

**Special On-line Issue on “Psychotherapy vs. Spirituality”**

**Part 2**

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# **On-Going IJP ‘Special Issue’ on “Psychotherapy vs. Spirituality”**

## **Part 1 & 2**

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### **Part 1: Published March 2017: IJP: Vol. 21, No. 1.**

Available on-line: [ijp.org.uk/docs/IJP\\_Special\\_Issue\\_Psychotherapy\\_vs\\_Spirituality\\_Part\\_1.pdf](http://ijp.org.uk/docs/IJP_Special_Issue_Psychotherapy_vs_Spirituality_Part_1.pdf)

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### **Part 2: Published July 2018: IJP: Vol. 22, No. 2.**

Available on-line: [ijp.org.uk/docs/IJP\\_Special\\_Issue\\_Psychotherapy\\_vs\\_Spirituality\\_Part\\_1.pdf](http://ijp.org.uk/docs/IJP_Special_Issue_Psychotherapy_vs_Spirituality_Part_1.pdf)

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### **Part 3: Will be published in 2019: IJP: Vol. 23.**

Some articles may published on-line, in advance of print publication.

We would also like (new) contributions from EAP – IJP subscribers.

We hope to publish similar articles as those listed below: (details to be confirmed)

**What is a Spiritual Psychotherapist?**

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**Counselling: Pastoral Care or Psychotherapy?**

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**Introduction to 'The Transpersonal: Spirituality in Counselling & Psychotherapy'.**

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# Psychotherapy vs. Spirituality

COURTENAY YOUNG

*Editor, International Journal of Psychotherapy*

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This is an Editorial or an Introduction to the 2<sup>nd</sup> Part of an on-going, ‘Special Issue’ on “Psychotherapy vs. Spirituality”. The first part – consisting of 4 articles – appeared in Vol. 21, No 1 (March, 2017). It is also available as a free PDF download from the IJP website: [www.ijp.org.uk](http://www.ijp.org.uk) – under the “Current Online Articles” link.

The next 5 articles, including this Editorial, will also appear there.

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## Psychotherapy vs. Spirituality: Statement of Principles

All psychotherapists who are members of an organisation (either national or modality-based) within the European Association for Psychotherapy (EAP) are obliged to work within a clearly stated and public ethical framework, with a Code of Conduct and a Complaints Procedure, in order to protect members of the public. All EAP member organisations have adopted the EAP’s *Statement of Ethical Principles*<sup>1</sup> and have adapted their own particular Ethical Codes (in their own languages and terminologies) to come in line with the EAP’s *Statement of Ethical Principles*. Whilst some of these ethical codes may not specifically mention issues of religion, faith or spirituality, all of these emphasise absolute respect of the integrity of the client (or patient) who is working with any such therapist in any sort of situation.

The EAP therefore considers that it is essential that, in the practice of every type of psychotherapy, the particular belief system of any clients who may have an allegiance to any particular religion or faith is absolutely respected.<sup>2</sup> The EAP also encourages high standards of training in psychotherapy and, within these, an awareness of the importance of respecting a client’s religion, faith, spirituality and general belief systems is considered paramount.<sup>3</sup>

It should be emphasised here that religion, or faith, is not synonymous with spirituality, though a person’s religion or faith may be an expression of their spirituality, and their spirituality may be expressed or practiced within a particular religious or faith-based format.

The situation is that nowadays therapists (psychotherapists and counsellors) in Europe are increasingly encountering clients & patients from a wide variety of different backgrounds, faiths, and religious beliefs, who are wishing to explore issues about their individual spirituality,<sup>4</sup> and/or their spiritual experiences, and thus there is generally an increasing

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1 See EAP Statement of Ethical Principles: [www.europsyche.org/contents/13134/statement-of-ethical-principles](http://www.europsyche.org/contents/13134/statement-of-ethical-principles).

2 See EAP Statement of Ethical Principles, 2002: §3d, 5a, 6b.

3 See ECP Document (v. 5.8).

4 “**Spirituality**” here is taken to be something different from “faith” or “religiosity”: The UK Royal College of Psychiatrists’ Special Interest Group (Spirituality) defines the distinction between spirituality and religion as follows: “Religious traditions certainly include individual spirituality, which is universal. But each religion has its own distinct community-based worship, beliefs, sacred texts and traditions.” ([www.rcpsych.ac.uk/spirit](http://www.rcpsych.ac.uk/spirit))

interest in the subject of spirituality within psychotherapy. If both client and therapist adhere to the same – or similar – belief systems, these explorations will either tend to operate within some common assumptions; or may be ignored or overlooked – we can be blind to the familiar.

However, there are various clear and identifiable links between spirituality, religious, faith and/or belief systems, and how these can impact – usually positively – on a person’s mental health: this is now almost universally accepted (Corner, 2006; Pargament, 2013; Behere *et al.*, 2013; HealthTalk, 2015; Zimmer *et al.*, 2016).<sup>5</sup>

Over time, one aspect of this interest has consolidated into the formation of a new ‘method’ or ‘modality’ of psychotherapy, known as ‘Transpersonal Psychotherapy’: but – because of its relatively recent origin – there is still some discussion and disagreement about what this actually is. And this, maybe, where the controversy really starts.

The EAP considers that it is totally legitimate for therapists (of any persuasion) to engage with aspects of their clients’ faith, religion, belief systems, cultural beliefs and/or spirituality, if ... perhaps, and only if ... their clients bring these issues up in the course of the therapy. It is **not** considered a legitimate or ethical intervention, in any way whatsoever, for a therapist to either contradict or reject a client’s belief system, or to try to impose their own personal belief system on to the client. It may (or may not) be ‘legitimate’ – according to the ethical rules under which a therapist works – for the therapist to ask a client about their personal belief system and how it helps (or does not help) them in their life.

This separation is partly because the history of religious antipathy among early psychology leaders, such as Sigmund Freud and B.F. Skinner, and thus the origins of psychotherapy considered this subject as somewhat ‘taboo’ or mystic, or something best left to the ministers, priests, rabbis, and imams. In all fairness, the taboo probably works both ways, as many of the above would see any such intervention as an ‘invasion’ into their prerogative and would also probably refer a person with psychological issues to an appropriate therapist.

The problem is also that, “*when it comes to religion and spirituality, no-one is neutral This general rule applies to atheists and agnostics as well as theists, and it applies to psychologists as well as their clients.*” Kenneth Pargament is the editor of the “APA Handbook of Psychology, Religion, and Spirituality”, and he suggests that this lack of neutrality is: “*Because religion and spirituality elicit deep feelings in people and because they speak to peoples’ deepest values*”.

## Dual Relationships

Great care must always be taken in the event of potential “dual relationships”, and these are described in the EAP’s (2002) *Statement of Ethical Principles*.<sup>6</sup> If an EAP psychotherapist has knowledge, skills and competencies in other areas, and/or is professionally trained and qualified in another area of work, it is considered improper and potentially confusing (for the client) to introduce these areas into the psychotherapy session, without clarifying these matters with the client and getting their specific approval (i.e. effectively re-contracting): for example, if the psychotherapist is also a practicing medical doctor, it could be inappropriate to prescribe medication during the course of the psychotherapy session; similarly, if the psychotherapist was also a qualified complementary health practitioner, it would also be inappropriate to introduce any such treatments or techniques without clarifying the new

5 See also documents like NHS Healthcare for Scotland (2009), ‘*Spiritual Care Matters*’; and the Welsh government: ‘*Standards for spiritual care services in the NHS in Wales*’ (2010).

6 See EAP Statement of Ethical Principles, 2002: §1b, 5a, 6d, &a, b & d.

(or different) relationship with the client. These dual relationships can also occur in the area of spirituality (religion & faith), especially if the therapist is, for example, also a priest or minister. Similar care must be taken with advertising one's services.

EAP values the important role (and the contribution of various faith and religious communities) to the mental health of individuals in Europe. EAP also acknowledges that pastoral care & spiritual counselling can often be very helpful and healing, and possibly even psychotherapeutic; however, this pastoral care or psycho-spiritual counselling is often done from within the parameters of a particular faith or religious community, and often by people who may not have a great deal training in psychotherapy or counselling. Care must therefore be taken that the boundary lines are made clear, that the professional competencies are also clarified, and that particular boundaries are not crossed.

On occasions, psychotherapy clients may present issues, within a psychotherapy session, that contain an either explicit or implicit spiritual content. These issues are therefore legitimate for the therapist to deal with within the course of the psychotherapy. These issues can include:

- \* Explicit issues of belief that are causing the individual client significant distress or difficulties; e.g. by their own questioning, or from a loss of, their particular belief system, religion or faith.

- \* Explicit issues that arise from within their belief-sharing community: e.g. difficulties in their relationships within that community of faith; or difficulties where the client is questioning some of the basic values of that community.

- \* Implicit issues arising from within their own experience: e.g. from occasions of bereavement; or by the ending of a significant relationship; or through illness or accident; or through changes in their sexuality; or by having had a religious or spiritual experience outside of their normal experience or belief systems. Such experiences might also include issues around anxiety, depression or illness, but seen from within a specific spiritual perspective.

