, experiences

etc.) to finally meet the need, however usually without success.

The complex concept can be compared very well with Grawe's negative schema. The most important, and possibly only difference between the two, is the emphasis of the symbolic level, as images of the complex lead, on the one hand, to a better insight which basic need is not satisfied and, on the other hand, symbolic images allow a better fulfilling of the according need. The symbolic approach was later taken up by the Schema Theory of J.E. Young (Young, Klosko & Weishaar, 2006) that further developed Grawe's model. However, Grawe, Young and Meier all emphasize the origin of the complexes as being the violation of basic needs.

Core Psychological Needs

The question of which basic needs are necessary for growth, mental health and well-being is judged differently by researchers. Freud argues that the central driving forces of human action, underlying all desire, are the sexual drive, aggression, and the death drive (Freud, 1905). C.G. Jung criticizes this view as being too one-sided and dogmatic (Jung, 1928a) and defines drives more as general psychic energy that includes the drive to activity (to play), to reflection (production of culture), to creativity, to autonomy, and to self-realization (individuation) (Jung, 1912; 1932; 1936).

In his pyramid of needs, the humanistic psychologist Maslow (1954) also emphasizes the need or instinct for self-actualization, that governs motivational behaviour. Maslow believes that people have an inborn desire to be self-actualized, to be all that they can be. To achieve this goal, however, several core needs must be met beforehand, like the need for food, safety, love/belonging, and self-esteem. This list could be extended at will with con-

tributions from Murray (1938), Heckhausen (1981), Rosenberg *et al.* (2009), Frick (2011), etc. There are the most diverse proposals and justifications. It must therefore be assumed that the question of basic needs and the origin of human motivation (and dysfunctional complexes) does not provide any conclusive answers.

Empirical studies and empirical substantiation are necessary to understand the psychological disorders and complexes that arose due to the violation of a person's basic needs. Grawe argues that Heckhausen's power and achievement motive is thus ruled out because many people do not need power and achievement in order to feel good about themselves, and that there is no empirical evidence. Also, he claims that Maslow's hierarchy of needs can no longer be upheld today, nor can Freud's emphasis of the sexual drive as origin of the dynamics of motivation (Grawe, 2004, 2006).

Based on Seymour Epstein's Cognitive-Experiential Self-Theory (CEST) (1993) and empirically substantiated in detail, Grawe proclaims that there are four basic needs in order to maintain growth and mental health. These four basic needs are of equal value and are no longer hierarchically ordered: (a) attachment, (b) self-enhancement, (c) orientation and control, and (d) pleasure / pain avoidance. As Grawe (2006) said, *"one may disagree on the terminology or designation of the four basic needs, but the substantial meaning remains the same"*. The following discussion addresses each of these four core psychological needs in the light of research and their relevance to dysfunctional complexes and mental disorders.

a Attachment

This basic need is undisputed. Extensive research in Attachment Theory (Bowlby, 1969, 1973, 2015) postulate the need of a reliable availability of relationship of the caregiver, as

well as empathy and care of the primary caregivers for the child. In Ainsworth's examination of different attachment styles (Ainsworth, 1964; Ainsworth *et al.*, 1978), different coping mechanisms, feelings, etc. of children with no secure relationship were shown. Various attachment patterns, as described by Ainsworth and her colleagues for stranger situations, have been proved to be very stable later in life and have manifested themselves later in various mental disorders such as depression, anxiety or addiction problems and personality disorders.

Maslow calls this need the *"need for belonging and love"* (Maslow, 1954). Epstein (1993) speaks of the basic need for relatedness. Schema Therapists and Schema Theorists mention the term of 'bonding', 'relationship' and 'care' (Young *et al.*, 2006). Jaak Panksepp, an American neuroscientist and psychobiologist, emphasizes the importance of attachment from a neuroscientific perspective. He explores basic affects in need systems, stating that attachment is a need that we share with all mammals (Panksepp & Biven, 2012; Panksepp, 1998, 1999). Such basic affective systems control emotional circuits for specific types of behaviours and generate specific types of affective consciousness. Based on broad research with mammals, Panksepp proposes an outline of emotional circuits of universal basic emotional and motivational systems. These systems are genetically ingrained and independent of environmental experiences. When these systems are stimulated in humans, people always experience intense feelings, and are highly motivated to do things. Moreover, each of these systems produces visceral responses of the body and changes sensory, perceptual, and cognitive processes in order to be focused. He defined one of these affective states as the CARE system. Caregivers take care of their offspring, in resonating with the child's need to bond.

Attachment: dysfunctional complexes

When a caregiver permanently rejects the child, or is unresponsive to the child's contact (due to their own problems or to grief issues, such as a death of a family member or own childhood traumas), or if parents are constantly criticizing or abusing the child, then the child learns to suppress the need for attachment, due to the fear of rejection, and so it avoids eye contact with the mother, or it demands the attachment strongly in the opposite direction by becoming conspicuous, having emotional outbursts, and does everything to get her attention (coping strategies). The child develops a dysfunctional complex with a self-image of itself and cognitions as

not worthy of attachment, develops feelings of anxiety, loneliness, anger, sadness, longing when interacting with caregivers, as well as corresponding bodily sensations, such as tummy ache, sore throat, and several others. In the clinical context, patients mention symbolic images of how they feel.

The conflictual tension between the basic need for attachment and reality forces individuals to explain their reality by searching for symbolic images of the feelings, sensations, and thoughts. Patients often describe themselves as abandoned, as if they were alone on a desert island in the middle of a sea, without contact with others; or they describe themselves in an abyss, or being swallowed up by dark forces.

Table 1.

Core psychological needs based on Grawe (2006), Young *et al.*, (2006), and Meier (2019a, 2019b).

Basic need	Associated terms
Attachment (Grawe, Young)	bonding, relationship, security, affiliation, love, trust, safety, stability, nurturance, relatedness to belonging, care (Young), CARE (Panksepp)
Autonomy (Young) & Control (Grawe)	self-control, freedom to express valid needs and emotions (Young), self-efficacy, orientation (Grawe), self-determination, handling, curiosity, interest, openness, exploration, self-assertion, realistic limits and self-control (Young), SEEKING (Panksepp)
Self-enhancement (Grawe)	recognition, self-worth, being of worth, appreciation, esteem, consideration, recognition, acknowledgement esteem needs appreciation, status, prestige, attention, dignity, respect, self-assertion, sense of identity (Young), competence (Young)
Play (Young) & Pleasure (Young, Grawe)	Lust, spontaneity, creativity, pain avoidance (Grawe), having fun, PLAY (Panksepp), SEEKING (Panksepp), LUST (Panksepp)
Meaning	Self-realization, individuation, spirituality, religiosity, sense of purpose, integrity, meaningfulness, to be connected to oneself, the others, the community, to culture and humanity, to cosmos (transcendence), feeling a sense of 'oneness', personality-centered development and growth

es. Such childhood experiences lead individuals to have distorted expectations of others (*projection of the complex*). The Other is supposed to give the attachment and love that one missed with caregivers, which can overwhelm the Other, or depressive withdrawal follows, and the dysfunctional complexes spreads with feelings, thoughts, body sensations, symbolic images of oneself as not worthy of love (*identification with the complex*). Or, on the opposite side, someone choose a partner, who can only give little love, and the complex continues as well. Several studies on the relationship between bonding and mental disorders as stress disorders or depression are cited in Grawe (2006), and in the psychoanalytic research of Leuzinger-Bohleber and colleagues (Leuzinger-Bohleber *et al.*, 2016) only to cite a few.

b Autonomy & Control

According to Epstein and Grawe, the need for control and orientation permeates the whole psychological process. To achieve a motivational goal, one wants control. The control aspect is inseparable from a goal-oriented activity. A child learns early to develop his basic conviction whether he can foresee and control something, whether it is worthwhile to commit oneself, and to what extent this makes sense (Grawe, 2006). The need for control is not only about exercising control in an existing situation, but also about maintaining as much space to act as possible. Powers (1975) speaks of the need for “scope of action” to satisfy the need for handling. Grawe adds orientation because control presupposes that one has an overview of the situation, that one can assess incidents, and is not helpless in the face of them. Wegner and Pennebaker (1993) provide an overview of research trends on the topic of control and control beliefs.

Deci & Ryan (2008) distinguish the need for autonomy (i.e., being the author of one’s own actions) from the need for competence (i.e.,

self-efficacy, the use of one’s own strengths, and confidence in one’s own proficiency). Also, Young *et al.* (2006) include the need for competence and autonomy, next to the need to set boundaries and being in control. They prefer the term of ‘autonomy’, instead of ‘orientation’, because it encompasses a broader spectrum, as handling, interest, openness, ready to act, invent, solving problems, exploration, curiosity, what makes sense in our eyes, etc. Autonomy would then also include Panksepp’s SEEKING system as an affective state, that we share with all mammals. This is characterized as a permanent wish to explore. It underlies the desire to go out into the world and seek things that will meet our needs.

Autonomy & Control: dysfunctional complexes

Autonomy & control seem, in this regard, better terms to include all different aspects of this basic need to understand human motivation dynamics. If a child or adolescent is not given autonomy and control, feelings of helplessness and control beliefs develop, such that one cannot get a grip on life. Translated into clinical practice of the CT, feelings of helplessness, fears, a depressed mood, or secureness are the result, with thoughts of restricted room for manoeuvre. An individual does not trust their thoughts and feelings. The body feels blocked, tensed, or reacts in anger, etc. Corresponding coping strategies range from subordination to the authority, dependency, avoidance (*identification with the complex*), overcompensating or devaluation of the authority with explosive outbursts (*projection of the complex*). C.G. Jung describes the need of autonomy in the example of the detachment of the son from the attachment with the mother in puberty, in which the adolescent must confront their desires for regression so as to become autonomous, separate, and independent (Jung, 1912; 1932; 1936). If the autonomy process is hindered, the ado-

lescent remains in dependency and is discouraged, which in pathological forms can lead to panic attacks, anxiety disorders, or a dependent personality disorder.

Research shows that violations of the need for control evoke anxiety, stress, and helplessness and leave neural traces when the need is repeatedly not met. In a study by Heim *et al.* (2000) of depressed women with childhood abuse experiences, a stress test in adulthood showed a sixfold higher release of adrenocorticotrophic hormone and cortisol compared with depressed women without abuse experiences. Grawe (2006) also mentions anxiety disorders and the posttraumatic stress disorder, in which one of the leading symptoms is a desperate effort for control. The compulsive brooding in generalized anxiety disorder and the control compulsions in obsessive-compulsive disorder are also dysfunctional attempts to gain control over something. Even in depression, this basic need is affected to the extent that one is frozen in helplessness and has given up control over internal and external processes.

c Self-enhancement

The increasing of self-worth seems to be a specifically human need, while nearly all the other needs are shared with mammals. Also, rats and monkeys have core needs of attachment, exploration, play and pleasure (Panksepp & Biven 1998; Meier 2019a). In order to experience self-worth, one requires awareness and reflexive abilities, in this way a self-image and self-esteem becomes conscious, which develops in the interactions with other people and one's own reflections. According to Grawe, the studies on self-esteem enhancement and self-esteem protection come mainly from social psychological studies with adult people. There is a difference to research on the other basic needs.

The basic need for self-esteem protection and self-esteem enhancement develops only after a self and a self-image has developed. It is common to all people and, if it is not satisfied, it has a negative impact on mental health and well-being. This core need is about feeling valuable, being of worth. It is about appreciation, esteem, consideration, recognition, acknowledgement, and regard. Maslow (1953) speaks of 'esteem needs' (desire for appreciation, recognition, status, prestige, attention, importance, and respect). Cattell (1943) talks of 'self-assertion', and the schema therapist. Young *et al.* (2006) speak of the 'sense of identity' as a basic need that needs to be met. The narcissism researcher, Kohut (1988) emphasizes the basic needs of recognition and self-esteem. He argues that acceptance and a sense of self-worth are important for persons to develop healthy narcissism, which enables them to face the tasks of life.

While experiments with very young children are possible for other needs, studies about self-worth are not possible for methodological and content-related reasons. Moreover, in infancy, the need for attachment and control could already have been violated, but the infant has not yet developed a self-image that could be valorised or devalued. However, the negative experiences regarding the need for attachment and control can have a strong impact on the child's self-esteem (Grawe, 2006). As far as the pubertal period is concerned, other studies exist. Alsaker & Olweus (2003) are able to show that rejection and bullying by peers during adolescence correlates with self-deprecation and depression. Depressed adolescents are more likely than non-depressed adolescents to report being rejected and isolated by peers and to have bad experiences with peers. Also available are studies that show the consequences for children with insecure attachment styles later take on roles that weaken self-worth (Grawe, 2006).

Self-Enhancement: dysfunctional complex

In analytical psychology, the term of the inferiority complex has been developed for this purpose and has found its way into colloquial language (Jacoby, 2016). When a child is constantly humiliated or belittled, or when a parent is experienced as punitive or permanent demanding, it can leave a mark on the child's self-image. This dysfunctional complex contains feelings and thoughts of inferiority, often encompasses with shame and a tendency to submission, self-sacrifice and seeking for approval (coping strategies). The inferiority complex is often described in symbolic images and cultural stories such as the fairy-story, *The Ugly Duckling* of Hans Christian Andersen (2016). The fairy-story explores topics such as isolation, loneliness, belonging, acceptance, and togetherness.

Self-esteem disorders also begin in childhood because of abuse, bullying, or frequent humiliation. Haller (2015) studied the destructive power of humiliation, and he describes how *"mortifications lead to a shadowy existence, until they finally break out; as cause for illnesses, marriage dramas, crimes, even for wars and the like"*. Self-esteem disorders include depression, anxiety, eating disorders, and obsessive/compulsive behaviours. Depression resulting from low self-esteem typically focuses on feelings of worthlessness. A self-esteem disorder of persons with narcissistic personality disorder often manifests itself in the permanent search for attention and increase of self-worth and appear to others as if they are more valuable.

The inferiority complex often manifests itself in adult life in the fact that an affected person unconsciously assume that they are not worthy of being valued and appreciated and therefore repeatedly tries to satisfy this unmet basic need, either by sacrificing himself or herself for others, or by repeatedly seeking attention

and recognition. Their perception is distorted, their situations are not assessed correctly, the other person and his reactions are assessed with a complex lens; a person assumes devaluation where no devaluation is true (*projection of the complex*), or devalues the other person unconsciously (*identification of the complex*). The goal of therapy is the search for one's own identity, in a social environment of appreciation and recognition and a letting-go of inadequate expectations and environment.

d Play & Pleasure

Play and pleasure are more complex basic feelings than one might first think. In classical psychoanalytic theory, Freud (1905) emphasized this basic need as fundamental to human motivation. The optimization of lust vs. minimization of un-lust was the most basic psychological wish and drive of everyone, as Freud said. The psychoanalyst Yovell states that Panksepp's SEEKING system can be related to Freud's concept of libido (Yovell 2016), the neuropsychologist Solms comes to the same conclusion (Solms, 2017), whereas C.G. Jung sees lust and pleasure as psychic energy to activity (to play), reflection (production of culture), and creativity (Jung, 1936).

Today, pleasure is also defined more broadly than in Freud's time. Pleasure can come in different areas, such as winning at play, achieving a goal or a task that has been set for oneself. The avoidance of feelings of displeasure was already considered in the Behaviourist tradition by Skinner (operant conditioning model) as the principle of *"optimizing pleasure and minimizing displeasure"* as the most important feedback for reinforcing a certain behaviour (Iversen, 1992).

Also, Grawe (2006) notes the core psychological need of increasing pleasure and avoiding discomfort. Evaluating, according to the pleasure/unpleasure quality of perceptions and activities, refers to something that is ex-

perienced as positive or negative. Grawe cites studies showing that people tend to rate stimuli as good or bad and prefer positive rated situations to negative ones. Stimuli or situations are automatically and unconsciously evaluated as positive or negative and activate corresponding motivational schemata. For Kubovy (1999), pleasure belongs to the joy of discovering, finding something out, solving puzzles and the joy of one's own competences and one's own creativity, as also Jung mentions, pointing to the broader view of pleasure. Based on Grawe's list, the Schema therapist Jeffrey Young therefore replaces the term 'increasing pleasure' with that of 'play and spontaneity' (Young *et al.*, 2006), as that reflects a wider spectrum of understanding of this need.

From another perspective, Panksepp comes to a similar view. The PLAY system of mammals, according to Panksepp, expresses lightness, fun, and enjoyment of social activity. The motivation of the PLAY system may involve parts of the brain that govern rough-and-tumble play. Engaging in joyful competitive interactions is necessary for us all. This system is clearly equivalent with the basic need for play and being spontaneous. The same is true with Panksepp's LUST system, that brings activity and moves toward joining the body with another, typically culminating in orgasmic delight and pleasure (Panksepp, 1998).

Play & Pleasure: dysfunctional complex

If a child is permanently criticized by his parents, if only performance is demanded and his urge to play is suppressed, a dysfunctional complex can arise. Being creative, lustful, spontaneous or just playing are a need to be suppressed. They submit, or try to evade, or overcompensate. In adult life, such a person does not dare to be spontaneously and playfully with himself and others in situations, or at work, but appears inhibited, perfectionistic,

and negative. His thinking, feelings, acting and his bodily sensations are inhibited and tend to be compulsive. In the clinical context, patients express symbolic images of threatening and punishing ghosts and figures that overwhelm them and to which they have little to oppose. An inner critic is strongly pronounced, which impairs spontaneous and creative action. They describe others with a distorted perception as criticizing and demanding (*projection of the complex*), or they are identified with the images of punishing and demanding parents criticizing others (*identification with the complex*). Psychoanalytically, one would suggest that the superego is strongly pronounced, that can lead to obsessive-compulsive disorders, depression, and others.

