

Spirituality and Psychotherapy:
An Integrative Workshop for Clinical Psychologists

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Doctor of Ministry Demonstration Project

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Table of Contents

Acknowledgements.....	ii
Chapter 1.....	1
Chapter 2.....	13
Chapter 3.....	27
Chapter 4.....	30
Chapter 5.....	48
References.....	60
Appendix A: Pre-Workshop Exploration (revised).....	64
Appendix B: Post-Workshop Exploration.....	70
Appendix C: Workshop Outline.....	74
Appendix D: Clinical Case Material.....	79
Appendix E: Clinical Vignettes, for role plays.....	83
Appendix F: Clinician's Guide to Spiritual Assessment.....	85
Appendix G: Spiritual Assessment Questions.....	87
Appendix H: Three Styles of Attachment to God.....	89
Appendix I: Signs of Spiritual Struggle.....	90
Appendix J: Homework Option: Writing a Spiritual autobiography..	91
Appendix K: References to be distributed to Workshop Participants.	94

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CHAPTER 1 – Statement of the Problem

On a summer morning
I sat down
on a hillside to think about God –

a worthy pastime.
Near me, I saw
a single cricket;
it was moving the grains of the hillside

this way and that way.
How great was its energy,
how humble its effort.
Let us hope

It will always be like this,
each of us going on
in our inexplicable ways
building the universe.

(Song of the Builders, Mary Oliver, 2004)

Each of us going on in our inexplicable ways building the universe. From a distance, we too appear like the cricket. Each with a mission, a wandering, a journey – so inexplicable from afar, from the outside. What is it that gives the cricket its energy? How is it that this mighty task of moving the grains of the hillside can feel so humble? What is it that imbues each of us with the courage, the energy and the creativity to walk humbly through the journeys of our own lives?

In ancient times, philosophers wrestled with these questions. Matters of the spirit have been ongoing and vexing concerns as peoples throughout the ages have grappled with the fundamental questions of life through creation stories, myth and texts of all sorts; “questions of ultimate concern -- who are we and why are we here? What is the meaning and purpose of our existence, and how should we live?” (Rubin, p, 67).

Never silenced entirely, these questions were largely cast aside nevertheless by dominant intellectual trends during much of the twentieth-century. The Enlightenment’s emphasis on the liberating potential of rational thought, the rise of science as a powerful explanatory paradigm, and mind-blowing advances in the fields of science, medicine and technology all contributed to a

growing secularization of thought in the West, and to a rise in the promise of consumerism as a path to happiness and existential contentment (Rubin; Pargament).

It was in this moment of heady rationalism that the field of modern psychology was born. Crafted and influenced most powerfully by Sigmund Freud, psychology seemed to offer an alternative to the religious world view. Freud himself stated most clearly that, in his view, religion was "an illusion designed to allay one's vulnerability and helplessness in the face of the terrors of the universe". Cognizant of the stark position he was taking, Freud once noted that "psychoanalysis could be viewed as a 'secular cure of souls'" (Parsons, p. 83). Writes Ana-Maria Rizutto:

Freud placed all his hopes in psychoanalysis. He truly believed that religion as an illusion had no future while science and the voice of the intellect could offer some help to increase "the love of man and the decrease of suffering" (Freud, 1927, p, 53, cited in Rizzuto, p. 41).

Taking up this lead, most psychologists since Freud "have either neglected or pathologized religion and spiritual experience" (Rubin, p. 62). Rubin shares numerous examples, humorous today, of the power of Freud's view in shaping the work of many of those psychoanalytically-oriented therapists who followed him. Helene Deutsch, an independent thinker who challenged Freud's patriarchal and myopic understanding of female psychology and psycho-sexual development (Blaustein, 1983) nevertheless "considered her treatment of a nun a failure because she couldn't convert her" (Rubin, p. 62). Likewise, Otto Fenichel believed that every successful analysis should end in "the termination of religious belief" (Rubin, 62).

This overwhelmingly positivistic worldview and myopic rejection of the spiritual life of human beings has had an almost crippling influence on the ability of psychology and psychoanalysis to address spiritual concerns.

The atheism is often taken for granted and unconscious. It is a kind of silent backdrop, part of an invisible and unacknowledged assumptive framework for viewing the world and conducting psychoanalytic treatment....Psychoanalysis has suffered because of its neglect of spirituality. The cost of a psychoanalysis that neglects or eclipses the sacred is that it embraces a secular modernist/postmodernist worldview in which the individual is disconnected from larger sources of meaning and solace. Individuals are left unmoored and disconnected when they are not embedded in something beyond the isolated, unencumbered self (Rubin, pp. 85; 68).

There is, in our time, a tremendous upsurge of interest in the search for spiritual fulfillment. Long silenced in a culture dedicated to materialism, rational secularism and post-modern thinking with its emphasis on deconstructing the foundational systems of language and the received power structure of our culture, we now find ourselves in a time when religion and spirituality have erupted in a wide variety of forms (Bartoli). Both fundamentalist movements and more individualistic consumers of spirituality are on the rise. In the case of fundamentalism, religious zeal often serves to simplify the world, create binary categories of "good" and "evil", and has been used in both intimate and global arenas to destructive ends (Pargament; Rubin; Griffith & Griffith). In more individual arenas, spirituality has emerged as an alternative expression to oppressive social structures (Mattis) as an antidote to the spiritual hunger left by a consumerist and narcissistic culture.

Spirituality may fill a void generated by the failure of secular movements and theories and associated ways of living...to give meaningful answers to questions of ultimate concern, including the nature of evil, goodness, suffering, love, death and the meaning of life (Rubin, p. 65; see also Erich Fromm and Rollo May as pioneers in this line of thinking).

Recent years have witnessed a growing interest in the possibility of an integrative approach to psychotherapy even among some psychologists and psychoanalysts themselves. (Garguilo;

Griffith & Griffith; Eigen (see Parson, p. 92); Mattis; Pargament; Rizzuto; Rubin). Numerous conferences and publications bear witness to the growing desire to connect the potential of psychoanalytic inquiry (Gargiulo; Rubin) to the power of spiritual experience.

Some contemporary psychoanalysts have posited, for example, the mutative potential of the 'analytic third', raising in analytic (but suggestively mystical) terms the possibility of transformation within the therapeutic setting (Ogden). Fruitful writing has also been seen in the work of various psychoanalysts committed to integrating the lessons of Buddhism and meditation with the transformative insight-based potential of psychoanalysis (Epstein; Rubin).

Building on the work of these seminal thinkers, other contemporary psychotherapists and psychoanalysts are increasingly pursuing an integrative approach to the work of psychotherapy. There is a growing recognition that spirituality pervades our lives, both in the extraordinary moments of joy and grief and in the ordinary moments of cleaning the house and walking the dog. Moreover, we know spirituality, Pargament suggests, not only through its presence, but through its absence; feeling adrift, unmoored and alienated, we suffer the lack of a spiritual anchor as we move through the challenges of our days (Pargament, p. 4). Clients and patients do not leave their spiritual lives and longings outside our offices. Each of us, like the little cricket in Oliver's poem, carries our own little grains of sand along with us, wherever we go, humbly and energetically seeking meaning, purpose, and connection to a larger project than that of our own unique journey.

We live today in a moment of religious and spiritual resurgence. It has been noted that the democratization of spiritual pathways has created an almost "menu style" approach to spirituality and religious practice, with many people picking and choosing from various traditions to cobble together a spiritual practice which works just right for them (Parsons; Griffith & Griffith). In addition to these more individualistic approaches, mega-churches have taken the airwaves by storm in recent years, creating virtual spiritual communities for tens of thousands of people

across the country (Pargament). In 1991, it was estimated that in one week alone, 15 million Americans will attend 500,000 12-Step group meetings. Dr. Frank Riessman, a psychologist and codirector of the National Self-Help Clearinghouse, says 12-step programs are the fastest growing category of self-help groups (Bailey). In 2006, it was estimated that AA programs alone world-wide have a membership of over 2,000,000 plus membership, with groups in 180 countries (DuPont & McGovern; De Trizio). With its emphasis on spirituality as a key element of recovery and sobriety from various addictive behaviors, 12-Step programs alone represent a powerful and growing spiritual community. Finally, we have witnessed as a global community the rise in radical fundamentalism mixed with political motives changing the entire socio-religious landscape of our planet. Finally, "we all develop an image of God" (Bartoli, p. 19). We may accept it, reject it, alter and struggle with it, but it is virtually impossible to escape cultural and familial (Rizzuto) constructions of God.

Statistics bear this out. In a national survey, 58% of the U.S. sample reported that religion is very important to them. It is of course not clear from these statistics what the quality of that belief is. Spirituality and religion are not panaceas, and are themselves, of course, often the source of great heartache, confusion and despair. Whether a source of faith or punishment, solace or abandonment, religion figures prominently in the minds of those Americans surveyed. Most relevant to the underlying need driving this Demonstration Project, it is important to note that in contrast to these national statistics, only 26% of the clinical and counseling psychologists reported that religion is very important to them (Pargament, p. 9 citing Shafranske, 2001).

On the question of belief in a Supreme Being, or God, the majority of Americans surveyed feel connected to some version of a personified Divine Being. Shauna, a college student, gave the following description of her ideas about God:

God has a deep raspy voice – God is a jazz singer. She is plush, warm and rosy – God is a grandmother. He has the patient rock of an old man in a porch rocker. He hums and

laughs, he marvels at the sky. God coos babies – she is a new mother. He is the steady, gentle hand of a nurse, has the cool reassurance of a person pursuing his life's work and a free spirit of a young man wondering only to live and love life. (Shauna McCarthy, personal communication to Pargament, p. 17).

Shauna is not alone in her belief. Over 90% of the US population surveyed by Shafranske reports belief in personal God, whereas among clinical and counseling psychologists, only 24% reported that they believe in a personal God (Pargament, p. 9 citing Shafranske, 2001). Similarly, 45% of those surveyed report that they believe in the Devil, while another 20% said that they *probably* believe in the devil (Pargament, p. 285). Seventy-seven million people in the US report that they believe that the Bible is the literal word of God (Pargament, p. 80). 74% of Americans surveyed label themselves as “religious”. Again, we do not know from these surveys how survey participants defined the term “religious”, and without a doubt, there was a wide range of definitions among those reporting.

Griffith & Griffith, Mattis, Pargament, Rubin and others have suggested that religion and spirituality refer to a complex of values and practices which, in their healthiest and most thoroughly grounded manifestations, provide a moral vocabulary and aspirational map for how we wish to live our lives (Rubin), promote the making of meaning, coping and experiences of transcendence (Mattis), provide solace through community, text, ritual and prayer in times of stress and crisis (Griffith & Griffith), “encourage confrontations with reality” (Mattis), and enable an experience of connectedness and unity with the universe (Rubin). In a national sample, two thirds of those Americans surveyed report that it is their belief that “religion can answer all or most of today's problems” (Pargament, p. 16). 45% of patients surveyed during their hospital stays on medical units said that “too little attention was paid to their spiritual and religious concerns”, and 73% reported that no one on the hospital staff even spoke to them about these matters during their stay (Pargament, 16). Finally, in a survey of clients at six mental health clinics, it was found

that 55% of the clients who responded said that they would like to speak about spiritual issues in their psychotherapy sessions, but do not do so (Pargament, 16).

Why not? Why is it that people with religious and spiritual concerns are not talking about these issues with their therapists? In fact, it is against this backdrop of ardent belief and spiritual practice that the legacy of psychoanalytic attitudes toward religion and spirituality appears most stark. Among counseling psychology programs surveyed nationwide, only 18% of Training Directors report having at least one course focusing on religion and spirituality. Among clinical psychology training programs, the figure is even lower, with only 13% of Training Directors reporting any curriculum dedicated to the training in issues of spirituality and religion (Pargament, p. 9). As Pargament rightly notes, these statistics reflect an "assumption in the mental health field that spirituality is, at most, a side issue" in the lives of our clients (Pargament, p. 9).

I am reminded of a crisp autumn Election Night in November of 1984. Walking up Broadway on New York's Upper West Side to an Election Night Party which had been planned to celebrate Mondale's *victory*, my husband and I reveled in the festive and rambunctious displays of communal joy and excitement in the streets as early local returns came in. Needless to say, the night ended in a puddle of tears and warm, abandoned beer, as Reagan's historic landslide victory became undeniable once the national returns had been counted. Walking up Broadway that night, naively convinced of a Democratic victory, we learned how *completely out of touch* we were with the rest of the country. Mondale didn't have a prayer of winning that election. But you wouldn't have known that from the mood in the streets of New York's Upper West Side.

Like that famous New Yorker cartoon of New York expanding to fill the space of virtually the entire country, so it appears to be with the largely insulated world of psychotherapy and psychoanalysis. The world view of many psychotherapists is one, in fact, dramatically more secular than that held by most of those in the country who will at one time or another seek

psychotherapy, perhaps as a last resort (Pargament), after all else has failed to help them cope and manage their way through one or more of life's many challenges.

How is it that the majority of this country's therapists seem to be living in such a different world from that of their clients when it comes to spirituality and religion? In the century since Freud's publication of his seminal works in which he outlined his view that psychological life is controlled by the internal instincts of sex and aggression, much has changed in our understanding of the role of environmental influences, biology, and cultural influences on the developing psyche. Almost immediately, in fact, after Freud first proposed his theories of human psychosexual development, for example, Helene Deutsch, Lou-Andrea Salome, Karen Horney and other women analysts began to revise his theories on the psychosexual development of girls, pointing out that Freud had drawn a highly skewed picture based on his understanding of male development (Blaustein, 1983). Successive decades of political, social and cultural movements have ushered in other substantial revisions and re-envisioning of many of the basic tenets of psychoanalysis. As various cultural mores and taboos have shifted and lifted, radically different therapeutic understandings of the impact of gender identity, racism, biology, class and culture have emerged. Even the 'blank screen' stance of early analysts has shifted to a more active and engaged co-construction of the therapy and the therapeutic relationship in response to the recognition and elucidation of relational (Greenberg & Mitchell), interpersonal (Ehrenberg), and inter-subjective (Ogden; Stolorow) fields in the therapeutic process.

Perhaps it is in response to these other shifts in the field that psychotherapists themselves are now beginning to recognize the void that has been created by the tendency within psychoanalysis to "desanctify everyday experience" (Rubin, p. 79). I believe that there are at least three reasons why, at this point, a concentrated effort to integrate a broad understanding and respectful appreciation of the role that spirituality and religion must be undertaken.

First, there is ample statistical evidence as well as more anecdotal evidence from the fields of medicine, pastoral counseling (Dittes), and hospice work that many people in this country are grappling with spiritual questions. They arrive at our treatment doors at some point on their journey through life, and for many of them, the meaning and purpose of that journey is unclear. Questions of happiness, meaning and fulfillment, relationships and job choice, family and priorities, and sexuality and identity are not separate from the more 'traditional' spiritual pursuits of life. In fact, these issues often comprise the spiritual core of someone's existence. How to go on in the face of unthinkable loss and tragedy? How to cope with injury or disease or poverty? Coping with these issues is, for many people, powerfully influenced by their spiritual beliefs and practices. If we are to understand the full range of complicating factors and coping resources, we need to listen and learn from our clients where and how they locate themselves on the spiritual map of their lives, their families and their communities. This is, most simply, an area of multi-cultural competence that clinical and counseling psychologists are obliged to demonstrate.

There are many issues that clients will present in our offices with which we have not had first-hand personal experience. But training – both formal and informal – enables us to listen on multiple levels, assess the nature of the problem as presented both implicitly and explicitly, and begin to formulate for ourselves and with our clients how and where this issue will fit into the work of the therapy. The goal here is not to create more "spiritual" therapists; rather, to educate and train therapists such that they can develop an empathic and informed "understanding of their patients'...religious experience and understand the psychological roles potentially played by religious involvement from multiple and complex perspectives" (Bartoli, p. 19).

Secondly, as the community of practitioners within psychology becomes more and more multi-culturally diverse and inclusive, the field itself continues to expand through the incorporation of new, more culturally sensitive ways of thinking and treating clients. And, as previously disenfranchised and marginalized individuals assume leadership roles in the field, they inevitably bring their own spiritual and religious traditions into the treatment rooms. The secularized White,

Jewish male psychoanalyst modeling himself in Freud's image now has lots of company at the table, and the dinner conversations have changed. Do we really want to condone a practice of exclusion and marginalization of those areas of life that contemporary psychologists hold dear to their hearts and epistemological frameworks? In a field inordinately reliant on developing an awareness of one's own internal processes, and where the need to make "use of oneself as an instrument" (Bartoli, p. 20) is a given, graduate training and supervision must make room for trainees to explore their own traditions, biases, yearnings and experiences in the realms of spirituality and religion, and as Bartoli aptly puts it, "how this might affect the treatment process" (p. 21). Psychology and psychotherapy as a practice needs to make room for therapists to bring themselves as whole people -- spiritual beings that they are -- into the room. I am not talking about self-disclosure here. I am speaking about the fact that in the many decades since Freud, few psychotherapists adhering to Freud's view that religion is an illusion have had the courage or the freedom to draw upon, even in the privacy of their own minds, the wisdom, perspective and spirituality of their lived experiences as human beings.