- \* Explicit (or implicit) issues arising from being (existentially) outside of a belief-sharing community: e.g. family or peer pressure to join, or not to join, or to leave, that particular belief-sharing community; or from internal feelings that it is time to join, or to leave that particular community.

In this context, it is interesting to note a series of articles in this journal, the *International Journal of Psychotherapy*, from an Israeli psychotherapist, who works with people from within the (Jewish) Hasidic community (Hoffman, 2011; Hoffman, 2013).

### **Loss of Faith**

Clients may also seek therapy when their familiar sources of spiritual care or support are no longer available or sufficient; or when facing significant life issues: e.g. illness, trauma, loss, significant transitions, or crises, etc. (Young, 2010). In such situations, they may wish to explore questions that they might have about ... life, death, suffering, health, or change, etc. ... with particular reference to their spirituality, faith, or religion, as a significant part of their psycho-therapeutic process. The EAP considers this sort of exploration totally legitimate and ethical.

Clients may sometimes fear that their religious or faith issues might be considered as unacceptable, or even pathological, if brought into their therapy: e.g. "... many psychiatrists see religion as primitive, guilt-inducing, a form of dependence, irrational and having no

*empirical basis*" (Dein, 2004: p. 287). The EAP supports an affirmative exploration of the client's belief system as being totally acceptable, legitimate and ethical, especially if the topic was introduced by the client.

Ideally, in the future, there will be greater support and collaboration between psychiatric, medical, psychotherapeutic, religious and other supportive professionals: as all these have the welfare of the person concerned at the heart of their professional practice. Clients who are tormented by spiritual issues, sometimes to the point of a psychotic breakdown or suicide, may benefit significantly from such social or 'network' collaborations (Young, 2010). Indeed, such collaborations have been often very therapeutic, not only for the person in crisis, but for the networking professionals.

Members of faith or religious communities, who are wishing to bring up questions about their belief systems, and/or their relationships within that community, may want to seek an (external) psychotherapist. If members of a 'faith' community are feeling neglected, abused, bullied, marginalised, or exploited by another community member, (or members), then they may well be experiencing acute distress (or other negative feelings), especially as there is often an expectation that such experiences are inappropriate in such a religious or faith-based community setting. Their level of faith may be being questioned, or they may feel that their actions (in a particular situation) have caused them to be marginalised (or are being condemned) by members of the community. In such a situation, they often seek professional (psychotherapeutic) help from outside of their community. The EAP supports such explorations.

Issues of faith, religion or spiritual belief are frequently influenced by factors, such as culture, conditioning, gender, sexuality, age, social changes, the environment, and even geography, and any (or all) of these may be very different from that experienced by the therapist. In such situations, EAP psychotherapists are ethically required to try to understand – and work with – their client's 'frames of reference', whilst also offering empathy and acceptance and being mindful of the dangers of making any assumptions or stereotyping, which may leave clients feeling unheard or misunderstood. In order to avoid these difficulties, EAP psychotherapists might legitimately ask clients to tell them more information about their personal beliefs and their spiritual frame(s) of reference, in so far as this is relevant and beneficial to the therapy and to the therapeutic relationship. It is therefore very important (or essential) for therapists to maintain a non-judgemental attitude of enquiry in such situations, and also to ascertain whether (psycho)therapy is the most appropriate intervention (or not), and whether that particular (psycho)therapist is indeed appropriate for them.

Clients sometimes expect therapists to take a suspicious, or even hostile, attitude to the subject of their religion, faith or spirituality. Some therapists may have difficulties in offering a totally open mind and unconditional positive regard towards clients who might hold quite inflexible religious views: an example might be those who attribute all choices and outcomes to divine will, which might be perceived (by the therapist) as an avoidance of accepting any personal responsibility. Any such differences in views may reflect conflicts within the therapist, or possibly within the client, or within the therapeutic relationship, and yet these conflicts can also provide legitimate and fruitful material for the therapeutic process, if they are identified and addressed properly, and if this is so desired by the client.

There may also be questions that arise in the therapy about a client's mental health or mental state. Psychotherapists should have been trained and should have had sufficient clinical experience to be able to differentiate between a psychotic episode and a (different) spiritual experience. There may be different perceptions and definitions of a client's unusual

spiritual experiences, such as seeing visions, hearing voices, or if they are experiencing (or have experienced) exceptional, paranormal, or psychic phenomena.

A purely psychiatric understanding of “delusions” would suggest that these ‘experiences’ are beliefs, with no rational basis, of at least one month’s duration, and that are inconsistent with the person’s culture or religion (DSM-IV(TR) 2000: § 297: 1). However, some (very well-established) spiritual traditions, and some long-standing religious practices, generate and value mystical experiences emanating from (for example) the practice of extensive meditation, often in relative isolation.

Some clients (or – more likely – the people around them) may attribute such outcomes (or experiences) to the influence, or interference, of extra-ordinary or superhuman forces, and may thus perceive these as either positive (angelic or divine) or negative (demonic or via witchcraft). Psychotherapists therefore may need to develop an understanding of ‘what’ is considered as ‘delusional’ within the various cultures, and to have a willingness to explore these issues with the client, as well as exploring these issues in appropriate supervision, and with reference to other professionals and/or religious leaders, where relevant.

Clients who have had spiritual experiences, or who come with spiritual issues, may present with very difficult and powerful emotions. These may be induced (or exacerbated) as a result of some aspect of doctrine, dogma, ideology or practice: e.g. they may have feelings about their personal sinfulness; insufficient religious observance; their sexual orientation or behaviour (where there are conflicts); or even about choosing therapy, rather than trusting to their belief system to resolve their problems. Some clients may also seek therapy in the aftermath of leaving (or changing) their faith or religious community: their reasons may vary widely, and can include changes in their needs, wishes, beliefs, or as a result of peer or family pressures. EAP considers such explorations as totally valid and significant for the client.

Revelations of sexual abuse by clergy, allegations of ritual abuse, abusive actions by religious groups, etc. may also be made by clients, especially those who now feel more able to speak about their experiences, and psychotherapists may then have to make decisions about confidentiality and referral: e.g. especially where there are child protection issues. Clients may also present with symptoms of post-traumatic stress, low self-esteem, anxiety & depression, etc., as a result of previous (religious or ‘spiritual’) abuse experiences. These can also be exacerbated by the spiritual element or the religious context. All of these topics are considered by the EAP as legitimate areas of psychotherapeutic work.

The issue of confidentiality is – of course – central to the therapeutic relationship and clients can often feel anxious, if they suspect any potential conflicts or boundary issues within the therapist. This may be particularly relevant if there have been similar issues arising within the client’s spiritual or faith community: there may have also been power issues or dynamics, all of which may (and often do) ‘play out’ in the therapy. Issues of confidentiality and power in therapy have explored well in Litchfield (2006: p. 36), Bond et al, (2009); Bond & Sandhu (2005); Bond & Mitchels (2008), and therapists working with such issues may need to inform themselves appropriately

On occasion, it may be necessary to identify other sources of support that can be accessed by the client, because (sometimes) spiritual or religious leaders are critical of external therapy (or therapists), and this can cause conflict for the client, or for the therapist. The therapist should take such conflicts into their own professional supervision and also consider the possibility of having an external dialogue with the spiritual or religious people involved, as long as confidentiality and boundary issues are respected.

There may also be issues that arise if the therapy takes place within, or is funded by, a religious, faith-based or spiritual organisation. The therapist may therefore face potential

conflicts of interest: to make speedy progress; to achieve a specific therapeutic goal; or through some form of “reporting back”. These issues would need to be identified, both within the therapy, and within the therapist’s supervision.

There are many issues that can arise in therapy and Samuels (2002) sees that these can touch on spirituality and the spiritual dimensions of experience. He divides these into four different areas: (i) social spirituality; (ii) craft spirituality; (iii) democratic spirituality; and (iv) profane spirituality. Social spirituality is where one is actively engaged in a social, political, cultural or ethical issue, together with others, and this initiates the spiritual. Craft or skilled work - maybe, potentially, all creative work - also has a spiritual dimension. In our Western societies, much work in modern times has become meaningless and alienating, but it doesn’t have to be, and so work issues in therapy can thus touch on spiritual matters - especially where the person’s quality of life is at stake. Democratic spirituality involves bringing the idea of absolute equality back into all kinds of agendas - personal, political and clinical. In all the modern discussions about equality of outcome and equality of opportunity, something has got lost. And that is this notion of absolute equality, which used to be called traditionally ‘equality in the eyes of the Lord’. Finally, Samuels considers that profane spirituality is about drugs, sex and rock and roll. Bill W., the founder of Alcoholics Anonymous, sent C.G. Jung a critically important letter in which he advanced the idea that alcoholism was a spiritual quest that had gone off the rails. This insight can be applied to many other addictions, through (psychedelic) drug use, and up to and including shopping and work-aholism. All these issues can come up in therapy and all these areas can also touch upon issues of spirituality.