The goal of therapy is to break away from these projections and identifications and to be able to better fulfil the underlying need.

e Meaning

The need for meaning is a specifically human need and is neither described by Panksepp, who studied mammalian needs, nor empirically explored by Grawe. For C.G. Jung (1912, 1932), the need to relate to oneself, the others and the environment are an important basic need and only develop later in adult life as a need for self-realization (individuation). Autonomy, attachment, self-esteem and play needs can be fulfilled and still a person can get sick and depressed, when feelings for a meaning in life or emptiness occur. Those who are prevented from having a meaning, become ill (neurotic): "*Neurosis is the suffering of a soul which has not discovered its meaning*", so said Jung (1932). If it is not satisfied, it leads to psychological disorders, such as burnout symptoms, depression, and other mental illnesses. The need for meaning emerges only in the course of life.

Maslow argues in a similar direction, referring to the need of self-actualization: "*What a man*

can be, he must be" (Maslow, 1954). According to his hierarchy of needs, self-actualization represents the highest-order motivations, which drive us to realize our true potential and achieve our 'ideal self', that means personal and creative self-growth, which are achieved through the fulfilment of our full potential.

The psychoanalyst Erikson (1978) and the developmental psychologist Frick (2011) share Jung's and Maslow's view that there is a basic need for meaning to be motivated. Erikson explains that identity formation begins when the usefulness of the child's identifications ends, and the innate needs are fulfilled. The young person must somehow identify with society. But this, he said, is a two-way process; on the one hand, the individual needs social recognition, on the other hand, it needs a sense of why one agrees with this or that (with values, rules, cultural ideas), to be able to internalize and integrate them. Erikson thus explains that life is a sequence of psychosexual and psychosocial developmental steps. Psychosexual developments help towards a pubertal identity, but after that, the basic need for meaning becomes important to be ready for further developmental steps. That sense-making aspect was also stated by Frankl, who called it the 'will to meaning' proclaimed in his humanistic psychology. He sees meaning as an expression of a profoundly inherent need of the human being, and sense-making as an expression of the spiritual maturity (Frankl, 1981).

Gasiet (1981) examines human needs from a philosophical, sociological and psychological perspectives. He argues that the need for meaning cannot be satisfied by the satisfaction of other needs. The need for sense-making can take aesthetic, ethical, cognitive, religious, or ideological forms. It occurs phylogenetically and ontogenetically later than the other basic needs. It is expressed in individual and socio-historical exceptional situations (crisis situations), when it takes priority



Figure 1. Image of the five Core Psychological Needs

over other basic needs. People can endure the most incredible deprivations if they see meaning in them. For example, death or trauma becomes easier to bear, if such experiences are given meaning. Human cultural products have arisen from this basic need, such as the celebrations and rituals, the myths, spirituality, religions, works of art, value systems or philosophical systems.

Besides, various authors criticize that the Self-Determination Theory (Deci & Ryan, 2008) don't include religiosity, meaning and spirituality as a basic need (Hathcoat & Fuqua, 2014; Silberman, 2005). The integration of meaning reflects the extent to which regulations that guide behaviour are self-determined. Hathcoat and Fuqua attempt to develop a measure in their Basic Psychological Questionnaire of basic psychological needs (BPNQ-R/S) that considers the perceived satisfaction of basic psychological needs in relation to religiousness/spirituality.

Further empirical studies are necessary to determine whether spirituality, meaning, religiosity or self-actualization are a core psy-

chological need, or whether this basic need is already covered in the others, or whether the fulfilment of this need is central to our mental health and well-being, or not.

Meaning: dysfunctional complex

One might assume that in modern societies, there is a need for meaning in puberty and adolescence, but also in transitional periods, such as in the phase from study to work, from single life to family, around the turn of life, in menopause, in the transition to retirement, in time of death and dying, as Jung himself repeatedly notes (Jung, 1932). Development continues throughout life, that means the unconscious urge for the personality to find meaning with the goal of becoming whole (individuation).

When the need to find meaning and purpose in life is permanently disturbed and someone feels trapped in their life and circumstances, a complex can develop. Feelings of futility and despair spread, thoughts begin to spin, and actions become despondent, inhibited. Withdrawal tendencies become stronger and stronger, a general crisis is brewing, as we see in stress disorders, adjustments, and depressive disorders with symbolic images of prisons, deserts, abysses, the nothingness. Others are envied when they take pleasure in their lives (*projection of the complex*) or attitudes taken that you just don't deserve to have meaning, that it's useless to find one, that you have to put up with it (*identification with the complex*).

The concept of individuation is central in Jung's psychology. Individuation means development and self-realization, the discovery and experience of meaning and purpose in life; but not only this basic need is concerned. For a mental balance, the balanced fulfilment of all basic psychological needs is essential. Grawe describes this process in his 'consistency theory' (2000, 2006). An organism strives for agreement or compatibility of the neuronal and mental processes running simultaneously

in order to fulfil the basic needs. The higher the consistency is, the healthier the organism is. Also, Young *et al.* (2006) states, we achieve homeostasis when all core emotional needs are met. To better meet them, the Jungian schools use a symbolic approach with images, dreams, paintings, imaginations, stories, myths and fairy tale. The symbolic attitude is an efficient way to break down inadequate emotions and strategies of dysfunctional complexes and find better ways to meet basic needs (Dorst, 2007, Dorst & Vogel, 2014, Rössler, 2021, Riedel & Denzler, 2022)

Conclusion

The present overview discusses the literature of basic needs, favouring Grawe's basic needs theory based on empirical studies (Grawe, 2006), in relation to other basic need concepts of the negative schemas of Young *et al.* (2006), and in analogies of the affective system concept of Panksepp (Panksepp, 1998, 1999; Panksepp & Biven, 2012), with the result that one might assume that there are not only the basic needs of attachment, autonomy & control, self-enhancement, play & pleasure, but there is a fifth one; the basic need for meaning. Up to now, empirical studies are still pending and there is a need to clarify definitively whether this need can be counted among the four other basic needs. The series of published articles on this subject suggest that this is the case.

Assuming that there are five basic needs that a child or an adult wants to satisfy, the question is what happens when they are not met. The answer of Analytical Psychology, of Grawe and of Young in his schema therapy, is a similar one. Unmet basic needs led to dysfunctional complexes (Bovensiepen, 2004; Meier, 2019a) or negative schemas (Grawe, 2006; Young *et al.*, 2006). The modern CT assumes that unmet – or insufficiently met – basic needs lead

to dysfunctional complexes, meaning emotional patterns that distort and narrow perception, thinking and acting, and the person tries with insufficient means to satisfy the unfulfilled core needs. Such complexes arise predominantly in childhood and can be triggered in later life by structurally similar cues. In this case, the complex takes hold of the ego of the adult, the perceptual, regulation and differentiation abilities of the ego are distorted (Roesler, 2020; Meier, 2017, 2019a, 2019b).

If basic psychological needs are met, a sense of self-confidence, self-worth and self-determination is shaped in people (Deci & Ryan, 2008), and one can feel healthy and stable (Grawe, 2006). On the other hand, if these needs are not met, the person will stay insecure, fragile, negative, alienated, and has acritical perception of oneself and the others.

Thus, one goal in psychotherapy is to better understand, recognize, and name which of these basic needs are not met. Therapists should address the unmet core psychological needs with their patients, and go through them in detail, as well as through the corresponding complexes, asking for feeling, thoughts, images, bodily sensations, childhood experiences and coping strategies.

A further need in psychotherapy is to find better cognitive, emotional, and coping strategies. The satisfaction of basic psychological needs of the patient is an effective factor for healing. Research shows that individuals who feel competent, can play and are able to experience pleasure, can have warm relationships and at the same time experience that they can be independent and autonomous, enjoy a higher level of psychological well-being (Grawe, 2006).

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Epistemic Trust and its Utility in Psychotherapy

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Abstract:

Epistemic trust is theorised to be a critical component of psychotherapy. It refers to the trust or belief that a person can have in knowledge provided by another, and has clear relevance within therapy to the transfer of information that occurs between therapists and clients. It offers a unique way to consider the therapy relationship, though, to date, has not been studied empirically in everyday therapy settings. To build a theory of trust in the therapy relationship empirically, we undertook a Grounded Theory qualitative research study with six client-therapist dyads, focussing on exploring what makes therapy effective. We found the notion of epistemic trust to be central to a client's ability to translate and apply lessons from therapy to their everyday life. We also uncovered three prerequisites to epistemic trust in therapy: interpersonal trust, self-agency in the client and 'intrapersonal epistemic trust' in the therapist. The development of epistemic trust is iterative and requires ongoing attention in therapy. This study provides direct information for psychotherapists to consider in the therapy relationship and elements to attend to in order for the work 'in the room' to be taken into the real world.

Key Words:

epistemic trust, psychotherapy, grounded theory, therapy process

Introduction

Epistemic trust (ET) is a well-established concept in philosophy (McCraw, 2015), referring to the trust one has in knowledge provided by another. More recently, ET's relevance has started to be explored within therapeutic settings. In this context, ET is an individu-

al's judgement that information provided by their therapist is relevant, credible and worth incorporating into their life (Fonagy, Luyten & Allison, 2015). This transfer of knowledge is thought to lead towards embedded change. There is evidence to support common factors in therapy (Hubble, Duncan & Miller, 1999), particularly the therapeutic alliance, that is

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seen as central to therapy success. Research has also shown an overlap between empathy and genuineness in this alliance (Nienhuis *et al.*, 2018) and a need for flexibility in the therapy relationship (Owen & Hilsenroth, 2014), but there is less investigation of the notion of trust. As far as we are aware, only one study has considered ET to be a part of the process of change in therapy, and this was in a hypothetical way (Folmo, Karterud, Kongerslev, Kvarstein, & Stänicke, 2019).

In a broad sense, ET is thought to be vital to our human capacity to learn from our social environment and adapt our social understanding appropriately when presented with new knowledge (Koenig & Harris, 2007). Not trusting the advice of others, or heightened epistemic vigilance, have been postulated to be key features of mental health pathology (Fonagy, Luyten, Allison & Campbell, 2019). Being unable to trust others has been considered to underlie the concept of the general psychopathology factor (the ‘p factor’), but may also be integral to interpersonal problems, conceptions of identity diffusion, or attachment in development (Caspi *et al.*, 2013). When someone does not trust others enough to learn from them, social adaptation cannot properly take place, leading to the apparent rigidity in social cognition that seems to characterise many of those with mental distress (Kay & Green, 2016).

The above hypothesis draws on existing research about the importance of the therapeutic alliance (Martin, Garske & Davis, 2000) and mentalisation (Bateman & Fonagy, 2010), postulating that both are pathways to promote ET. Specifically, mentalisation is thought to serve as an ostensive cue that lowers epistemic vigilance by signalling that the information to follow is likely to be of personal relevance to the individual (Fonagy *et al.*, 2019). It is through this process that new information can be incorporated into procedural and semantic

memory, rather than solely episodic memory. The resulting restoration of the ability to learn from social situations might explain why successful therapy facilitates change that occurs beyond therapy itself. Therapy is the ‘safe space’ (Welkin, 2013) and the therapeutic alliance a ‘microcosm’ of the social world where the client tests out the trustworthiness of new knowledge gained in the bond between therapist and client (Bordin, 1994). In other words, it is not solely what clients learn in therapy that is significant for change, but rather the potential for the therapeutic relationship itself to rekindle ET, the capacity to learn from social situations, and an interpersonal shift in engagement in the world. This then allows new knowledge to be taken seriously and executed in everyday interactions (Bo, Sharp, Fonagy & Kongerslev, 2017).

To date, there is a paucity of empirical research examining the concept of ET within psychotherapy. Empirical efforts have been made to explore the subject, however the lack of a measure is identified as problematic (Orme, Bowersox, Vanwoerden, Fonagy & Sharp, 2019). To develop a deeper understanding of the theoretical implication of ET in therapy from an empirical perspective, we undertook a qualitative exploration of the concepts of trust and knowledge transfer within client-therapist dyads. We hoped to gain insight into whether subjective improvements in trust, and how this trust was understood, seem to correlate with a sense of personal recovery.

Materials and Methods

Research Design

This study employed an abbreviated Grounded Theory methodology (Charmaz, 1995) to better understand the experience of therapists and clients on their shared therapy journey, with a focus on the cross-modality

components of effective therapy (Charmaz & Henwood, 2017). Data collection involved open-ended semi-structured interviews; with audio recording, anonymisation and transcription of individual in-depth interviews conducted separately with therapists and clients. Ethical approval for this study was provided by the University of Otago, New Zealand (Registration Number – H20/095).

Participant Recruitment

Client-therapist dyads were recruited from Adult Community Mental Health Teams (CMHTs) within the Wellington catchment area, New Zealand. This service is the provider of public mental health services in the Wellington region, with a diverse demographic in terms of age, ethnicity and socioeconomic status. To be included in the study, client participants needed to be over the age of 18, with a primary diagnosis of a non-psychotic mental illness and be able to give informed consent to participate in the study. Psychotherapist participants needed to be employed by the service and be utilising a recognised structured psychotherapeutic framework with their client in the study.

Psychotherapists were contacted via mass email and local advertising at CMHT bases. We then recruited client-therapist dyads using purposive sampling to obtain a cohort that was diverse in terms of type of psychotherapy, diagnoses and demographics. Therapists were asked to pick an appropriate client, who was then contacted by the research team to discuss participation in the study. A focus of the recruitment process was to ensure clients were aware of the research nature of the study and that it would in no way impact on their clinical care whether or not they chose to participate.

Dyads were only recruited if both therapist and client consented to participate. All therapists had undertaken specific training and supervision in their chosen psychotherapy modality. Clients had a range of DSM-V diagnoses, including major depressive disorder, generalised anxiety disorder, borderline personality disorder, functional neurological disorder, adjustment disorder and bulimia nervosa.

Data collection

We collected data through face-to-face semi-structured interviews (client and therapist separately) conducted at the participant's location of therapy. Prior to each interview, written informed consent was obtained from each participant, and confidentiality assured. Each interview was audio-recorded and transcribed verbatim using transcription software. Data was anonymised, with pseudonyms used to identify each participant in the transcripts.

A semi-structured interview approach was used with open-ended questions to elicit a range of viewpoints. This enabled new ideas to come forth from participants' engagement with the interview questions. Each interview lasted for approximately 60 minutes and began with exploring circumstances preceding the participant's therapy journey and what expectations (or not) both clients and therapists had of the process of therapy. Interviews progressed to exploring perspectives on the most important factors within therapy, whether it is important that clients trust their therapist and what constituted that trust within client-therapist dyads. Field notes were documented following each interview to inform deeper reflection and meaning making processes underpinning the Grounded Theory approach.^[1]

1. Note: The interview questions are available upon request from the corresponding author.

Data analysis

In line with Grounded Theory methods, data analysis occurred concurrently with data collection. Data collection continued until data content saturation was reached as determined by no new ideas coming forth from participants. To reach this point, the data was routinely discussed within the research group until no new themes emerged from a final dyad of interviews (both therapist and client). NVivo software was used to help organise and manage the interview data. Coding and categorisation of interview transcripts followed a constant comparative analysis approach, with inductive coding, followed by subsequent re-reading and recoding incorporating findings from additional interviews. Initial coding (open coding) was undertaken by each of the four main researchers independently, and then findings compared, debated, shared and discussed through a series of regular research team meetings as part of the iterative process of meaning making to seek a deeper more robust understanding of the data, and an eventual theory of ET in the therapy context.

The research team comprised a psychiatric registrar and academic psychiatrist (with formal additional psychotherapy training), a medical philosopher/ethicist interested in social justice, and a researcher with lived experience of mental ill-health. The academic

psychiatrist and philosopher have worked in this area before but both the lived experience researcher and psychiatric registrar were neutral with regard to their views. All researchers were in equipoise as to the possible outcomes or benefits. The interview questions were reviewed as interviews progressed and issues requiring exploration became apparent from the research team’s discussions of the interview data, in order to facilitate further exploration of emerging theory in more detail.

The relationships between and within categories emerging from this coding were explored with increasingly higher levels of coding and conceptualisation. Researchers also utilised memo-writing and diagrams/mind maps to further develop and identify emerging theoretical constructs. This process continued until saturation of content was reached, enabling a theory of ET in therapy to be described and grounded in the data.

Results

Data overview

In total, six client-therapist dyads were interviewed from a variety of backgrounds (see Table 1). All six dyads had been engaged in therapy for at least three months, with three dyads nearing the end of their therapy journey together. Clients and therapists were encour-

Table 1. Participant data

	Clients	Therapists
Gender	3 male, 3 female	3 male, 3 female
Age range	19–38	29–63
Ethnicity	4 NZ European, 1 NZ Māori, 1 European other	3 NZ European, 3 European other
Therapy type	3 CBT, 2 psychodynamic, 1 DBT	

aged to reflect on both past and present therapy experiences. In all six dyads, current therapy was identified to be progressing well, with clients and therapists reflecting positively on their therapy journey thus far and various aspects of personal recovery.

Epistemic trust and therapy

A key finding of this study was that ET was present in all dyads and seemed to be correlated with recovery. Clients spoke of their trust in the knowledge imparted by their therapist growing, with cumulative benefits observed outside of the therapy space. Many clients described their experience of mental illness as isolating and gave descriptions of the efficacy of therapy as counteracting this isolation. Increased social learning was evident, with improvements noted beyond solely symptom recovery.

Vincent (Client): *I think there are certain things that I probably do that I wouldn't have ever done before [therapy] that helped me to process those dark thoughts and let them go. I'm not sure if I could think about one specific thing. I think the thing is like I feel like, you know, I don't know if there's any one thing I could really put my finger on in terms of the therapy setting, but I just think it's just a general robustness.*

Similarly, therapists spoke of their client's willingness to engage and take on board information presented in therapy.