As clinical psychologists, we have an obligation to be informed and trained in many of the diverse issues that our clients bring to treatment. In most training programs, it is by now assumed that in addition to our core training in psychopathology, assessment and intervention, we need additional training in the areas of gender, race and ethnicity, and class, and the ways in which these environmental factors play out in the lives of our patients. As noted above, statistics indicate that for many people in the US, spirituality and religion occupy central positions in their lives. This is an area of human experience no less pressing, and in some cases, absolutely central to the health and well-being, and or psychological dis-integration (Pargament, 2007), of our patients. As therapists, therefore, it is incumbent upon us to know how to explore with and for our patients the many varied ways in which they may experience, seek, lose, challenge and rely on spirituality and religious ideas and resources.

Third, in the past, psychology has tended to 'explain away' spiritual issues as they have emerged in treatment, in search of more fundamental psychological roots (Pargament, 2007). This Workshop rests on the assumption, however, that spirituality is, ultimately, an essential and irreducible dimension of human experience. This is not to say that spirituality and its institutional counterpart, religion, are always positive aspects of someone's emotional and psychological life. Quite the contrary, in fact, we see quite often that spiritual problems can lead to enormous psychological distress, much as psychological problems can disrupt spiritual practice and interfere with one's ability to make use of long-held and deeply valued spiritual resources and supports. Our role as clinicians is to invite, listen for and be unafraid to explore these areas with our patients, much as we would with any other life narrative that our patients might introduce, explicitly or implicitly, in the stories they tell.

The Demonstration Project which I am going to conduct will consist of a two-part Workshop conducted for students and faculty of the City College Doctoral Program in Clinical Psychology. Housed at City College, and one of the jewels in the City University of New York educational system, the Doctoral Program is well-known for its commitment to social justice, its ethnically and culturally diverse student body, sophisticated clinical training, and its psychoanalytic orientation. There has never been, however, at least not in recent memory, a course in the Program's curriculum on issues of spirituality and religion in psychotherapy. There have never been any Workshops on the subject, and students have not had study groups or seminars on the topic. There was one "Mindfulness" Workshop conducted within the last few years, and attendance was voluntary. As noted above, the students in City's Program are themselves culturally and ethnically diverse, and many bring to their work inspiring ambitions to work in diverse and complex communities in need of well-trained clinical psychologists. Both for themselves, as practitioners and human beings, and for the clients that they serve, both at City College, and in their careers beyond their training years, these students need to become spiritually literate (Pargament).

The Demonstration Project presented here has been designed to *begin* to fill this lacuna in the training curriculum in City's Doctoral Program in Clinical Psychology. It is my hope that the Workshops will stimulate dialogue and interest among both students and faculty which will then be brokered into a more comprehensive effort on the part of the Program to address these issues in a systematic and professionally responsible way through curricular changes, support for sensitivity to these issues as they arise in clinical training and supervision, and perhaps, ongoing clinical research within the Program's very active training clinic. Treating largely a population of immigrant and first generation college students, the Program's own Training Clinic provides fertile ground for clients to explore the impact and meaning of their spiritual and religious traditions, and to receive support from their therapists-in-training both in drawing strength from these traditions when appropriate and, when not, in disentangling themselves psychologically from the destructive religious influences in their lives.

Highly respected in the world of training programs, the City College Doctoral Program in Clinical Psychology has the potential, furthermore, to make a powerful impact on the field at large. Its faculty and students are intimately connected to the highest levels of scholarship, publishing and clinical care. A successful program at City College aimed toward the training of spiritually literate and competent psychotherapists could have a profound ripple effect among other training programs, among graduates' colleagues as they venture out and into their placements and Internships in other institutions, hospitals and clinics, and certainly, among the client base of the Program's graduates. Perhaps Jeffrey B. Rubin said it best:

Psychoanalysis at its best can demystify spiritual abuses without eclipsing the possibility of spiritual experiences. A nonreductionistic *contemplative psychoanalysis* of the future, in which spiritual experiences were valued as well as critically examined, could foster a civilization with greater meaning and sacredness and less discontent" (Rubin, p. 86).

CHAPTER 2 – Principles that Guide and Inform

I go down to the edge of the sea.
 How everything shines in the morning light!
 The cusp of the whelk,
 the broken cupboard of the clam,
 the opened, blue mussels,
 moon snails, pale pink and barnacle scarred –
 and nothing at all whole or shut, but tattered, split,
 dropped by the gulls onto the gray rocks and all the
 moisture gone.
 It's like a schoolhouse
 of little words,
 thousands of words.
 First you figure out what each one means by itself,
 the jingle, the periwinkle, the scallop
 full of moonlight.

Then you begin, slowly, to read the whole story.

(Breakage, Mary Oliver, 2004)

At a recent conference on Spirituality and Mental Health hosted by NYU's Silver School of Social Work, Professor Jacqueline Mattis shared the following vignette:

As part of her work with gang members on Chicago's South Side, Dr. Mattis had been working with a 19-year old gang member, K. K had been involved in illicit and violent criminal activity for over ten years, since he joined the gang at the age of 9. He described for Dr. Mattis how it was that he came into the gang, sharing that when he was 9, he was assaulted in one of the elevators in his building. The gang members explained to him that there was a "rape tax" for everyone in the building, and they alerted him that if he didn't join up with them, his mother and younger sister would become regular targets of rape and assault in the building and in the elevators. K reports that he was afraid for his mom and his six year-old sister, and that he joined the gang to protect them.

Dr. Mattis paused at this point in the telling of her story. "He gave up his soul, at age 9", she said quietly to our audience. He used what Dr. Mattis referred to as "improvisational thinking" to protect his family; he did what he had to do, to survive. Quite apart from

whatever crimes he had committed, here was a person, Dr. Mattis reminded us, who had once loved his family enough to sacrifice himself for their protection. Over time, as K began to see himself through Dr. Mattis's eyes, as someone capable of love, of creativity and "improvisational thinking" and of sacrifice, he began to have a new understanding of himself.

"The greatest revenge of dandelions," said Olu Butterfly Williams, "is blooming in a world of concrete and weed whackers." Sometimes the simple act of surviving is the ultimate act of spirituality (Cited by Prof. Jacqueline Mattis).

So what is it that spirituality does for us, as individuals, as a society? In the story of K, as in the stories of so many people, having, or in his case, borrowing from another a spiritual perspective invites the consideration of new possibilities, new ways of understanding one's self and one's story, and the meaning of the lives we lead. In disrupting the received "facts" of K's life, Dr. Mattis offered him a way of recovering a part of himself that had been his all along, but had been buried and broken, like Mary Oliver's shells on the rock. Disorganized, scattered and inaccessible to him, the meaning of K's life had to be reconstructed, one act, one word and story and image and feeling at a time, until slowly, K was able to read his *whole* story, not just the pieces that were easy and plain to see as he entered the treatment room, a convicted gang member with a ten-year history of violent crimes and misdemeanors.

New possibilities. New ways, aspirational ways of seeing ourselves as we might wish ourselves to be. What else?

Dr. Mattis shared another, briefer vignette:

As a teenage Mom, things had been rough for Zura. As a much older woman, her four children now grown and highly educated (a doctor, an attorney, a business executive and an academic with a PhD), Zura shared the following thoughts:

There are -- sometimes when things get so bad, so stressful, and I feel like it's not even worth it. How can I carry this? And why is this happening? And why me?... [T]here are all these little poems and all these little verses that I remember and practice... 'When you have come to the end of every light you know, and you are about to step out into the dark, faith is knowing that there is something solid there for you to step on, or you are going to learn to fly!' And I tell myself that if there is nothing there for you to step on, girl, you are going to fly. And I have always flown! (Mattis)

What is it that enabled Zura to fly? How did she even know she had wings and what on earth gave her the confidence that she'd be okay stepping out into the dark? We live our lives in the shadow of what's been dealt to us, and we often experience the cards of our lives in binary terms: health or illness; poverty or riches; beauty or deformity; community or isolation. Zura tells us that it was *faith* which enabled her to take the necessary steps and risks she needed to survive, and to rear her children in ways which enabled them to move into productive adulthood.

She saw the darkness, the limitations of her life as they lay before her, and she transcended those limitations (Mattis). For many people, it is precisely some connection to a spiritual life which enables and supports this type of courage and faith. This is a crucial and valuable inner resource which many psychotherapists have eschewed or overlooked, but which could allow patients to discover within themselves a powerful source of their own growth and healing.

There are about as many different definitions and descriptions of "spirituality" and "religion" (or "religious experience") as there are people on the planet. And that is as it should be, I suppose, since above all, spiritual experience is an internal and subjective one; no one can identify someone else's spiritual experience (Gargiulo). There are, however, numerous characteristics of

spirituality which surface time and again. For many, spirituality has the capacity to expand and enrich our lives; "connecting us to a larger reality in which we are all embedded; reenchanting the world; disclosing undreamt dimensions of being; and infusing our lives with mystery and vitality" (Rubin, p. 85.). To others, the "sacred is the heart and soul of spirituality" (Pargament, p. 32). The sacred may be defined as a felt connection to a theistic personification such as God or other divine being, or, to a non-theistic entity such as Creative Power, Unity, or Energy or simply, to a "higher dimension of human potential" (Pargament, p. 32). It is this "search for the sacred" which vivifies and transports human beings to an experience of something transcendent, within the self and/or beyond the self as we ordinarily perceive our selves (Ostow). "There is another world," wrote Paul Eluard, "and it is this one" (Cited in Rubin, p. 82). Like the intrepid band of seekers in Rene Daumal's mythic allegory Mount Analogue (Daumal) who discover that the mountain they are searching for might actually be, through oddities of time and space, right in the middle of the carpet on which they are sitting, it may be that years of preparation are required in order to experience even a fleeting, but powerful spiritual moment that has been there waiting, all along.

And so, if we think about K, or Zura, the spiritual quest for each, in his and her own way, was to find the strength to connect to something *other* than the reality of their daily lives. I would suggest that it is *this idea, the idea of possibility*, which captures the power of the sacred for so many people. "Although religion serves many functions, the most essential religious function is the desire to form a relationship with the sacred" (Pargament, p. 31), however one defines that concept. And as K's therapist, it was Dr. Mattis who acted as guide, walking with K deeper and deeper into the truths of his own soul, shining light and bearing witness with and for him, to what he could not yet fathom. "Sacredness," writes Jones, "refers to the potential to resonate with the deepest recesses of ourselves" (Jones, cited in Pargament, p. 41). Spirituality is the "quest for aliveness" (Ochs, p. 4).

But it is precisely this part of ourselves which Freud tried to exclude from the purview of psychological treatment. Whereas Freud suggested that it was possible to segregate the sacred

from the profane, it is *precisely* in the profane world that the sacred erupts! (Mircea Eliade, cited in Pargament, p. 34). It is not only in the extraordinary moments, but also sometimes in the drudgery of our daily work, the magnitude of our suffering and the poignancy of our relationships that spiritual questions arise and spiritual resources are discovered. "Distinctive and irreducible", the sacred embodies qualities of *transcendence* (facing and breaking through our own physical, psychological or spiritual limitations); *boundlessness* (feeling a sense of possibility which has no end); and *ultimacy* (a connection to a larger purpose, meaning or power greater than ourselves) (Pargament, p. 51). It is these qualities that lend meaning to our interpersonal encounters, our physical existence and our emotional struggles.

Psychotherapy has inherited from the legacy of psychoanalytic thought a deep mistrust of the spiritual. There is no doubt that spiritual pursuits and religious practice have often gone awry. Manipulated by those primarily interested in power and mishandled by those unconsciously compelled to use religion to mask or defend against psychologically intolerable pain and trauma, religion and spirituality have left indelible marks of tragedy and destruction in their wake (Rubin; Griffith & Griffith; Pargament). What for some can be an invaluable coping resource and a sustaining well of wisdom and inspiration can, for others, be a knotty tangle and treacherous path of self-deception, driven unwittingly by needs to mask or avoid trauma.

As practitioners committed to the healing and growth of our patients, we need to be mindful and cognizant of the complexity of religious experience, and the complicated ways in which psychology and spirituality can wrap around each other to the detriment of psychological growth and spiritual fulfillment. In the words of Erich Fromm, "If religious teachings contribute to the growth, strength, freedom, and happiness of their believers, we see the fruits of love. If they contribute to the constriction of human potentialities, to unhappiness and lack of productivity, they cannot be born of love, regardless of what the dogma intends to convey" (Erich Fromm, p. 64).

Although, as discussed earlier, there have been attempts even from within psychoanalysis to find a meeting place for the “psyche” (or “soul” as it was originally translated) and the “analysis”, what I am suggesting here reflects a fundamental shift in the paradigm on which psychotherapy has generally operated since Freud. Borrowing again from Dr. Mattis, this Demonstration Project rests on the belief that “we are not human beings having a spiritual experience; we are spiritual beings having a human experience” (unknown author, cited by Mattis). The radicalism of this position and its implications for psychotherapy should be clear: Rather than receive from our patients the mention of spiritual experience or religious inclination as incidental to their lives, we need to begin to recognize that these manifestations are often at the emotional and psychological center of our patients’ lives; that it is our shared spiritual humanity that enables us to experience the sacred as a source of vitality, hope and meaning. To fail to witness (Dittes) this miracle of human existence, to dissociate that essential quality from our therapeutic efforts to diagnose and “cure” psychological symptoms, is to miss the enormous potential of psychotherapy itself as a sacred and spiritual journey.

Spiritual experience arrives in many chariots and can take many forms (James; Griffith & Griffith; Pargament). In a most poignant and beautifully written memoir about her own spiritual journey after the sudden and tragic death of her husband, a State Trooper, Kate Braestrup writes:

“It is possible that God is my neighbor *[an elderly neighbor who appeared unbidden, with tears in her eyes, just hours after Kate’s husband was killed in a car accident]* with her pan of brownies standing on my doorstep. It is entirely possible, that is, that the God I serve and worship with all my body, all my mind, all my soul, and all my spirit is love. It’s enough. It’s all the God I need” (Braestrup, p. 55).

For some, an experience of the sacred occurs in the context of one of life’s extraordinary moments: the birth of a child, the view from a mountain’s peak or the death of a loved one. For others, the experience comes, equally unbidden, but in the course of normal daily experiences

such as walking the dog or washing the dishes. For others, still, place is the critical element, locating an experience of the spiritual only when in church, or on the meditation cushion. And for still others, like Braestrup, perhaps, traditional or non-traditional religious fellowships play a key role, with the sacred emerging in the experience of interpersonal connection with another human being or community. And finally, of course, there are those for whom a more theistic experience of the sacred comes when they feel in contact with a divine being of their own understanding, through prayer, text study, and sometimes, in the midst of powerful experiences of nature, love and loss. This list could go on and on. This Workshop is designed, in fact, to open and explore with participants the many faces of the sacred, and the multiple paths that people take to find it for themselves.

Once having tasted an experience of the sacred, either through repeated exposure and experience in childhood, or through a more dramatic 'discovery' in adolescence or adulthood, some people will choose to seek a deeper and more reliable relationship to this part of themselves and their experience of being alive. As there are many pathways to the sacred, so are there multiple ways to deepen one's connection to spirituality. Both publicly and in private, people engage in reading, journaling and text study; communal worship, acts of social justice and service; prayer and meditation, ritual, ceremony and daily practice of various sorts. Sometimes alone, or in combination, these various activities all serve to remind one of the existence of another quality of being in relationship with others, of other possibilities of relating to the problems of world around us, and they inspire us to move more deeply into the sacred possibilities of being who it is that we are to become. Again, these are activities which anchor many people in their lives, and having so anchored them, often become useful resources for them when a destabilizing crisis hits. Therapists who either ignore or reject these resources do their clients a disservice by not encouraging them to draw on their own inner wisdom and communal supports during periods of emotional turmoil. The Workshop will examine these fundamental spiritual resources as valuable coping strategies for patients in times of crisis.

In addition to the many pathways to discovery, and to modes of experiencing and deepening spirituality, clinicians need to be aware of the many ways in which their clients' religious and/or spiritual lives can be threatened or endangered. Internal doubts and conflicts around belief and/or in response to certain life choices and dilemmas can be extremely destabilizing for someone who has never questioned their faith before. Life experience can undermine one's certainty in spiritual matters previously assumed. The tragic loss of a loved one, for example, can throw into doubt one's belief in a loving God. Conflicts between a clients' own beliefs and those beliefs held by the people around her (family; religious community; social network) can also be very disruptive and force a reconsideration of religious belief and practice. Differences of opinion, for example, between marital partners, friends and family members around prominent cultural issues such as abortion, homosexuality, divorce, childrearing, and issues pertaining to life after death can toss asunder long-standing and stable relationships where previously there had been understanding and cooperation.

In sum, pathways to the sacred, ways of consolidating and preserving one's connection to one's spiritual life, and managing threats which may arise are all crucial internal processes in the lives of many our clients (Griffith & Griffith; Pargament; Rubin). The Demonstration Project Workshops have been designed to address these issues as valuable resources in the lives of participants' clients. Additionally, we will take a close look at the ways in which these same resources and beliefs can make matters worse in certain situations, and explore ways in which therapists can help patients sort out the psychological from the spiritual problems and dilemmas they are facing. For this kind of detailed clinical work, I now turn to the clinical principles of this project.