Other issues that can come between client and therapist - considering issues connected with religion, faith and spirituality - may be present: for instance, if it is discovered that therapist and client are members of the same, or of ‘opposing’, faith communities: these situations are usually covered by sections of the therapist’s ethical codes dealing with “dual relationships”: these are rarely neutral and (ideally) should be avoided, where possible.

If the therapy is being conducted in a building dedicated to a particular belief or spiritual practice, then certain images, behaviours, expectations, etc. may impinge on the therapy, and these may need to be explored, if and when relevant. The therapist should also consider (in advance) matters concerning self-disclosure (with respect to their own belief-system and spiritual practice) as these might also affect the client’s choice of therapist: however, it must also be remembered that the skill of the therapist is usually more important to the client than any decision about self-disclosure (Hanson, 2005: p. 101).

There is also a potential (and contentious) issue about prayer in the context of therapy: “*praying with clients during sessions increases the risk that role boundaries will become confused*” (Richards & Bergin, 1997: p. 204); and Rose (2002: p. 11) explores whether prayer in the context of therapy can ever be ethical. More recently, Gubi (2008) offered a comprehensive and valuable study into the potential benefits of, and problems with, integrating prayer into therapy. All psychotherapists should be aware of, and be prepared to work with, such ‘difficult’ or ‘contentious’ issues.

All psychotherapists need to have been properly trained; be reasonably informed; and be professionally competent; - in order to deal with issues that their clients might bring to the psychotherapy sessions.<sup>7</sup> It is also very important for a therapist to be aware of their own limitations, and to consider whether they may need additional training and/or supervision, when dealing with such clients and their issues.

<sup>7</sup> See EAP’s Core Competencies of a European Psychotherapist (2013): [http://www.europsyche.org/download/cms/100510/Final-Core-Competencies-v-3-3\\_July2013.pdf](http://www.europsyche.org/download/cms/100510/Final-Core-Competencies-v-3-3_July2013.pdf).

Additionally, there are always factors that the therapist should be aware of that are necessary to maintain their competency and practice to a reasonably high level, and these include supervision, monitoring, additional training, review of changing circumstances, legal requirements, and their own personal and professional development.

### Transpersonal Psychotherapy

There is, in addition to the above (as mentioned), a whole sector within the field of psychology and psychotherapy that calls itself “Transpersonal Psychology” or “Transpersonal Psychotherapy”.<sup>8</sup> This is a “school” of psychology and psychotherapy that integrates spiritual, psychic and transcendental (esoteric) aspects of human experience, within the framework of modern psychology. The *Journal of Transpersonal Psychology* has been published since 1969; the Association of Transpersonal Psychology was founded in 1972; and it has members in 40 different countries.

In the broadest sense, the search for spirituality can be understood as an aspect of a human’s attempt to transcend the various personal, specific, and restricting details of our lives and the world: it is essentially a search for greater meaning. It is therefore a logical continuation of our mental, emotional and psychological development. Spiritual psychotherapy focuses on the maintenance and development of the spiritual health and well-being of the client. It assumes that the person is already whole and reasonably healthy, but is (perhaps) somewhat emotionally immature, and has therefore not yet fully embraced the greater potential that is accessible for himself or herself. A spiritual direction within psychotherapy is therefore necessarily not for everyone, since it presumes a moderate degree of psychological health and well-being. Therefore, spiritual psychotherapy is about a person’s search for meaning, and for belonging, beyond the normal, and beyond the core values that normally influence one’s behaviour (Sperry, 2001; Milenkovic, 2013). It is based on a model of normative health (rather than on pathology) and eliminates and transcends more formal medical or psychological diagnoses. Its aim is help the person attain a degree of harmony for the person’s body, mind and soul. In spiritual psychotherapy, the therapist assists the client in seeking “*the self beyond itself ... self-transcendence*” (Karasu, 1999: pp. 160-161).

There are also some similarities and differences between the practice of psychotherapy and the practice of spiritual direction<sup>9</sup> and there are suggestions that these processes are quite parallel, as questions arise about how to address issues of spirituality in a psychological

8 **Transpersonal psychology** is a sub-field or “school” of psychology that integrates the spiritual and transcendental (esoteric) aspects of human experience with the framework of modern psychology. It is also possible to define it as a “spiritual psychology”. The transpersonal is defined as ‘experiences in which the sense of identity or self extends beyond (trans) the individual or personal so as to encompass wider aspects of humankind, life, the psyche and psychic development and other aspects of the cosmos. It has also been defined as a form of development beyond conventional, personal or individual levels. Issues considered in transpersonal psychology include spiritual self-development, concepts of the self beyond the ego, peak experiences, mystical experiences, utilisation of trance states, spiritual crises, spiritual evolution, religious conversions, altered states of consciousness, spiritual practices, psychic phenomena, and other unusually expanded experiences of living. The discipline attempts to describe and integrate spiritual experience within modern psychological theory and to formulate new theories to encompass such experiences. Transpersonal psychology has made several contributions to the academic field, and the studies of human development, consciousness and spirituality as well as having made contributions to the fields of psychotherapy and psychiatry.

9 “**Spiritual direction**” is the practice of being with a person as they attempt to deepen their relationship with their religious belief, or to learn and grow in their own personal spirituality. The person seeking direction shares stories of his or her religious or spiritual experiences. The ‘director’ listens and asks questions to assist the ‘directee’ in his or her process of reflection and spiritual growth. Spiritual direction develops a deeper relationship with the spiritual aspect of being human.

context and psychological issues in a spiritual context. Spiritual issues that may arise in therapy together with psychological issues that occur during spiritual direction have some similarities, leading on to a comparison between ‘dark night of the soul’ experiences and the experience of clinical depression. Thus, taking the common factors theory into account, ‘spiritual direction’ might even be considered to be a legitimate modality within psychotherapy.

Relevant documents that support this basic position include: (1) the EAP’s (2004) *Statement of Ethical Principles*; (2) the European Certificate of Psychotherapy (v. 5.8: document about training standards); (3) the EAP’s (2013) *Project to Establish the Professional Competencies of a European Psychotherapist: Core Competencies*; (4) any similar literature from the various national and European-wide EAP organisations.

There are some fears in some countries that the position of a psychotherapist (or counsellor) can be abused if the profession becomes ‘infiltrated’ by people from a particular sect or cult, and that the client’s vulnerability within the therapeutic session could thus be exploited. Governmental legislation or regulations that try to prevent this ‘infiltration’ can often be quite restrictive, heavy-handed and over-bearing (viz: Aspects of the “*Guidelines for psychotherapists on the issue of differentiating between psychotherapy and esoteric, spiritual and religious methods*”: issued by the Austrian Federal Ministry of Health, 2014).

It is therefore really up to the ‘umbrella’ professional psychotherapy associations in any one country or in any one modality to: (a) ‘filter out’ such possible invasions from practitioners of particular sects and cults, posing as psychotherapists; and (b) reassure the law-makers in that country that the situation is well-in-hand, monitored appropriately, and has sufficient safeguards to protect the public. In the event of any possible breach of such guidelines, regulations, or professional ethics - ideally, the psychotherapist’s professional association would be informed – in the first instance – and an internal ‘hearing’ would be conducted to determine the extent of any potential impropriety. If some improprieties were found, the professional association can impose requirements on the therapist to ensure that there is no repetition; or the therapist can be excluded from the association – but this does not necessarily stop them from practicing; however, if no improprieties were found, then the professional association could (and should) support their practitioner in any subsequent civil or criminal proceedings. Ideally, all psychotherapists should also have taken out suitable professional (malpractice) insurance, to cover the costs of any proceedings against them and to give them legal support and advice.

## **Conclusion**

The main position of the EAP is that the scope, the soundness and the integrity of the processes of the National Awarding Organisations and the European Wide Accrediting Organisations are: not only sufficient to prevent the sort of confusions that can occur between psychotherapy and spirituality becoming confused; but also that any attempts to control behaviour in the therapy room by external legislation or regulation can actually have a detrimental effect on professional standards; as can a governmental restriction which legitimizes only a few modalities in that country; as can the creation of a restriction on the freedom of movement of professionals between EU countries; and these forms of ‘regulations’ can possibly also be seen as a restriction on people’s human rights. It is therefore doubtful that any such over-arching governmental legislation or regulations (such as the Austrian Federal Ministry of Health Guidelines, 2014) will stand the test of time and/or would succeed in any ‘test cases’ in a European court of law.

There is another aspect to consider: currently, ‘psychotherapy’ or a ‘psychotherapist’ is an occupation that is **not** classified as a health profession [22] (by ESCO<sup>10</sup>), but as a legal, social & cultural professional [26]; and then in the minor category of social and religious professionals [263]; and then in the minor group below that of psychologists [2634]. So far, the EAP has managed to get a statement that says: “*It is an independent occupation from psychology, psychiatry, and counselling.*” We hope to get it re-classified as parallel to the profession of psychologist [something like 2637]. However, it is still definitely **not** a health profession, so – what is the Austrian Ministry of Health doing issuing guidelines?