Mark (Therapist): *She's pretty diligent. She's always willing to try things and be open and willing to try new stuff... there's no doubt when you have somebody who is well engaged and kind of doing the work, you know, when we were doing sort of hierarchy and graded exposure stuff, she just did it.*

When reflecting on past negative therapy experiences, clients frequently described a lack of trust in the knowledge imparted by their

therapist, leading to eventual disengagement from therapy.

Alex (Therapist): *He said that he had tried some shorter form therapies before...he had tried CBT maybe five years ago in Auckland and found the concepts clicked...he was like, "OK, I get that on a cognitive level. I can understand why my thoughts affect my feelings my behaviour." He said it all made sense, but he just couldn't maintain any change... he said he took it on a superficial level, like he could understand the concept of it, but that he couldn't apply the concept to his way of life and he never got out of those patterns.*

Therapists, by contrast, often talked about previous unsuccessful therapy experiences being characterised by a client's lack of willingness to engage or "put in the work". Though underlying psychopathology was noted to be a contributing factor in some cases, therapists predominantly cited resistance or wilfulness as possible reasons for lack of change.

Celeste (Therapist): *They seem to be wanting to tell their story about what the issues and what their difficulties are, and then when you get to the bit about, you know, how could we use therapy to change this, as in, there's going to be some self-responsibility and some work that you need to do... then it's, you know, they aren't really willing to engage in that part of the therapy, and that's hard.*

The tenets of ET

A central theme emerged around what constitutes a positive therapy experience as denoted by a range of prerequisites, reflecting the tenets of epistemic trust. Conversely, negative therapy experiences were distinguished by a failure to adequately attend to these prerequisites, hindering the development of ET by heightening epistemic vigilance. We have grouped

these prerequisites into two key areas – 1) Interpersonal Trust and 2) Self-Agency:

Interpersonal Trust

Clients spoke of developing an idea of who their therapist was as a *person*, with value placed on the perceived integrity and authenticity of their therapist's character. There was a kind of 'origin mythology' surrounding their therapist with circumstances leading up to and impressions from the initial client-therapist meeting heavily contributing. This resulted in clients forming an overarching positive or negative narrative around therapy and the expectation of efficacy. Participants spoke specifically about clients being in a position of vulnerability when entering therapy, and the power-dynamic created when one party is required to unilaterally divulge personal information to the other. This power-dynamic is further reinforced when therapists are seen as the gatekeeper of knowledge, and clients the recipient. Dismantling this power dynamic through fostering a genuine human connection emerged as a major theme. By seeing their therapist as another person, and by being seen as a person themselves, clients described a sense of comfort that was created in the therapy space, serving to disarm interpersonal boundaries and foster interpersonal trust.

Anna (Client): I remember even just talking about like TV shows or there would be a funny looking tree or something. But just being able to like have a joke with someone and like feel more human and see them as human as opposed to just feeling so closed off. Like it helped. Yeah, obviously everyone's different, but that helped me, in particular, to feel more comfortable.

By experiencing a genuine human connection, clients described feeling like the information provided to them by the therapist was uniquely tailored to them. Conversely, when this prerequisite was not attended to, clients

struggled to feel the relevance of information communicated by their therapist.

Anna (Client): I remember when I was younger, I didn't look forward to coming to therapy because I didn't feel like I was understood. The best way to describe it was it felt like someone had studied what anxiety was like in a textbook and then thought that would apply to me when really I didn't quite feel that; whereas here, luckily everyone who I've worked with here has been really good. I find with [therapist], he's identified what sort of person I am, and what approaches are best suited for me.

Participants also talked about having a demographic match with their therapist, leading to a sense of relatability and genuine human connection.

Clara (Client): I find [therapist] more relatable. She's like a normal person. She's down to earth and she's like, you know, she's somebody that could be in your family or, you know, could be next door.

A shared sense of humour also seemed to hold weight for many of the participants in furthering a sense of human-to-human relatedness.

Vincent (Client): I think we have a similar kind of sense of humour... I think for me it's really important and like that's another disarming tool. If you can make someone laugh or smile, then you're instantly kind of breaking a bit of like the concrete that's built up. So, I think it's really important.

Other factors identified as important by both clients and therapists in building interpersonal trust included honesty and transparency. Participants noted that clients might not always like the suggestions made by therapists, but open disclosure regarding the therapist's viewpoint or rationale was clearly valued by clients and observed to strengthen interpersonal trust.

Jessie (Client): *They're professionals, but it's also that I feel listened to... I just feel like they've got my best intentions at heart and sometimes I might not like all the decisions that are decided for me, but I know at the end of the day, they only want it for good... because like sometimes now I want to be locked up but yeah, she says the psych unit's not the best thing for me nowadays. So, thank God, I haven't been locked up for ages.*

Some of the clients described having a sense of trust in the wider health system that was then imbued upon the therapist working in that system. For one client, the label of a "psychologist" and the connotations of years of training involved in the specialty fostered a deeper level of trust.

Clara (Client): *With [therapist], I know there's a team behind her. There's a hospital behind her, you know. She knows the doctors. She deals with inpatients. I don't know, I think it's that whole public health [system] ... you know they wouldn't be doing it unless it was needed, you know. I trust the New Zealand Public Health System, so I see [therapist] as part of that.*

From a therapist perspective, therapists recognised the importance of showing unconditional positive regard (Rogers, 1957) towards their clients. Therapists talked about adopting a non-judgemental and empathetic stance, utilising active listening and non-verbal cues to demonstrate this.

Mark (Therapist): *I hope that she perceives me as kind of an empathetic and caring and understanding and approachable person. I think that helps build trust as well, and so she knows I have her best interests at heart and she can feel comfortable with bringing anything to me and I won't be judgemental to her and I'll listen to her and take her opinion seriously.*

Therapy success was often facilitated by weakening the role of the therapist as the giver of knowledge and clients as the recipient of it. When therapists respected the position of a client as the "knower" of their own story, interpersonal trust was deepened. In turn, clients spoke of the importance of having their subjectivity understood with a sense that their perspective was valued and believed by their therapist.

Vincent (Client): *People kind of think that... that there's a real, you know, like this person is just like burrowing into my mind and they don't believe me or whatever... they're looking at me every time I blink or, you know, scratch my nose, which you might be, but [therapist] would always kind of explain what's going on.*

These factors seem to coalesce into both therapists and clients feeling safe and comfortable in the therapy space, with a bidirectional sense of interpersonal trust established. It is from this starting point that ET could then be built. When interpersonal trust wasn't established, as in many of our participants' previous negative therapy experiences, clients described feeling like the information provided to them could not be trusted. Here, Client 6 compares her experience of seeing a private psychologist with her current therapy experience, highlighting the importance of having a foundation of interpersonal trust:

Clara (Client): *[Therapist] is somebody that I instantly felt that she genuinely cared. I definitely felt a difference. And that might be the difference between her and the private psychologist. The private psychologists didn't get that feeling as much... there was always a bit of like a barrier that I can't describe... perhaps it was because I was so unwell, but I never really trusted her. I never trusted her judgement or opinion as much as [therapist]. Yeah, like when she would say*

things I would still be thinking “I’m not sure if she means that” or “I’m not sure”... like I would go away, like it was probably the state of my mind... I don’t know. I just didn’t have like complete confidence in what she was saying to me and then it sort of made me like doubt myself more and wonder whether she was... I don’t know, ... it was just not as successful.

Fostering Self-Agency

Alongside interpersonal trust, both clients and therapists talked about the importance of collaboration to foster self-agency, with therapy occurring as a shared endeavour. In each dyad, there seemed to be an acknowledgement that change occurs when the agency of a client is enhanced. From a therapist perspective, this was achieved through explicitly acknowledging the client’s position as an intentional agent by giving the client some control over setting the agenda and pace of therapy.

Clara (Client): *[Therapist] didn’t like set any sort of “Right. Let’s start from this point”. She allowed me to go back and talk about stuff that I’d probably been bottling up for five years. She didn’t dictate the room. She allowed me to dictate what I wanted to talk about, and I think that really made a difference for me. She wasn’t like “right, well you’re here because...”. It was like she just let me get it out and then we went from there.*

Many therapists identified individualising their approach to a client’s specific needs as vital. Though a specific therapy type was generally followed, therapists often applied this flexibly, taking into consideration that a client may have needs that fall outside the labelled therapy type.

Jessie (Client): *During that time I had managed to kind of learn how to ride a bike, I was involved in a ukulele group, I went to church there. So kind of like, it wasn’t just the DBT,*

it was kind of like learning how to live and learning how to have fun and learning skills like shopping and just basically learning how to be a well adult.

From a client perspective, clients seemed to appreciate when therapists did not simply present answers to them as the “one truth”, but instead fostered mutual exploration to achieve a shared understanding and therefore greater self-efficacy in the therapy process. Insights gathered in this way were more likely to be trusted by clients, reflecting enhanced ET when a collaborative approach was taken.

Anna (Client): *He’s very proactive as well and will give me tips like for CBT or help me problem-solve but without him doing the work for me. So that gave me the tools so that I can say that I’ve solved it myself, if that makes sense.*

The Iterative Nature of Epistemic Trust

Participants identified that building an effective therapy relationship can take some time. Sometimes, the prerequisites identified above could be sufficiently met within a few sessions; however, for some dyads, this took much longer, and needed to be continually attended to through the course of therapy. When therapists moved towards a position of knowledge transfer without attending to these foundational aspects, clients failed to internalise or trust in the knowledge provided. This often led to disengagement, or clients feeling “rushed”.

Jessie (Client): *[It’s important] to be listening and to help validate people and so kind of accept where the client is at the time...not trying to fix them too quickly, like to walk alongside them and kind of accept when they’re doing stuff... because like sometimes I felt like I was being fixed too quickly or like*

forced to get better... yeah, or just sort of like feeling like judged about where I am at.

Clients talked about working from a starting point of trust in their therapist as a person. Once this was achieved, they could work together with their therapist and take onboard the knowledge provided.

Anna (Client): *I felt so alone and just being able to have like a pleasant interaction, and then that gave me the confidence to do the exact same thing in my personal life. And then it made looking at CBT therapy a lot more realistic.*

As clients began to trust in the knowledge and could see the therapy working, they voiced that trust in the relationship grew, with an observed deepening of that relationship and further gains achieved. Therapists, as well, voiced feeling more confident as they could start to see a client taking onboard knowledge provided, with that serving to increase clinical optimism and hope. Participants described a kind of “snowball effect” where interpersonal trust and ET operated iteratively. We saw a type of reciprocity developing, with a cycle of exchanges between therapist and client leading to more rapid therapeutic progress.

Clara (Client): *Yeah, I think it was when things that she was saying that she thinks will probably happen started happening and I was like “Ohh, I am getting better” and then the more I thought I was getting better, the more I got better. Yeah, so it was like just a positive sort of effect then.*

Discussion

This study is the first empirical study we are aware of that qualitatively examines ET in psychotherapy. We used a Grounded Theory approach to ‘allow the data to talk’ rather than mapping currently theorised concepts onto therapist and clients. While this is a qualitative

study with a small number of participants, the interviews showed how ET could be conceptualised as part of a foundation for successful therapy and also how, when it was absent, therapy foundered. With the development of ET in therapy, a sense of personal recovery can grow, largely in the form of restored social engagement and learning. This empirical finding would support the hypothesis of Fonagy and colleagues, that it is ET that enables the socialisation of agency developed in therapy to continue outside the therapy space (Fonagy & Allison, 2014).

This study suggests a ‘common feature’ of therapy is the restoration of ET through the therapy process. We also observe that the restoration of ET fostered in the therapeutic relationship allowed for clients to trust their social world more in general. This may then build on itself, with improvements in therapy alliance being mirrored in a client’s social world (Slone & Owen, 2015). Conversely, negative therapy experiences were characterised by a lack of ET, leading to increased feelings of social isolation for clients, as well as eventual disengagement from therapy. Therapists commented on clients in these situations “not doing the work” or being “unwilling to engage”. Interpersonal inaccessibility may be a proxy marker for lack of ET within a client–therapist dyad, though it is important to note that therapists did not describe it in such terms, with responsibility for lack of therapy efficacy often placed back on clients.

The key tenets of ET were found to align with the Rogerian hypothesis of necessary and sufficient conditions required for constructive personality change within a therapy setting. Specifically, Carl Rogers outlined the need for a therapist to be “... freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly”. (Rogers, 1957) This speaks to the

importance of humanness and authenticity required of therapists. Rogers also outlines the importance of a therapist feeling unconditional positive regard for a client, and this being perceived and felt by the client as genuine warmth. We have captured this under the domain of interpersonal trust.

The elements described align with the concept of ostensive cueing described by Fonagy and colleagues (Fonagy *et al.*, 2019). Fonagy and colleagues argue that a client feeling understood by their therapist through mentalisation, at its heart, is of importance in therapy because it serves as an ostensive cue to the client that the information to follow will be personally relevant to the client, and therefore worthy of internalising and being believed. The process of connecting with each other as humans, with a deep foundation of interpersonal trust and recognition of a client's self-agency, perhaps serves as an ostensive cue that helps to lower a client's epistemic vigilance, meaning information imparted by a therapist can be truly believed by the client and generalised to their wider social context.

Therapy is fundamentally a shared endeavour, where therapists and clients embark upon a collaborative journey. It is a unique relationship in that there is asymmetry built in where one party arguably holds some epistemic power, and the other party is the recipient of knowledge from that party and is generally seeking help due to a perceived lack of well-being. This study acknowledges this asymmetry felt by therapists and clients and goes on to emphasise how this can be dismantled or softened in various ways to foster ET, which we propose may be a vehicle for change in therapy. This does not suggest the therapist does not hold unique information that may be essential for recovery. Rather, it recognises the patient's unique information about their own life journey and what constitutes recovery to them. By placing these knowledge compo-

nents on an equal footing, the four components of ET (belief, communication, reliance and confidence) are balanced between the parties (McCraw, 2015).

There are a number of important clinical implications that arise from this conception of therapy. Firstly, it takes time to adequately attend to the prerequisites of ET. This would suggest that efforts to limit therapy to a certain number of sessions, often driven by cost, may be a fundamentally mistaken way to consider therapy utility in public mental health services. It would be akin to using half the dose of a cancer treatment to treat twice as many people. We suggest attention to developing the foundations of ET, interpersonal trust and self-agency, may enable core content to be taken from the therapy room into the social world. Secondly, it provides a possible mechanism to separate therapy from psychoeducation or other forms of interpersonal support. This line is often blurred for funding providers, and providers themselves, and this may be a key difference, although we accept that we have not examined short therapy practice. Replicating this study in dyads of short or very short therapy modalities would clarify this. Thirdly, it provides a point of focus for therapists to consider during difficulties in therapy, including engagement. By attending to the development of the therapy overall, the notion of ET may provide insights as to when therapy is moving too quickly, or if there are elements of the therapist's life that are impeding the prerequisites of ET required. Lastly, this study encourages the use of supervision, particularly early in a therapist's career, when intrapersonal trust in the therapy modality may be weaker.

Like all studies, this study is limited both by its methodological approach as well as by its setting. Using a Grounded Theory approach prevented us from examining some of the well-articulated hypothesis of Fonagy and

colleagues in detail; however, it also minimised the risk of leading both client and therapist in the interview process. This increased the strength of the findings at the expense of comparative detail. Second, although we were comfortable that content saturation had been reached in our interviews, a number of further theoretical issues arose that could have been explored further. This is a general problem for qualitative research, where theory generation can be expanded and refined indefinitely. We were aware of the pre-existing literature on the topic and so sought to examine specific concepts empirically and reached content saturation in relation to these areas. Third, the generalisation of the findings needs to be test-

ed using quantitative approaches, ideally in a prospective and randomised way to account for all potential sources of (unknown) bias. Although ideal, we do not consider this likely in the near future. Rather, this study provides a greater, and empirically based, theorising on the topic, for quantitative research to consider in research tool development.

This study supports the consideration of Epistemic Trust as an important component of therapy that moves from the clinic into the real world.^[2] Understanding of the person enables understanding of knowledge, and – with this – the ability to overcome some of the difficulties that exist and are defined as psychopathology in the modern western world.

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2. See Supporting Document.

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Treating Spiritual Issues in Secular Psychotherapy ^[1]

Daniel A. Helminiak

Abstract:

To offer insight and stimulate discussion regarding a burgeoning but enigmatic area of clinical concern, this paper presents an understanding of spirituality as a fully human phenomenon that is essentially independent of, yet open to, matters of personal religion and belief in God. The suggestion is that spirituality, though commonly expressed through religion and theist belief, is a universal mental phenomenon with an inherent normativity and, as such, can be legitimately addressed as a prescriptive aspect of psychology apart from theology and religion. Most fundamentally, spirituality entails attention to the felicitous unfolding of a self-transcending dimension of the human mind, whose hallmarks are the meanings and values, the visions and virtues, by which people live. Thus, as specialists in the life of the mind, secular therapists may legitimately attend to spirituality in both its religious and nonreligious expressions – and, wittingly or unwittingly – already often do. However, simply acknowledging the value-laden status of one's therapeutic stance or being respectful of a variety of clients' religions is not yet to address spirituality as a psychological concern. An adequate psychological treatment must, against verifiable criteria of human growth, also assess the beliefs and values in question, for not all are equally acceptable, not all are conducive to growth. With an elaborated psychology of spirituality, therapists can focus the psychotherapeutically relevant and spiritual issues in the client's presentation, whether couched religiously or not; build on the client's healthy commitments and reinterpret or deflect the unhealthy; and, thus, foster the

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1. This article first appeared in *Counseling & Values*, Dec. 2011, 45(3), 163–189. It is reproduced here in a very slightly edited form with the kind permission of the author and original editor.

client's personal integration and, ipso facto, the client's spiritual growth. Examples are given, a contrast with pastoral counseling is made, and implications for therapists are discussed.