But first, a brief anecdote.

I recently went to see my ophthalmologist. I hadn't been in over three years, and it seemed to me that my reading glasses might need an updated prescription. And, indeed,

he said that my eyesight had deteriorated slightly – to be expected at my age, as I approach 50, he reassured me. But then he said, and you're having trouble with distance, too, so I'll give you a prescription for distance as well.

Distance trouble? No, I declared, somewhat indignantly – I can still read street signs from really far away! Hmm, he said quietly...ok...

Surprised and confused, I nevertheless quite promptly and diligently took my new prescription to get "progressive" lenses – with my updated reading and new distance prescriptions embedded in each lens. When I picked them up a few days later, I was shocked to recognize that, in fact, everything beyond my reading range was dramatically clearer and sharper with my new glasses!

I didn't know what I was missing because I didn't know that I couldn't see.

It strikes me that this is a wonderful metaphor for the issue of psychotherapists working with spirituality in treatment. With the lack of formal training on the topic and a prevalence among the majority of psychotherapists themselves of non-spiritual and/or irreligious (e.g. atheistic; agnostic) personal orientations in their own lives, how could therapists know what to look for? There is no internal map in most therapists' minds of what's out there; of what to look and listen for; how to make use of what emerges; and how to work effectively with problems of spiritual or religious nature. They don't know what they're missing, because they don't know that they can't see.

For some people, as discussed above, these blind spots are the result of the legacy of Freud's views and the psychoanalytic rejection of theistic religions which center around a belief in a Higher Power, God, or some other representation of the divine. It is with this population that psychotherapists who do not personally identify themselves as spiritual or religious generally have the most difficulty, Gargiulo suggests. For many psychotherapists, as discussed above, this

perspective has been viewed as a symptom of pathology. *All* religious belief is understood from a functional perspective as either defense or delusion, and “derived from human wishes” (Jones, p, 48) rather than representing an irreducible and essential dimension of human existence.

Consequently, the goal has been to move beneath this “symptom” to the truer source of the patient’s malaise, and trust that the “symptom” will then remit on its own. Gargiulo puts it well, when he suggests that “for the most part, psychoanalysis has made traditional, positive, dogmatic theological metaphors untenable for an analyzed person... Suspicious of any controlling ‘ism,’ psychoanalysis aims to help individuals find their life-truth within themselves” (Gargiulo, p, 101). The powerful (though often unspoken) bias here prevents clinicians from listening with what even Freud himself described as “evenly hovering attention”. To listen attentively, and openly, is to listen without an assumption before the conversation even begins.

Clinical psychologists are among those practitioners who must endure one of the most rigorous and personal trainings in order to become competent professionals (Bartoli). One of the guiding principles of clinical work is that the therapist *must* be attuned to his/her own inner experience, personal biases and working assumptions when sitting with patients and when pondering clinical material. Central to the work of analytically informed treatment are the ideas of transference and counter-transference, for example, the effective use of which depends most on the therapist’s ability to recognize these unconscious and subtle movements of interpersonal psychic energy within the therapeutic dyad and to raise them for exploration at key junctures in the treatment. Without the capacity to tease out one’s own inner experience from that of another would make clinical work of this kind virtually impossible, and most likely, quite dangerous as boundaries and ethical principles were violated in the absence of such therapeutic clarity and self-knowledge. It is for these reasons, among others, that most training programs, and virtually all post-graduate analytic institutes require students and analytic candidates to undergo an intensive training analysis. Only by exploring their own unconscious lives can therapists effectively manage their own feelings and beliefs when triggered and aroused by the clinical material introduced by their

clients, and offer appropriately boundaried and considered feedback, interpretations and support to their clients.

This Workshop is premised on the clinical observation that religion and spirituality are, for virtually everyone, highly charged topics (Pargament, *personal communication*, 2008). For psychotherapists and their clients alike, these topics typically trigger old memories and associations to the religious and spiritual experiences of one's childhood – both positive and negative. Additionally, therapists are themselves not immune to the powerful feelings evoked by the probing concerns of someone in the throws of a spiritual crisis related to suffering, the meaning of one's life and choices, death and so on. As with other topics which have particularly intense emotional charge and resonance, such as sex and sexuality, money, race, and perfectionism, clinicians need to take an honest inventory of their own "baggage" in this area as an essential prerequisite for being able to witness with empathic detachment the client's narrative. This is necessary not only to work effectively with these issues as the client raises them more or less explicitly, but also, to be sensitive and attuned to them as they lay dormant and implicit in the narratives (Pargament). In this way, the clinician listens patiently and also, with judgment, learns how to invite such matters to come into the field of dialogue for elucidation and exploration in the supportive and safe atmosphere of a spiritually hospitable treatment where "we welcome all stories, whether illogical and contradictory, unspeakable, in opposition to the dominant culture, or in that self-conscious category [a patient] named through her pause and her phrase – "I know this sounds weird" (Griffith & Griffith, p. 33).

There are fruitful signs of integration on the horizon which make the timing of this Workshop series most propitious. Epistemological shifts in our understanding of the mutative factors of psychotherapy over the last thirty years have resulted in dramatic shifts from the one-sided, authoritarian model of pairing of 'patient and expert' to a range of more collaborative 2-person models in which the intersubjectivity of the partnership and the internal realit(ies) of each member of the dyad are taken as substantive factors in the treatment. Likewise, alongside the rise in

religious fundamentalism in this country, we have witnessed a growing number of people for whom spirituality offers instead a path to deep personal exploration with the capacity to enliven our capacities to connect compassionately to oneself and the world around us. This "negative theology" -- negative in the sense that it is not organized around a divine being (Gargiulo) -- offers not the promise of "immortality, or God's omnipotent power to change the events of one's personal history... [but rather] the care and concern individuals owe each other and the world. Not to know that human beings owe such concern is psychic illness and spiritual blindness. From this perspective, psychoanalysis is as much a spiritual journey as it is a therapeutic encounter" (Gargiulo, p. 102). Similarly, James Jones recognizes that even as psychoanalysis is undergoing a transformation, so too is religion:

"...if the central human problem is the capacity for experience, the core of religion will be defined in terms of religion's ability to expand or constrict human subjectivity, and attention will shift from the legal religions of morality to the mystical religions of direct experience... When Fairbairn, Winnicott and Kohut shift the focus of psychoanalysis from instinctual control to the quality of experience, this shift parallels the difference between a religion oriented toward law and obedience and a religion oriented toward transformation and expansions of consciousness. (Jones, p. 52)

To summarize, there are several ways, on clinical grounds alone, for how the integration of an understanding of spiritual and religious questions would fruitfully serve psychoanalytically oriented treatments and the clients who seek this type of therapy. Pargament, for example, outlines four reasons why a spiritually integrated psychotherapy is needed. The sacred, he posits, "is a natural and normal part of life.... the yearning for the sacred is a primary, irreducible aspect of human nature... Any psychology of human behavior remains incomplete without an appreciation for the motivation to know and connect to the sacred." Second, it is often in the area of people's spiritual lives that we see their greatest strengths and vulnerabilities. It is critical for therapists to be able to "distinguish spirituality at its best from spirituality at its worst". Third, as

Pargament, Rizzuto, Griffith & Griffith and others have argued as well, spirituality and the therapeutic process are inextricably connected. Recognizing that both client and patients bring their own, unspoken religious frameworks into the treatment room, "therapeutic neutrality is impossible... the question is *how* we choose to address spirituality in psychotherapy." Finally, spiritual resources can be important sources of healing, perspective, support, and well-being. By ignoring or dismissing these resources, therapists "diminish their effectiveness as helpers (Pargament, pp. 343-344).

Psychoanalysis and spirituality could also serve as important checks on each others. In his reflections on the integrative potential of psychoanalysis and spirituality to enrich each other, Rubin notes that each discipline has acted with imperiousness, having "presumed to have unique access to the sovereign truth" (Rubin, p. 82). What is required, by contrast, is for each discipline to "balance autonomy and connectedness", leaving each open to constructive challenge and creating added value to the shared integrative enterprise of expanding human experience and well-being. Where spirituality can lend vitality and reenchantment to the project of psychotherapy, so psychotherapy can and should serve to "elucidate pathologies and pitfalls on the spiritual path, and above all, de-idealize the spiritual and ground it in the "passion, intimacy and carnality" of human existence (Rubin, pp. 85-86).

Finally, it is well established that narrative is the bread and butter of psychological healing. From attachment theory and trauma work to the priest's confessional, from the rooms of 12-step Programs to the more rarified inner sanctums of training analyses, from the war veterans' sweat-lodges of the Sioux Indians (Pargament, p. 118) to the young child's eager need to hear again and again the story of her own birth, people are telling their stories as ways of making meaning, establishing identity, making confession, exorcising trauma and pent-up energies, finding relief. "*Making the unconscious conscious*" was, after all, Freud's most fundamental rationale for his "talking cure". Psychotherapy provides one of our culture's most widely accepted venues for sharing one's story with another person; a safe and welcoming place where the unspeakable

stories of our inner and outer lives can finally be spoken of aloud and witnessed by another human being. In this most intimate of exchanges, the spiritual and the therapeutic come together in the service of making the meaning and coherence out of which the beauty and truth of an authentic life are formed.

It's like a schoolhouse
of little words,
thousands of words.
First you figure out what each one means by itself,
the jingle, the periwinkle, the scallop
full of moonlight.

Then you begin, slowly, to read the whole story.

Amen.

CHAPTER 3 – Methods of Carrying out the Project

The dream of my life
 Is to lie down by a slow river
 And stare at the light in the trees—
 To learn something by being nothing
 A little while but the rich
 Lens of attention.

(Excerpt, Entering the Kingdom, Mary Oliver, 1992)

Preparation:

Over a series of months, I have been in dialogue with Dr. Elliot Jurist, PhD, Director of The Doctoral Program in Clinical Psychology at City College. We have discussed the nature of the Program's existing curriculum, the socio-ethnic diversity of the student and clinic populations, and both the need and potential benefits to this community Workshops which open dialogue around the topics of Spirituality and Religion in Psychotherapy could bring. We negotiated a 2-Part Workshop, scheduled for September 23, 2008 and October 21, 2008. Each Workshop was designed to be two hours in length, and students and Program faculty were strongly encouraged and expected to attend. Attendance was not mandatory, however.

Materials:

All of the Project's various instruments and materials are included here:

1. **Pre-Workshop Exploration:** This is designed to assess participants' levels of spiritual and religious identification and practice. Additionally, the questionnaire is designed to introduce a broadened definition of spiritual practice which will be explored in more detail during the course of the Workshops. This was administered to all Workshop participants at the end of the first Workshop, although I had intended to do it at the very beginning. (See Chapter 4 for an explanation of this shift in sequence.)
2. **Workshop Outline:** This document outlines the content and timing of each section of the two Workshops. Specific exercises, handouts and clinical

vignettes texts are mentioned here, and/or included in the appendices of this proposal.

3. **Post-Workshop Exploration:** This is designed to assess participants' experience of the Workshops, to provide space for an evaluation and feedback to the Workshop Facilitator, and to reflect on participants' experience of the Workshops. This was administered to all Workshop participants after a brief closing at the end of the final Workshop.

4. **Appendix:** At the end of this Project write-up, I have included copies of all handouts, assignments and didactic materials that were given to Workshop Participants.

Appendix A: Pre-Workshop Exploration, p. 64.

Appendix B: Post-Workshop Exploration, p. 70.

Appendix C: Workshop Outline, p. 74.

Appendix D: Clinical Case Material to be distributed and discussed, p. 79.

Appendix E: Clinical Vignettes, for role plays, p. 83.

Appendix F: Clinician's Guide to Spiritual Assessment (Pargament, p. 222), p. 85.

Appendix G: Spiritual Assessment Questions(Pargament, p. 225), p. 87.

Appendix H: Three Styles of Attachment to God (Pargament, p. 157), p. 89.

Appendix I: Signs of Spiritual Struggle, p. 90.

Appendix J: Homework Option: Writing your spiritual autobiography, p. 91.

Appendix K: References to be distributed to Workshop Participants, p. 94.

Evaluation of the Demonstration Project

There were several periods for "Reflection and Exchange" built into the time table of the Workshop. My expectation was that in combination with the Post-Workshop Questionnaire, these informal exchanges would give me extensive feedback on both the value of the didactic experience as well as on the emotional and affective experiences of Workshop participants.

As for my own expectations, there were several things which I anticipated. First, as noted above, religion and spirituality are hot topics for almost everyone. I expected that there would be some participants who would feel very anxious discussing this issues publicly, and who might react with

anger, resistance, skepticism and/or other defensive manifestations. By contrast, I also expected that there could be numerous students in the Program who have felt marginalized by virtue of their own religious and spiritual leanings, and who might welcome this opportunity to legitimate and validate their experiences and invite an integration of their spiritual and clinical lives into one, more cohesive personal and professional identity.

I expected that participants might begin to develop a greater self-awareness of their own spiritual and religious beliefs and feelings, and the biases that they bring to their work with patients. I hypothesized that participants would begin to feel more comfortable using language to explicitly address these issues as they arise in sessions with their patients.

For myself, I expected that I would also feel a bit anxious in presenting this material, particularly since this is the professional community in which I was trained. I was hopeful that I would be able to find my own professional voice, amidst the interest and anxiety present in the room, and that I would be open to the surprises and discoveries of the moment as they unfold. I was open to being flexible about materials presented, and to learning from participants what worked well for them and what did not. I was hopeful

To learn something by being nothing
A little while but the rich
Lens of attention.

CHAPTER 4 – Results

At Blackwater Pond the tossed waters have settled
after a night of rain.
I dip my cupped hands. I drink
a long time. It tastes
like stone, leaves, fire. It falls cold
into my body, waking the bones. I hear them
deep inside me, whispering
oh what is that beautiful thing
that just happened?

(At Blackwater Pond, Mary Oliver, 1992)

A. Developments Not Anticipated in Original Proposal that Figured Prominently in the Shape of Execution and Final Outcomes.

The two Demonstration Project (DP) Workshops were conducted at City College, on September 23, 2008 and October 21, 2008. Though not mandatory, student and faculty attendance were high at both DP Workshops. There were, however, on both occasions, numerous factors which conspired to cause us to begin the sessions late (approximately 15 minutes later than had been planned for the first Workshop, and more than 25 minutes late for the second Workshop). As a result, the presentation of material was somewhat more compressed than I had originally intended, particularly in the second session. These time constraints posed unforeseen challenges to my goal of creating an overall atmosphere of relaxation, intellectual curiosity and spiritual exploration. That said, however, the DP Workshops proceeded very smoothly, and feedback was very positive.

Some unanticipated changes in the sequence of the DP Workshops:

Workshop I – Life Presented a New Opening; Spirituality is Front and Center

On the morning of the first Workshop session, I had three serendipitous conversations with three separate individuals in my life. The first was a call full of anguish from a friend (L) who had just had a miscarriage. She was suffering with tremendous grief and sorrow, with the loss made all the more bitter due to the fact that she had experienced crippling nausea and 'morning sickness' throughout the first trimester of her lost pregnancy, and was wondering 'for what' had she

suffered so terribly. I was particularly moved when she told me how touched she had been earlier that September morning when her husband suggested to her that she had endured those many weeks of sickness out of love, out of love for the life growing inside her and for the blessings that this new life would bring to their family. He reassured her that love is never wasted, and that the love which she had generated to sustain her during those difficult weeks had strengthened her and their family, and would be there as they moved forward into the next chapter of their lives, through the grief, and God willing, through a healthy pregnancy and birth.

The second conversation took place minutes later, during another phone call from a dear friend (S) who was on the verge of leaving her marriage of 18 years. She, too, was grieving the loss of what she thought she had, and the unlikely possibility that her hopes of a happy marriage would come to pass. There was nothing I could say to make her situation better, to fix the troubles in her marriage. What I *did* say was that no matter what actually happened in her relationship, I *knew* that she would be okay in the end. This idea filled her with hope and strength, and she wept as we talked about her inner resources and her ability to survive whatever would come her way.

Finally, my children's caregiver (P) came in shortly before I was to leave for the Workshop, and told me that her long-estranged ex-boyfriend, and father of her grown daughter, had come over the night before to visit their daughter and her new husband. On his way out of the building, he stopped by to speak with P, and told her that he now understood how much he had missed by cutting himself off for so many years from the life and love of his daughter. It felt like a miraculous opening to P, and seemed to hold the promise for much repair and growth moving forward within the complex relationships of this family.

By now, almost running late, I jumped into a cab, and realized en route to City College that my morning mirrored uncannily the material I was about to present. Here were three people -- not patients -- just people, in the middle of their lives, each facing a spiritual choice point. Would L

descend hopelessly into complicated mourning and despair over the miscarriage and the loss of her difficult pregnancy, or be moved, somehow, perhaps supported by her husband's words, to find meaning and promise in the experience alongside her understandable well of grief? Would S drown in the possibility of her marriage ending, and be swallowed up by all of the understandable fears, feelings and isolation that a divorce could bring in its wake, or would she be able to find solace and comfort not only in her friends' love for her but in her own deepest core of strength, and the faith that she would survive in tact? Finally, as P told me her story, it was clear that she had witnessed, in biblical terms, a miracle, as the Sea of Reeds seemed to part and pry open the heart of this man who had long appeared so closed off to relationship and responsibility.