**Courtenay Young**, is currently Editor of the IJP. He also formulated the *EAP’s Statement of Ethical Principles* (2002); is a long-standing member of the EAP’s European Training Standards Committee (ETSC); and was the lead writer for the EAP’s Project to Establish the Professional Competencies of a European Psychotherapist ([www.psychotherapy-competency.eu](http://www.psychotherapy-competency.eu)).

He has written this article as one of the variety of responses to the Austrian Federal Ministry of Health’s *2014 Guidelines*, but – in no way – does this article represent the views of, or (at present) commit the EAP (or any sub-committee of the EAP) to any particular course of action. He was not commissioned for this work, and he also does not have any particular affiliation to any religious or spiritual group, but takes a more non-sectarian, all-inclusive or universal stance.<sup>11</sup>

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10 **European Standard Classification of Occupations (ESCO)**: [ec.europa.eu/esco/portal/occupation](http://ec.europa.eu/esco/portal/occupation)

11 Many points in this article were inspired by a (now up-dated) BACP Information Sheet (G13) written by Lynette Harborne (2011) entitled: “*Working with issues of spirituality, faith, religion or belief*” (Nov. 2011). This document is now unavailable and is one of a whole 2017 list of research and resources issued by BACP Spirituality: [www.bacp.co.uk/media/1943/bacp-spirituality-research-resources-jun17.pdf](http://www.bacp.co.uk/media/1943/bacp-spirituality-research-resources-jun17.pdf).

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## **EAP Guideline on the issue of Psychotherapy and Religion, Spiritual Practices and Esoteric Methods**

### **Guideline**

1. The fundamental rule of guidance is that the psychotherapist only ever works from the perspective of the interests of the client, and it is therefore unethical and unprofessional to work: either for their own commercial self-interest; or from any other personal agenda, whether this be one of power, imposing their own beliefs, promotion of any particular practice or method, or for any financial, personal or sexual advantage.
2. This fundamental rule includes working only with the interests of the client in matters of spirituality, religion, transpersonal beliefs or esoteric practices: none of which may have established a sufficient scientific basis for these to be included into a psychotherapist's professional practice. It is therefore unethical and unprofessional to work when considering only the therapist's own religious, esoteric or spiritual belief systems (where this is different from the client's).
3. The psychotherapist is required in particular to *suspend their own personal belief systems*, as far as possible in their professional work with a client, whilst recognising that there are various situations and respects in which this may be difficult. As with any psychological-emotional matters, the client's personal religious, spiritual and esoteric beliefs may however - obviously - be a topic for discussion without prejudice.
4. All of these points are covered generally and adequately, even if not stated explicitly, within the EAP's Statement of Ethical Principles and the EAP's Professional Competencies of a European Psychotherapist: these documents are all available from the EAP's website: [www.europsyche.org](http://www.europsyche.org).

*Approved Sept. 20, 2017: EAP Board.*

# Addressing Spiritual and Religious Issues in Counselling and Psychotherapy<sup>1</sup>

WILLIAM WEST

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I would like to consider how counsellors and psychotherapists can ‘hold open’ or maintain a space where their clients can explore their own spiritual issues or religious issues, without the therapist’s views influencing the client’s: this is a topic that has some controversy attached to it.

Writing about religion and spirituality for a counselling & psychotherapy audience can feel a bit like “fools rush in, where angels fear to tread” [1], but mindful of my own continuing need for thought and introspection around these topics, I think that it is especially important that we counsellors and psychotherapists hold open a space where our clients can explore these issues freely – if they so wish. In this context, I am often asked, ‘What do you mean by “religion” and by “spirituality”?’

My preferred answer is: ‘What do these words mean to you and to your clients?’ This does not usually seem to satisfy my questioners, so my next response is to draw on common dictionary definitions, which often talk of ‘religion’ as the framework – containing specific buildings, pastors, books, beliefs – under which people gather together, whilst reserving ‘spirituality’ for the individual’s own beliefs and experiences, often privately held (Note: This is also usefully discussed in Harborne, 2008 [2]).

Many people do seem to resonate with this sort of distinction between religion and spirituality. However, it does not always meet with universal acceptance. So, I notice that even the words that we use to talk about these issues are under challenge and often the subject of passionate dispute.

These words – ‘spirituality’ and ‘religion’ – really matter to many people. I think the polarisation and controversies around religious beliefs in recent years have increased the amount that they matter. In the therapeutic context, it is useful to think about spirituality in terms of: (a) experiences that people have which they refer to as ‘spiritual’; (b) the beliefs that they have in relation to their own spirituality; (c) the value system, explicit or implicit, that they have in relation to their spirituality; and (d) where this all fits in (or does not fit in) with whatever organised religion exists around them.

We can then usefully expand on this notion of ‘spirituality’ and ‘spiritual experiences’ within a therapeutic context, and say that:

- These are nearly always rooted in human experiencing, rather than in abstract theology
- They are also often embodied ‘experience’, and attempts to ‘dis-embodify’ spiritual experiences are thus possibly mistaken
- Such experiences sometimes involve linking with other people in a meaningful way and

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<sup>1</sup> An earlier version of this article was published by the BACP in its magazine *Thresholds* in Winter, 2012. It has been up-dated and re-edited by the author and the editor of this Special Issue.

even connecting with nature or the universe at large

- They are sometimes involving non-ordinary (unusual) experiences and sometimes altered states of consciousness
- Active engagement with spirituality tends to make people more altruistic, less materialistic, and more environmentally aware
- Spirituality often attempts to deal with the ‘meaning’ or ‘purpose’ that people make of their lives
- It also tries to address issues around pain and suffering and their causes
- It relates to various versions of what we refer to as ‘God’ or some ultimate reality
- It often uses the word ‘soul’, ‘spirit’ or ‘higher self’ – and ...
- The expression of spirituality often uses techniques such as prayer, meditation, contemplation, mindfulness, and other such practices.

### Who We Are

As therapists, I would suggest that our personal understandings and our lived experiences of who we are, and what we think, are part of our ‘being in the room’ with our clients; whether we share this information with them or not. I imagine that many readers of *‘Thresholds’* would take the viewpoint that our counselling work with clients is – in some way – an expression of our personal faith, put into practice. This does not mean that we can or should impose our faith, or even talk about our faith and spirituality with our clients. However, it is a part of who we are; a part of our ‘being in the room.’ And, I would maintain, that – in some way – this does communicate itself to our clients. I would therefore maintain that the religious (or spiritual) viewpoint of the therapist does – in fact – impact on her clients. Any one therapist may be:

**1) Religious:** Although we may carry our religious faith and belonging lightly, it will however impact on the values that underpin our work with clients. I imagine many counsellors and therapists within APSCC<sup>2</sup> would fall into this group.

For those who may think ‘So what?’, Peter Gubi’s research [4, 5] into the use of prayer in counselling might give some pause for thought. He surveyed just over half of BACP accredited practitioners and 43 per cent (n=247) replied. Fifty-nine per cent of his respondents had used prayer covertly with clients and 12 per cent had used it overtly with Christian clients. Only 24 per cent of those who used prayer had ever discussed it in supervision.

**2) Spiritual, but not religious:** this is quite a common position for people within Britain today – what Davie [6] calls ‘believing, but not belonging’. This is also a very common position for counselling trainees to have, in my experience. I notice how often the word ‘soul’ is used among this group, and the popularity of religious practices, such as mindfulness, yoga, tai’chi, and meditation, which are also often used outside of any religious context.

**3) Not Spiritual:** Some people do not ‘get it’ and do not want it, and wonder what the fuss is about! I have recently had the pleasure of reading a book chapter by Dave Mearns, in which he insists that he is a ‘nihilistic atheist’ and who never uses the word ‘spirituality’ to describe the experience of meeting a client at relational depth [7]. What I found intriguing was that I could relate deeply and indeed spiritually to what Mearns says, even though he does not

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2 The Association for Pastoral and Spiritual Care and Counselling: now known as ‘BACP Spirituality’ – a branch of the British Association for Counselling and Psychotherapy: [bacpspirituality.org.uk](http://bacpspirituality.org.uk).

use the language of spirituality. This cured me of the belief that something is necessarily lost when we only use secular language. However, my personal preference is to use spiritual and religious language.

4) **Anti-Religious** (a subset of 3): This grouping has been strengthened by recent polarisation of opinions for and against religion, reflected best perhaps in the writings of the natural scientist, Richard Dawkins [8]; the journalist Hitchens [9]; and the philosopher, De Botton [10]. People in this group can sometimes carry hurt and anger in relation to their experiences of organised religion.

I would hope that, whatever the therapist's view on spirituality and religion, the client would get the therapy that they need and that they have contracted for; but – unfortunately – as we know from Chris Jenkins' research [11], that this is not always the case: *'When I was ill, I certainly learned very quickly to keep the spiritual side of myself separate from the rest of myself whenever I met with any of the "professionals"'* (a counselling client cited in Jenkins, 2006 [12]).