Spirituality often enters psychotherapeutic concern as an addendum. Spirituality or "spiritual direction" (Barry & Connolly, 1982; Nemeck & Coombs, 1985) is what some people turn to after they have worked through their basic issues (Helminiak, 1992), or it can be what people in desperate need rely on to give them strength to face major therapeutic challenges. Such an understanding risks limiting spirituality to explicit attention to the "big questions" of life: – Who am I? Where did I come from? Where am I going? What does life mean? What is worth living for? – or identifying spirituality with religion and inspiration. But as Jungian, existential, transpersonal, and humanistic psychologies have argued (Assagioli, 1965/1976; Clinebell, 1995; Frankl 1962; Fromm, 1947; Moore, 1992; Wilber, 1995, 1996; Yalom, 1980), such an understanding can fail to recognize that attending to the big questions might make other facets of life fall into place.

Moreover, human healing and wholesome growth are concerns in both spirituality and counseling. Traditionally, religiously affiliated spirituality defined wholesome growth even as psychotherapy often does today. Thus, it appears that spirituality is inherently relevant to psychotherapy, and it has been argued that every therapy entails spiritual matters (Bergin, Payne, & Richards, 1996; Browning, 1987; Tjeltveit, 1986, 1996).

Accordingly, major theoretical issues are at stake in the discussion of psychology and spirituality – like recognizing and naming the spiritual in its many and varied expressions, showing how attention to the spiritual is a legitimate psychotherapeutic concern, and

assessing the validity of various spiritualities in the face of differing religious claims and psychological expertise. This paper addresses these theoretical issues by summarizing a position on spirituality presented in detail elsewhere (Helminiak, 1987, 1996, 1998) and by providing specific examples to show how a secular psychotherapist may legitimately respond to spiritual issues in counseling. A final section elaborates further considerations about pastoral counseling and the qualifications of secular therapists. Clinical examples have been disguised to protect client confidentiality.

A Psychology of Spirituality

The Challenge of Spirituality for Psychology

Spirituality is commonly thought to be a religious phenomenon or, for the nonreligious, a personal alternative to affiliation with an organized religion. Spirituality entails lived-out commitment to some set of meanings and values – credo and commitments, vision and virtues, beliefs and ethics, cognitions and evaluations – and traditionally, organized religions carry and foster these. Religion tells us what life is about and how we are to live it. This vision and its implementation in individuals' lives is *spirituality*; so, *religion* is the social organ that, at its best, proclaims and supports spirituality. In this sense, in addition to spirituality, religion also includes and connotes institutionalized structures of doctrine, ethics, rituals, texts, traditions, and practices. Moreover, religions are many, and each presumes the validity of its own perspec-

tives and emphases. Still, a common thread of spirituality may lie beneath these different emphases and to some extent may also flourish apart from institutionalized religion (Stifoss-Hanssen, 1999). Only in recent history has spirituality been differentiated from religion (Pargament, 1999; Schneiders, 1989). For example, modern psychology proposes an account of spiritual phenomena that is independent of theological explanations and grounded in the workings of the human mind itself (Hood, Spilka, Hunsberger, & Gorsuch, 1996; Paloutzian, 1996; Meadows & Kahoe, 1984; Wulff, 1997). Given the understanding proposed here, it seems doubtful that religion and spirituality could ever be fully separated, for almost every spirituality is a socially shared phenomenon, inevitably entailing some degree of institutionalization. Nonetheless, it seems legitimate and useful to distinguish spirituality within and apart from religion and to begin to treat spirituality in itself, especially if a common core of spirituality can be discerned within its multiple religious expressions.

To be sure, the differentiation between religion and spirituality is far from clean. Most spiritualities, even when not attached to an organized religion, still center around belief in God (Bergin, 1980, 1991; Bergin, Masters, & Richards, 1991; Ellison & Smith, 1991; Kass *et al.*, 1991; Moberg, 1984; Moberg & Brused, 1978; Paloutzian & Ellison, 1982), and in the religious West, where Christianity, Judaism, and Islam predominate, the term *religious* is virtually synonymous with *theist* (Emmons & Crumpler, 1999; Zinnbauer *et al.*, 1997). Thus, writing for the secular nursing profession, Shelly and Fish (1988, p. 29) state unabashedly, *"That we are spiritual beings means a relationship with God is basic to our total functioning."* Likewise, Gillman (Wilkes, 1990, p. 71) explained, *"I don't know what the word [spirituality] means, but to students today it means they*

don't want to be Jews or rabbis just for the rituals, just for the symbolism, but in order to come closer to God." Similarly, Emmons and Crumpler (1999, p. 19), though granting the word **God** a wide range of meanings, link developmental theory with theism when they insist that *"a search for the sacred or for significance should involve an internal process that leads through a set of developmental stages, the ultimate goal being union with God."* Fowler's (1981) elaboration of the final stage of faith development in terms of the Kingdom of God makes the same connection. Such emphasis accords with the prevalent American view where consistently over 90% of the population profess some kind of belief in God (Gallup, 1985). Other approaches, even when attempting to be non-theist, still implicate theological issues (Assagioli, 1965/1976; Chandler, Holden, & Kolander, 1992; Hiatt, 1986; Wilber, 1996) – because they rely on Eastern thought wherein the identity of divinity with human consciousness or spirit is taken for granted.

In welcome contrast, the American Counseling Association Summit on Spirituality (Hinterkopf, 1998, pp. 103–104; Holden, 1996; J.M. Holden, personal communication, July 13, 1999) is deliberate in making no reference to *"Allah, Buddha, or God"* in its general treatment of religion and its description of spirituality, and Stifoss-Hanssen (1999, p. 28) recalls that, *"spirituality is expressed by atheists and agnostics, by people deeply engaged in ecology and other idealistic endeavors, and by people inspired by religious impulses not easily understood by classic religious concepts."*

Unless counselors and psychotherapists avoid issues of religion and theism while still respecting them, they risk overstepping the bounds of their professional competence in attempting to deal with spirituality (Stifoss-Hanssen, 1999), for matters of God fall to the domain of religion, and matters of religion fall to clergy and theologians. Psycho-

therapists, as such, are not accredited in these realms (Tjeltveit, 1986). Of course, many psychotherapists already address these matters because they are central to people's lives and cannot be artificially excluded from the effective counseling session. Yet, unless therapists have pastoral credentials, they court violation of professional ethics when they delve into religion and theology, as such (Holden, 1996). Resolution of this dilemma requires delineation of what in spirituality may be proper to psychology and what is rather religious and/or theological.

The solution proposed here is to understand spirituality as an inherent human phenomenon and, thus, proper to psychology, but a phenomenon which, nonetheless, may naturally open onto religious elaboration and questions about God. That is, spirituality is understood to be a common human core that runs through all religions and cultures and might be expressed in theist terms (Holden, 1996). A coherent understanding of this spiritual core can help psychotherapists discern, respect, nurture, and purify it in any of its many religious and theist expressions or apart from institutionalized religion and belief in God. At stake here is the ideal of scientific explanation extended now to the spiritual realm (Feingold, 1994, 1995; Feingold & Helminiak, *in press*; Helminiak, 1987, 1994, 1996a, 1996c, 1998; Wilber, 1996). At stake is the attempt to propose a coherent psychology of spirituality. Such an achievement would delineate the structures, processes, and mechanisms inherent in human mental functioning that account for experiences that are called spiritual and, thus, allow psychotherapists to competently address such matters in their "applied science."

The Humanist Basis for Spirituality

A beginning point of such a psychology of spirituality is the assumption that, within in the human mind, there is a self-transcend-

ing dimension that can rightly be called *spirit*. Rather than God, Ultimate Consciousness (Wilber, 1996), or some other metaphysical principle, the human spirit would be the primordial basis for talk of spirituality. Accordingly, spirituality would be nothing other than the deliberate and lived-out commitment to the felicitous engagement of the human spirit. Such engagement requires on-going purification of the meanings and values that the human spirit generates, and the use of specified practices, exercises, or disciplines has traditionally facilitated this purification (Bouyer, 1961; Johnston, 1976; Studzinski, 1985; Tanquerey, 1930; Trungpa, 1973, 1976; VanKaam, 1975). Psychotherapy may, as well. In this view, spirituality is the lived-out commitment to the ever further integration of the dynamism of the human spirit into the permanent structures of the personality. Simply put, spirituality names the committed pursuit to become the best one can be, and the presupposition is that the guide is within oneself (Vaughan Clark, 1977). A further suggestion is that cultivated openness to this inner spiritual principle would result in an on-going way of living and/or extraordinary experiences associated with enlightenment or mysticism.

Plato (Voegelin, 1974) spoke of that self-transcending dimension of the human mind in terms of *nous*; Augustine (1963; 1991, chap. 10), in terms of *memoria*; Heidegger (1927/1962, pp. 171 & n. 2, 214, 401-402, 460), in terms of *Lichtung* (opening or clearing); Brentano (1874/1973, pp. 29-30, 127-129), in terms of the *innere Wahrnehmung* (inner perception); Trungpa (1973, 1976) in terms of *Buddha Nature*; and Lonergan (1957, 1972) in terms of *consciousness* and *intentionality*. Significantly, Lonergan (1957, p. 519; 1972, pp. 13, 302) and Frankl (1969/1988, p. 17; Institute of Logotherapy, 1979) also used the term *spirit*. Because of its clarity and architectonic elaboration, Lonergan's treatment is followed here.

The Summit on Spirituality in Counseling (Holden, 1996; J. M. Holden, personal communication, July 13, 1999) also understands spirituality in terms of “a capacity and tendency that is innate.” But, as is the unfortunate and supposedly insurmountable standard in spiritual discussions (Barbour, 1974; Browning, 1987; Helminiak, 1998; Wilber, 1996), the Summit chose to speak only in suggestive metaphors: “*Spirit may be defined as the animating life force, represented by such things as breath, wind, vigor, and courage*” (Holden, 1996). Like all myth and metaphor, which carry a “surplus of meaning” (Ricoeur, 1967), the root metaphor, life, is widely ambiguous. It derives most graphically from biology, where its nature remains controverted, but is also applied to both psychological and spiritual experience, among other things. A psychological treatment of spirituality, like any proposed scientific treatment, needs more technical precision, such as offered by the analyses noted in the previous paragraph and the one summarized below. Still, it is clear that, in general, the same reality is at stake throughout, for the Summit elaborates *spirit* with reference, among other things, to “*knowledge, love, meaning ..., transcendence ..., and the development of a value system*” (Holden, 1996).

According to Lonergan (1957, 1972), the human spirit is a self-transcending and spontaneous yet structured dynamism built into the human mind. It is spontaneous in that it is primordially characterized by wonder, marvel, awe, that expresses itself in formulated questions, in pondering, and in choice. Human spirit is self-transcending in that its spontaneity leads one continually to move beyond one’s former self and into ever broader experience. It is dynamic in that it is a relentless movement that would rest content only in some ideal fulfillment of knowing everything about everything and loving all that is lovable. It is structured in that it expresses itself in four

shifting and interacting foci: **(a)** It is empirical in that we are open to experience, aware and also aware of our awareness; **(b)** It is intelligent in that we question for understanding, arrive at insight, and formulate understandings as ideas, hypotheses, or theories; **(c)** It is rational in that we assess the sufficiency of the evidence for our understandings, make judgments, and, thus, arrive at facts and know reality. And **(d)** it is existential in that we deliberate and decide about choices to be made and values to be embraced in our everyday living.

Understood in this way, the spiritual dimension of the human mind is nothing esoteric or unusual. Its self-transcendent functioning is as ordinary as a child’s *unrelenting* “Why,” a lover’s protest of *eternal* love, a scientist’s *endless* experimentation, or a poet’s *silent rapture* at the stars. Yet this dimension of the mind opens onto the universe of being. Because we are in part spirit, in the ideal we would understand everything about everything, embrace the whole, and in some way become one with all that is. Thus, this single principle, the human spirit, grounds an understanding of facets of ordinary living as well as of extraordinary experiences that could be called “religious” or “mystical.”

The Normative Nature of the Human Spirit

That dynamic spiritual principle within the human mind includes its own requirements for unlimited unfolding. It has a built-in homing device geared toward its own fulfillment. Paralleling the four-fold structure of the human spirit, these requirements can be formulated as follows: **(a)** Be attentive; **(b)** Be intelligent; **(c)** Be reasonable; **(d)** Be responsible. Lonergan (1972, pp. 20, 53, 55, 302, 321) calls these four “*transcendental precepts*.” They are transcendental because they apply to anything and everything a human being does, yet they do not predetermine any specific con-

crete outcome. They do not determine the *what* of human activities, but the *how*. They require that, in everything, people act attentively, intelligently, reasonably, and responsibly. These precepts set the conditions for the possibility of the open-ended unfolding of human potential, and they are the guardians of on-going human development (Helminiak, 1987). They are inherent human norms for what is true, right, good, and wholesome. They specify the meaning of *authenticity*. One is authentic, one is a genuine human being, to the extent that, in accord with one's inherent spiritual nature, one lives according to these precepts. Violation of them entails dehumanization, inevitably resulting in some shutdown of the open-ended human system, for what is grounded in close-mindedness, obtuseness, falsehood, or evil eventually self-destructs. In this view, the human spirit, itself, is the ultimate ground of epistemology and ethics (Lonergan, 1957); the criteria of the true and the good are built into the human mind.

Understood in this way, authenticity is an inherent human requirement, so insistence on it in no way derives from or invokes an external authority that impinges on people. Moreover, insistence on authenticity in no way imposes specific rules, laws, behaviors, or outcomes. Like stages of development defined by their structure and not their content (Fowler, 1981; Kohlberg, 1977; Loevinger, 1977; Piaget 1936/1963), authenticity is a purely formal construct; it regards how one functions and not in the first place what one does. Thus, authenticity is an absolute that is not absolutist. It cuts down the middle between modern certainty and postmodern relativism (Bernstein, 1976). If it requires unswerving compliance, it does not box anyone in. Only the "devil" would protest that the requirement of authenticity is narrow and restrictive or biased and skewed, for all it entails is that one act in a way that best furthers positive and on-going

growth overall. What this requirement means in any particular case remains to be discovered. Engaging in a process of honest discovery and then following through in good will is precisely the brunt of being authentic. Finally, unlike the existentialist notion of authenticity (Heidegger, 1927/1962; Taylor, 1991), which could mean something as banal as obnoxiously "*doing your own thing*," this construct entails no danger of selfishness or solipsism. Here authenticity is defined by a self-transcending dynamism that is geared toward the universe of being, toward all that is objectively true and good. In Lonergan's (1972, p. 292) understanding of authenticity, objectivity and subjectivity coincide, for "*genuine objectivity is the fruit of authentic subjectivity*." Thus, this construct seems ready-made for application in psychotherapy. Its application is simply the therapist's and the client's open-minded, honest, and good-willed pursuit of the best life that the client could live overall, given the actual circumstances of his or her situation.

Talk here is of moral absolutes and objective truth and goodness. Though serious attention to spirituality cannot avoid these matters, such talk seems out of vogue and easily misunderstood (Bindeman, 1996; Bracken, 1997; Nelson, 2000). Readers should not assume that the present approach to spirituality would fit everyone into a prefixed mold. Though this approach is far from value-free, neither is it imperialist. The only restraints it entails are to be found, supposedly, in every individual. Readers inclined to object to this analysis are freely invited to criticize and rethink the matter and propose other formulations. But if they act in openness, questioning, honesty, and goodwill, in the very process of objecting, they would be implementing the requirements of authenticity as defined here. And their very procedure, if not their verbal objections, would accord with Lonergan's (1972) formulation, which simply attempts to capture

primordial human awareness, open-minded critical thinking, and goodwill. It seems, then, that Lonergan's (1972, p. xii) analysis is "not open to radical revision" because the very act of opposing it generates evidence to support it. This state of affairs is peculiar and disconcerting. It challenges the cherished modern and post-modern supposition that we can be whatever we want, but it does so precisely by claiming to have discerned what we actually are. If correct, this analysis evinces an important breakthrough in conceptualizing the workings of the human mind. At the same time, it provides a base on which to build a psychology of spirituality that might claim some universal validity.

The Dual Structure of the Mind and a Tripartite Model of the Human

Yet there is more to the human mind than that spiritual dimension. Another dimension can be called "psyche" (Doran, 1977, 1981, 1990; Lonergan, 1957, p. 456), and it includes emotions, imagery, and memories (Lonergan, 1957), which cohere to form personality structures (Helminiak, 1992, 1996a, 1996c) that support and constrain habitual patterns of response. Differentiation of the psyche and the spirit within the human mind refines the standard model of the human, replacing the bipartite model: body and mind, with a tripartite model: organism (body), psyche, and spirit (Institute of Logotherapy, 1979; Frankl, 1969/1988; Lonergan, 1957; Vande Kemp, 1982). While the term *psyche* has a wide range of meanings, here *psyche* is a stabilizing dimension of the human mind. Its inclination is to sustain a comfortable homeostasis (Helminiak, 1996a). In contrast, the human spirit is dynamic, open-ended, ever unfolding, ever transcending. It fosters transformation, and its ideal goal is to attain, through continued adjustment, in an ultimate coincidence of subjectivity and objectivity, unity with all that is.