I jotted down a few notes in the cab, and thought to myself that these anecdotes had come to me at just the right time. I wondered if they *might* even prove useful in some way during the Workshops, to help create among the group a sense of urgency, immediacy and relevance to the material that we would be discussing. My intention, as indicated in my proposal, had been to begin with the Pre-Workshop Questionnaire. When we arrived at the Workshop site, however, and were delayed from entering due to an exam taking place inside our room, I had a chance to chat a bit with the students and faculty who were there waiting with me to begin the session. It was clear to me that anxieties were high, and that in addition to what I later learned were major internal stressors for the Program as a whole, many people were also feeling skeptical, anxious and unsure about what this experience would be like for them. It also became clear, which I hadn't realized until that moment, that the session was being held *during their lunch break!* As a result, many students were arriving hungry and late for the session, having had to descend through the bowels of City's dysfunctional elevator system to get lunch from the cafeteria. At that point, it became clear to me that I needed to begin with these 3 vignettes as a jumping off point for the session.

The impact was palpable. Students and faculty alike were gripped by the stories, and by the immediacy of the spiritual concerns in the random encounters that I'd had that morning. What

seemed most captivating was the radical idea embedded in these stories, and which I then made explicit: *Spirituality was not something on the periphery, but rather, right at the core, front and center in the lives of these three people, and in all of our lives, always, in ways we rarely recognize.* Participants began to settle in to their chairs, and visibly relaxed as they listened, quietly identified with, and began to get a sense of my tone and the thrust of the DP Workshop. This was not going to be a dry, didactic experience, but one which, instead, called upon them to draw upon their own spiritual encounters and to consider the power and meaning of those experiences in a direct and personal way. Secondary to this project of coming into contact with their own spiritual questions, doubts and yearnings, we would be exploring the intersection of those parts of ourselves with *ourselves as clinicians*, and how our assumptions and experiences in the realms of spirituality and religion bear on our work, in both positive and negative ways.

Having made the decision to begin with the vignettes, and feeling the vibrations in the room as we discussed these vignettes briefly, I felt that it was then important to *continue to build on this momentum* rather than to ask participants to immediately retreat into their own reflective space at that point and complete my Pre-Workshop Questionnaire. Consequently, I decided at that point to save the Questionnaire until the end of the session. As a result, I knew that the answers about their expectations and fears about the sessions might be slightly skewed, since they'd already experienced one full Workshop. However, I decided that since most of the questions were largely designed to assess their experiences, feelings and practices in their lives prior to (and outside of) the DP Workshop (rather than those relating to the Workshop per se) that the data would still be largely valid whether they completed the Questionnaire in the beginning or the end of the session. Although I have no control sample with which to compare these data, and will never know the definitive answer to this question, based on the responses I received, I *do* believe that their responses would not have been dramatically different had they answered prior to going through the session.

Without recapping completely the outline listed in Appendix C, I will say here that what followed then was a systematic carrying out of the outline as proposed. This included an Opening Circle; a brief rationale for the training based on the concept of multi-cultural competency; an overview of the theoretical and historical context for the Workshops; a discussion of the goals for each session, (*Competency through Understanding; Increased Self-Awareness; Technical Competency; Historical and Theoretical Grounding*); an exploration of the assumptions we hold regarding "religion" and "spirituality"; two experiential exercises conducted in random dyads with opportunities for sharing and discussion following each one, and finally, an abbreviated closing feedback session. Participants then completed the Pre-Workshop Questionnaire before leaving. Additional materials (including an optional homework assignment on writing a spiritual autobiography and a bibliography of relevant reading materials) were distributed as participants left the room.

Opening Circle

Participants were asked to sit in a circle of chairs, and to write 1-2 words on a file card reflective of their state, how they were feeling, etc. Then we went around the room and participants were invited to share or pass. Most shared, but I made an error in not adequately taking stock at the end of the sharing of the intense feelings that had been expressed in the room, which included feelings of being rushed, pre-occupied, stressed, anxious and excited. It would have been better to really use their words and feedback on their current state as a meaningful *and* spiritual opening instead of treating it more perfunctorily. I later learned that the Program was in the midst of preparing for a very stressful and critical accreditation site visit, and that many in the room were extremely pre-occupied over matters related to this impending event. Had I stayed longer with their expressions of distress, it might have been useful to bring this out and explore it as a case study of one of the most common situations in which we and our patients find ourselves: Living through a difficult moment, how and where do we find support, solace, meaning? In retrospect, having now gone through both Workshop sessions, I would, in the future, also build in a more formalized Closing Circle so that participants would have a chance to hear and feel in a

contained, but concrete and palpable way, some of the transformational shifts in affect and mood which took place over the course of the workshops.

Multi-Cultural Competency

My frame and rationale for the DP Workshop rested heavily on the by now well-accepted notion that clinical psychologists must be multi-culturally competent in a wide range of areas in order to effectively and ethically work with a range of patients from different ethnic and socio-economic backgrounds. Statistics showing the high degree to which Americans identify with religious traditions and spiritual practices were presented, along with those highlighting the marked and dramatic difference between those numbers and the typical profile of most clinical and counseling psychologists. Given that such high percentages of the US population self-identifies as being religious and/or spiritual, there is a strong likelihood that as practicing clinicians these students and faculty members will be called upon over the course of their careers to treat numerous individuals who so identify. Furthermore, the individuals currently seeking treatment from trainees City College's Training Clinic are drawn largely from a minority and immigrant population, where religious traditions and spiritual practices often figure prominently in their families of origin. With these facts in mind, the DP Workshop was designed to supplement the Doctoral Program's Training curriculum in order to help participants begin the journey of becoming culturally competent in the areas of spiritual life and religion.

This frame resonated very comfortably and familiarly with participants, and also seemed to lower participants' anxieties, once they realized that they were not being asked to "become religious" or "spiritual", but rather, were simply being invited to take responsibility for learning how these dimensions of life can play out – both positively and negatively – in other people's experiences and learn how to listen for and elicit discussion and exploration of these matters in treatment. It did become quickly apparent, however, that for many of those present, coming into contact with not only their own assumptions about spirituality and religious life, but also, when applicable, with their own religious histories as well as their own *experiences* of the sacred would be necessary

and virtually inevitable aspects of this journey which, I believe, would ultimately enable them to work more effectively with their clients as well.

Defining Spirituality and Religion

A substantial portion of the first session was devoted to exploring participants' assumptions, beliefs, biases and definitions of spirituality and religion. Drawing heavily on the work of Dr. Jacqueline Mattis and other sources, I presented vignettes which broadened definitions of how spirituality shapes and influences people's lives. Then, as a group, we worked together to put together lists of qualities and assumptions associated with spirituality and religion. During this rather Socratic exploration of "religion and spirituality", students were surprised to see that their assumptions loaded very positively onto "spirituality" and, for the most part, quite negatively onto "religion". This opened up a lively discussion among students and faculty about the relationships between their own religious and spiritual backgrounds and the resulting assumptions and questions that they bring to their work with patients grappling with these same issues.

Pathways to the Sacred

During the next segment of the Workshop, I focused in a more didactic and formal way on the various pathways that people may take to finding, discovering and inhabiting the 'sacred' in their lives. The goal of this portion of the training was to heighten awareness and familiarity with what it is that many people actually *do*, on a daily, or weekly basis, to search out and consolidate for themselves a spiritual practice, religious identity and also, how it is that people strengthen and then rely on the spiritually nourishing aspects of these dimensions of their lives. We discussed such practices as reading, journaling, attending communal ceremonies, study, prayer and meditation, etc.

Experiential Exercises

Two exercises were presented. For the first, referred to here as the "Peak Experience" activity, I asked participants to pair off, and take turns sharing with one another an experience that felt like

a 'peak' experience in their lives – if it felt sacred, or connected to the Divine, that was certainly appropriate to discuss, but it was not essential to frame it in that way. The listening member of the dyad was asked to listen as *if* he/she was a witness to the telling of a sacred narrative – not to ask question, but to take in the material as fully as possible. There was time for each member of the pair was able to take both roles.

The second exercise (given later) was a "Ritual Moment" activity, where again, I asked participants to pair off (with someone new this time) and describe a ritual or practice they remember being operative during the period immediately after they'd lost a loved one, close friend, etc. They were asked to discuss how the practice was and wasn't helpful, if applicable. Again, both partners were able to play both roles.

As it turned out, the "Peak Experience" exercise was MUCH more powerful and elicited more dramatic affective responses from participants than did the "Ritual Exercise". Participants reported that they were very moved by the first activity. Participants reported that the "Peak Experience" exercise felt like a *"gift"*, *"shared and mutual"*; *"emotional"*. People reported that they felt *"free to be more themselves, to bring in more of their selves"*. Additionally, numerous participants reported after this exchange that they felt very close to their 'partner' in ways they had never experienced at City, even among people who knew each other very well. By contrast, they reported feeling a bit lost, without direction during the Ritual Activity, and didn't feel much impact from the experience.

Workshop II

As indicated above, the second Workshop began almost 30 minutes late due to an emergency faculty meeting scheduled to discuss an impending Accreditation Site Visit to the Doctoral Program. Again, students arrived with food in their arms, hungry and stressed and rushed. I found this tension to be somewhat contagious, and I noticed that I, too, in addition to feeling somewhat angry about the late start, was also feeling the pressure of time – and had to explicitly

acknowledge our limited amount of time together -- as we sped through my outline for the session, knowing, also, that I needed to reserve adequate time at the end so that people could complete the Post-Workshop Questionnaire. I decided, however, that I *did* want to do everything that was on the outline, including the two experiential exercises (*case study discussion; role play*) that I'd planned, but realized that we would have to sacrifice some of the discussion time following each one. In retrospect, it would have been preferable to do only one of those exercises, and then have a longer time to settle in to a meaningful exchange about the experience. While participant feedback was still overwhelmingly positive, many noted that it would have been better had we had more time for discussion.

Clinical Assessment and Technique

While the first DP Workshop was geared mainly toward historical and theoretical background, and an effort toward opening dialogue through accessing participants' own personal experiences, memories and feelings about spirituality and religion, the second DP Workshop was geared specifically toward building participants' clinical skills in the areas of spiritual assessment and intervention.

When Spirituality Goes Awry

Whereas in DP Workshop I, we examined the many ways in which people seek out, practice and consolidate spiritual and religious resources in themselves and in their communities, in this session, I felt that it was very important to create some more educated awareness about what happens when spirituality and or religious life are (or become) problematic. We discussed, for example, what to look for psychologically when someone first starts to doubt his/her long-held beliefs due to both positive and negative life circumstances; what happens when one's religious or spiritual community becomes a profound disappointment; when spirituality has been shunned or ridiculed by important caregivers or role models. We also examined ways in which problematic experiences in these realms can dovetail with psychological vulnerabilities. We explored, for example, various ways in which early experiences with authoritarian religious communities,

parents or leaders can dovetail with psychological needs for punitive superego tendencies. This general map of spiritual troubles provided a natural segue for Workshop participants into working directly with clinical material.

Case Study

As a part of DP Workshop II, I shared various handouts and guides with participants outlining techniques of Spiritual Assessment, which we explored briefly together. With that as background, I then distributed handouts with several case histories described, and study questions to guide discussion. These vignettes were drawn from materials highlighting moments when spiritual and/or religious issues entered the treatment room in an explicit way. Workshop participants then delved into examining and discussing these case studies in small groups. This was a very interesting experience for participants, who now, for perhaps the first time, were asked to put into the matrix of their clinical technique and mindset assessment questions ideas and thoughts about the 'patient's' spiritual and religious life. As I walked around the room listening to their small group discussions, and then, as I heard as expressed in the larger period of "Reflection and Exchange", participants were productively wrestling with numerous issues: *Did they identify with the therapist's interventions? What would they have done differently? Was the patient's issue primarily a spiritual one, or a psychological one? How would they feel asking these or similar spiritually oriented questions? Is it ok – or not – to ask such questions? What if the therapist isn't at all religious or spiritual but the patient is, or visa-versa?*

The energy in the room during the small group discussions, and then, during the larger group sharing was excited and engaged. Participants seemed both excited and relieved to be seeing how the concepts we'd been discussing could be applied to clinical situations.

Role Plays

This activity was perhaps the *most* animated of all the exercises. Particularly for those participants who do *not* identify themselves as spiritual or religious, it posed a huge challenge for

them to position themselves in the role of a therapist who was inquiring about these issues, and/or, in the role of a spiritually or religiously pre-occupied patient. Interestingly, participants reported feeling self-conscious, in some cases, even, annoyed at the beginning at being asked to "try this on". What was remarkable, though, was their response following the exercise. Many of those who had felt uncomfortable reported that taking on the therapist's role and having to inquire about these spiritual and religious issues had afforded them an experience of freedom that they hadn't felt before in their role as clinical psychologists. Participants also talked about the choice points they had made as the 'therapist' during their mock sessions: *When to delve into history? How to assess whether the presenting problem was symptomatic of psychosis? Were there spiritual issues that could not be reduced to psychological terms?* Almost everyone who commented afterwards reported that this had been a very challenging, but rewarding experience; they felt they had stretched themselves by applying another lens through which to listen and assess the clinical material with which they were presented. It was also very challenging, notably, when participants were asked to play the part of the 'religious patient'. (Everyone had an opportunity to play both parts, with different clinical material). In the 'patient' role, participants were given a chance to step inside the minds and bodies of someone who, in some cases, had very different world views than they. Many said, as a result, that they were able to experience a kind of empathy and compassion toward individuals with these points of view that they'd not noticed in themselves before.

B. Description of Outcomes

Participants' Hopes and Anxieties

As noted in my Proposal, religion and spirituality are hot topics for almost everyone. In writing anonymously on their Pre-Workshop Questionnaires about what they hoped to get out of the Workshops, numerous participants wrote that they hoped to receive help and guidance on *"learning more about the relationship between psychotherapy and spirituality; gain a broader perspective"*. Others shared that they hoped to come more into contact with their *"own spirituality"*. As one participant put it, I hope to *"open my mind and heart up"*. Still others focused on their interest in developing better clinical skills for the assessment and treatment of spiritual issues in psychotherapy. Others expressed concern about *"getting too emotional"* or *"feeling vulnerable in the face of how little we know"*. Perhaps most poignantly, and pertinent to the ministerial dimension of the Demonstration Project Workshop's goals, still other participants expressed concern about opening up to these issues in front of their colleagues and mentors, and having to deal with the anticipated *"disapproval"* and/or *"skepticism"* that might arise from other members of their community. Finally, others expressed concern that the Workshops would be either redundant or too general to be useful to them.

New Discoveries Within

As I predicted in my Proposal, the periods for "Reflection and Exchange" built into the time table of each Workshop were rich opportunities to gain extensive feedback on both the value of the didactic experience as well as on the emotional and affective experiences of Workshop participants. During Workshop I, for example, following the exercise during which participants were asked to share with another person a powerful, or 'peak' experience in their lives, one of the Program's most esteemed and highly regarded faculty members, a clinician and seasoned researcher made the following remark:

"It felt powerful and remarkable to talk about this experience here, in this building. I realized that I was using words and drawing on images and parts of myself that have never come into this environment. It felt very good and important to bring that part of myself into this work environment – thank you for that."

Interest and Resistance – Inevitable Tensions

As expected, at the beginning of the first session, there were some participants who felt very anxious about the prospect of discussing these issues publicly, and who reacted with anger, resistance, skepticism and/or other defensive manifestations. Again, the Opening Circle and the various the periods of “Reflection and Exchange” (as well as the Pre- and Post-Workshop Questionnaires) were very useful in bringing these feelings to light. Some participants expressed their concerns at the outset about even engaging in this discussion. During Workshop I, for example, after sharing the vignettes, participants were asked to write down on a file card 1-2 words which were reflective of their emotional state as we were about to begin together on this journey. Numerous participants shared their skepticism about the utility of discussing these issues at all, but more often, indicated that they felt some resistance to joining in for fear that it would be uncomfortable to share openly about their own spirituality in the presence of other students and faculty members. Almost on cue, in fact, and as if sent in for a cameo from Central Casting, one (quite Freudian) faculty member mumbled snidely during the ‘Opening Circle’ something about the fact that she was “*committed to understanding representational introjects, etc*”, and then, later, walked out half-way through the Workshop. By contrast, however, and also as predicted, numerous students and faculty members in the Program shared that they have felt marginalized as a result of their own (largely private) religious and spiritual leanings, and were grateful for this invitation to explore the possibility of finding a way to integrate their spiritual and clinical lives into one, more cohesive personal and professional identity.

Deepening Awareness

While I had predicted that participants will begin to develop a greater self-awareness of their own spiritual and religious beliefs and feelings, and the biases that they bring to their work with patients, I was very pleased to observe during the two sessions, and then to read in the Post-Workshop Questionnaires that this had, in fact, taken place for many participants. One participant wrote:

I learned about my biases, insecurities surrounding organized religion. A desire to explore my own "search for the sacred". The need/importance/usefulness of assessing spirituality.