This challenge around the impact of the therapist's apparent religious beliefs on their clients was brought home to me very forcefully three or four years ago when, one day, with my own therapist, I noticed that she was wearing a Christian cross. I thought to myself, 'Oh my God, what on earth does she think of me? Is she a Christian, and if so, what kind of Christian is she?' I feared her condemnation. I had taken her to be vaguely New Age in her spiritual outlook and seemingly accepting of my spirituality and faith, but what if I had got it wrong about her? During the week between sessions, I said to myself, 'Come on William, you're a specialist on therapy and spirituality; surely you of all people could address such a spiritual issue with your therapist?' So, I did and I asked her about why she was wearing the cross. She replied that it was worn as a fashion item and not as an expression of belief! My relief was immense but it had taken me some courage to raise this issue. How hard, then, might it be for a client to raise questions around spirituality. I held back on telling her that she needed to explore this in supervision!

## Challenges

There are three broad challenges that may arise when working with clients around spirituality and spiritual issues and religion:

1. The client presenting issues relating to their spirituality and/or religious faith;
2. Experiences within the counselling session that either client, or therapist, or both, regard as spiritual;
3. When working with a client's spirituality leads to spiritual or religious issues arising for the therapist.

It is possible that more than one of the above factors may be active – and possibly problematic – for the therapist. I have always felt that working with clients has the potential to change me, hopefully for the better. And that, by being witness to, and reflecting on, my clients' struggles, it changes who I am over time. Considering each of these three challenges in terms of the counsellor's or psychotherapist's experience, meaning-making, and values, we get the table shown below: I will now briefly consider each column of challenges in turn.

	<b>Client's Issues around Spirituality &amp; Religion</b>	<b>Spirituality in Sessions</b>	<b>Therapist's Spirituality</b>
<b>Experience</b>	Can I listen to my client's description of their spiritual experiences in an open, accepting and respectful manner?	Can I allow the apparent loss of boundaries that may be involved, and face the possible fears of both of us?	Can I allow myself to connect in this profoundly spiritual way and face my possible fears and vulnerabilities?
<b>Meaning-Making</b>	Can I suspend judgment of the meanings my client makes of their spiritual experience?	Can I make sense of such experiences within my therapeutic, or even spiritual frame of reference?	Am I willing to explore what this means to me? And do the therapeutic work involved?
<b>Values</b>	Can I sit comfortably with the spiritual and religious values of the client, implicit and explicit? Even when they differ widely from my own?	How do such experiences sit within my value system?	Does this change how I approach the therapeutic encounter? And can I embrace this change?

**Table 1. Challenges**

### **Client Issues around Spirituality and Religion**

Clients' descriptions and discussion of their spiritual experiences and beliefs can be challenging and disturbing. We need to be able to help our clients explore their doubts and concerns. We may or may not have similar issues ourselves. For example, it can be very painful for a client whose spouse is no longer willing to share their religious faith. There can be deep-rooted religious and psychological issues involved, including: 'Will my partner go to heaven?' It might be easy, all too easy, to reject the concern of such a client, but it may well be very real to her.

I quite often find that people have cruel attitudes to themselves that are in sharp contradiction to their religious faith. For example, Buddhists who feel unworthy of compassion or Christians who feel themselves to be unforgiven.

It can prove difficult working with clients who believe they are under a spiritual attack. This can be very tricky. It usually helps to find out what their religious framework is and to locate the necessary work within that frame, with referral if necessary. Indeed, the question of referral may arise:

- 1) When we feel the therapeutic work that they need to do is beyond our expertise or we feel 'out of our depth';
- 2) When we feel that they need to work with someone from their own faith tradition;
- 3) When we feel a referral for a mental health assessment is necessary, hopefully with their consent.

### **Spirituality in Sessions**

Brian Thorne, in describing his notion of tenderness within the therapeutic encounter, writes: 'It seems as if for a space, however brief, two human beings are fully alive because they have given themselves and each other permission to be fully alive. At such a moment,

I have no hesitation in saying that my client and I are caught up in a stream of love. Within this stream there comes an

effortless or intuitive understanding and what is astonishing is how complex this understanding can be' [13].

There is a lot to be unpicked here, which is way beyond the scope of this article (in part, further explored in pages 63-64, of *Spiritual Issues in Therapy* [14]). However, it seems clear to me that Thorne is describing a spiritual experience seemingly shared by both therapist and client. In being open to spirituality and spiritual experiences in therapy sessions, there are some very real boundary issues to consider:

- 1) Potential loss of boundaries for client: How do we make and keep it safe for our clients?
- 2) Potential loss of boundaries between client and therapist: I had a client once [14] who spoke of his fear of the 'spiritual intimacy' that existed between us. This was an expression of a boundary issue for him and also for me. It raised the question for me of whether our therapeutic work together had shifted from being therapy to being spiritual direction and what this 'spiritual intimacy' he was referring to was? Part of resolving this matter was inviting him to clarify what this intimacy and the nature of our relationship had then become.
- 3) Sometimes either therapist or client may feel they experience God – or other presences – in the therapy room. This can get very real and very challenging. It demands a real honesty to engage in such work, and a willingness to stay with what is the unknown and the uncertain.
- 4) Where does therapy end and spirituality or religion begin? Or rather, when does a therapeutic encounter begin to feel more like spiritual direction or accompaniment, and who decides? Clearly this question needs exploring in the moment with the client but also subsequently within supervision.

### **The Therapist's own Spirituality and Religious Beliefs**

My work as a therapist has changed me and my life in so many ways. It feels that witnessing my clients' life struggles has made me ever more aware of my own issues that need addressing. This has included the need to look after myself at a deep level including spiritual practices that keep me on an even keel. My clients over the years have thrown up a whole host of spiritual and religious issues that I have had to wrestle with, within and outside of supervision. Some examples:

- 1) **Why them?** In other words, why did such horrible things happen to this client and how does my faith stay intact? I feel it is important for me not to duck this issue but to give it the time it deserves, (largely) outside of the session.
- 2) **How do I deal with the sense of 'others' present in the therapy room?** I certainly feel 'helped' at times, especially in difficult moments in my clients' therapy processes. I am intrigued by the images and words that can turn up at just the right moment when working deeply with clients. Sometimes, when working with bereavement, the deceased will appear very present to both myself and the client.
- 3) **My therapy and academic work cause me to be aware of my regular need for spiritual solitude and contemplation.**

### **Conclusion**

It is quite common to talk in therapy of being on a journey as a client or therapist, and I find this a useful metaphor for my spirituality, i.e. being on a spiritual or faith journey. A

related idea I often use is that of ‘unfolding’: that there are friendly processes wanting to happen, to unfold, and counselling and what we might call ‘spiritual friendship’ can facilitate such unfolding. However, I have no need for my clients to be on a spiritual path or have a religious faith; that is up to them. I don’t need my clients to share my understanding of what spirituality is. In any case, I am open to learning from them and from the experience of us working together. There can be great joy in working with someone who does not share the same faith as me, or even has no faith at all. My own spiritual journeying continues, and Jonathan Wyatt makes sense to me when he urges us to have awareness of our own faith position in the moment: ‘When I am clear about my faith and comfortable with it – whatever it looks like – then that is good. I know what I think. I know what I believe and I know what I do not believe. I know what my values are, or I know that I don’t know. Then, when I am like that, I can listen to clients.’ [15]

### Biography

**Dr. William West** is a Reader in Counselling Studies at the University of Manchester, where he is most noted for his interest in counselling and spirituality, and for his work with doctorate and Ph.D. students. He is author of: *Psychotherapy & Spirituality: Crossing the line between therapy and religion* (Sage, 2000), and his most recent book is *Exploring Therapy, Spirituality and Healing* (Palgrave, 2011). William is a keen cyclist, amateur poet, and a beginner piano-player.

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# A New Anatomy of Spirituality: Clinical and Political Demands that the Psychotherapist Cannot Ignore<sup>1</sup>

ANDREW SAMUELS

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## Abstract

I begin with some general issues and problems of defining the 'S' word. Next, I present a contemporary anatomy of spirituality stressing connections to lived experience in society. The third section is on 'responsibility' and how that links to psychological, spiritual and political concerns. Finally, inevitably, given my Jungian background, I discuss the shadow of spirituality. Throughout I make connections to the clinical encounter and dialogue in psychotherapy.

**Key Words:** Psychotherapy, Spirituality

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## Introduction

The bigger and more important the theme, the more personal the author's connection to it is likely to be. So, I will begin by sketching my personal development in connection with the themes of this chapter. At about the age of eighteen, I was a highly political young man, but trying to realise my political dreams through the arts – specifically, theatre. We were a radical theatre company, in those days, at the end of the 1960s, when you could get money from the Arts Council for radical theatre companies. Then, after becoming a youth worker and a counsellor working with young people, I went into analysis, and dropped out of the political world for a decade. So, when Thatcherism came in, I was busy writing Jungian books.