Seen in this light, psyche and spirit cohere in a dynamic and shifting balance that, in a healthy person, results in both personal growth and mental stability. Insofar as positive change results from adjusting the structures of the psyche to accord with the requirements of the spirit, this change is the meaning of *spiritual development* (Helminiak, 1987). On the other hand, the mental stability that is grounded in the fixity of the psyche is the meaning of *psychological health* or *sanity*.

The Human Core of Spirituality

The challenge of spiritual development is to integrate organism, psyche, and spirit in a way that meets the exigencies of all three. Whatever compromises may be required in the process, the human spirit's requirement of authenticity must be ever respected, for the spirit determines the human animal as a person, and the spirit points the way to open-ended growth. Said in popular terms, howsoever one meets the needs of his or her particular constitution, one must ever remain an honest and loving person. Otherwise, dehumanization results.

Since remaining an honest and loving person means respecting the requirements of the human spirit, this very endeavor may rightly be recognized as the core of all spirituality. This understanding portrays spirituality as a fully human phenomenon and highlights its essence, namely, commitment to the on-going integration of one's inherently self-transcending spirit. Of course, this spiritual endeavor cannot go on without behavioral expression and social support – for it is human – so it could be argued that spirituality is inseparable from some form or other of "organized" religion (Pargament, 1999). Still, this nontheological understanding does elaborate a phenomenon that qualifies as spirituality, that could be discerned in a variety of theist or nontheist religions and even apart from any

organized religion, that can account for most of what people mean by the word *spirituality*, and that falls within the competence of human psychology (Helminiak, 1995, 1996a, 1996c, 1998).

Relationship of Spirituality and Psychotherapy

In the Great Religions, spirituality entails deliberate attention to personal growth and perfection, and one supposedly attains enlightenment or becomes a saint by living as one's religion prescribes (Carmody & Carmody, 1996). Religions are not neutral as regards their beliefs, ethics, and practices but understand spirituality to deal *normatively* or *prescriptively* with the matter of human becoming. Even Hinduism's openness to many paths and many gods is, itself, a value-laden stance that the religion deliberately takes (Helminiak, 1998, pp. 281-284). Therefore, if the term *spirituality* is taken in its already established meaning, acceptance of prescribed norms of some kind or other is inherent to spirituality. So, a psychological treatment cannot advocate neutrality of beliefs and values and still claim to be treating spirituality. Attention to spirituality challenges psychology to abandon its self-image as "value-free" (Bergin *et al.*, 1996; Bernstein, 1976; Beutler, 1981; Beutler & Bergan, 1991; Browning, 1987; Doran, 1981; Habermas, 1970/1991; Kelly, 1990; Myrdal, 1958; Richardson & Guignon, 1991; Taylor, 1989; Tjeltveit, 1986, 1991, 1992, 1996; Wolfe, 1989, 1993; Woolfolk & Richardson, 1984).

The present psychology of spirituality meets this challenge by discerning in human mental functioning an inherent normativity – in the form of the transcendental precepts and the correlative notion of authenticity – and by insisting on this normativity. Accordingly, this psychology of spirituality necessitates an understanding of academic psychology very different from the standard notion of a "neutral"

or "objective" (that is, noncommittal) science, and this psychology of spirituality also raises questions for applied psychology that requires non-judgmental openness to every person's religion or spirituality while simultaneously requiring the therapist to foster what is best for the client (American Counseling Association, 1995; American Psychological Association, 1992; Holden, 1996; J. M. Holden, personal communication, July 13, 1999). What are therapists to do when the client's religious beliefs are dysfunctional or even pathological? And if it is not the role of therapists to assess the psychological adequacy of religious beliefs, how can therapists presume to know what might be healthy or unhealthy in any case? Serious attention to spirituality entails a radical reorientation of the human sciences (Doran, 1977, 1981; Helminiak, 1996a, 1996c, 1998; Richardson, Fowers, & Guignon, 1999). Until psychology addresses the "big questions" about the meaning of life and about the nature of the true and the good – not necessarily resolves the questions but faces them openly and honestly as an unavoidable facet of human experience – psychology cannot pretend to deal with whole human beings, let alone with spirituality (Andrews, 1987; Assagioli, 1965/1976; Clinebell, 1995; Doherty, 1995; Frankl 1962, 1969/1988; Fromm, 1947; Koch, 1968, 1981; MacLeod, 1944, 1970; Menninger, 1973; Moore, 1992; Wilber, 1995, 1996; Yalom, 1980).

In contrast to other psychological treatments of spirituality known to this author, the understanding summarized here explicitly addresses these questions about normative meanings and values. The theoretical result is a conception of psychology that has normativity built into it – and the presumption is that the guiding norms presented here (the transcendental precepts) are essentially accurate and correct or at least that the present analysis legitimates an explicit and unavoidable search for such

norms. Kane (1994, 1999) presents another analysis that arrives at similar conclusions. By insisting on normative values and by grounding the quest for them in an analysis of the human mind, the present approach differs seriously from the more prevalent one that would meet religious pluralism in secular psychotherapy by advocating openness to a range of client values (Bergin *et al.*, 1996; Beutler, 1981; Beutler & Bergan, 1991; Kelly, 1990; Tjeltveit, 1986, 1991, 1992, 1996). On the present understanding, a truly psychological and empirically grounded treatment of spirituality in a global society needs to complete the task that the religions have traditionally addressed in their varied, separate, and sometimes conflicting ways, namely, to specify and foster the human good. The challenge is admittedly overwhelming, but it is essential to the current endeavor. Practical implications of such an understanding should be apparent in the applications that follow.

Relationship of Spirituality and Theist Religion

This psychology of spirituality appeals to an understanding of the human spirit as an inherent dynamism that is open to the universe of being. God is included within the universe of being when, in the mode of Western theism, God is understood to be a distinct existing being characterized as Creator, imminent as well as transcendent. Thus, this psychology of spirituality opens onto questions about God (Lonergan, 1972, pp. 101-103) and, without addressing theology directly, remains in harmony with theist religion (Helminiak, 1998).

Nonetheless, though God is the center of most Western religion as well as the focus of most people's spirituality, it seems that the human spirit itself and not God must be the key to a psychology of spirituality (Helminiak, 1996a). As Thomas Aquinas (trans. 1961) stated repeatedly in his *Summa Theologica*, we

may know *that* God is, but we do not know *what* God is. All explanation of God, if it is not mere dogmatic assertion, is but reasonable extrapolation from the finest and best that we find in our world and in ourselves (Lonergan, 1957, 1972). The concept of *creator* is one such reasonable extrapolation, and there are myriad images of God, often less rigorously and less reasonably derived (Heller, 1986; McDargh, 1983; Rizzuto, 1979). We project onto God our own understandings. So, focusing on God is actually focusing on an unknown, which can be made out to be whatever one might wish. Such a starting point can hardly lead to the clarity or widespread consensus that a scientific treatment of spirituality would require. Such a starting point also exceeds the limits of psychological competence (Bergin *et al.*, 1996; Tjeltveit, 1986). These problems attend much transpersonal psychology, dependent on Eastern philosophy and widely influencing Western spirituality today. The arch-guru of transpersonal psychology (Rothberg, 1996; Walsh, 1996; Walsh & Vaughan, 1994), Ken Wilber (1980, pp. 75-76) states the matter unmistakably: "*The core insight of the **psychologia perennis** is that man's 'innermost' consciousness is identical to the absolute and ultimate reality of the universe, known variously as Brahman, Tao, Dharmakaya, Allah, the Godhead.*" Thus, for methodological reasons, Wilber's (1995, 1996) approach and much transpersonal psychology are at variance, though not completely irreconcilable, with the present approach (Helminiak, 1998, pp. 213-292).

In contrast, the human spirit provides a starting point that, via its own self-awareness, is available to experience and, thus, amenable to various kinds of empirical investigation (Feingold, 1994, 1995; Feingold & Helminiak, *in press*; Helminiak, 1994; 1996c, 1998). Accordingly, the use of the term *scientific* in this presentation has its grounding. Moreover, as a facet of the mind, the human spirit lies within

the arena of psychological competence. Finally, attention to the human spirit, in its inherent concern for the true and the good, opens onto questions about God, at least insofar as Western theism understands God as the fullness of truth and goodness (Aquinas, trans. 1961, I, q. 6, aa. 2, 4, q. 16, a. 5). Accordingly, this humanist psychology of spirituality does not preclude theist considerations, for those who want them.

Authenticity is a key construct in this psychology of spirituality, and its criteria have been specified. To account for human development and to set its goal, this psychology builds on a supposed inherent human inclination toward all that is true and good and, therefore, wholesome and healthy. Advocating such ends, and again taking God to be the fullness of truth and goodness, this psychology of spirituality could not be in opposition to God, and anything contrary to its emphases would seem not to be of God.

Thus, in the nomothetic mode of scientific analysis, this psychology of spirituality claims to cut across all religions and cultures and to formulate the universally valid. This psychology claims to unearth the human core of the spirituality that the varied religions at their best carry and foster. If this claim can be sustained, this psychology of spirituality is not only open to theist extrapolation, but it also provides a basis for criticism of religion and religion's appeal to God (Helminiak, 1996b). Even as the deployment of other sciences has allowed for the purification and correction of religious beliefs – astronomy, geology, medicine, psychiatry – so a psychology of spirituality can react back on religion. On the basis of empirically validated insight, this analysis envisages a transformation of religions and cultures and suggests a humanistic foundation for building a coherent global society (see also Kane, 1994, 1999).

Obviously, these are broad statements and bold claims, and full treatment of them exceeds the scope of this paper. What follows is an application of this psychology of spirituality to some specific psychotherapeutic issues. Hopefully, this application will help clarify these statements and make the claims more plausible.

Three Responses to a Client's Spiritual Issues

Presuming the psychology of spirituality outlined above, the therapist can make a nuanced response to religious and spiritual matters. The therapist can respond **(a)** by validating various facets of the client's spirituality, **(b)** by reinterpreting them, or **(c)** by rejecting them outright. As is appropriate in each case, the therapist might discuss the rationale with the client, or the therapist might keep it private as part of the therapeutic strategy.

A main thrust of this paper is insistence on the validity of a non-religious and even non-theist understanding of spirituality and on the appropriateness of such an understanding for secular psychotherapists. Thus, the possible legitimacy of nonreligious and nontheist spirituality can be taken for granted. The more challenging task would be to show the legitimacy of this nontheist psychology of spirituality also in the case of religious believers. Accordingly, the cases that follow are predominantly those of religiously committed clients. The point is to highlight the humanist core of spirituality within the religious presentations and thus to show how such cases are amenable to qualified spiritual treatment within nonreligious and nontheist secular psychotherapy.

Validating Aspects of Spirituality

First, the therapist can validate aspects of spirituality. As the psychology of religion makes clear (Bergin, 1980, 1991; Bergin *et al.*, 1996;

Bergin, Masters, & Richards, 1987; Ellis, 1980; Hood, Spilka, Hunsberger, & Gorsuch, 1996; Jones, 1994; Moberg & Brused, 1978; Wulff, 1997), much of religious belief and practice can facilitate psychological healing and personal integration. Belief in a loving and caring God, the need to make some sense of life's happenings, commitment to honesty, compassion, and good will, requirements about repentance and forgiveness, membership in a supportive community, participation in moving and reassuring rituals, practice of private devotions and meditative exercises with judiciousness a therapist could usually support such facets of a client's religion (Clinebell, 1995; Patterson, 1992). Insofar as these beliefs and practices facilitate the integration of organism, psyche, and spirit in the client, a therapist's support of them is actually fostering *spiritual* growth.

Reinterpreting Aspects of Spirituality

Second, certain facets of a client's spirituality can facilitate authentic spiritual growth but only if they are purified and adjusted to actually do so. In these cases, understanding the structures, processes, and mechanisms of spiritual integration, as outlined above, the therapist can reinterpret aspects of a client's spirituality and, thus, foster the authentic spirituality that the client actually desired. Examples follow.

Prayer of Petition: Asking God for help – petition, intercession, supplication – may be the most common expression of prayer (Selby, 1986). Whether people recognize it or not, they often pray literally expecting a miracle. God is still the childhood fantasy of the Great Magician in the Sky (Woodward, 1997). Although sustaining hope in the face of hardship is an important facet of mental health, it seems irresponsible to build one's life around the sheer expectation of a miracle, especially while neglecting the work that could contribute to a needed outcome. One woman, for ex-

ample, ran herself into tens of thousands of dollars of debt, all the while believing firmly that it did not matter because she would soon win the lottery. In fact, continued borrowing and believing were the required proof of the firmness of her faith. So, against all reason, she continued to borrow and to rely on a win. Clearly, winning the lottery is not strictly a miracle, yet given the odds of winning, counting on it is already irresponsible – all the more so, then, to rely on miracles. But irresponsible behavior violates the transcendental precepts. Therefore, it entails misguided spirituality and prevents personal (and thus, spiritual) integration, so the responsible therapist must discourage such behavior.

Nonetheless, such prayer and such faith can be useful when reinterpreted. Petition can become a simple expression of trust that, somehow, one will have what one needs to resolve matters (Appleton, 1983). Religion, itself, often fosters such a reinterpretation. It advises, for example, that one should not pray for specific outcomes, but rather for whatever God knows is best. Or again, it is said, "*You should pray as if everything depended on God and work as if everything depended on you.*" Alternately, it must be acknowledged that praying sometimes allows people to let go of anxious concerns. This very result is beneficial in itself. It allows one to be open and attentive, as the first transcendental precept requires.

Accordingly, for the client, if appropriate, and especially in his or her own mind, the therapist can reinterpret the client's belief in, and use of, petitionary prayer and, thus, support prayer as therapeutic. Without taking a theological stand on the validity of petitionary prayer or the occurrence of miracles, the therapist can understand the processes in the human psyche and spirit through which prayer sustains hope and trust and can legitimately affirm prayer as a practice that advances integration of the dynamic human spirit.

God and Images of God: Granted the theological presupposition that God exists, there is a difference between God and people's images of God (Heller, 1986; McDargh, 1983; Rizzuto, 1979). Allowing this difference, a therapist can recognize that many supposed God issues are really issues of the client's personal history.

Thus, a divorced and lonely woman might lose all faith in God – which is to say, lose all hope and purpose in living – for, as the woman unwittingly supposed, God made man and woman for each other, and there is a man for every woman. It turned out, however, that the woman in question was feeling obliged to replicate her mother's life, and the mother of a former generation had dedicated herself totally to the family. Then, God did not betray the woman. Only her personal expectations, projected onto God, were disappointed. This realization does not necessarily make the woman's situation easier, but it does at least disentangle God from the situation and, thus, makes the situation more amenable to therapeutic intervention. Equipped with a coherent psychological theory of spiritual growth, the therapist can competently effect such intervention.

Similarly, surrender to "God's will" often actually means "towing the line" as regards expectations of family, friends, and one's local congregation (Rayburn, 1985). This supposed God is a social construction, requiring surrender of one's own better judgment. As one client phrased it, "*Not to be 'selfish' was the biggest rot I learned in my religious upbringing.*" When God is distinguished from the personal and social construction of God and, in contrast to the criticism of humanistic psychology as "selfist" (Bergin *et al.*, 1996; Vitz, 1977), when fidelity to one's authentic self is distinguished from petty egocentricity (Helminiak, 1987, 1996a), therapy can begin dealing with the self-transcendent meaning and wholesome purpose of life – spirituality – without needing to deal with God and religion.

Morality as Social Construction: Moral requirements are often projected onto God, yet they are really social constructions and expressions of the human spiritual capacity (Helminiak, 1996b, 1999). Calling them social constructions is not to discount the possibility of objectively valid moral norms (Kane, 1994, 1999), and attribution of morality to God legitimately serves to insist that moral requirements are important and to suggest that these or those particular ones are valid. But when the validity of religious moral requirements honestly comes into question – as in current debate regarding gender roles, sexual practices, or medical interventions, for example (Bergin *et al.*, 1996; Crabb, 1975, 1977; Tjeltveit, 1991) – the moral requirements can be sorted out from their association with God. This sorting out frees people to engage in the spiritual process of applying their honest and goodwilled judgment in the matter. That is to say, it allows people to rely on their own authenticity and to engage in the kind of "soul searching" that therapists are trained to facilitate in their clients. Thus, a religious or theological issue is transformed into a human one that lies within the competence of secular psychotherapy. At the same time, since authentic humanistic spirituality is open to theological extrapolation, as already suggested, authentic moral judgments can be related back to God when God is understood as the fullness of truth and goodness. Hence, in yet another example, competent psychotherapy and the enhancement of authentic spirituality coincide and can proceed apart from, yet not in opposition to, theist religion.

Superego and Neurotic Guilt versus Conscience and Healthy Guilt: That sorting out of moral issues calls for another important distinction regarding morality. Freud's superego is not the same thing as conscience (Griffin, 1986b; Gula, 1995). Superego depends on internalized social expectation; it preserves the status quo.

Conscience urges correct judgment about good and evil; it points towards personal enhancement, self-transcendence, and social responsibility, all at the same time.

So, a therapist needs to treat a client's experience of guilt carefully. It is usually a mixture of what can be called "neurotic" and "objective" guilt (Griffin, 1986a). Neurotic guilt results from the superego; it is learned discomfort surrounding certain specified behaviors. *Shame* may be a synonym here. Objective guilt results from conscience; it is spontaneous discomfort regarding real wrongs that one has done or intends to do. The discomfort is grounded in self-awareness and the capacity for judgment, which are constitutive of the human spirit. The awareness is both of what one has done (or plans to do) and of its discrepancy with spirit's inherent predilection for the open-ended promise attached to the true and the good. Awareness of the discrepancy shows in an emotional disruption in the psyche (Mackleburgh, 1992; Perry, 1970, p. 50) and perhaps even in physiological distress in the biological organism (Saxe, 1991).