Along these same lines, I expected that participants would begin to feel more aware of their own biases, and more able to draw on their awareness to carefully assess and address spiritual issues as they arise in sessions with their patients once their own biases could be a bit teased out. Again, their feedback suggested that this was the case:

- a. *I learned that I have certain preconceptions about religion that would likely come into work with clients and I need to be more aware of my biases*
- b. *I learned about my innate instinct to treat religion as a function or tool of other problems.*
- c. *I will need to be careful about my ignorance of certain faiths when sitting as a therapist.*

Lo and Behold – This is a Spiritually Engaged Population

One of the most fascinating findings of the assessment conducted in the Pre-Workshop Questionnaire relates to the extent to which individuals in this highly psychoanalytic community identify themselves as spiritual and/or religious. National statistics, as noted in my Proposal, suggest that as a group, clinical psychologists report having active spiritual or religious lives at a very low rate when compared to Americans as a whole. In this sample, however, 66% reported that they would describe themselves as "spiritual". Many wrote beautiful and evocative descriptions of experiences they had had which they, themselves, had identified as "spiritual" in some way, such as these four excerpts from the Pre-Workshop Questionnaire:

- a. *I light candles every week for Shabbat, and say the prayer. For a long time, I did this out of habit, but lately, it's taken on a more meaningful form. I have felt more connected to my mother who died many years ago and was a devout and observant person. It has a very soothing quality, and is a moment of being alone, but not lonely; grounded but connected.*
- b. *Just yesterday, my husband and I went to a farm to pick fruit. I spent quite a long time moving along the rows of raspberry bushes picking raspberries. I was struck by the quietness around me, the feelings of the sun shining down, the smell, feel of the bushes. I felt deeply content and focused. For that period of time my internal monologue – my worries and needs, etc – were silenced. To me it was a divine moment, a connection to the divine.*
- c. *I experience spiritual connections in my relationships and in chance meetings with people on a fairly regular basis (once per month on average).*

- d. *On many occasions, especially around being a parent, I have felt a deep experience of spiritual sacredness. The three adjectives that come to mind are blessed, grateful and in love. They make me feel so graced and fortunate.*

Participants were surprised to learn, during the second Workshop session that, in fact, 97% of Workshop participants who responded on the Pre-Workshop Questionnaire had indicated that they have had experiences which they would consider “spiritual”. 73% reported that they’ve had experiences which were “transcendent”, and 60% noted that they’ve had experience which they would identify as “sacred”. However, when asked if they had experiences which they considered were “connected to the Divine”, only 4% answered in the affirmative. Interestingly, not one of the participants described him/herself as “religious” even though 13% reported that they are members of a religious community, and 64% self-identified as either Christian or Jewish. When asked if they sense the presence of “God, Higher Power, Energy” in all of life, 47% of participants reported that they do. 67% indicated that their spiritual or religious orientation and identity affect their theoretical approach to working with patients, and 72% reported that their spiritual or religious orientation and identity have an impact on their practical approach to working with patients.

When asked about their clinical work, respondents had a unanimous positive response to the statement “I have an interest in speaking with my patients about spiritual and religious matters when clinically relevant and appropriate.” Yet, importantly, 15% respondents noted that these topics have NEVER come up in their classes at City; 44% reported that these issues have been discussed only “AT LEAST ONE TIME” and 41% reported that the material has come up “A FEW TIMES”. Similarly, 30% noted that they have NEVER discussed these issues in supervision; 30% said it’s been discussed “AT LEAST ONE TIME”, and 35% reported that it’s been discussed “A FEW TIMES”. These numbers stand in contrast to the finding that 96% respondents reported that they *would like to speak with their supervisors* about matters of spirituality and religion as they pertain to the clinical work under discussion. Further, these numbers suggest that a more

concerted effort to include these topics in the training curriculum at City College would be positively received by a majority of the students in the Program.

Workshop Goals

Above all else, perhaps, my hope was that these Workshops would invite participants to reflect on and deepen their awareness of their own spiritual experiences, and open pathways whereby those genuine, and in many cases, not infrequent brushes with their spiritual strivings and feelings might intersect more organically – and skillfully – with their clinical work. Results from the Post-Workshop Questionnaire suggest that these goals were accomplished. 78% respondents answered *that they had learned something new about themselves* during or as a result of the Workshops. Comments such as these give texture to the statistics:

- a. *[The Workshops] strengthened the importance of thinking more about mine, and others' spirituality.*
- b. *Yes – in a way, it gave me a kind of permission for my spiritual quests.*

83% reported that their thoughts about working with patients had shifted as a result of the Workshops. Almost everyone noted that the role plays had been very helpful in making the larger conceptual issues accessible and in bringing them to life. Here are some specific comments in response to the question, *What did you find most helpful?*

- a. *Tools we can use in conducting therapy to explore the role of spirituality in one's life; role playing and case discussions.*
- b. *Relating abstract ideas to concrete experience really helped me to envision how this might look in a session.*
- c. *Role plays, sharing personal experiences -- very effective in bringing up salient clinical issues.*
- d. *The things that got triggered in response to what you had to say.*

Notably, not all of the comments related directly to shifts in participants' clinical work. Some remarked more poignantly and personally on the impact of the Workshops for them as members of this community, as this participant shared:

- a. *Hearing that others here are spiritual/feeling a sense of community.*

- b. *I appreciate the difficulties of bringing spiritual biases and assumptions about religion a bit more, although these were not new things for me – I enjoyed hearing group discussion of them.*

Whereas only 50% reported that they had discussed issues of spirituality and/or religion with their patients *prior* to the DP Workshops, 83% said that they would now feel comfortable discussing issues related to religion and/or spiritual with their patients. 56% reported that their thoughts about their training at City had shifted. More participant feedback:

- a. *I wish/am hoping that it is discussed in our multicultural class, as it was in my previous counseling training.*
- b. *Underlined the importance of this topic and the need for it to be incorporated much more into our curriculum.*
- c. *I see that it is possible to integrate a dynamic and spiritual orientation if I work at it.*
- d. *There is a necessity to really 'insert' or 'place' spirituality into our thinking – it is disjointed otherwise.*
- e. *I want this to be more integrated into our training because it affects so many patients.*

I was very moved and pleased when, at the end of DP Workshop I, one participant reflected back to the beginning of that first session, when many of the Workshop members had been sharing in our Opening Circle that they were feeling “*stressed, pressured, worried, and preoccupied*” and so on. She then spoke very movingly about how much the atmosphere of the room had shifted over the time that we’d spent together, and noted that

“when something spiritual happens, and you feel it, and experience it, it brings a deep sense of gratitude.”

Very generously, she then thanked me for the session, as did many of those present, both publically, and then, in private afterwards and/or on their Post-Workshop Questionnaires.

...I hear them
deep inside me, whispering
oh what is that beautiful thing
that just happened?

Reflections on My Own Experience

For myself, I expected that I would feel a bit anxious in presenting this material, particularly since this is the professional community in which I was trained as a clinical psychologist. I was pleased to see that I was able to find my own professional voice, even amidst the skepticism and anxiety present in the room, and that I was able to be open to the surprises and discoveries of the moment as they unfolded and in response to the needs I sensed among the community. I was able to be flexible to the responses that emerged, and to learning from participants what worked well for them and what did not. Additionally, I tried as much as possible to follow the emotional threads of the discussion to enable participants to delve more deeply into their own questions and experiences.

One thing that really surprised me was that I sensed that most of the Workshop participants were very eager for connection to others in the Program, and responded very well when, as we discussed various points, I asked them their names, followed up on their points and contributions later on, went back to them at various points to reference something they'd added. I found myself engaged in a powerful community building exercise as the Workshops unfolded, and I felt the group coming together in ways which I had not really anticipated.

I definitely learned that my tendency to think that "*more is more*" is unwarranted, and that less material, even after the several MAJOR revisions and edits of my outline and handouts that I had made based on my mentors' suggestions, would have led to a an even more effective presentation. The loss of time, particularly in the second session, was also problematic, forcing a hastier presentation and condensation of complex ideas and experiences. Whereas the first session had a very spiritual tone and atmosphere, I felt that it was harder for me to maintain that in the second session. I would have liked to have given even more thought as to how to evoke that atmosphere – through slowing down and allowing for more time for reflection, quiet, mediation and the emergence of a more spiritual field of exchange throughout the second Workshop as well, and something I will definitely keep in mind for the future.

CHAPTER 5 – Discussion

Every morning
the world
is created.
Under the orange

sticks of the sun
the heaped
ashes of the night
turn into leaves again

and fasten themselves to the high branches ---
and the ponds appear
like black cloth
on which are painted islands

of summer lilies.
If it is your nature
to be happy
you will swim away along the soft trails

for hours, your imagination
alighting everywhere.
And if your spirit
carries within it

the thorn
that is heavier than lead ---
if it's all you can do
to keep on trudging ---

there is still
somewhere deep within you
a beast shouting that the earth
is exactly what it wanted ---

each pond with its blazing lilies
is a prayer heard and answered
lavishly,
every morning,

whether or not
you have ever dared to be happy,
whether or not
you have ever dared to pray.

(Morning Poem, Mary Oliver, 1992)

A. Implications of Results, Anticipated and Not Anticipated

Exploring and Exposing Biases

By exploring and exposing participants' biases, assumptions and stereotypes as they relate to spirituality and religious life, participants began to be able to more effectively tease apart what they were feeling on a personal level, both conscious and unconscious, from how they might effectively and responsibly consider intervening professionally should these issues arise in a treatment setting. This was especially true for those participants who have held strong prejudices against anything related to religion and spirituality, and/or those for whom religious ideas have been starkly opposed in their minds to psychodynamic theory and practice.

Understanding and Awareness

A good portion of both Workshops I and II were devoted to familiarizing participants with various dimensions of religious and spiritual life. We concentrated on pathways to the sacred, methods of consolidating one's spiritual practice/religious life, and also, the many ways in which spiritual and religious life can serve as important resources and supports for people during times of stress as well as during periods of intense joy and celebration. By giving participants a deeper understanding of how spiritual and religious life functions as stabilizing, nourishing and coping factor in people's lives, the Workshops enabled participants to have a more open mind toward these aspects of a patient's narrative, now able to imagine, for instance, how these practices, communities and faiths might support the therapeutic work that clinicians are already doing. Participants reflected back that they felt more able to consider these dimensions of life in a more "positive light", and would, first, be less likely to 'diagnose' or dismiss this material out of hand, and second, be more likely now to both ask and encourage healthy explorations and deepening of these aspects of their patients' lives.

An additional aspect of the training was to spell out and explore some of the many ways in which spiritual and religious practice can go awry. This introduced the idea of a more sophisticated and nuanced appreciation of how spirituality and religion actually play out over the course of people's

lives, and introduced to participants the need to become more sensitively attuned to these periodic shifts. Like other important aspects of life, spirituality and religious practice and affiliation shift with the vicissitudes of health and aging, community life, life cycle events and psychology. The DP Workshops clarified and exposed some of these issues for participants, also enabling them to feel more confident as they begin in their own practices to assess patients for levels and *quality* of spiritual affiliation, resources and practice.

Permission to Turn Inward

Some of the most powerful effects of the DP Workshops came from the various experiential exercises. It was clear, both in their verbal comments and in their written responses following the Workshop II that many participants felt that, finally, they had been given permission to tap into their own spiritual lives and experiences in the context of their lives as clinicians (or clinicians in training). This came as a huge relief to many, who, having had quite rich experiences on their own, outside of their clinical lives, now expressed an interest and capacity to be able to draw on themselves in this more personal and informed way, in their clinical work.

By tapping into their own spiritual experiences, participants seemed freer to engage in a deeper understanding of how spiritual and religious life can function as stabilizing, nourishing and coping factor in the lives of their patients. Consequently, numerous participants reported that the exercises had opened for them access to more empathy and compassion for their patients' spiritual lives, and that the clinicians themselves would now be more open both to *listening* for these themes and to *inquiring* as to how these dimensions of life might be useful resources and/or problematic challenges for their patients.

This is an *extremely* significant consequence of the DP Workshops, since the legacy of Freud and the psychoanalytic tradition have made such considerations 'politically incorrect' for nearly a century. By exploring the ways in which participants' own experiences have resonated in *their* lives as sources of comfort or conflict, community or isolation, transcendence, and perspective (to

name just a few of the comments they made), these clinicians seemed to be freed up to recognize these same potentialities in the lives of their patients. Participants who were able to seriously and with curiosity explore, perhaps for the first time, their *own* spiritual and religious experiences, in the context of a professionally sanctioned workshop series on “Spirituality in Psychotherapy”, reported that they now felt more eager and willing to take on these aspects of their patient’s narratives with more interest, and certainly, with less fear and shame that they were somehow betraying their training, their mentors, and the inherited tradition of psychodynamic psychotherapy.

Community Building

One of the most surprising results of the DP Workshops was the impact that the experiences seemed to have on the Doctoral Program community as a whole. It seemed to me, among other things, that by talking openly about these matters as a given and essential part of human experience – something that occurred right from the beginning, with the presentation of the three vignettes which occurred just prior to my arrival at City College for Workshop I, the entire notion of ‘spirituality’ as something Other and certainly, as something that should not regularly fall within the purview of psychotherapy, began to fall away and the participants became markedly more relaxed and intellectually as well as affectively available.

Again, over 60% of this community self-identifies as being “spiritual”; over 90% reports having had experiences in their lives that they would consider “spiritual”. When I shared these statistics with Workshop participants at the beginning of our second Workshop, people were extremely surprised! It seemed, suddenly, that those who had felt alone and marginalized in their beliefs and practices suddenly felt that they might be able to feel more a part of a community.

The experiential exercises deepened this sense in immediate and personal ways as participants shared with each other intimate and stirring experiences, and felt themselves listened to and heard, perhaps for the first time in this community, not simply as “human beings having a spiritual

experience, but rather, as spiritual beings having a human experience" (Dr. Jackie Mattis).

Hearing fellow students, and, I believe another critical factor, hearing *faculty members* share their personal experiences and impressions of themselves as spiritual beings, had a huge impact on the atmosphere of the Workshops, and helped to create an even deeper opportunity for reflection, dialogue and sharing as the atmosphere shifted from one of fear and insecurity to one of safety and acceptance. I believe that the "spiritual" became de-stigmatized to a large degree as a result of the interactive dialogues, the presentation of didactic material which normalized the idea of spirituality as a reasonable (and common) dimension of many people's lives, and of the personal exploration and interpersonal sharing that occurred. This de-stigmatization, I hope and believe, had, and will continue to have a profound and lasting effect on the ways in which this professional community takes on the topics of spirituality and religion, both in its training curriculum and in the intimate settings of the treatment rooms.

How do you get to Carnegie Hall?

A key element built in to the structure of both Workshop sessions was the idea of practice.

Participants were invited to share in numerous practical activities which would help build their skill set and, in turn, give them confidence that they would be able to work in a more integrated fashion, combining their strong clinical skills with a new and more finely tuned sensitivity to the role of spirituality and religion in psychic life and mental health. Participants were asked to **spea**k about spiritual matters, **listen** to others speak about these matters, **assess** the nature of spiritual and religious concerns and practices, **inquire** in a mock clinical setting about religious themes and problems as presented in the case studies and role plays.

By actually "doing" these things with each other, participants were given an actual experience of working in this way, and were then able to begin to confront the many feelings that arose as a result of this approach. Discomfort, excitement, confusion and interest were just some of the feelings expressed. It is my hope and belief that having opened the door not only to thinking about these issues, but also, to engaging in a more integrated practice *and* beginning to examine

publically some of the complex feelings that this type of work brings up, that participants will now feel more able to continue this exploration and dialogue in their classes, supervisions and private reflections about themselves as they engage in clinical care.

B. The Contributions of Project

Religious and Spiritual Principles

In Chapter 2, it was proposed that there is enormous healing potential in spirituality and/or religious practice and community. As a result of the long-standing philosophical tensions between psychology and religions (explored above), these important spiritual resources have been largely untapped in the course of most psychodynamically-informed therapies. By introducing these themes and possibilities for spiritual and psychological growth to the students and faculty at the City College Doctoral Program in Clinical Psychology, my intention was to address this gap in treatment, and to provide Workshop participants with an introduction to the basic knowledge, skills and strengthened inner conviction which would enable them to integrate into their practices the notion that spirituality and religion are areas which can and *should* be regularly explored, both for their positive as well as negative potential roles in the lives of patients seeking treatment. I believe that the Workshops contributed to these spiritual goals in the following ways:

Self as Spiritual Being

By introducing the idea that participants themselves could have new ways of experiencing and understanding themselves, as spiritual people *and* as spiritual clinicians, participants will likely be more able to recognize these qualities in their patients, and to address these matters with greater interest, passion and skill, and perhaps, with less fear.

The Roles and Functions of Spirituality and Religion

We addressed and highlighted as themes to look for in our clinical work various aspects of the sacred, as well as the many well-documented benefits of living a spiritual life, including the capacity for having Faith and Courage; having a life enriched by having had experiences of the

sacred and/or transcendent; developing a capacity for discernment which enables one to distinguish between what is, in fact, spiritually and psychologically expansive and nourishing from that which becomes restrictive, rigid and unhealthy; the value of community; the *many* varied manifestations of spirituality which people bring to treatment; and the myriad ways in which spiritual longings can become distorted and contaminated. Having opened this door with Workshop participants, it then felt impossible to go backwards. Virtually all of those attending, even those who had been quite resistant at first, indicated that exposure to this material had been transformative in the ways in which they understood the role(s) of spiritual and religious life, and shared that their clinical work would be reflective of this transformation.