Gradually, the political side of my personality, and my interest in society, came back in and merged with my analytic concerns, leading to the formation of Psychotherapists and Counsellors for Social Responsibility. Then, when I began to have children, as often seems to happen with men, a third strand came in, which we could call 'spiritual'. Psychotherapy, politics, and spirituality – three sides of a coin! After the impact of having children, and the turning towards organised religion and private religion that fatherhood induced in me, I began trying to link up the practice of psychotherapy with my emerging spiritual and existing political concerns.

I will begin the chapter by discussing some general issues and problems of definition. This is necessary, when engaging with what I have heard called the 'S' word. Next, I will present an immodestly entitled "new anatomy of spirituality". The third section is on responsibility, and how that links to psychological and spiritual concerns. The word 'responsibility' is important

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<sup>1</sup> This is a revised version of a lecture given in the series 'Psychotherapy and Spirituality' at the London Centre for Psychotherapy on 26 October 2002 and published, as a chapter, in *A New Therapy for Politics?* (London: Karnac, 2015.)

to my thinking. Finally, inevitably, given my Jungian background, I feel that I must talk about the 'shadow' of spirituality. We Jungians started the psychotherapy world off on to what seems like its new line of taking spirituality seriously. But we always knew that, alongside the gold, there's something potentially wrong with a spiritual approach. So, paradoxically, Jungians are prominent these days in addressing what is the matter with the spirit, as well as what's great about it.

### The 'S' Word

When Captain Cook's ship *The Endeavour*, anchored in Botany Bay in Australia, more than a couple of hundred years ago, the aboriginal people did not recognise it as a ship. It was simply so big and so different from what they had in their mind as 'ship' that they didn't recognise it as such. We don't know what they did think, but we know they didn't think it was a ship. It was only when the smaller longboats – rowing boats – were lowered into the water that the aboriginal observers of this scene realized that there were boats involved, and that there were people in the boats. If we are trying to define spirituality, it is something like that.

We don't really know that we are in that area until something happens to alert us to it. In Bani Shorter's memorable phrase, "everything is susceptible to the sacred" (1995). This is a very good one-liner to indicate what happens before you can term something as spiritual. Something has to happen that involves you directly. For everything can be susceptible to the sacred.

In the new anatomy of spirituality, I seek to advance a vision of spirituality that is regular, ubiquitous, and that permeates every aspect of existence. This is not intended to be a lofty, exhortative, sermonising approach: quite the opposite. My understanding of spirituality discerns its 'worm-like' nature, not its 'eagle-like' nature. Spirituality is an 'underneath' thing as well as an 'over-the-top' thing. And because approaches to spirituality so easily go 'over-the-top', it is often better to stay with what is 'underneath'. I can scarcely attempt a factual definition of spirituality; I can only give an aspirational one, and therefore whatever I say will be very vague. But there is huge value in vagueness – so much so, that there is now a philosophical sub-discipline called 'vague studies', and even a *Journal of Vague Studies*.

As psychotherapists, we seem to spend so much time and energy on the differences between guilt and depression, envy and jealousy, and so on. We speak, and write as if we really know, and as if we can really make hard and fast distinctions. It is a kind of love affair – of a very perverse kind – with precision, and I believe it is deeply problematic, both clinically and intellectually. There is something important about staying with the vagueness for as long as it takes. There are obviously dangers of vagueness, but I think that spirituality may not be as dangerous a topic when it is regarded in a vague way, as some other topics because, after all, spirituality has always been something that deconstructs our lives. Long before postmodernism was invented, the spirit was deconstructing daily reality in our culture, and maybe all cultures. So I prefer to be vague about what I mean, or what anyone means, by spirituality and I will leave definition 'out there', caught up in vagueness, and - thinking of Captain Cook – inviting the readers to imagine themselves as those aboriginal people ... and the longboats are slowly being lowered into the water, and recognition is gradually dawning.

### A New Anatomy Of Spirituality

I would like to consider four aspects to spirituality and the spiritual dimensions of experience: these are what I call 'social spirituality'; 'craft spirituality'; 'democratic spirituality'; and 'profane spirituality'.

In *social spirituality*, people come together to take responsible action in the social sphere, doing this with a connection to other people. When this happens, something spiritual comes into being. Being actively engaged in a social, political, cultural or ethical issue, together with others, initiates something spiritual. This is a very different perspective from one that would see 'social spirituality' as being something done in the social domain by spiritual people. On the contrary, there is a kind of spiritual 'rain' that can descend on people who get involved in politics and social issues with others – hence 'social' spirituality – in a certain kind of way, which I've designated as responsible.

The difference should be clear: this is by no means an elitist perspective. My definition of 'social spirituality' embraces all those people who get involved with other people in some form of political and social activity – for example, the whole 'post-Seattle' protest against global capitalism that our young people are getting into. What they're doing when they get involved in the anti-capitalist movements, and in the environmental and ecological movements, is to participate in a general re-sacralization of culture. To play on the word 'politicized', they are becoming 'spiritualized'. When one gets involved in politics, sometimes – but not always – one gets spiritualized. And so the anti-capitalist movement is creating its own spirituality, and, in turn, is being informed by that spirituality in that it creates a feedback loop. Socio-political action leads to spirituality of some kind and this spirituality informs subsequent political actions. Of course, eventually it all falls to pieces: as either the police wreck it, or people grow up, or get disheartened. But there is a basic re-sacralising (Samuels, 1993) tendency worth recognising here – and it can encompass people from many different religions and belief systems.

In analysis and psychotherapy, there are aspects of this social spirituality that we may need to consider. When faced with a client, who says they want to go on a demonstration, surely we no longer indulge in the typical therapeutic manoeuvre of interpreting the anti-parental nature of that action, or understand political participation as ... defensive, resistant, avoidance, splitting, and so on. If there are still people in our profession who make knee-jerk interpretations of that sort, then what I would say to them is that they are caught up in yesterday's 'good' practice. But such a 'clinical' perspective is today's 'bad' practice and it totally ignores the individuating thrust in the client's political and social commitments and actions. What this means, for example, is that, when you take an initial history, or when you meet a client for the first time, or when you're interviewing a potential trainee, you don't ask: 'Well, why were you so involved in politics when you were eighteen?' Try asking: 'Why were you not?' One of the more obvious spheres of 'individualisation' for a young person is this somewhat radical socio-political field. And maybe you could ask: "Why have you apparently got no social commitments at all? Do you read the newspapers? Have you ever 'joined' anything?" I realise that this reverses the way that most therapists have been trained to proceed.

I have written extensively about what happens when political themes enter the psychotherapy dialogue (most recently in Samuels, 2003). Succinctly, and within certain limits, the engagement of therapist and client ... in relation to something political ... can be mutually transformative. This is truly another example of 'social spirituality'. In the therapeutic setting, as the therapist and client engage on issues connected with (say) 9/11 or the Iraq War, or the decline of the Soviet Union, they can both find – if they are open to it – a deeply transformative experience that may have a spiritual feel to it, in spite of the fact that the raw material was social, political, controversial, and probably difficult to deal with – for all the technical and professional reasons we know about. For we don't want to dominate our

clients. The difficulties involved are highlighted by the fact that there are very few texts that help therapists to work in this area.

Before moving on to discuss 'craft spirituality', I want to touch on the pressing contemporary political problematics of martyrdom in general and suicide-bombing in particular. This is a testing topic when thinking about 'social spirituality'. Clearly, for those involved in it, the act of suicide-bombing is motivated by a profound spiritual transformation on the part of the bomber, no matter how wrong the act is from the point of view of the victims of outrages committed by the suicide-bombers, or the views of people in the West who simply cannot comprehend how such a thing can come about as it is very far removed from their form of spirituality. We need to be very careful here, because suicide-bombing is not an integral part of any culture that I know of. It is a situational response to a complex socio-political situation. But our Western culture does not comprehend how this came about in other cultures. Martyrdom of any sort nudges us up against some of the 'shadow' aspects of spirituality. We should remember, in any attempt to embrace the spiritual and bring it into our work and lives, that martyrdom and actions like suicide-bombing are the most extreme, over-literalised form of 'social spirituality' imaginable. Before rushing blindly into any political and social action, we need to bear in mind that there is an extreme form of this that is really quite horrific.

Now for *craft spirituality*. My hypothesis here is a bit startling: holiness is artificial. It is not something that we merely discover or find in our lives, or notice in God or nature, or in the psyche. We create holiness. Traditionally, we make it by building tabernacles, shrines and churches and by performing rituals - lighting candles, singing, praying with each other, and so on.

To illustrate this point, I want to reflect on the biblical figure of Bezaleel. Many people have never heard of Bezaleel, though there is a Bezaleel Institute in Tel Aviv. Bezaleel was the man who actually *made* the Tabernacle and the Ark of the Covenant. He made them to God's precise instructions. When we consider these instructions, we may come to two quite different conclusions. One is that God is the most unbelievably obsessional neurotic! The other is that it really matters to God what is made by us in pursuit of holiness: what materials we use, what dimensions we go for, what bevels, joints, and other technical devices we employ.