Not only must the therapist help free clients from neurotic guilt or shame, but the therapist also needs to help clients own their objective guilt, repent their wrongdoing, and reform their lives (Andrews, 1987; Doherty, 1995; Menninger, 1973). In twelve-step programs, such requirements are taken for granted (Dan, 1990). But they apply across the board in therapy. As matters of authenticity – with or without a Higher Power – they are matters of spirituality. They set the conditions for the flowering of the dynamic human spirit, and, as understood here, that means the possibility of human integration and healing.

These are examples of reinterpreting religious concerns. Reinterpretation takes the client's religious concerns seriously but teases apart their theological and their spiritual dimen-

sions and thus focuses issues amenable to psychotherapeutic, in contrast to theological, competence (Bergin *et al.*, 1996). Though these religious concerns are most commonly expressed in terms of relationship with God, reinterpretation discerns and highlights the psychotherapeutic issues at stake in the religious concerns. The therapist's psychological understanding of the dynamics of spiritual growth, as outlined above, guides the reinterpretation process. Without being religious or theological yet dealing with matters of the human spirit, this process is simultaneously psychotherapeutic and spiritual.

Rejecting Aspects of Spirituality

Finally, there are facets of some spirituality that the competent therapist needs to reject outright. They are antithetical to psychological healing, personal integration, and wholesome growth. They violate the transcendental precepts. On the basis of the above analysis of spirituality and regardless of their religious endorsement, they are expressions of a false spirituality and are pathological. As Tjeltveit (1986, p. 522) says, "*A therapist who fails to attempt to persuade a client to adopt values conducive to improved psychological functioning would likely be judged incompetent.*"

Satanic Control and Hexes: The protest, "*The Devil made me do it,*" offers a first example. Such protest might be part of literalist biblical religion or any religion that believes in supernatural powers, hexes, and curses. The danger in such belief is that it eschews personal responsibility (Bergin *et al.*, 1996). Thus, it short-circuits the possibility of personal integrity and, *ipso facto*, counters spiritual growth, as understood here. To the extent that it does, the helpful therapist must somehow dismantle such belief. Without ever engaging the metaphysical questions, the therapist could suggest to a client that a hex can work only to the extent that we, ourselves, provide

an opening for it. The therapist could then help the client think about him- or herself and what personal flaws made him or her vulnerable to outside powers. Thus, the therapist is able both to circumvent the therapeutic obstacle and to point an unknowing client toward a different spirituality. The ethics of such covert maneuvers is discussed below.

Prohibition against Being Angry with God: Another instance is the religious belief that one must not be angry with God. But when reinterpreted, anger with God is really anger with life in general; it is to feel the losses, disappointments, and hurts that are an inevitable part of life and to respond in aggressive protest against the whole lot. This reinterpretation reveals how incompatible this religious belief is with effective psychotherapy. This belief blocks emotions, and to block them is to prevent integration and healing. The caring therapist must oppose such a belief, for, in the name of religion and God, it hampers human well-being.

Entering into the client's worldview, and using the client's religious symbol system but with a precise psychotherapeutic strategy in mind, a therapist can respond to this spiritual matter by giving the client permission to be angry with God. The therapist can note that others have done it and that God is big and loving enough to deal with the anger. Going further, a therapist can appeal to basic honesty: the client should be honest, especially with God. And since the client is hurt and angry and since God would already know that, the more honest approach would be to admit the anger, express its intensity, and discuss the matter with God. This, then, is the psychotherapeutic payoff: under these circumstances the client may be willing to admit and face pervasive frustration and anger about his or her life. Here, as elsewhere, the key is to draw out from the client's relationship with God its spiritual core,

in this case, the client's anguished inability to find satisfaction, meaning, and purpose in life. This core, unlike the client's relationship with God, *per se*, is amenable to secular psychotherapeutic intervention.

Therapists will also be aware that, behind this religious issue of anger with God, lies the issue of the client's own learned understanding of what is permissible in communication between intimates. A whole array of standard psychodynamic issues is tied up in the bag of one's relationship with God (McDargh, 1983; Rizzuto, 1979). For this reason, a ministry called "spiritual direction," devoted to fostering a person's relationship with God, can effect profound personal transformation by focusing almost exclusively on that relationship, howsoever the client construes it (Barry & Connolly, 1982; Conn, 1989; Gratton, 1995; Nemeck & Coombs, 1985). In contrast, from the secular point of view, effective psychotherapy needs to sort out the theological and the psychological/spiritual issues of a client's relationship with God and to address the latter, whether in the client's own religious symbol system or in more standard psychological terminology (Bergin *et al.*, 1996). To address them entails dissolving the humanly destructive facets of the client's spirituality, just as a therapist would help a client work through some other emotional issue. Understanding the mental structures, processes, and mechanisms of spirituality, as explained above, equips the secular therapist to do that.

Prohibition against Questioning: Similar to the prohibition of anger with God is another facet of some religion, especially the fundamentalist type (Bawer, 1997). It prohibits questioning, inquiry, reading, and challenging thought, as well as exploration of inner experiences. In the face of such universal close-mindedness, which violates the transcendental precepts, therapy is unlikely to make much progress.

A secular therapist is unlikely to encounter such a believer, for in most instances the very use of secular psychotherapy would be contrary to such religion (Rayburn, 1985). But when such a client does need to approach secular psychotherapy, early on, the therapist and client will have to come to some agreement about the challenge that will be part of the therapeutic process (Tjeltveit, 1996). This initial contract gives the therapist the opening needed to address the matter of open-mindedness when it surfaces in the treatment of specific issues.

Then, by entering the client's religious world with a clear psychotherapeutic strategy in mind, the therapist could invoke a variety of motivations to support open-mindedness: the client's religious commitment to honesty before God, the expectation that valid religion and true belief could sustain questioning, an acknowledgment that truth is one and, thus, there could be no real conflict between God's truth and human truth (Carter & Mohline, 1976; DeVries, 1982; Dueck, 1989; Farnsworth, 1982; Hill & Kauffmann, 1996; Jeeves, 1969; Vande Kemp, 1996). The consideration that God would not have given us questioning minds if we were not to use them, the realization that faith entails trust in the face of uncertainty and not simply adherence to ready-made answers, the recognition that, sometimes, the pieces of life simply do not all fit together neatly, the supposition that on-going experience would naturally reveal new meanings in valid beliefs acquired earlier in life, or the reassurance that others have arrived at deeper understanding without having had to abandon the essence of their faith. In one way or another, each of these motivations expresses the humanistic core of spirituality, as sketched above: openness, seeking, honesty, and surrender to the sources of self-transcendence that are built into the human mind.

That list of motivations in this particular case suggests how precarious and far-reaching is the matter of engaging a person's spirituality. At stake is a fundamental shift in worldview, philosophy, belief, religion. The shift is from reliance on an external authority that provides an all-too-clear picture of life to reliance on an internal process that continuously self-adjusts to find a fit between internal and external reality. This shift implicates not only one's personal world of meaning and value but also the social world of affiliation and support.

In purely psychological terms developmental theorists have focused on that very shift (Fowler, 1981; Helminiak, 1987; Kohlberg, 1977; Loevinger, 1977). A number of implications follow. A matter that is presented in religious terms contains a core of developmental issues. So, working through the religious issues in a religious context effects psychological growth, or conversely, one can treat psychotherapeutically the developmental issues at the core of the religious issues. When it is recognized that the human being is inherently spiritual, psychological growth in anyone, religious or not, can rightly be affirmed as a spiritual process. So, in the religious person, mature religion and psychological health ought to coincide.

These considerations help elucidate the intent of this paper. When the spiritual is understood as, in the first place, a generic human reality, and not necessarily something specifically religious or theist, on the one hand, all competent psychotherapy is seen as actually effecting spiritual growth, and on the other hand, a client's religious or theological concerns, often being expressions of psychological / spiritual issues, as such, can fall directly under the competence of secular psychotherapy. As academic disciplines, adequate psychology and spirituality are one and the same.

Equating Inner Peace with the Will of God: One last example lies on the opposite end of the religious spectrum. This is the case of a client who was familiar with spiritual writings and in some regards was deeply sensitive to inner experience. Rather than be locked into external social or religious requirements, this client appealed to his own inner peace as the final indicator of the will of God and in so doing had the support of many a classical spiritual writer (e.g., Ignatius of Loyola, 1964). This one-sided criterion might have been sufficient if the client were a hermit in the ancient desert, and, in fact, the client identified with the desert tradition of spirituality (Bouyer, 1969; Gannon & Traub, 1969; Holmes, 1980). The only problem was that he was married and on the verge of divorce, had children and a job, and lived in a late-twentieth century metropolis.

Counseling revealed that the client had a severely narcissistic personality and carried a burden of isolation and abandonment from growing up in a large middle-class family where practical needs for survival superseded personal needs for belonging. The desert spirituality of “*peaceful presence with God*” served to meet the needs of his deeply aching heart and, by means of isolation, to protect him from further hurt.

Of course, that client’s understanding was a grossly romanticized portrayal of the desert experience, which actually requires facing oneself quite nakedly, a challenge similar to contemporary psychotherapy. Though needing to proceed with utmost care, a therapist would be irresponsible to allow that counter-productive spirituality to stand completely unchallenged. But it must be left to the creativity of experienced therapists to imagine how they would deal with this case. It is introduced to challenge an overly simplistic understanding of spirituality that would assume that cultivation of inner experience is the universal key to spiritual growth. Cases

of psychosis make the same point in the extreme (Grof & Grof, 1989). Though spiritual practices are geared toward enhancing inner experience, mere richness of inner experience is no guarantee of spiritual and psychological health. Understanding these matters in terms of known human mental processes, the competent psychotherapist cannot but take a stand, if only in his or her own mind, and build on the positive elements in the client’s religious beliefs and practices and direct the client away from those that are self-debilitating.

Further Considerations about Spirituality in Psychotherapy

Making Judgments and Prescriptions about Religion

This paper has presented three approaches to spirituality in psychotherapy: validation, re-interpretation, and rejection. The treatment may appear facile or even irreverent. Breaking a taboo in American society and in psychotherapeutic circles, this treatment has freely arrived at judgments and prescriptions about people’s religion and spiritual life. This treatment claims the right to make such judgments on the basis of an elaborated account of spirituality.

Once the core of spirituality is discerned and formulated normatively, a powerful tool is available. It not only allows the competent treatment of spiritual matters in secular psychotherapy. It also allows incisive criticism of spiritual matters attached to religion. Developments in the medical field provide an analogous case. An understanding of infection allows not only the prescription of appropriate antibiotics but also the criticism of hallowed folk practices that are unhygienic. Similarly, a breakthrough in the understanding of spirituality reconfigures the relationship between

psychology and religion. Such a breakthrough is what Lonergan's (1957, 1972) analysis of the human spirit seems to allow, and it is the foundation of the present enterprise.

Psychotherapists are always making and acting on assessments of spirituality; that is to say, they are always facilitating the adjustment of the meanings and values that structure people's lives (Andrews, 1987; Assagioli, 1965/1976; Bergin *et al.*, 1996; Beutler, 1981; Beutler & Bergan, 1991; Clinebell, 1995; Corey, 1996; Doherty, 1995; Frankl 1962, 1969/1988; Fromm, 1947; Helminiak, 1989; Kelly, 1990; Koch, 1968, 1981; MacLeod, 1944, 1970; Menninger, 1973; Moore, 1992; Richardson & Guignon, 1991; Taylor, 1989; Tjeltveit, 1991, 1992, 1996; Wilber, 1995, 1996; Yalom, 1980). Every psychotherapeutic system entails an implicit metaphysical worldview (Bergin *et al.*, 1996; Browning, 1987; Tjeltveit, 1986, 1991, 1992, 1996; Woolfolk & Richardson, 1984). The present approach merely highlights the matter while being quite explicit about the criteria of assessment it uses and quite bold in claiming a unique validity for its criteria. This forthrightness makes judgments relatively easy, but granted the overall analysis, the conclusions are far from superficial.

The key to the matter is the articulation of a coherent and comprehensive psychology of spirituality (Helminiak, 1996a, 1998) – including: **(a)** the differentiation of psyche and spirit within the human mind; **(b)** the elaboration of spirit as structured on four levels; **(c)** the normativity of spirit as expressed in the transcendental precepts; **(d)** the on-going integration of spirit and psyche as the substance of spiritual growth; and **(e)** the self-transcending nature of this process that is open to theist extrapolation and to elaboration in a wide range of religious formulations. And there is the further consideration that anyone who would oppose this approach in the name of genuine openness, tolerance, and plural-

ism, is in practice only demonstrating its validity and exemplifying its intent by urging further discussion toward a shared, correct understanding (Kane, 1994, 1996; Lonergan, 1972, pp. 16–20).

Comparison with Pastoral Counseling

Much of what was presented above may appear to be covert pastoral counseling, but there is a difference. Pastoral counseling is psychotherapy that goes on within the explicit context of the shared faith of an organized religion (Clinebell, 1995; Crabb, 1975, 1977; Rayburn, 1985; Wicks, 1985). The shared religion entails a tradition of beliefs, symbols, rituals, ethics, and texts. Sharing this tradition with the client, the skilled pastoral counselor may easily appeal to any of its elements to make the therapeutic intervention. For example, knowing the Gospels, the therapist can cite the example of Peter, who repented of denying Jesus, to cancel a client's identification with Judas, who hung himself after betraying Jesus. The pastoral counselor uses the client's religion to effect wholesome change. Thus, validation, reinterpretation, and rejection of spirituality proceed within the boundaries of the mutually accepted religion.

The present approach is similar in that it sometimes also appeals to various facets of religion to reinterpret or reject certain other facets. This approach presupposes more knowledge about religion than has been indicated. Nonetheless, therapists can learn the intricacies of a client's religion by asking, listening, and reading (Lovinger, 1984, 1990; Shafranske, 1996; Stern, 1985).

Knowledge about someone's religion is not the key issue. More important is a psychological understanding of spirituality within which to situate the specifics of the client's religion. Supplying this understanding as a generic, humanist, and normative analysis is the

novelty in the present approach. This novelty allows three dimensions that pastoral counseling does not: **(a)** to sort out and interrelate the theist and humanist facets of the religion; **(b)** to conceptualize the religion's spiritual wisdom in humanist terms – which is to say, to coherently integrate psychology and religion; and **(c)** to name and correct pathological facets of the religion. Psychotherapy that addresses spirituality only on the basis of openness to, and respect for, every client's religious beliefs (Bergin *et al.*, 1996; Beutler, 1981; Beutler & Bergan, 1991; Kelly, 1990; Tjeltveit, 1986, 1991, 1992, 1996) functions, in effect, like pastoral counseling, ultimately self-constrained by the worldview that the religion in question requires.

Requirements for the Therapist

In these matters the successful therapist will be more than psychotherapeutically trained at least if “psychotherapeutic” is taken in the standard sense of the term (Tjeltveit, 1986, 1992). The analysis here, transforming the meaning of *spiritual*, suggests that good psychotherapy includes spirituality at its core. So, psychotherapeutic training must include what the religious traditions have called “*spiritual formation*.” Without it, the therapist can treat people only as one fixes machines. This approach might work to help clients meet the minimalist mental-health standards of appropriate demeanor and employability, but it is not sufficient for internal healing, core personal stability, and a life worthy of a human being.

In the present discussion it comes clear that the more effective psychotherapist will be the one who is more deeply authentic, more spiritually integrated. That is, the effective psychotherapist is honestly open to marvel and

question, sure of where he or she stands on this matter, and securely committed to wholesome values – and truly so, not just as a professional facade that would allow one to deal with clients cleanly and efficiently and to collect one's standard fee. Jesus' contrast between the hireling and the good shepherd provides an image that is apropos (John, 10:11–13). And appeal to this religious image suggests once again what is a stake in this whole discussion: the radical transformation of traditional religion into a secular form that respects the distinctiveness, while embodying the humanist core, of the engendering religion (Helminiak, 1996a, 1998, 1999); or said in other terms, the psychology of spirituality. Psychotherapists' low ratings on measures of religiosity may be another matter (Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990), but their commitment to lived spirituality is a *sine qua non*.

Conclusion

Addressing the role of spirituality in psychotherapy, this paper has summarized a fully psychological theory of spirituality, applied it in specific examples, and discussed its implications. Thus, this paper has suggested ways in which an integration of secular psychotherapy and spirituality might be achieved without exceeding the professional competence of secular therapy or diluting the meaning of the term *spirituality*. Contributing to this desideratum, this paper has clarified the humanist core of spirituality as it relates to, and is operative in, effective psychotherapy. In the case of psychotherapy, this paper has taken the term *effective* to imply facilitation of lasting and wholesome change in people. Understood in this way, psychotherapy cannot be effective unless it attends to spiritual matters.

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“Ukrainians are standing up for the highest principles of humanity.”

Patricia Hunt, President

European Association for Psychotherapy

An interview with President Patricia Hunt, FRSA, President: EAP.

On the eve of the joint USP and EAP Symposium on Ethics on Friday February 24th 2023, which is the anniversary of the invasion of Ukraine, several Ukrainian journalists interviewed by Ms. Patricia Hunt FRSA, President of the European Association for Psychotherapy. While talking to the media, Patricia talked about: the EAP during the crisis; cooperation with Ukrainian colleagues; and the challenges generally facing psychotherapists.

■ **Q1:** *Dear Madam Patricia, let's talk about the challenges and changes that the last few years have brought to all of us. The pandemic, the coronavirus, significant economic changes, finally, the war, natural disasters, the increasingly obvious human impact on nature in everyday life ... The list goes on. Have the demands on psychotherapists changed in this regard? And the work of a psychotherapist?*

PH: The demands on psychotherapists have clearly increased at the time of the pandemic and coronavirus. This was due to the fact that many people became mentally ill due to being unable to conduct their normal lives, and being forced to be in their homes all the time. The profession of psychotherapy has responded magnificently to this challenge, and I feel

very proud of EAP Psychotherapists for the work they have done during the pandemic.