Spirituality as an Essential Dimension of Existence

Perhaps most important of all, and, ironically, that which I came to introduce serendipitously at the beginning of the first Workshop, was the idea that *spirituality is at the center of our lives, all the time, every day*. I feel strongly that the opening sequence to the Workshops in which I presented the three personal vignettes set the tone for the entire workshop, and gave participants a clear view as to how our daily lives are infused with the need to find meaning and solace, support and community, courage and resilience, and suggested that these are not *only* psychological factors; 'ego strengths' as we might call them in clinical terms, but, in fact, deeply spiritual qualities which can be cultivated, strengthened and nurtured not only in church, prayer or meditation, but through deep and respectful exploration in the hospitable and welcoming atmosphere created by a willing therapist with a competent and integrative psychotherapeutic approach.

Clinical Principles

Explication, discussion and training of psychologists in the realms of spiritual life and religious practice have been systematically and deliberately left out of virtually all training programs. The DP Workshop series addressed this lacuna of appropriate clinical training in the following ways:

The Workshops addressed head on the historical context for the presumption that religion more often than not is a *symptom* which needs to be routed out of the patient as part of her/his journey toward full mental health and well-being. By inviting participants to share their biases and assumptions, in the non-threatening service of "making a list" of words that come to mind when we think of "spirituality" and "religion", we were able to unearth some long-standing prejudices, concerns and unconscious obstacles to working with these issues in treatment. As the lists grew, participants saw their own blinders and biases quite clearly. It was striking, for example, to see how powerfully positive most of their assumptions about "spirituality" were, and that there emerged out of this list, as a result, a shared sense of interest and relief that this might be an important area to pursue with patients. Likewise, as the "religion" list grew and carried more and more negative connotations, we were then forced to discuss *these* more pejorative assumptions, and to explore the origins of these feelings in participants (rigid traditional backgrounds, etc), and the very likely possibility that this picture may not be true for everyone who comes into our offices. These were challenging moments in the Workshop which enabled, however, an expansion of participants' understanding of the *many* meanings and functions that religion and spirituality can have in other people's lives, thereby enabling them to move more deeply into a consideration of how they might then need to work with this material in therapy.

To support them in their ability to take on that kind of work, however, participants needed more education in these areas. Toward this end, participants were exposed to a large amount of information relating to the many ways in which spirituality and religion may function in people's lives. We explored, in a content-based way, the various methods and paths that individuals may take to seek out spirituality, how they choose to practice, and their methods of consolidating their spiritual insights and experiences in ongoing ways which continue to feed their souls. By providing this type of information, students became more informed and aware of the multiplicity of spiritual and religious experience, and hopefully are, in turn, therefore, now equipped with better lenses through which to look and listen to their patients' narratives.

Again, almost in the manner of peeling an onion, it was clear that in order to be able to fully take in the didactic material that was presented, participants would have to move into a deeper experience of themselves as spiritual beings. As stated above, these were powerful encounters for participants, for themselves and in their dyadic sharing, which had tremendous clinical implications. Without this visceral point of reference, many students would have experienced the Workshops on an intellectual level, and walked away intrigued – or not – but not particularly touched or transformed. I am very pleased to report, however, that for the majority of those in attendance, I think that the Workshops *were*, in fact, transformative in the sense that by experiencing themselves as spiritual beings in the very physical space where they work, and with the same professional colleagues and mentors with whom they study, train and compete (*let's face it, even clinical psychologists can be fiercely competitive and insecure*), the experiential activities gave them a chance to experience themselves-as-clinicians in new and sometimes challenging ways. This is the kind of discomfort that helps people grow, and opens up new possibilities for their own inner psychological and spiritual development. Moreover, the experience of doing this work *as a community*, with students and faculty together, had the powerful effect of creating a new atmosphere of safety in which this dialogue could begin to unfold. It is my hope that with continued work and dedication that the conversation will continue as an ongoing part of City's training experience.

The contributions of Project to My Ministry in Wider Context

As noted in the Proposal, "the sacred is a natural and normal part of life....the yearning for the sacred is a primary, irreducible aspect of human nature...Any psychology of human behavior remains incomplete without an appreciation for the motivation to know and connect to the sacred." Spiritual resources can be important sources of healing, perspective, support, and well-being. By ignoring or dismissing these resources, therapists "diminish their effectiveness as helpers (Pargament, pp. 343-344). Furthermore, it is often in the area of people's spiritual lives that we see their greatest strengths and vulnerabilities. It is critical for therapists to be able not only to "distinguish spirituality at its best from spirituality at its worst", but to build on the powerful

resources that many people bring with them to treatment but which they all too often are likely to keep hidden when they sense an inhospitable atmosphere for such experiences and strivings. This Demonstration Project faced these ideas head on, and went straight to the hearts and minds of those who most need to understand this concept in order to work effectively and ethically with the hundreds of patients that they will treat over the next several decades.

As stated above, and as empirically proven over and over again in the lives we lead and in the lives of the patients with whom we work, spirituality and the therapeutic process are inextricably connected. This workshop addressed the fact that both client and patients bring their own, unspoken religious frameworks into the treatment room, and exposed the hard truth that “therapeutic neutrality is impossible... the question is *how* we choose to address spirituality in psychotherapy.” By examining those biases and unspoken assumptions among this group of budding (and senior) clinicians, the Workshops have made a contribution to deepening the potential for effective integrative psychotherapeutic and spiritual work to be implemented, not only in this program, but in the rippling circles of supervisory experiences and collegial exchanges that each of these interested clinicians will enter and join as they move through their own professional training and careers.

Implications for Future Ministry

As one of the country's most prestigious clinical psychology training programs, The Doctoral Program in Clinical Psychology at City College casts a wide circle of influence. Admission is highly competitive, and, as highly skilled clinicians, graduates go on to assume important jobs as training directors, supervisors and scholars nationwide. The Director of the Program, Dr. Elliot Jurist has recently edited two influential books in the field, and has himself recently been appointed Editor of the prominent journal *Psychoanalytic Psychology*. Since Dr. Jurist and I began our discussions about my conducting the D. Min Demonstration Projects at City, he has invited me to review numerous articles submitted to the said journal for publication, thus further enabling me to continue my work of helping to define and refine within the wider psychoanalytic community a deeper understanding of how spirituality can be effectively integrated into psychodynamic treatment. During the Workshop at City, I also made contact with Dr. Glen Milstein, a fellow psychologist, who has been involved for many years with a wonderfully creative integrative project which encourages both clergy and clinicians to cross-refer to each other when the clinical/spiritual material at hand would seem to benefit from the expertise of another modality of support and exploration. We have already met once, and I look forward to future conversations and collaborative work with him. Finally, I have recently been invited to conduct a similar workshop as an in-service training for the staff at the Barnard College Counseling Service, at Barnard College early in 2009.

It is clear to me that in my own personal work, as a clinical psychologist, a hospice caregiver, as a leader in my synagogue community both on the Executive Committee of the Board and as Co-Chair of the Visiting the Sick Committee, in my role as a Clinical Supervisor in the Clinical Psychology Doctoral Program at City, as a reviewer for *Psychoanalytic Psychology*, as an active board member at the Institute for Jewish Spirituality, and now perhaps, in my new role as a Workshop Leader/Trainer in the field of integrative psychology, this work has the potential to continue to touch not only the lives of those clinicians and lay colleagues with whom I work directly, but, hopefully, can reach all of those with whom they come into contact as well. This is

an ambitious project, one which necessarily pushes up against tradition, fear, belief, resistance and personal bias. I am most grateful for the opportunity to have begun this work under the guidance of such wise and thoughtful mentors during my training at HUC-JIR & The Postgraduate Center for Mental Health. I believe that there is great potential here for me to continue to deepen my voice and to raise my instincts, intuitions and training to a greater level of public expression, sharing and exchange.

One day you finally knew
what you had to do, and began,
though the voices around you
kept shouting
their bad advice—
though the whole house
began to tremble
and you felt the old tug
at your ankles.
"Mend my life!"
each voice cried.
But you didn't stop.
You knew what you had to do,
though the wind pried
with its stiff fingers
at the very foundations,
though their melancholy
was terrible.
It was already late
enough, and a wild night,
and the road full of fallen
branches and stones.
But little by little,
as you left their voices behind,
the stars began to burn
through the sheets of clouds,
and there was a new voice
which you slowly
recognized as your own,
that kept you company
as you strode deeper and deeper
into the world,
determined to do
the only thing you could do—
determined to save
the only life you could save.

(The Journey, Mary Oliver, 1992)

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Appendices

Appendix A: Pre-Workshop Exploration (revised).....	64
Appendix B: Post-Workshop Exploration.....	70
Appendix C: Workshop Outline.....	74
Appendix D: Clinical Case Material.....	79
Appendix E: Clinical Vignettes, for role plays.....	83
Appendix F: Clinician's Guide to Spiritual Assessment.....	85
Appendix G: Spiritual Assessment Questions.....	87
Appendix H: Three Styles of Attachment to God.....	89
Appendix I: Signs of Spiritual Struggle.....	90
Appendix J: Homework Option: Writing a Spiritual autobiography..	91
Appendix K: References to be distributed to Workshop Participants.	94

Appendix A: Pre-Workshop Exploration

Psychotherapy and Spirituality
Pre-Workshop Exploration

Please DO NOT write your name!

SECTION 1

Please circle **only one** response to each of the following questions

I would describe myself as...

- a. a spiritual person.
- b. a religious person.
- c. a spiritual and religious person.
- d. neither spiritual nor religious.

I would describe myself as...

- a. someone totally uninterested in spiritual questions and/or practice.
- b. someone slightly interested in spiritual questions and/or practice.
- c. someone very interested in spiritual questions and/or practice.
- d. someone intrigued but confused by spiritual questions and/or practice.

What is your current religious affiliation?

Christian _____ if yes, what denomination: _____

Jewish _____ if yes, what denomination: _____

Muslim _____

Buddhist _____

Hindu _____

Atheist _____

Agnostic _____

Other _____

Are you a member of a religious community (congregation; prayer group; etc....)

YES

NO

Please complete the following sentences in the space provided.

In my view, psychotherapy and spirituality are _____

SECTION 2

Please circle all correct responses in the questions below:

I would describe myself as someone who...

- a. does not believe in God.
- b. does not believe in God, but does believe in 'something: Energy, Other, divine order, etc...' _____
_____ (please explain).
- c. senses the presence of God (*Other; Higher Power, Energy, etc.*) in all of life.
- d. experiences a sense of transcendence in my life.
- e. sees evidence of God (*Other; Higher Power, Energy, etc.*) in nature.
- f. sees evidence of God (*Other; Higher Power, Energy, etc.*) in relationships.
- g. sees evidence of order in the universe in science and the rational mind.
- h. sees evidence of order in the universe in art and creative work.

In a non-medical life crisis, I am most likely to seek help, guidance and support from...

- a. my family.
- b. my friends.
- c. my therapist
- d. my clergy person (rabbi, minister, priest, cantor, spiritual advisor)
- e. my divine being (God; Higher Power; etc...)
- f. other _____

SECTION 3

Please circle one answer only for each of the questions below:

I have talked about spiritual and/or religious issues in City College Program classes:

Never At least one time A few times Often It is/has been a central topic

I have talked about spiritual and/or religious issues in my supervision:

Never At least one time A few times Often It is/has been a central topic N/A

I have talked about spiritual and/or religious issues in my own treatment:

Never At least one time A few times Often It is a central topic

Please circle one answer only for each of the questions below:

I have an interest in speaking with my patients about spiritual and religious concerns when clinically relevant and appropriate. YES NO

I have an interest in speaking with my own therapist about spiritual and religious concerns when clinically relevant and appropriate. YES NO

I have an interest in speaking with my supervisors about spiritual and religious concerns when clinically relevant and appropriate. YES NO

I have an interest in speaking with my colleagues and professors about spiritual and religious concerns when clinically relevant and appropriate. YES NO

Have issues of related to spirituality and/or religion ever been explicitly discussed in your work with patients? YES NO N/A

Would you feel comfortable discussing issues related to religion and/or spirituality with patients? YES NO

If you are NOT currently working with patients, please skip this question and go directly to **Section 4**

Please consider for a moment the role (or lack of role) that your own orientation toward spirituality and religion plays in your work with your patients.

Would you say that your religious/spiritual orientation and identity affect:

1. ...your Theoretical approach to working with patients? YES NO

2. ...your Practical approach to working with patients? YES NO

SECTION 4

Do you engage in commonly recognized spiritual or religious practice,

or a practice of any sort which YOU consider spiritual or religious, such as creating a piece of art, dancing, hiking, cleaning, caring for someone who is sick, etc,

or a practice to which you are deeply dedicated to, but **WOULD NOT** identify it as a spiritual experience for you?

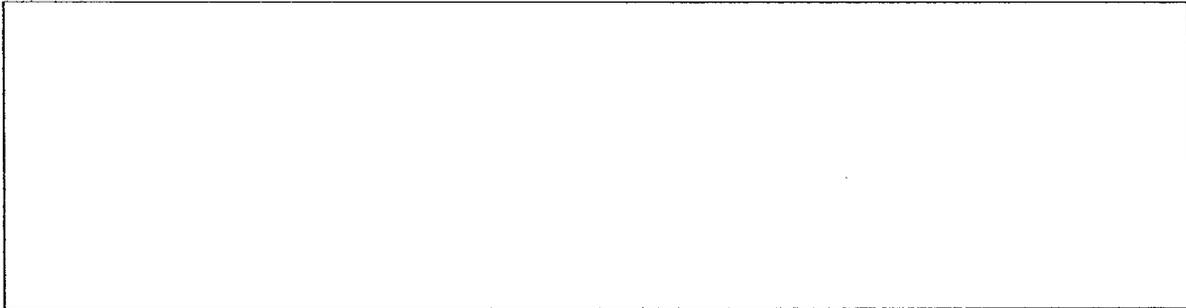
Please check off **ALL** of the following that you do, and **indicate how often**.

Please add any additional practices that are not listed here in the space labeled "Additional Practice(s)".

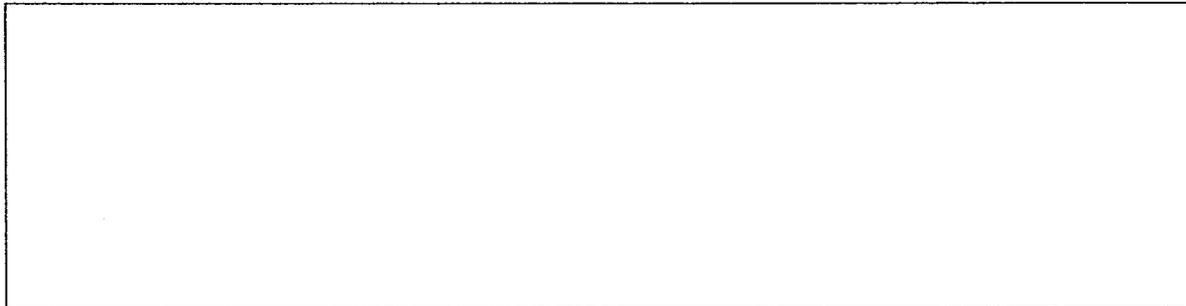
	Please check all that apply in this column and indicate the specific name of the practice where appropriate	Please indicate how often you do this activity:	DAILY	WEEKLY	MONTHLY	ONCE A YEAR
Prayer						
Meditation						
Attend Communal Services <i>(church, temple, synagogue, 12-Step Meeting, ashram, monastery, etc)</i>						
Ritual Practice <i>(candle lighting, chanting, etc)</i>						
Creative Practice <i>(art, music, pottery, dance, cooking, etc)</i>						
Physical Practice/Activity <i>(sports, hiking, swimming, coaching a team, tennis, etc)</i>						
Additional Practice(s) <i>(cleaning, being in nature, resting, caring for sick, walking your dog, etc)</i>						

SECTION 6

In the space provided, please draw a picture of the image you had of God when you were a young child.



In the space provided, please draw a picture of an image of God you have today, just sitting here, thinking about it.

**SECTION 7**

Please share one hope that you have in attending this Workshop: _____

Please share one concern or fear that you have about attending this Workshop:

Thank you for taking the time to complete these questions.
Your honesty and openness are gratefully appreciated.

If you have any questions following either Workshop Session, please do not hesitate to contact me at jeannieblaustein@nyc.rr.com.
Jeannie Blaustein, PhD

Appendix B: Post-Workshop Exploration

Psychotherapy and Spirituality
Post-Workshop Exploration

Please DO NOT write your name!