*And Bezaleel made the ark of shittim wood, two cubits and a half was the length of it and a cubit and a half the breadth of it, and a cubit and a half the height of it. And he overlaid it with pure gold within and without, and made a crown of gold to it round about. As he cast for it four rings of gold to be set by the four corners of it, even two rings upon the one side of it and two rings upon the other side of it. And he made staves of shittim wood, and overlaid them with gold. And he put the staves into the rings by the side of the ark to bear the ark. (Exodus 37, 1-5)*

Such work - maybe, potentially, all creative work - is a spiritual discipline. In our societies in the West, much work has become meaningless and alienating. Nevertheless, even within the meaninglessness and alienation of contemporary work situations, people often develop and deploy a 'Bezaleel consciousness'. They fashion portable tabernacles and sanctuaries for themselves, usually using ritual, often seemingly obsessional: how you line up your pens, what colour pen you prefer to write in, how you close down your computer, which people you greet, and in what way. None of this does away with the appalling barbarism of capitalistic work organisations, but all of it indicates people trying to enter the domain of

craft spirituality. Craft spirituality also spills over into aesthetics. Craft spirituality informs the artistic and creative impulse as well.

A great deal of this is very relevant to modern psychotherapy but, again, there do not seem to be very many books or papers written about it. In fact, there is a lack of psychotherapy literature in connection with work and employment issues (except perhaps in occupational psychology). This lack is somewhat surprising because clients regularly talk about problems at work in their therapy. I have hardly ever worked with a client who has unambivalently admired their boss! There are special issues for women in connection with work: the glass ceiling, the continuing differentiation of wage rates, the difficulty in getting proper tax relief for child care which, although it should not be a 'woman's issue', impacts more on the social and work lives of women than of men, and the issue of hierarchical sexual harassment. A psychotherapist who does not engage with a female client in these areas is not only guilty of a social omission; they may be guilty of a spiritual omission, as well. Because work – craft spirituality – cannot be split off from other forms of spirituality so easily.

There certainly are craft spirituality issues for men as well. Most private practice psychotherapists don't see many manual labourers. But we do see the children of manual labourers. There is a harsh social fact here. Have you noticed how difficult it can be for the more successful son to come to terms with what that means in relation to the apparently less successful father, who may be by now part of the long-term unemployed?

For both men and women, there is another overt spiritual theme that has to do with work, which has been given the unprepossessing tag of "work-life balance". There is a sense in which work-life balance may be *the* issue of our time. This includes more than having an annual go-home-on-time day! It's much more than just addressing the moralistic and socio-economic forces that inflict a chronic workaholism onto the population – something that many psychotherapists know about as well, because they are not immune. Getting your work and your personal life into some kind of balance is essentially a *spiritual* matter and not only a social matter. Without a decent work-life balance, can anyone really flower as a spiritual being, as a person with a soul? Yet work-life balance is not often discussed by psychotherapists. It is discussed by some occupational psychologists and it's increasingly interesting to economists and accountants. It is a fact that companies that have effective policies on healthy work-life balance do very well financially. Profit is by no means the right reason to advocate better work-life balance but there is a bottom-line aspect that makes it more likely that this movement could have some social and political success. My main point here, when discussing craft spirituality, is to suggest that work-life balance should be understood more and more as a spiritual and psychological matter.

I hope it is becoming clearer what I am aiming at in the article: this is a contemporary take on spirituality, so that it can become 'useful', if you like, in apparently non-spiritual places: in the therapy room, in society, at work, and in people's personal lives.

Third of the categories is *democratic spirituality*. This involves the bringing back into all kinds of agendas - personal, political and clinical - of the idea of *absolute equality*. In all the discussions about equality of outcome and equality of opportunity, something has got lost. And that is this notion of absolute equality, which used to be called traditionally 'equality in the eyes of the Lord'. We are all equal in the eyes of God. This is a powerful idea, because it undermines any protest about class or social inequality and the common situation in the wider world in which women and children disproportionately die because of economic policies undertaken by their governments at the behest of the World Bank or the International Monetary Fund. Democratic spirituality puts the notion of absolute equality,

in all its glorious impracticability, firmly back onto the agenda. In particular, democratic spirituality is an attempt – from the spiritual end of the spectrum – to engage with poverty, economic injustice and social inequality. From the standpoint, knowledge and expertise of psychotherapy, there's a great deal that should be said, but usually is not. With some notable exceptions from humanistic and integrative psychotherapy, and from some people working in transcultural psychotherapy, psychotherapists (in Britain), especially psychoanalytical therapists and psychoanalysts, are not adept at working with power issues in therapy. We still tend to prefer to ascribe (or put down) the client's challenge to us to their trouble with a powerful mother, the omnipotent breast, a phallic mother, the Great Mother, a terrible mother, etc. or a castrating, law-giving, judgemental, unchallengable father both of who effectively say 'No'. But there are power issues in the therapy relationship itself which, if overlooked, prevent a certain kind of spiritual communication between therapist and client from taking place. The idea of absolute equality, impractical as I admit, is an ethical formulation of the ideal psychotherapeutic relationship that leads to an enhancement of the spiritual experience that it can generate.

A couple of final points in relation to democratic spirituality. The first reflects the influence of psychoanalytic thinking on spiritual thinking. In 'relational psychoanalysis' (which is the promising new variant of psychoanalysis that is coming into this country from the United States, associated with the name of Stephen Mitchell), the tools exist to describe a particular kind of democratic psychological relationship with God. If you like, this is a relational spirituality, in which one might surrender to the divine, but without masochistically submitting to it: surrender, but not submit. This relational spirituality, coupled with what I have been saying about democracy and spirituality, is very suggestive and supportive for therapists. We discern a non-submissive, non-masochistic sense of "veneration" – in ourselves and our clients – to use the evocative language of Rosemary Gordon's very important paper on this topic (1987). Being able to worship without having to masochistically submit to authority is an important part of contemporary spirituality.

The last in the four is *profane spirituality*. Profane spirituality is about drugs, sex, and 'rock and roll'. In 1961, Jung replied to a query Bill W., the founder of Alcoholics Anonymous, with a critically important letter in which he advanced the idea that alcoholism was a spiritual quest that had gone off the rails. This insight can be applied to many other addictions, through (psychedelic) drug use and up to and including shopping and workaholism. For the avoidance of doubt, perhaps I should make it plain that I am not saying that shopping is a spiritual activity. What I am saying is that there is a part of the act of shopping that connects to the searching and questing energy that spirituality is commonly associated with.

Regarding rock and roll, I mean to propose, in a shorthand way, that we can discover aspects of the spiritual drive in popular culture, not only in music, but also in movies and sport as well. There is a spiritual component here, not really different from that which the intellectual authorities of the world locate in Leonardo da Vinci, or Wagner, or art from the Orient. There is something in what the kids do, and what we did when we were kids (and, I hope, that we still do) that should not be put down by reference to 'the canon', as they call it in the big debate about what you should study in literary studies: the canon is Shakespeare, Bronte and Dickens. The anti-canon is rap music and Danielle Steele: even though you can now get MAs in America by studying Danielle Steele. What I want to say is that, if one talks about profane spirituality, popular culture plays a central part.

Profane spiritualit alsoy involves sex and sexuality. Yet, there is often a spiritual level in deeply intimate relationships. Psychotherapists need to say more about what it does to the

human spirit to enter the domains of alterity (otherness) to really confront the other in her or his ethical oneness in order to discover 'togetherness'. And how this process leads to self-discovery, and how spirituality weaves its way through all of it. But I am not only referring to relationships, I am thinking about sex itself - orgasmic, orgiastic, rapturous, ecstatic, even tantric to the point of mysticism. That is important because so many mystics write about their mystical experiences using the most frank sexual imagery. There is something about the sex act - just sex as a drive, not sex as part of a relationship - that people who engage with the spiritual would often like to overlook. (Maybe this is also a reaction to Dionysian practices by the early Christian Church, as well.) Here one must (still, regrettably) assert that homosexual sex acts bring a spiritual element with them just as often, or just as seldom, as heterosexual sex acts. Profane spirituality is decidedly not something that goes on only within the sanctity of heterosexual marriage.

The implications of profane spirituality for psychotherapy are enormous. Psychotherapists are becoming increasingly fascinated with the body, with neuro-biology and neuro-anatomy. Some even refer to neuro-psychoanalysis. It is seriously argued (some would claim 'proved') that the structure of the brain can actually be affected by what happens to an individual as a client in therapy. It is largely accepted that early traumas and deprivations can profoundly affect the developing 'plastic' structure of the brain in those early months and years of life. Mainstream psychology has become absolutely obsessed with the body. And yet Body-Oriented Psychotherapy has been marginalized, and body therapy hardly gets a look in. There is something very problematic here. We need to re-examine those old debates about touch and movement in therapy.