EAP conducted a survey of European Psychotherapists to find out how they had conducted their work during the pandemic. Nearly all psychotherapists reported that they had changed their way of working from face-to-face therapy, to online therapy. They reported that they made this change in order to be able to help people in need across Europe during the pandemic. They had to learn how to conduct psychotherapy effectively online, and EAP gave them help and support through guidance, materials and advice available on our website.

Psychotherapists reported that they had learned how to conduct psychotherapy effectively online. They also said that once the pandemic was over, they will offer both face-

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to-face and online psychotherapy. So, this change is significant and lasting.

The demands on psychotherapists have increased due to the impact of the increased cost of living, triggering more mental health problems. The demands on psychotherapists have increased due to the impact of the climate crisis, triggering climate anxiety. The demands on psychotherapists have also increased due to the impact of war, triggering existential fear and profound uncertainty and anxiety.

Q2: *The outbreak of war on the European continent in the 21st century is something that is impossible to imagine in one's right mind. Although we may be a thousand kilometres away from each other, information technology makes us very close. Therefore, war is a shock that cannot but affect each of us. "Us" means all Europeans in general. According to some studies, sociologists record the presence in society of such feelings as uncertainty, solidarity, empathy, and irritation. But sociologists are not psychologists. What changes or trends do you notice?*

PH: Psychotherapists have also observed the reactions of uncertainty, and of empathy with Ukrainians. The other things we have observed are extraordinary acts of kindness, for example, the number of people who have opened their homes to families, who have had to flee the country for their own safety. Also, the remarkable way in which legal systems of other countries have quickly made adaptations so that social benefits and education are available to Ukrainians living in their countries. This is very different to the treatment of those refugees from Iraq, Syria and other countries. We have also observed quite a lot of fear, that the world order will break down, and that – the

fact that the invasion of Ukraine could happen at all – creates fear.

Q3: *For many media researchers, within a few weeks after the start of Russia's large-scale invasion, the thesis, "Ukraine is winning the information war" became obvious. In your opinion, from a psychological point of view, what is the reason for the victory of the Ukrainian story?*

PH: From a psychological and psychotherapeutic point of view, I think that the victory of the Ukrainian story is that the invasion of your (any) country is completely wrong, and you are not going to let yourselves be destroyed. Your country has been invaded in a completely unprovoked way; and you have responded to the invasion with courage, with dignity and with a hope that this unjust invasion cannot possibly be what wins. This resonates with humanity's deepest longings. We do not want evil to prevail. We do not want injustice to win. We do want good to be stronger than evil. We do want war to end and peace to come.

So, the way in which Ukrainians have held the highest principles of humanity – good; justice and peace – is the story that everyone wants to hear.

Q4: *Ukraine is Kyivan Rus. The Grand Prince Yaroslav the Wise of Kyiv^[1], known for his diplomacy, was full of desire to strengthen the position of Kyivan Rus in Europe, and he promoted the marriage of his children to several royal dynasties of the Old World.*

All of his children married members of the ruling families of the continent: his eldest son Ilya married the daughter of King Cnut of Denmark and England; his second son, Iziaslav married Polish ruler Kazimierz' daughter Gertrude; Sviatoslav married the

1. Editor's Note: Yaroslav ruled 1019–1054.

granddaughter of German Emperor Heinrich II; Vsevolod – with the Byzantine princess Maria; fifth son Ihor – with the princess from Germany Kunigunda.

Four daughters (Elizabeth, Anastasia, Anna and Agatha) became queens of four countries: Norway, Slovakia, France, and England. In the war, in the information war, the Russians are trying to deprive Ukrainians, not of their European future, but of their European past, their primacy, their belonging. What do you think would be the best way to prevent this?

PH: I have learned a great deal about Ukrainian history while I have been preparing for the Symposium on Friday February 24th 2023. I have learned about the independence of Ukraine in Kyivan Rus, and about the history of Ukraine before Russian really existed. I have learned how proud Ukrainians are of this history.

Teams of journalists around the world are covering the story of the war in Ukraine every day. I recommend that you speak to them of Ukraine's history as much as you can. Tell the story of your country in ways that they can understand. Don't make it too complex, but emphasise the essential story of your independence as a country historically. Develop a narrative for Ukraine's proud history that can be understood by those who do not know your history.

■ **Q5:** *In one of your interviews, you said that your decision to become a psychologist was influenced by the Hillsborough Disaster. If it's possible and convenient for you, could you reflect now on the consequences of the fact that many, many, many people are learning about tragedies and dramas in Ukraine today, either from the media or di-*

rectly from Ukrainians. I mean, they are very often exposed to pain and suffering, but also to heroism, to unity, and to an extraordinary confidence in the rightness of the cause, in victory? Can this contribute to something new or to the development of something in society (not directly in Ukraine, but, for example, in France, Italy, the Czech Republic, the UK ...)

PH: My own earliest work as a psychotherapist following the Hillsborough Disaster taught me that you have to engage with trauma when it happens to you, you have to live through it and not ignore it or pretend it isn't happening. This is a difficult thing to do, but when you are able to do this and engage with the trauma, you will find ways to resolve it and as you grow out of it you will become stronger and more resilient.

This is a source of hope for the people of Ukraine. You, as a nation, are living through a terrible trauma, you are engaging with it courageously, and you will be able to grow out of it both stronger and more resilient as a nation.

■ **Q6:** *How does the EAP support the Ukrainian community? What goals did you set for yourself a year ago and what did you achieve? In your opinion, what challenges have been and will be faced by the European Association of Psychotherapists?*

PH: One year ago, EAP celebrated its 30th Anniversary, with a Congress conducted in Vienna and with online delegates. My goal as Chair of the Congress and President of EAP was to conduct the two-day Congress excellently, and for it to be a seminal moment for psychotherapists to think about the contribution that we can make to our world. The title of the Congress was "The Hope of Psychotherapy for our Endangered World"^[2], and through outstanding speakers and our work together in groups,

2. See IJP, Vol 26, No. 2, Special Issue.

we discovered the ways in which we can hold hope for our world. Videos from the Congress have been viewed more than 7,000 times!

EAP supports the Ukrainian community through the Ukrainian Umbrella Association for Psychotherapy (UUP) being a national awarding organisation for EAP. Since Autumn 2022, myself and three senior colleagues from the EAP Executive have met regularly with senior colleagues from UUP. We asked our Ukrainian colleagues what support they wanted from us during this terrible time of war, and

they answered that they wanted to hold a series of Symposiums about Ethics, and wanted EAP to be partners in this. So, we began our work together preparing the first of the Symposiums on Ethics. Our Ukrainian colleagues have told us that they really appreciate this support from EAP, and really appreciate our regular meetings.

Our hope for this Symposium is that it will honour Ukraine's past, present and future, and help to shape the culture and ethics of Ukraine for good in the future.

UUP and EAP Joint Symposium on Ethics: February 24th 2023 Opening Address

President Patricia Hunt, FRSA

European Association for Psychotherapy



Welcome to our Symposium! Welcome to you wherever you are joining us from. Everyone is welcome today at this Symposium. More than

1050 people have registered for today's Symposium coming from all over Europe and especially from Ukraine! This is wonderful and we welcome you all most warmly.

Simultaneous translation from Ukrainian into English and from English into Ukrainian will be available for all of the morning session, and to access this please select Ukrainian or English on your screen.

The Ukrainian Umbrella Association of Psychotherapy and the European Association for Psychotherapy are delighted and honoured to hold this Symposium on Ethics today, Friday February 24th 2023, which is the anniversary of the full-scale invasion of Ukraine. The war began 8 years ago, but today we honour the landmark moment of one year ago.

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As our first act in this Symposium I invite us to hold a minute of silence together to mark this moment. There will be a lit candle on the screen for us to focus on during the minute of silence. Please don't put anything in the chat during the minute of silence. We hold a minute of silence in memory of all those who have been killed in the war in Ukraine.

A minute of silence in memory of all those who have been injured in their mental or physical health by the war. A minute of silence to remember all families separated by the war. A minute of silence to remember all refugees driven from their homeland by the war.

(One minute of silence with a candle flame on the screen.)

To close the silence, here are some words from the Ukrainian President, Volodymyr Zelenskiy: *"Freedom is not about having unshackled hands; it is about having unshackled minds."*

I am speaking today as the President of EAP, and as a psychotherapist who is in full support of the World Council for Psychotherapy Statement, which was submitted to the Russian Government in February 2022. In November 2022, myself, the EAP Vice-President and the Deputy-General Secretary began to meet regularly online with senior colleagues from the Ukrainian Umbrella Association for Psychotherapy. EAP offered this to give support to our Ukrainian colleagues during this terrible time of war. They told us of the history of their organisation – of how psychotherapy research has always been a really important part of their work and how as the organisation has grown it has been, and still is, an important principle that research remains an integral part of the work that UUP does. When we asked – what can we give you support with? They answered – we wish to hold a forum on Ethics to mark the anniversary of the full-scale invasion of Ukraine on February 24th.

Please will you be partners with us in this so that it is a joint event UUP and EAP.

And so, our work together to prepare, plan and hold this Symposium today began. It has brought us close together as colleagues. I wish to pay tribute to our Ukrainian colleagues. I have developed a great sense of admiration and respect for you all through our meeting and our work together. You are holding yourselves with immense dignity, courage and honour in this most challenging and terrible of times for your country. You are facing the invasion and devastation of your country, and in the best tradition of psychotherapists, you are seeking to understand the impact that this is having on yourselves and your citizens. You are courageous and ask the questions: 'What does war do to us?' 'How does war impact on ethics?' 'How does war change our sense of meaning?' All of this will be part of the speeches that we will hear today.

I honour you our Ukrainian colleagues for the dignified way in which way that you hold the importance of the history of the independence of Ukraine. You are fighting to maintain your historic independence from Russia, which goes back to Kievan Rus (862 – 1240), when Ukraine was and there was no Russia. I honour you all for the visionary way that you look to the future of Ukraine, to the time of peace which will come, to prepare for the time of peace and think about it now.

In the UK, during the Second World War, there was a similarly visionary group of people. They worked together to think about the future of the UK after the war was over. They worked together over many months and produced, "The Beveridge Report" in 1942 – before the end of the war. It set out the blueprint for social policy in post-war Britain. With a vision for the UK of a different and fairer society; with financial support for those in need; with a National Health Service offering free health

care for everyone. The Beveridge Report was used as the basis to establish the UK in the post-war era.

My Ukrainian colleagues, I am full of admiration for you that your thinking is parallel to this. You have a vision for the future of your country and want to be involved in shaping the future. You are looking with hope to the future of your country and the identity of your country, and you want to make your contribution. You have plenty of very positive and good energy, and you are serious, committed and organised in your work. I admire your fortitude in the midst of the continuing devastation of your country. This Symposium today is part of that, and the Ethics Series that we hope will develop is part of that. This Symposium gives us the space to think about and talk through foundational ideas. It gives us the possibility of holding and discussing issues that are sometimes difficult to even think about, never mind talk about.

The wars of the 21st century are hybrid wars, which are being fought on all fronts – military, economic, political, technological, informational and cultural. The war in Ukraine is a hybrid war being fought on all these fronts. The cultural aspect of the war is really important, but is often ignored. As American forces discovered in Iraq and Afghanistan – they did not understand the culture of the people of the countries they invaded, and so they lost on this front. Then, they discovered that their military and economic dominance swiftly disappeared, it eroded away in consequence of them ignoring the culture of the countries they were invading.

The Ukrainian conflict at its heart is a war over identity and over language and over liberty. The future that Ukraine hopes for is of Ukrainian identity and Ukrainian language set within European culture and European identity, as it was historically. It hopes to establish itself

and develop this itself without any Russian influence. The response of your country to Putin's war has reinvigorated the fight for liberty and you have drawn in the West in defence of liberty. This is a fight for all of us to win – the defence of liberty, the defence of the values of liberty, the defence of the ethics of liberty. This is a war that must be won for the sake of humanity. You, our Ukrainian colleagues, are leading the way in this.

In the war over meaning, the Russian army lost it on the first day. Their contention that Ukrainian identity doesn't exist has been proven hopelessly wrong. The Ukraine war has been a massive, catastrophic act of misunderstanding. The Russian rulers convinced themselves that Ukrainian identity wasn't real. They ignored the truth of Ukrainian history. Their actions from the outset of the conflict seemed guided by the idea that Ukrainians didn't believe in the story of their own independence.

Cultures flourish in times of peace, but they are defined and define themselves in times of war and resistance. What we can see now is that the war has helped Ukrainians to gain an even deeper sense of their own identity and of the importance of it, and it has brought the people together in this.

Culture and ethics are at the basis and heart of collective existence, and they are fundamental to systems of government and politics. This is why our Symposium is so important today. We are going to the heart of the matter. To ethics and culture. Ukrainians wish to listen to their European colleagues in this vital matter. In the future, the links between the ethics and culture of Ukraine and of Europe will grow stronger.

Pestalozzi, the Swiss pedagogue said, *"The race of men cannot remain socially united without some ordering power. Culture has the pow-*

er to unite men as individuals, in independence and freedom, through law and art. A cultureless civilization unites them as masses without regard to independence, freedom, law or art through the power of coercion.” Culture and ethics, law and art, poetry and libraries have the power to unite people in independence and freedom, and this is the vision for the future of Ukraine.

Carl Jung said, “As psychotherapists, it is our first task to understand the psychological situation of our time, and to see clearly the problems and challenges with which it faces us.” This is the approach that our Ukrainian colleagues have.

Let us work together today in this spirit. Let us listen to each other, let us speak from the wisdom of our own experience as psychotherapists.

We might think that we, as a profession of psychotherapists, we are small and have no voice to speak above the tumult of political strife and war. But there is a Chinese saying: “When the enlightened man thinks rightly, it can be heard a thousand miles away.” So, let us use our voice with wisdom, confidence, dignity and insight.

February 2023



Other Presentations at the EAP-UUAP Ethics Symposium

These video presentations can be found on the EAP website:

www.europsyche.org/online-symposium-on-24-february-2023/

The Ethics of Winners and the Ethics of Losers –

Eugenijus Laurinaitis

The Ethics of Psychotherapy in the Frame of Time –

Anastasia Sklyaruk

Ethics of Freedom and Ethics of Totalitarianism –

Roman Kechur

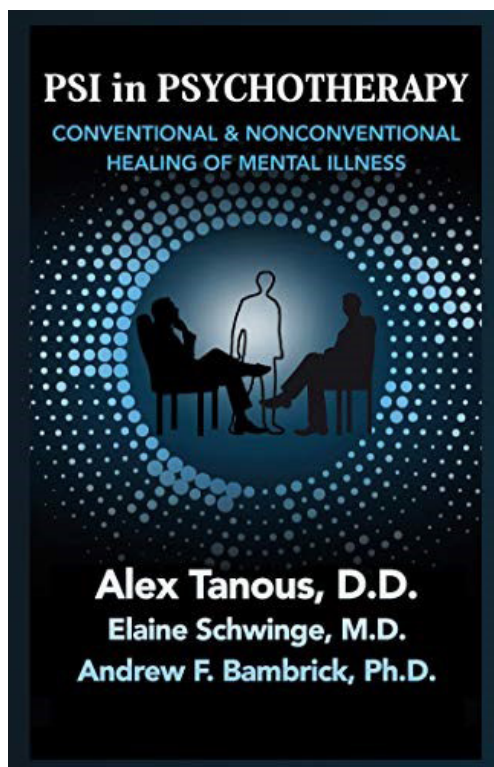
A Small Light in a Dark Room –

Tom Warnecke

Evolution of Psychotherapists: Ethics Before the War and During the War –

Alexander Filts

BOOK REVIEW 1



Psi in Psychotherapy: Conventional & non-conventional healing of mental illness

Alex Tanous, Elaine Schwinge
& Andrew F. Bambrick

Reviewed by:
Courtenay Young, Editor, IJP

2019, White Crow Books, Hindhead, UK

ISBN: 976-1-78677-087-5

185 pp.

£12.99 (p/b); £6.99 Kindle

This book was written originally in the 1980s by Tanous and colleagues and “gives an overview of an innovative approach in the combined fields of conventional and [non]-conventional psychotherapeutic healing”. This is one of several books released by the Alex Tanous Foundation in recent years for historical preservation. Fascinating accounts are relayed by Tanous and colleagues, with additional writings from respected renowned scientists and

professionals to provide modern reflection on this historical piece.

Tanous himself, a pioneer in the field, unfortunately died in 1990, aged only 64. He was well-known as an international lecturer (in subjects such as well-being, creativity and parapsychology) and as a self-professed psychic, claiming to be able to go “out-of-the-body” and unlike many mystics, subjecting himself to being tested.

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He and his colleagues saw their work as “a small step in the march for progress” towards a positive and collaborative for psychics, psychotherapists and researchers. “This is a fascinating and well-written account, irrespective if one believes in psychic phenomena as such or not, the study illustrates how psychotherapeutic techniques based on such beliefs can be helpful and integrate with conventional therapy.” (from cover).