1. Did you learn anything new about yourself during or as a result of these Workshops? YES NO

Please explain

2. Did anything happen which surprised you during or as a result of these Workshops? YES NO

Please explain

3. Have your thoughts about working with patients shifted at all during or as a result of these Workshops? YES NO

Please explain

4. Have your thoughts about your work in supervision shifted at all during or as a result of these Workshops? YES NO

Please explain

Have issues of related to spirituality and/or religion ever been explicitly discussed in your work with patients? YES NO N/A

Would you feel comfortable discussing issues related to religion and/or spirituality with patients? YES NO

5. Have your thoughts about your training here at City shifted at all during or as a result of these Workshops? YES NO

Please explain

6. What did you enjoy most during these Workshops? _____

Please explain

7. What did you enjoy LEAST during these Workshops? _____

Please explain

6. Please include any additional feedback that you would like to share.

Thank you for taking the time to complete this evaluation and feedback form. Please feel free to contact me with any additional thoughts, questions or concerns, at jeannieblaustein@nyc.rr.com.

Thank you for your participation in these Workshops.
Jeannie Blaustein, PhD

Appendix C: Workshop Outline

Jeannie Blaustein, PhD
 Doctor of Ministry Demonstration Project
 HUC-JIR/PCMH

Workshop Site: City College Doctoral Program in Clinical Psychology
 September/October 2008

WORKSHOP I (2 hours)

1. Welcome – Welcome! (10 mts)
 - a. Welcome to the first of two program wide Workshops about Spirituality and Religion in psychotherapy. I want to thank Elliot and the faculty for making this a priority in the early schedule of this semester, and to all of you for making yourselves available for this experience.
 - b. Structure of the Workshops will be combination of experiential and didactic and clinical material. We have a lot to cover, not nearly enough time, so we will move quickly at times, and also, hopefully, make space for reflection and exchange.
 - c. Loaded topic – often raises lots of feelings and associations. Sex and Money are thought of as therapy's hot topics – but I suspect people are more likely these days to share details of their sex life with you than their spiritual lives. This Workshop will address that, in a couple of ways: First, by increasing our collective awareness about what make it hard for people to talk about these topics in therapy, in particular and more generally, in their lives, and also, by deepening your comfort level in listening for, asking about and intervening around spiritual and religious topics.
 - d. Take a minute and write one or two feelings you are aware of as you sit here right now...nervous, anxious, excited, pissed, angry, skeptical, relieved, ashamed, happy...

 Write down a feeling or more, drop them in hat, know they are here, and I'm going to ask you to observe those feelings as we go thru the next 2 hours together. I'm giving you a piece of paper to jot down reactions, questions, thoughts, associations – for yourself. If you care to share any of this at the end of the Workshop, there will be time to do so. Invite you to really let yourself notice what comes up for you. This is a wonderful opportunity to learn, to be surprised, to open to yourselves and each other...notice and welcome it all.
2. Pre-Workshop Exploration: Participants will answer a questionnaire assessing their level of spiritual interest, practice, awareness and the extent to which spirituality is integrated into their lives as clinicians. (6 pages, multiple choice and essay answers – 15 minutes)
3. Introduction and Overview (20 mts)
 - a. Introduction (10 mts)

Introduction and Overview

As clinical psychologists, we have an obligation to be informed and trained in many of the diverse issues that our clients bring to treatment. In most training programs, it is by now assumed that in addition to our core training in psychopathology, assessment and intervention, we need additional training in the areas of gender, race and ethnicity, and class, and the ways in which these environmental factors play out in the lives of our patients. Statistics indicate that for many people in the US, spirituality and religions occupy central positions in their lives. This is an area of human experience no less pressing, and in some cases, absolutely central to the health and well-being, and or psychological dis-integration (Pargament, 2007), of our patients. As therapists, therefore, it is incumbent upon us to know how to explore with and for our patients the many varied ways in which they may experience, seek, lose, challenge and rely on spirituality and religious ideas and resources.

In the past, psychology has tended to 'explain away' spiritual issues as they have emerged in treatment, in search of more fundamental psychological roots (Pargament, 2007). This Workshop rests on the assumption, however, that spirituality is, ultimately, an essential and irreducible dimension of human experience. This is not to say that spirituality and it's institutional counterpart, religion, are always positive aspects of someone's emotional and psychological life. Quite the contrary, in fact, as we see quite often that spiritual problems can lead to enormous psychological distress, much as psychological problems can disrupt spiritual practice and interfere with one's ability to make use of long-held and deeply valued spiritual resources and supports. Our role as clinicians is to invite, listen for and be unafraid to explore these areas with our patients, much as we would with any other life narrative that our patients might introduce, explicitly or implicitly, in the narratives they tell.

How do we do that? This Workshop series will address precisely that question.

- b. 4 Goals – describe and discuss (10 mts)
 - i. Competency through Understanding
 - ii. Increased Self-Awareness
 - iii. Technical Competency
 - iv. Historical and Theoretical Grounding

Multiple Goals for the Workshop Series:

1. Competency through Understanding: One goal of the Workshops is to deepen participants' understanding of the central concepts of religion and spirituality as they apply to clinical practice and the issues which clients may present. Didactic and clinical material will be presented to provide an overview of basic concepts in spirituality and religion, along with an overview of the many ways in which spirituality and religion may enter the treatment room.
2. Technical Competency: In addition to a deepened understanding of the conceptual issues related to spirituality and religion, participants need to feel more technically competent in clinical situations. Toward this end, didactic and clinical material related to assessment, evaluation and intervention will be presented. Additionally, experiential learning will be provided through the use of role plays and other hands-on techniques to familiarize participants with a new skill set, including listening, questioning, deepening and allowing spiritual material to emerge in conversation.

3. Increased Self-Awareness: As in other areas of clinical psychology, self-awareness is the key to sound, grounded and appropriate interventions. Thus, a third goal of the Workshops will be to help participants increase their awareness of their own spiritual and religious views, feelings, biases and resources. This will be accomplished through the use of various experiential exercises, text study and reflective activities.
4. Historical and Theoretical Grounding: Psychology, and psychoanalysis in particular, has had a long and fraught relationship with the topics of spirituality and religion. This Workshop will examine both cultural and institutional biases and assumptions of the field of psychology toward this dimension of human experience, and will provide material and clinical examples aimed at orienting participants to current work in the field which suggests a more compatible and even fruitful relationship between psychoanalytically informed psychotherapy and the spiritual and religious lives of both clinicians and their patients.

4. Describe Outline for the Workshops (5 mts)

Welcome – 10 mts
 Intro & Goals – 10 mts
 Questionnaire – 20 mts
 Making the case – 20 mts
 Activity “Peak Experience” - 10 mts
 What is the Sacred? 20 mts
 Activity “Ritual” 20 mts
 Closing for Session I – 10 mts

Welcome – breathe!
 Everyone say one word (5 mts)
 Recap from Session I & Homework (5 mts)
 Clinical Issues related to Spirituality and Religion – 15 mts
 Clinical Case Study – 25 mts
 Clinical Practice and Technique (Assessment & Intervention) – 20 mts
 Activity – Role Play: 15 mts
 Reflections and Closing – 25 mts
 Final Evaluation & Exploration (10 mts)

5. Making the Case for Integration (40 mts)

- i. Statistics (5 mts)
- ii. Historical overview – Freud, Winnicott, Object Relations, Contemporary PA & Integration (5 mts)
- iii. Potential for spiritually integrated psychotherapy – what’s it look like, what’s needed to make it happen? (5 mts)
- iv. What gets in our way? See Parg p. 333 (5 mts)
- v. Experiential Exercise: (10 mts)
“Peak Experience” Turn to the person next to you, and describe a peak experience in your life. What made it powerful? How did you experience the intensity? Emotionally? Physically? Existentially? Psychologically?

If you are the listener, JUST LISTEN! Do not ask questions. Listen as if you are hearing a sacred tale, something of utmost spiritual importance. Just listen and receive. Notice the tone of voice. Notice body language, affect, eye contact...everything. Then switch roles.

- vi. Process and reflection on the experience of sharing and listening for any one that wishes to share with larger group. (10 mts)

6. What is the Sacred? Do I know it When I See it? (35 mts)

- i. My trip to the ophthalmologist.
Don't know what you're missing if you didn't know you couldn't see...
(5 mts)
- ii. What is the sacred, spirituality, religion? (Pargament; Mattis) **(5 mts)**
- iii. How do people come to sacred the in their lives? Discussion... **(5 mts)**
- iv. Various paths to the sacred. (Pargament; Mattis) **(5 mts)**

v. Experiential Exercise: **(10 mts – 5 mts each pair)**

Ritual and Remembrance:

Turn to the person next to you and think back to a significant loss of a loved one. Think about the rituals and activities associated with the very early stages of that loss, of moving the body to the next world. Think about your experience of that and describe one part of the ritual(s) that was helpful and one aspect that was distressing.

Again, if you are the listener, try to listen with reverence, respect and awe. This is someone's sacred story. DO NOT ask questions. Just Listen, and notice everything you can, about what the person is saying and experiencing, and what YOU are experiencing inside, as you listen and witness this story.

Reflections on the Exercise. (5 mts)

Closing for Workshop I (10 mts)

Reflection and exchange on the Workshop.

Feelings that came up?

Reactions?

Questions?

Homework assignment for those who wish:

Write a spiritual autobiography for yourself.

Handout with guidelines.

*To be handed in ONLY if you wish –
can be anonymous, or not, up to you.*

WORKSHOP II (2 hours)

Welcome!! Breathe!! Everyone say one word, around the circle **(5 mts)**

7. **Recap from Workshop I (5 mts)**
 - a. Reactions & Questions
 - b. Reflections on Spiritual Autobiography – voluntary
 - c. Summary & moving on....

8. **Clinical Issues Related to Spirituality and Religion (15 mts) -- Handouts**
 - i. Spirituality and Religion as resource, coping strategy in times of stress and crisis. (5 mts)
 - ii. Threats to spirituality and religion as a reliable support. (5 mts)
 - iii. When spirituality is the problem – knowing the difference. (5 mts)

9. **Clinical Case Study and Reflection (25 mts)**
 - i. Cases TBD – read in small groups and discuss (15 mts)
 - ii. Reflection on case(s) with entire group (10 mts)

10. **Clinical Practice & Technique (20 mts) -- Handouts**
 - i. Initial Assessment (5 mts)
 - ii. Implicit assessment (5 mts)
 - iii. Explicit assessment (5 mts)
 - iv. Discussion and Reflection (5 mts)

11. **Experiential Learning (15 mts)**
 - i. Role Plays with Clinical Vignette and Assessment Guide (in pairs) (20 mts) -- **Handouts**
 - ii. Reflection on Role Plays (5 mts)

12. **Reflections and Closing (25 mts)**
 - a. Summary of Major topics (5 mts)
 - i. Spirituality as irreducible dimension of human experience
 - ii. Creating a hospitable atmosphere for dialogue
 - iii. Varieties of religious and spiritual experience
 - iv. When spirituality is the problem
 - v. Assessment
 - vi. Professional competency and spiritual literacy
 - b. Questions that remain? (5 mts)
 - c. Reactions to the Workshops? (5 mts)
 - d. How are we changed by this? (5 mts)
 - e. Where to go from here? (5 mts)

13. **Post-Workshop Exploration, Evaluation & Feedback (10 mts)**
 - a. Participants will be asked to complete short questionnaire on their experience of the Workshops.

Appendix D: Clinical Case Material

Please find 2-3 other people to work with for the next 15 minutes. Please take turns reading each of the cases aloud. Take time to discuss each case, using the following questions to guide your discussion.

Discussion Questions

1. What are the salient clinical issues in the case?
2. What are the salient spiritual or religious issues in the case?
3. What are the salient interpersonal issues in the case?
4. What do we know about his/her history?
5. What bearing does this history have on the clinical and/or spiritual issues?
6. What does this person need, from a clinical psychology perspective?
7. What does this person need, from a spiritual perspective?
8. How would it feel for you to be sitting with this person?
9. What is your hope for this person?
10. What are your therapeutic goals in working with this person?
11. Does this person have any spiritual or psychological resources that you would like him/her to be able to draw on?
12. Where would you go from here?

Kathy

Take the case of a 35-year-old woman named Kathy. It wasn't hard to tell that she was depressed: Kathy walked in hunched over as if she were weighted down by a terrible burden, she had the look of a wounded animal in her eyes and she spoke in the halting, tentative voice of a frightened child. I soon learned that Kathy had suffered a long history of physical and verbal abuse by her parents. They had nicknamed her "BUD," which stood for big, ugly and dumb, and still called her by that name. Kathy continued to visit her parents weekly, although they persisted in the verbal abuse, even in front of Kathy's children. I asked Kathy why she maintained her relationship with her parents and she responded by saying that she had learned from the Bible to "honor thy father and mother." Though Kathy had grown up chronologically, she had not matured in her view of herself and of her parents, nor in her understanding of Scripture or of the sacred. And, as a result, the pattern of abuse continued. (*From Pargament, p. 168*)

Eileen

At the beginning of our first session, Eileen immediately launched into a recitation of her spiritual insights with little introduction or hesitation. A highly successful entrepreneur, Eileen nevertheless felt that she was a failure, that life had passed her by. She had no children or husband, and was involved in an on-again, off-again relationship with a married man who would never marry her. She renounced normal emotional attachments, claiming that ordinary relationships were unnecessary evils, obstacles to a more important and greater, selfless, spiritual love for humanity. "real love is unconditional," she informed me, with a coercive tone of voice. "we are one. Fear is a fiction. We are God. If everyone felt the way I feel at this moment there would be peace on earth." Unfortunately, there was not much peace in her soul.

Eileen was disconnected from people (colleagues, friends and acquaintances) and the world. I was struck by the way her contacts with other people usually devolved into ongoing battles rather than loving friendships. Her belief in and assertion of boundless love and freedom was belied by the acrimony and distance that characterized most of her relationships. But it also enabled her to keep at bay profound and shattering loss: the premature death of her parents when she was a

young adult, and the regret and disappointment of not getting married or having a child. Feeling connected with the sacred allowed Eileen to believe that her life was not a failure, that it had deep, even transcendental significance. It provided her with an opportunity to feel that she was special and had not missed out on any vital experience. It was not that she was abandoned or betrayer and might never love or be loved; in her periodic experiences of spiritual "universal consciousness" she experienced the greatest and only really substantial love of all. Eileen had a glimpse of something visionary – the interconnection of people, the power of love, and the holiness of daily life. But since her spiritual experiences were utilized in the service of defensive self-protection they never led to a genuinely self-transformative experience.

(From Rubin, p. 78)

Karen

Take the case of Karen, a single 50-year-old woman who came into therapy for long-standing depression. An MBA, she had held a series of jobs over the years, none fulfilling. She dreaded going to work and felt too exhausted in the evenings to do anything other than eat, watch television, and go to sleep. "What kept you going?," I asked. "Well," she replied, "you do what you have to do." Life, for Karen, was about fulfilling obligations: to her job, to her aging parents whom she visited regularly, to her church that she attended weekly. With her shoulders hunched, her face drawn, and her hands clenched, Karen looked as though she had been carrying the weight of the world on her shoulders for a long time. Thus I was surprised in the middle of one session to see Karen sit up, break out in a smile, and amazingly, giggle. Following her eyes, I saw her looking intently at two squirrels playing outside my window, this led to the following exchange.

Karen: I love watching animals.

KIP: Do you get a chance to do that very much?

Karen: Oh, no. *(pause)* I used to when I was a little girl.

KIP: I'd like to hear more about that.

Karen: It's silly. We lived on a farm and I used to love walking outside, looking at the flowers and trees, listening to the birds and insects. It was like a spiritual experience for me.

KIP: What do you mean by that?

Karen: You know, a spiritual experience.

KIP: I'm not sure I understand. Could you tell me what your spiritual experience was like for you?

Karen: Oh, I remember feeling like nature was just so amazing – none of the leaves on the same tree was exactly alike. I'd stare at the creek on our farm for hours and wonder how the water never seemed to end, how it always looked the same but always looked different. I used to lie down in the fields and listen to the insects. I thought they were talking to me.

KIP: *(pause)* Wow! It seems as though the farm was a magical place for you. Outdoors, you were enchanted by the wonder and beauty of it all. You felt so much a part of nature that you could hear the insects talking to you. Is that right?

Karen: Yes. [By this point, Karen's physical demeanor had changed. She seemed less burdened and more at peace with herself.]

KIP: How did your parents respond when you came inside the house so excited?

Karen: *(pause)* Well, my parents were very busy, you know. It takes a lot to run a farm. My mother would tell me to stop being so foolish and do my chores.

KIP: Your mother felt that your spiritual experiences were foolish?

Karen: Well, yes. They were pretty silly. [Karen had begun to look more uncomfortable.]

KIP: And yet, as you describe your experience, it sounds like it was very moving for you, it touched you.

Karen: I don't know...I guess so...I don't remember. Anyway, as my mother says, "I'm not sure what this has to do with the price of eggs." Can we move on?

KIP: Sure. I'm glad we had a chance to talk about your experience. Maybe it will come up again, maybe not. Anyway, let's talk about what's on your mind right now.