The body is also the 'grounding for' or embodiment of spirit. But just because it is such a grounding should not mean that we then put it on one side, as something noticed but not taken up. We know about the body and countertransference, and how the somatic states in the therapist are really useful in understanding the psychological states in the client. We know about psychosomatic medicine. In fact, we often say indecent things in our clinical papers that offend the sufferers of various illnesses by proclaiming them to be little more than depression or neurosis in disguise. We also know of the religious aversion to the body and the various attempts to 'transcend' the body. As psychotherapists, we should try not to emulate this.

So, we are correctly 'body-obsessed'. Yet how many of us have regularly - not just occasionally - noticed the breathing of our clients? How many therapists reading this have observed the breathing of their client in therapy? How many of you have actually said anything about it? Or explored your own? Some time ago, I decided to systematically observe the breathing of my clients - and my own breathing - and I noted that, if I do this, the therapy dialogue alters whether I do anything with what I've noticed or not. Sometimes, I do speak about it. It seems to me absurd to have all these developments that take the whole field in a bodily direction, except in relation to practice! William Blake said: "*Man has no body distinct from his soul*" and '*... for that called Body is a portion of the Soul discerned by the five Senses ...*'. So can there really be any psychotherapy worth its salt that isn't in some sense a body psychotherapy?

I want to end this section on sex and sexuality with a few transcultural points in connection with the body - because one of the interesting things about the body is that there is no such thing as a body. There is only 'my' body or 'your' body in this particular society in this particular year. We should listen more carefully to our colleagues, who do transcultural or intercultural work. Here in the West, we talk about people 'somaticising'

their depression: they are depressed and they produce a whole variety of physical symptoms that are really their depression in disguise or an expression of their depression. At a famous conference of psychoanalysts in India in the late fifties, one of the Indian participants got up and said: “*Actually, the trouble is not that people somaticise depression, but that you in the West psychologise it.*” For us (he said), depression is always already a bodily state. The Western approach to depression, before and after *Mourning and Melancholia* (Freud, 1917), is the odd thing in the situation here. Once, in Brazil, I met with indigenous people, and one person said to me, as he had said to others: ‘*We always had spirit, it was you Westerners, the Portuguese, who brought the body.*’ And everybody knows about how mind, spirit and body have got separated in Western culture. There is much to learn from non-Western sources about this kind of thing (see Samuels, 2002).

### Responsibility

The words ‘responsible’ or ‘responsibility’ come from the Latin root *spondere* - to pledge. The dictionary refers to: “being held to account, being morally responsible for one’s actions and, interestingly, answerable to a criminal charge”. If you are responsible for something, then there’s a perpetual sense that you are answering a charge, that something is ‘wrong’. These etymological roots mean that responsibility can only ever be a dialectical business: one cannot really be responsible if there isn’t another with whom or towards whom one is responding.

People often give themselves much too hard a task when it comes to responsibility. They lose sight of the very important psychological, spiritual, social and political notion of “good-enoughness”. My preference is not to use Winnicott’s notion of ‘good-enoughness’ in any way developmentally. To me, there is a possibility here to refresh our spiritual and political vocabulary that is bound up with the notion of good-enoughness, for example, the ‘good-enough’ leader, who admits that she or he can fail and thus sees their primary task as the management of failure, who will try – to play with Winnicott’s words – to fail the country in the country’s own way. Or the ‘good-enough’ citizen, who recognises that alone one can do so little, but with other people one can achieve much more. I suggest ‘responsible-enough’ should be ‘good-enough’ for most of us. This idea brings with it a change that makes notions of responsibility more viable, more achievable. ‘Good-enoughness’ in relation to one’s sense of responsibility involves self-forgiveness and atonement. And these things are what lie behind the Hebrew word *Tikkun*, meaning the restoration and repair of the world, or the Indian word ‘*Seva*’ that means service to the world. But we cannot rehabilitate the world if we are so hard on ourselves that we see ourselves only as permanently fractured and dysfunctional. We can only move to restore and repair the world on the basis of self-forgiveness, atonement and empowerment. As Samuel Becket (1983) put it: “*Ever tried. Ever failed. No matter. Try again. Fail again. Fail better.*” We have to try to fail better.

### The Shadow of Spirituality

There is something not quite right about spirituality. It is not just that there’s a good ‘mature spirituality’, to use the unfortunate title of a recent book<sup>2</sup>, for that would imply there was an immature spirituality. I think there’s something not right about conventional spirituality *per se*, indelibly associated with the sublime and the holy. Look at the evidence! Spirituality is

2 Young-Eisendrath, P. & Melvin, E.M. (2000). *The Psychology of Mature Spirituality: Integrity, Wisdom, Transcendence*. Philadelphia, PA: Brunner-Routledge.

deployed or perverted by several mass movements of particularly nasty kinds. It is there in every fascistic movement, as well as in many less dramatic movements: cults, the glorification of celebrities, the obsession with the media, and consumerism. One can see why, because the spirit is part of 'the mass'. But, because it's part of the mass, spirit is easily assimilable to mindless, destructive, collective political and social actions. I wouldn't say this is due to humanity's defects, that the spirit is all right, but we poor inadequates misuse it. It is more fundamental, this shadow of spirit, and there is something in spirit that is permanently not grounded and hence can cause unforeseen damage. When spirit is not grounded (and, in this hypothesis, it *never* is wholly grounded), it gets you into states where you will do things that are horrible before you can catch yourself and stop yourself from doing them.

'Spiritual people' often display an indifference to suffering – themselves and 'others'. I believe this is also true in the psychotherapy world, where you have people who are very compassionate to their clients, but extremely uncompassionate to any individuals beyond that, including colleagues. Because a person's mind is on higher or deeper things, you may not be terribly concerned with other people. Then we need to recall the way in which spiritual leaders seem so often to go on 'power trips': the problem of the 'guru', about which there's a considerable literature now.

The root literature – for the many psychological studies of this kind of guru-ism – is found in the research on violent gangs that were done in the 1950s. Everything that was discovered then about violent gangs in New York City, can be directly relevant to the study of guru-led cults that went completely off the rails in the past fifty years.

Another element in the shadow of spirituality is élitism. The spiritual 'One' feels better than other people. Why should vows of obedience and humility and poverty have to be made if not to control their opposites? All taboos imply the impulses that need to be taboo-ed. Spiritual people who take vows of humility are acknowledging (in their act of taking the vow of humility) that, if allowed to get away with it, they will be anything but humble. Such is the élitism that is the ineluctable shadow of spirituality: ditto chastity, poverty, etc. The wealth of the 'Church' and the immoderate behaviour of several high-ranking Churchmen over the centuries confirms this perspective.

To illustrate spiritual élitism, I will mention something from my own experience. After my father died, papers arrived including a buff file that had on the outside the legend 'Andrew Samuels - writings'. In this file, were letters and so forth dating from long before I became a writer. In this file, was a letter that I wrote when I was on what we now call my gap year in Swaziland, Southern Africa. I went out there, lied about my age and got a job in the colonial civil service as an Assistant District Commissioner. I went off into the bush to do what we called a 'human resources survey' in connection with rural community development. There, I wrote a letter to my parents slagging off the Western family in general, and ours in particular, saying how I had discovered, living in the *ad hoc* extended family that one finds when you go into an African village, and where they are very pleased to see you and take you into their homes, that here, in Africa, are families where people do get on! I wrote about the impact this was having on me, and I used the word spirituality in that connection. I remember being terribly terribly pleased with this letter. It was long, elaborate, and adeptly (if destructively) put together. But when I read it again in my father's file, I thought: "*You little shit! What nasty, élitist side swipes! What grandiosity! What an abuse of the spiritual dimension of life!*"

Continuing to explore the personal aspect of the shadow of spirituality, I would like to share a dream which, as I understand it, is about the body and about my struggle to keep spirit and body in some kind of related linkage. It is an initial dream from my analysis, dating

from September 1971. I dreamt this on the exact date that the Germans invaded Poland in 1939 - and my family comes from Poland:

Dream: 'I am on the deck of a Soviet-style (but not Russian) ice-breaker. We are in a northern sea, the ice-covered Baltic, or the Skaggeerrak, or somewhere up there. The sea is flat, ice, and the ice-breaker is breaking the ice. I am on the bridge of it. I look out and I see, shooting up through the ice, great gushing spouts of volcanic-type flame, but there's no volcano, mostly golden coloured flame. I am awestruck by the series of connections, the combination of the natural landscape, of the flat ice, and the unreal (from the literal point of view) upwards-thrusting of the golden spouts of flame. Something makes me look down at my body. I am naked. I look at my genitals and there I see a rather crude leather pouch covering them and compressing them. I reach down and, very gently remove it, and put it on one side.

I return to this dream over and over again, not only in connection with these writings on spirituality, but in connection with many aspects of my life. I share it because the note on which I want to end the article is connected to the central significance and the challenge of facilitating the body side of things and the spirit side of things into a new and healthier dialogical relationship.

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