Regular readers of this Journal may be aware that the overlap between psychotherapy, spirituality and psychopathy is an area of specialist interest to me. Tanous’ work has been overtaken more recently by Stanislav Grof and his colleagues in promoting the concept of a ‘natural’ processes of what he calls ‘Spiritual Emergence’ that is often accompanied by psychic phenomena (Grof & Grof, 1989; Bragdon, 1990; Young, 2010, 2011). Unfortunately, without this awareness, the psychiatric profession become involved and the natural process becomes pathologized. Only relatively recently, did David Lukoff manage to get the category of “Religious or Spiritual Problem” inserted into DSM-4 and DSM-5.^[1]

Albeit that this book was written more than 30 years ago, its description and phraseology of “clinical parapsychology”, where – if a client is asking for professional help regarding seemingly “anomalous processes” then relevantly qualified professionals acquainted with such phenomena can evaluate these experiences and how to deal with them in a clinical, counselling and social welfare setting (Kramer *et al.*, 2012). Tierney (2012) also provides a useful description, which distinguishes “clin-

ical parapsychology” as a body of knowledge distinct from the rest of abnormal psychology that advocates psychotherapy of various types for distress caused by phenomena, which are not only, in someone’s view, exceptional or extraordinary or even anomalistic, but are however within the purview of parapsychology. Therefore, the clinical approach is concerned with the impact of such phenomena, or such a process, on the person, rather than being concerned with investigating the mechanisms behind the anomalous phenomena, being either rare or that seem to sit outside of current scientific paradigms.^[2] (As a parallel, consider trying to explain modern quantum physics to someone from the Victorian era.). Thankfully, there is now much wider acceptance of parapsychology, with research groups in several major universities.

Psychotherapists and counsellors, familiar with such concepts, can address the stress or distress of the client in the best possible manner and the client does not have to suffer ridicule or disbelief from the therapist, or having their experiences dismissed, or carelessly explained away as nothing more than a subjective hallucination as a result of post-traumatic stress: something which all too easily happens – even to this day.

Tanous believed – early on – that phenomena such as telepathy, clairvoyance, precognition, etc. were not delusions or pathological symptoms but part of the range of human experience. His views were mirrored by many ‘client-centred’ therapists, who focussed on the client’s experience, not on the counsellor’s interpretation of that experience, which enables

1. www.spiritualcompetencyacademy.com: Comprehensive training in evidence-based approaches to spirituality and mental health.
2. **Anomalous phenomena** are human experiences that are characterized by challenging the foundations of current scientific ontology (i.e., psi phenomena). The problem lies in the fact that some studies have obtained significant results that support the existential validity of psi phenomena.

the client to integrate their experiences within their daily life. Therapists who are accepting and non-judgemental can counter the views of family members, who fail to believe, let alone support, a spouse or child who reports they have had such experiences.

The authors collaborated together professionally and so the reader is presented with several case-histories of how clients were treated by the team members. Whilst Dr. Tanous frequently used his 'psychic' powers at various stages, the other members of the well-qualified team paralleled his work with more mundane psychological tests and conventional treatments. The dimensions, the focus, goals, evaluation, rationale, assessment, and ascertaining the absence or presence of psychopathologies is clearly stated in Chapter 2, as well as the identification of any dysfunctional genetic or childhood experiences, and the client's readiness (and ability) to change, before any therapy starts.

There is, as one might expect, an important balance between the relationship of the mind, body and spirit, in the therapy as well as in the clients. This is outlined in Chapter 3. Chapter 4 is entitled "Dr. Alex Tanous as a Healer" and outlines some of his abilities as such.

The description of the mixture of conventional and non-conventional approaches is well-balanced and interwoven throughout the book giving fascinating insights as to how one perspective can support the other in such an eclectic mix:

"... many assumed that the presence of a psychic as co-therapist would somehow minimise the importance of a client's relationship with the psychiatrist. The lines of demarcation are very clear with regard to the functions of psychic and psychiatrist. The psychic function is time limited towards the initial evaluation phase of the therapy process, although he may be present as a co-therapist periodically throughout the middle and terminal phases of therapy. The role of the psychiatrist in the psi in psychotherapy process is an on-going, trust-building relationship with the client. In the middle phase of the therapy, the psychiatrist prescribes and adjusts medication and makes timed, interpretive statements in order to facilitate the client's growth. She affirms the client through verbal response and caring gestures. When the client experiences periodic flare-ups, she introduces the client to self-relaxation techniques." (p. 23)

The extensive Forward, by Calum Cooper (U. Northampton, UK) and Stanley Krippner, Saybrook U., USA) is followed by an Introduction and then about 120 pages in 10 Chapters. Chapters 5 to 9 each deal with a particular case history chosen to illustrate the methodologies, difficulties and successes of this approach.

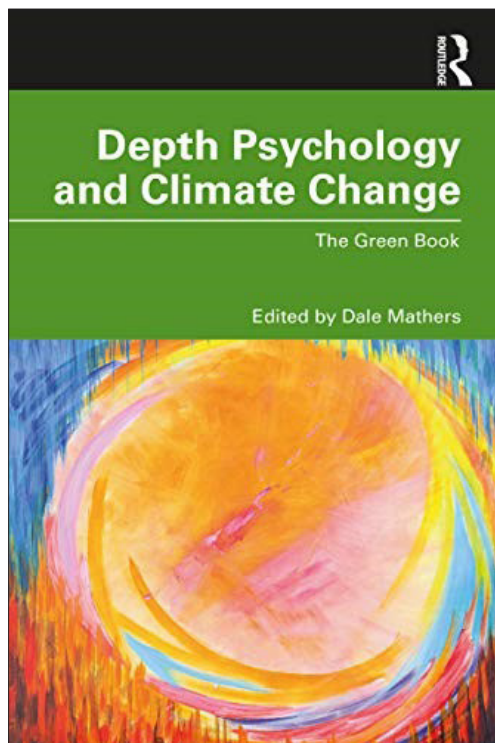
This makes it very easy to read and thus absorb some of the fascinating material. There is also a 10-page Afterword by Adrian Parker, U. Gothenberg, Sweden and the book is rounded off by an extensive bibliography.

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BOOK REVIEW 2



Depth Psychology and Climate Change: The Green Book

Edited by Dale Mathers

Reviewed by: *Susanne Vosmer*

Routledge, 2021

ISBN: 978-0-367-23717-9 (pbk)

232 pages

RRP: £32.99

Nowadays we can rarely escape bleak images and environmental reports about ecological disasters. While many articles have been published on climate change, very few are directly addressed at psychotherapists and provide analytical explanations or solutions. Hence, there was a need for a 'psychotherapeutic' book that conceptualises our climate predicament and offers us alternative, analytical perspectives. 'Climate change is a crisis caused by greed. There will come a time, when ev-

erybody will realise this. Until then, we keep on destroying our natural world.' This is one of the messages conveyed in *Depth Psychology and Climate Change*.

Authors from different disciplines consider how climate change affects our psychological health and how we can deal with uncertainty. Divided into four sections, this book reveals how Jungian conceptualisations may provide us with spiritual wisdom. A spiritually-in-

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formed perspective could replace the common view of humans as separate from their natural world. Whether this is wishful thinking is yet unknown. But we do know that the laws of nature are powerful.

Brian Cox reminds us that we will be forced to make a choice between protecting or destroying our Earth. Words are tricky creatures, they can be the engine of consciousness and repress other meanings, writes the Jungian Rowland in the Foreword. Indeed, they do.

The current book is an architecture of words, which extend from page to psyche to cosmos. Ecology is a process of learning on a planetary scale. Jung might have formulated this similarly and provided us with some recommendations for our well-being. Even though Jung's expertise was not in pedagogy, he knew the human psyche, and its tendency to deny reality. Thus, denial of climate change is addressed by Mathers in her chapter, 'An anthropology of climate change deniers'. Using the metaphor 'the denial machine', she uncovers systemic denial. Her direct style of writing is easy to comprehend.

Alas, the aggressive part of humankind has tried to control nature, instead of learning to live with it sustainably. People have forgotten that culture and nature are inextricably connected. Many would concur with this statement. It does not solve the climate crisis. Neither does understanding the complex adaptive systems, which mould our planet and our consciousness. Such knowledge is insufficient without collective action. In other words, producing scientific evidence is not enough to convince people of the importance of green issues. Authors suggest that changing the collective unconscious needs more than reason. They offer insight from analytical psychology in an attempt to achieve mobilisation. By drawing on archetypes and the Shadow, read-

ers are also shown how to work through their eco blues.

The greatest obstacle to climate change are people and their fiction, Mathers writes. Fiction is created, because our minds cannot grasp the enormity of it. Perhaps we do need to revive spirituality when thinking about our future. Scientific-practitioner psychologists probably feel overwhelmed by earth dreams, religious passages, astrology, synchronicity and nostalgic attempts to revert to Jungian archetypes and soul searching. However, they may like the grid/group typology of world views on human-ecological relationships that determines people's response to environmental action.

Many chapters foster reflection and hope. Several ideas are presented on how to deal with rage, despair and uncertainty. Andrew Samuels warns that the environmental movement will socially fail, unless it becomes more aware of the authoritarianism and depression within it. In Jungian terms, this is the Shadow of the environmental movement. Samuels encourages us to praise humanity and human artifice, instead of burying them in eco guilt. This chapter is not his best work.

In addition to guilt, our anxiety about the future is being exploited on a grand scale by trickery, through highly effective and instant intrusion of social media. Writing about delusional collective systems in her 'Open letter to Greta Thunberg', Kutek offers an analogy between the planet as a Giant Self and the ordinary Self. It requires a certain Jungian inclination to digest sentences such as "*... serpent symbols ... are linked with the 'fallen' state of the world, with the devil ...*" (p. 9)

How the small 'I' relates to the larger Self is described by Rust's experiences of being in her local forest. She suggests that we need a new form of cultural psychotherapy to deal with

our ecological situation and we must build communities. Unfortunately, Rust does not offer specifics.

While the first part of this book focuses on things as they are, images and imagination, and symbols of transformation are addressed in subsequent chapters. Robertson uses the words 'radical adaptation'. Such adaptation requires that we give up our social defences, recognise crises and enter into 'revitalised imagination'. A journey into the depth of the soul reverses the cultural momentum of ego colonialism, Robertson suggests.

Admittedly, I like Jungian conceptualisations, myths, religious traditions and spirituality. So, when authors present ancient stories, inviting us to link spirit to nature/earth, for example, in 'Golem' (reality that is unshaped) and 'Imagining earth', I happily follow their invitation. They draw attention to interdependence. Being 'At war with the natural world' is bad for our health. I agree with Colverson, who writes in this chapter about compulsive consumption. We consume our planet.

When reading poetic passages, which are juxtaposed with political, economic and ecological illustrations, I find myself in the Jungian realm of symbolism, archetypes, eco feminism, the dark Shadow and shamanic animals. Shamanism is described by Williams, who connects the universe and animals with humans. Not everybody might be lured into a Jungian world and share authors' fascination with myths, oracles and stories, which also feature in the final chapters. It is an interesting and important book. Whether it will be essential reading for all psychotherapists and academics, as the editor Dale Mathers suggests on its cover, remains to be seen.

Would I recommend it? Yes, of course! But readers must be familiar with Jungian conceptualisations to understand some of the presented ideas. Furthermore, without an affinity for spiritual dimensions, the complexity of this book cannot be fully grasped. Some points of view may simply seem weird. Be this as it may, this book does offer a novel perspective on climate change. Jungian analysts may enjoy it very much.

SUSANNE VOSMER, PhD., is a Group Analyst and Clinical Psychologist, who works at the University of Hull.

FORTHCOMING EAP EVENTS

We have received the following event announcements from EAP Member Organisations for 2023:

“Living in the Here & Now – Embracing Our Roots, Creating Our Future”

The 3rd World Congress of Existential Therapy, 3–6 May, 2023 in Athens, Greece.

<https://www.existentialworldcongress2023.gr>

“Flow of Life – Honouring David Boadella”

2nd International Biosynthesis Psychotherapy Conference, 23–25 June, 2023 in Batumi, Georgia:

Hosted by Georgia Institute for Biosynthesis

<http://www.europsyche.org/Georgia-Congress>

“Identity in Transformative Times – Construction, Deconstruction, Reconstruction”

18th International Congress of EABP, 7–10 September 2023 in Sofia, Bulgaria.

<https://congress.eabp.org/2023/site/>

“Gestalt Therapy, an Engine of Change”

14th EAGT Conference, 21–24 September, 2023 in Madrid, Spain

<https://gestaltconference2023.com/registration>

“Human Rights, Connections and Diversities in the Field of Psychotherapy”

11th European Congress of Integrative Psychotherapy, 6–8 October, 2023 in Tbilisi, Georgia

<https://mentalacademy.ge/en/eaip-conference-4/?v=f803729628ad>

For similar events listings, please send all information, including the URL (and artwork) to **European Association for Psychotherapy**, Mariahilfer Straße 1d/13 1060 Wien/Vienna Austria, eap.headoffice@europsyche.org – in the first instance: we will receive the information from them in time for publication.



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English-language Book Reviews

We have a large number (about 45+) of review copies of brand new books to do with psychotherapy sent to us by the publishers. We have a whole raft of people “out there” who might be interested in writing a review about one of these books and who would then get to keep the book. Please go to the IJP website: www.ijp.org.uk and click on the “Book Reviews” tab in the middle of the top menu bar. Please, just let us know which book you would like to review and we will send it to you.

We are also very interested in publishing non-English language Book Reviews – in the language of origin, as well as in English. If you are interested in reviewing a book from your country, please ask the publisher to send you a review copy, and tell them that your review will be published in the International Journal of Psychotherapy.

We make all published book reviews available – free-of-charge – on the IJP website, and we also have a series (developing into a large collection) of book reviews from one of our International Advisory Board members, Dr. Jacqueline A. Carleton.

Reviewers for Submissions for IJP articles

All the articles published in the IJP are **double-blind, peer-reviewed** (whereby the reviewer is unaware of the author’s name; and the author is unaware who has reviewed their article) by two different people. There is a fuller description of the “double-blind peer-review” process available. There is also a sample of the IJP Reviewers’ Form – with guidelines and instructions on the back.

We have a team of professional reviewers to look at the articles that have been submitted for publication: these people are all either members of our Editorial Board; or the International Advisory Board; or any other psychotherapist professionals with particular specialisations (like research); and ... we also ask all our published authors to join in with our peer-review process.

We would also be delighted to accept – as reviewers and book reviewers – any trainee psychotherapists from European Accredited Psychotherapy Training Institutes (EAPTI) and from Masters & Doctoral training courses in psychotherapy – and if you are not so sure about reviewing – we have written guidelines about how to review a book for a professional journal.

So, if you would like to join our team of reviewers and review one of these articles, please contact our **Assistant Editor: Marzena Rusanowska**: assistant.editor.ijp@gmail.com

Or, if you know of anyone who might be interested in becoming a peer-reviewer of articles for the IJP: please ask them to contact **Marzena Rusanowska**.

(N.B. We like all our reviewers to submit a few professional details about themselves and their interests so that we can ‘best fit’ them to the available articles.)

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Others can subscribe via the IJP website (www.ijp.org.uk).

Information and Guidelines for Authors

The **International Journal of Psychotherapy** welcomes original contributions from all parts of the world, on the basic understanding that their contents have not been published previously. (Previously published articles need a special permission from the IJP editors, and a clear reference and any appropriate permission from the previous publication). Articles should not have been submitted elsewhere for publication at the same time as submission to the IJP.

Review Process: All manuscript submissions – except for short book reviews – will be anonymised and sent to at least 2 independent referees for ‘blind’ peer-reviews. Their reviews (also anonymised) will then be submitted back to the author.

Manuscripts (or submissions) should be in the form of: either

- **Long articles**, which should not exceed 5000 words; or
- **Medium articles** (2000–3000 words); or
- **Short reports & reflections** for rapid publication (1000–1500 words); and
- **Book Reviews:** short (600–800 words) not peer-reviewed, or longer (800–1200 words) reviewed;
- **News Items** can be 100–500 words (not peer-reviewed).

In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however authors will need a specific approval from the Editors in advance of their submission. (We usually allow a 10%+/- margin of error on word counts.)

References: The author **must** list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request, or are available on various websites. In essence, the following format is used, with **exact** capitalisation, italics and punctuation. Here are three basic examples:

- (1) **For journal / periodical articles** (titles of journals should **not** be abbreviated):
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- (2) **For books:**
GROSTEIN, J. (1981). *Splitting and projective identification*. New Jersey: Jason Aronson.
- (3) **For chapters within multi-authored books:**
RYLE, A. & COWMEADOW, P. (1992). Cognitive-analytic Therapy (CAT). In: W. DRYDEN (Ed.), *Integrative and Eclectic Therapy: A Handbook*, (pp. 75–89). Philadelphia: Open University Press.

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This is only an indication – an extract:
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the IJP website: www.ijp.org.uk – Please click on the **“Authors”** tab.
Please read all that information very carefully before submitting an article.

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Editorial

COURTENAY YOUNG

NEW EDITORIAL TEAM MEMBERS NEEDED

Core Psychological Needs and the Complex Theory of C.G. Jung

ISABELLE MEIER

Epistemic Trust and its Utility in Psychotherapy

RADHIKA PALEPU, GILES NEWTON HOWES,
SHARON LAWN & JOHN MCMILLAN

Ongoing 'Special Issue' on Psychotherapy vs Spirituality

Treating Spiritual Issues in Secular Psychotherapy

DANIEL A. HELMINIAK

"Ukrainians are standing up for the highest principles of humanity."

INTERVIEW WITH PATRICIA HUNT, EAP PRESIDENT

UUP & EAP Joint Symposium on Ethics, February 2023

OPENING ADDRESS BY PATRICIA HUNT

[LINKS TO PRESENTATIONS](#)

BOOK REVIEWS:

1: *Psi in Psychotherapy: Conventional & non-conventional healing of mental illness,*

by Alex Tanous, Elaien Schwinge & Andrew F. Bambrick

Reviewed by COURTENAY YOUNG

2: *Depth Psychology and Climate Change: The Green Book,*

by Dale Mathers

Reviewed by SUSANNE VOSMER

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