KIP shares later in the text that this was the first of many conversations with Karen about her spiritual life. She was able to make dramatic changes in her life by drawing more fully on her spirituality. (Pargament, pp. 203-5)

Charles

Take the case of a 50-year-old man in psychotherapy who was recovering from serious injuries he had suffered in a car accident that had also killed his wife. Until recently, Charles felt he had been coping well with the tragedy. A mechanic by trade and a problem-solver by nature, he had dealt with his accident by focusing on the most visible of his problems: his physical injuries and rehabilitation. Lately, though, he had been experiencing waves of sadness that seemed to sweep over him for no apparent reason. He was also troubled by obsessive thoughts over trifling matters, such as where he had put his spare car keys. Like the waves of sadness, his thoughts seemed to come out of nowhere, keeping him awake at night and leaving him with the feeling that his life was out of control. In the course of our conversation, it became clear that Charles had never really grieved over the death of his wife and his own physical losses. I told Charles that he had been making a wonderful physical recovery from his accident and then suggested to him that perhaps his depression and anxiety were signs that he was ready to begin his emotional recovery. He agreed. But Charles' emotional recovery was, in some respects, more difficult than his physical recovery, for spiritual reasons.

As we talked about the accident, Charles repeatedly returned to some troubling spiritual questions. Why had God chosen to take his wife's life and his own health? Why was God inflicting him with such great sadness and disturbing thoughts? The fact that he was even asking these questions came as a surprise to Charles, who had never seen himself as a particularly religious or spiritual person. His parents, nominal Methodists, had sent him to Sunday school for a few years as a child, but he only remembered bits and pieces of what he had been taught. Neither was his family much for religious ritual, with the exception of Christmas, a day more for eating and gift giving than one filled with religious meaning. Though Charles and his wife had sent their children to Sunday school, they rarely attended religious services. Indeed, religion played little part in the life of the family. Because of his injuries, Charles had been unable to attend the funeral of his wife. Here was a man with the thinnest of spiritual backgrounds, struggling with the deepest of spiritual questions, as we hear in the following exchange from a session:

Charles: I was doing so well and then all of these thoughts and feelings just happened.

KIP: You talk about your thoughts and feelings as if they descended on you from above.

Charles: Above or below.

KIP: What do you mean?

Charles: That's just the way it feels (*pause and hesitation*). Sometimes I wonder whether they're the work of the devil.

KIP: I haven't heard you talk about the devil before. Could you say more about how you see the devil involved in your life?

Charles: I don't know. I remember something I heard about or read about years ago in the Bible. This Job fellow had suffered a lot. He had lost his wife, his kids, everything. And it turns out that the devil had made a bet with God that Job wouldn't keep his faith if he lost everything.

KIP: So how do you make sense of that?

Charles: I don't know. Maybe the devil was trying to test Job.

KIP: Is that how you're feeling too?

Charles: I guess. Maybe the devil is causing all of this trouble to try to turn me away from God or Jesus.

KIP: How do you think God or Jesus feels about this?

Charles: I'm not sure where I stand on that. I have a hard time imagining how they think and feel about things.

KIP: Do you remember how the story turned out for Job?

Charles: Not really.

(From Pargament, p. 153)

Appendix E: Clinical Vignettes for Role Plays

I have adapted these vignettes from clinical material presented in Kenneth Pargament's wonderful and very useful book, *Spiritually Integrated Psychotherapy*.

If you are the designated "client", please read the following description, of you! Take a minute to expand on your identity and what you might be thinking and feeling in your first session with your therapist.

Vignette #1 -- Elizabeth

(Adapted from Pargament, p. 130)

You are a 28-year-old woman coming to therapy for the first time. About 18 months ago, you lost your 5-month-old daughter in a car accident. You believe that your daughter is in heaven, with the angels, looking down on everyone she loved, and that she is protecting her family members still here on earth. You often talk to your daughter, sharing daily events with her, and letting her know she's still in your thoughts. On the anniversary of her birthday, you invited your parents to come to a remembrance party for her, and asked them to say a few words about their granddaughter and what her short life had meant to them. At this point, your parents became truly alarmed about your sanity and asked you to see a psychotherapist. This is your first appointment.

If you are the designated "client", please read the following description, of you! Take a minute to expand on your identity and what you might be thinking and feeling in your first session with your therapist.

Vignette #2 -- Joe

(Adapted from Pargament, p. 111)

You are coming to therapy in crisis. After many years of marital conflict, you have recently left your wife and are living with a friend. Your 20-year marriage was marked by frequent arguments, physical abuse by your wife, and failed attempts to work through your problems. The crisis for you, though, was not the separation per se; you felt tremendous relief being on your own. The crisis instead was spiritual. You have been a member of the Jehovah's Witnesses for much of your life. The church has been central to your being. There you have met with other family members and friends. You derived a great deal of support and satisfaction from your role as a leader of this church community. And there, you knew who you were. The church, however, frowned on your decision to end the marriage. Siding with your wife, the clergyman, family members and friends cut off contact with you. You are no longer welcome in the church. You are struggling with a number of spiritual questions: How could the church that you loved have abandoned you at a low point in your life? How could you remain part of a religion that seemed to blame the victim of a failed marriage? How could the God you worshipped and trusted permit such a terrible injustice?

Appendix F: Guide to Spiritual Assessment (Pargament, p. 222)

TABLE 11.1. Evaluative Framework for the Clinician to Guide the Spiritual Assessment

-
1. Locating the client in the search for the sacred
 - a. Is the client in a conversational mode?
 - b. Is the client going through a spiritual struggle?
 - c. Is the client experiencing a spiritual transformation?
 - d. Is the client spiritually disengaged?
 - e. Is the client rediscovering the sacred?

 2. Spiritual integration in the destinations
 - a. How does the client envision the sacred?
 - i. Is the client's representation of the sacred large enough to encompass the full range of life experiences, or is it constricted?
 - ii. Is the client's representation of the sacred benevolent or malevolent?
 - iii. Does the client recognize the limits in his or her understanding of the divine, or does the client confuse representations of the divine with the divine itself (i.e., idolatry)?
 - iv. Does the client accept his or her darker side or project these qualities onto demonic forces in others?
 - v. Do the client's various understandings of the sacred blend together or do they clash with each other?
 - vi. Is the client aware or unaware of the place of the sacred in his or her life?
 - b. Where does the sacred fit into the client's strivings?
 - i. Is the client engaged or disengaged in the search for the sacred?
 - ii. Is the sacred central or peripheral to the client's strivings?
 - iii. Is the client's spiritual motivation internally based or externally based (e.g., guilt, social pressure)?

 3. Spiritual integration in the pathways
 - a. How broad and deep are the client's spiritual pathways?
 - i. Does the client integrate the spiritual pathways into his or her life or does he or she compartmentalize them?
 - ii. Does the client take a number of spiritual paths or follow one spiritual pathway to the exclusion of others?
 - iii. Does the client have a long or a short history of spiritual involvement?
 - iv. Is the client disciplined or undisciplined in following the spiritual pathways?
 - v. Is the client's relationship with the sacred secure or insecure (e.g., anxious, hostile, self-degrading)?
 - vi. Is the client aware or unaware of the spiritual pathways he or she is taking?
 - vii. Is the client familiar or unfamiliar with the variety of spiritual pathways that are available to him or her?
 - b. How flexible are the client's spiritual pathways?
 - i. Is the client flexible or inflexible in selecting and following the spiritual pathways?
 - ii. Is the client working through or stuck in his or her spiritual struggles?
 - c. How well do the client's spiritual pathways fit with the problem, destination, and social context?
 - i. Are the client's spiritual pathways appropriate to the destination or too extreme?
 - ii. Is the client spiritually authentic or hypocritical?

TABLE 11.1. (continued)

-
- iii. Are the client's spiritual pathways appropriate or inappropriate to the problem?
 - iv. Is the client embedded in a spiritually benevolent or malevolent context?
 - v. Does the client experience spiritual support or spiritual conflict with others?
4. Spiritual efficacy
- a. How comfortable is the client with his or her spirituality?
 - i. Does the client experience spiritual comfort or spiritual distress?
 - ii. Does the client feel he or she is growing or declining spiritually?
 - iii. Does the client feel that spirituality is a part of the solution to his or her problems or a part of the problem?
 - b. How does the client's spirituality affect his or her life?
 - i. Does the client's spirituality lead to connection with or disconnection from the sacred?
 - ii. Does the client's spirituality increase or decrease his or her health and well-being?
 - iii. Does the client's spirituality enhance or detract from the well-being of others?
 - iv. Does the client's spirituality lead to benefits in many areas of life or are some of the benefits accompanied by costs for the client or those in his or her life?
5. The place of spirituality in treatment
- a. Is spirituality a part of the solution or a part of the problem?
 - b. What spiritual resources can the client draw on in therapy?
 - c. What spiritual problems should the client address in therapy?
 - d. What spiritual obstacles are likely to arise in treatment?
-

Appendix G: Spiritual Assessment Questions (Pargament, p. 225)

TABLE 11.2. Open-Ended Questions to Elicit the Client's Spiritual Story

Taking a history, taking a future

- Describe the spiritual/religious tradition you grew up in. How did your family express its spirituality?^a
- When did you first discover or learn about the sacred?
- How did you envision the sacred?
- What sort of spiritual experiences stood out for you when you were growing up?^a
- How did you try to foster your relationship with the sacred when you were younger?
- Have you had periods in your life when you feel like you've lost the sacred?
- How has your understanding or experience of the sacred changed since you were a child?
- How have your spiritual practices and beliefs changed since you were a child?
- How would you describe your current spiritual orientation?^a
- What do you see yourself striving for now and where does the sacred fit in?
- How do you see yourself changing spiritually in the future?

Sacred destinations

- Why do you think you're involved in spirituality?
- What do you hold sacred in your life?
- What do you feel God wants from you?
- When do you feel the presence of the sacred in your life most strongly?
- When do you feel the sacred is not there?
- What do you imagine that God feels when he sees you going through this difficult time?^b
- How do you feel your problems have affected what God wants from you?
- Do you ever experience a different side of the sacred than what you are experiencing now? What is that like?^b
- Do you ever have mixed thoughts and feelings about the sacred? What are they like?

Sacred pathways

- What has helped nurture your spirituality?
- What has been damaging to your spirituality?
- Who supports you spiritually? How so?
- Who does not support you spiritually? How so?
- What spiritual rituals or practices are especially important to you?
- What aspects of your spirituality are particularly uplifting?
- What spiritual beliefs do you find especially meaningful?^a
- Where do you go to practice your spirituality or feel the presence of the sacred?^b
- In what ways has your spirituality helped you understand or deal with your problems?
- In what ways has your spirituality been less helpful or even harmful in the ways you have tried to understand or deal with your problems?
- What gets in the way of your spirituality? ,

(continued)

TABLE 11.2. (continued)

Spiritual efficacy

- *How has your spirituality changed your life for the better?*
 - *How has your spirituality changed your life for the worse?*
 - *In what ways do you feel you may have grown or failed to grow spiritually?*
 - *To what degree has your spirituality given you pleasure? Meaning? A sense of connectedness to others? A sense of closeness with the divine? Hope for the future? Confidence in yourself? A feeling of being loved? Compassion for others?*
 - *To what degree has your spirituality been a source of pain? Guilt? Anger? Confusion and doubt? Anxiety? Fear? Feelings of personal insignificance? Feelings of alienation from others?*
-

^aDrawn or adapted from Hodge (2001).

^bDrawn or adapted from Griffith and Griffith (2002).

Appendix H: Three Styles of Attachment to God (Pargament, p. 157)

TABLE 8.2. Three Styles of Attachment to God

Anxious/Ambivalent

God seems to be inconsistent in His reactions to me. He sometimes seems very warm and responsive to my needs, but sometimes not. I'm sure that He loves me and cares about me, but sometimes He seems to show it in ways I don't really understand.

Avoidant

God is generally impersonal, distant, and often seems to have little or no interest in my personal affairs and problems. I frequently have the feeling that He doesn't care very much about me, or that He might not like me.

Secure

God is generally warm and responsive to me. He always seems to know when to be supportive and protective of me, and when to let me make my own mistakes. My relationship with God is always comfortable, and I am very happy and satisfied with it.

Note. Drawn from Kirkpatrick and Shaver (1992, p. 270).

Appendix I: Signs of Spiritual Struggle (Pargament, p. 213)

TABLE 10.2. Signs of Spiritual Struggle

Divine struggles

- *I feel like I am being punished by God.*
- *I feel angry with God for what has happened.*
- *I feel like God has abandoned me.*
- *I wonder whether God really loves me.*
- *I wonder whether the devil has anything to do with this situation.*
- *I feel I have let God down.*

Intrapsychic struggles

- *I am having doubts about my faith.*
- *I am not sure what I really believe anymore.*
- *I know what's right but I keep doing what's wrong.*
- *I don't know why I am alive.*
- *I feel guilty about the way I think, feel, or act.*

Interpersonal struggles

- *I feel my church has abandoned me.*
 - *I disagree with what my church wants me to believe.*
 - *I disagree with family or friends about spiritual matters.*
 - *I feel like family or friends are spiritual hypocrites.*
 - *I argue with family or friends about whose side God is really on.*
 - *I hope God will have his vengeance on the people who hurt me.*
-

Appendix J: Homework Option: Writing your spiritual autobiography

There are many ways to write a spiritual biography. There are many questions that you can use to guide your thinking. Here are just a few borrowed from the Vetaher Libeynu curriculum of the Institute for Jewish Spirituality.

1. Do I have a spiritual story? Is that a new way for me to think about my life, or something I've given a lot of thought to in the past?
2. Are there salient memories that come to mind in thinking about my own spiritual journey? Are any of these surprising, or particularly powerful? What experiences stand out – from adulthood or childhood – as being formative in some way of who and how you are?
3. What is it like to remember these experience(s)? what are the sensations, images, and feelings involved? It can be useful to try to be as specific as possible with details as you reflect on the meaning(s) that you have made of these experiences.
4. What am I learning about myself and my spiritual story?
5. What difficulties or obstacles have I encountered, what do I understand about them?
6. In what ways has your spiritual journey challenged, confirmed, changed, complicated aspects of your personal identity? What or who proved to be of support and guidance to you? Who or what seemed to be putting stumbling blocks in your way?
7. Experiences of specific holidays and events often figure in a person's spiritual story. Are parts of your journey anchored to such events?
8. What is the dynamic or combination of dynamics of your story? For example, crisis, persistent struggle, gentle evolution, relative ease and grace? Has your perception of the dynamic(s) changed over time? What might these dynamics teach you or reveal about your relationship with God, if you have one?

In addition, the questions Kenneth Pargament suggests as a useful guide for the clinician to keep in mind during the spiritual assessment phase of treatment are also useful guides in thinking about one's own spiritual journey. They are listed in the tables below.

TABLE 11.2. Open-Ended Questions to Elicit the Client's Spiritual Story

Taking a history, taking a future

- Describe the spiritual/religious tradition you grew up in. How did your family express its spirituality?^a
- When did you first discover or learn about the sacred?
- How did you envision the sacred?
- What sort of spiritual experiences stood out for you when you were growing up?^a
- How did you try to foster your relationship with the sacred when you were younger?
- Have you had periods in your life when you feel like you've lost the sacred?
- How has your understanding or experience of the sacred changed since you were a child?
- How have your spiritual practices and beliefs changed since you were a child?
- How would you describe your current spiritual orientation?^a
- What do you see yourself striving for now and where does the sacred fit in?
- How do you see yourself changing spiritually in the future?

Sacred destinations

- Why do you think you're involved in spirituality?
- What do you hold sacred in your life?
- What do you feel God wants from you?
- When do you feel the presence of the sacred in your life most strongly?
- When do you feel the sacred is not there?
- What do you imagine that God feels when he sees you going through this difficult time?^b
- How do you feel your problems have affected what God wants from you?
- Do you ever experience a different side of the sacred than what you are experiencing now? What is that like?^b
- Do you ever have mixed thoughts and feelings about the sacred? What are they like?

Sacred pathways

- What has helped nurture your spirituality?
- What has been damaging to your spirituality?
- Who supports you spiritually? How so?
- Who does not support you spiritually? How so?
- What spiritual rituals or practices are especially important to you?
- What aspects of your spirituality are particularly uplifting?
- What spiritual beliefs do you find especially meaningful?^a
- Where do you go to practice your spirituality or feel the presence of the sacred?^b
- In what ways has your spirituality helped you understand or deal with your problems?
- In what ways has your spirituality been less helpful or even harmful in the ways you have tried to understand or deal with your problems?
- What gets in the way of your spirituality? ,

(continued)

TABLE 11.2. (continued)

Spiritual efficacy

- *How has your spirituality changed your life for the better?*
 - *How has your spirituality changed your life for the worse?*
 - *In what ways do you feel you may have grown or failed to grow spiritually?*
 - *To what degree has your spirituality given you pleasure? Meaning? A sense of connectedness to others? A sense of closeness with the divine? Hope for the future? Confidence in yourself? A feeling of being loved? Compassion for others?*
 - *To what degree has your spirituality been a source of pain? Guilt? Anger? Confusion and doubt? Anxiety? Fear? Feelings of personal insignificance? Feelings of alienation from others?*
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^aDrawn or adapted from Hodge (2001).

^bDrawn or adapted from Griffith and Griffith (2002).

Appendix K: Relevant Reading

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Rizzuto, Ana-Maria. "God in the Mind: The Psychodynamics of an Unusual Relationship" in Winer, Jerome A. & James William Anderson (eds.). *Spirituality and Religion, Psychoanalytic Perspectives*. The Annual of Psychoanalysis, vol. xxxiv-xxxv, 2006-2007. Catskill, NY: Mental Health Resources, 2007, pp. 24-26.

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