Wisdom and Compassion in Psychotherapy

Deepening Mindfulness in Clinical Practice

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Foreword by **His Holiness the Dalai Lama**

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CHAPTER 22

Drawing on the Wisdom of Religious Traditions in Psychotherapy

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Dear God, help me get up. I can fall down by myself.
—JEWISH SAYING

PRELUDE

"You're the best therapist I've ever worked with."

I didn't take my client's words as a compliment. Instead, I knew I was in trouble.[1] I had been working with Mary for a few months. She had been referred to me by a colleague, a female Christian therapist, who felt that she had gone as far as she could in treatment with Mary, and thought that Mary needed to work with a male. Mary was aware that she was coming to see a male Jewish therapist with interests in spiritually integrated psychotherapy.

First impressions can be deceiving, but Mary looked like a 19th-century school marm, and the impression stuck with me. With blond hair pulled back severely off an angular face devoid of makeup, she appeared older than her 35 years. And she spoke in tightly clipped sentences and an edgy tone that left me feeling uneasy, as if she would snap at me at any moment.

[1] Mary was seen in psychotherapy by K. I. P.

Mary introduced herself as a devout Catholic, but she presented with a problem that had no immediate connection to religion. For the past 15 years she had been trying to find herself a suitable husband, settle down, and have a family. But she had been repeatedly frustrated. At the age of 35, Mary was desperate, with her days marked by sharp anger, moments of despair, and panic attacks. Her "biological clock was ticking," and she didn't have a clue what the problem was. At one point in the first session, she proclaimed "All men are scum" and at another point she described herself as "fatally flawed."

I spent a few sessions with Mary exploring her romantic history. Although she had dated a variety of men, the pattern of her relationships was consistent. Within a date or two, she became infatuated with her new partner. He was the "perfect guy," the man sent to her from heaven. She would begin to fantasize about their future lives together–engagement, wedding, and children–all of this unbeknown to her "soul mate." Within a few months, her boyfriend would do something stupid–show up late for a date, make an insensitive remark, glance at another woman in the room. Invariably, Mary would react by storming off, repeating her mantra "All men are scum," and ending the brief relationship. Mary would spend the next several months in depressed seclusion, "licking her wounds" as she described it, until the fear of spinsterhood and the sound of her biological clock ticking forced her back into the world of dating. This had been the pattern for 15 years.

And now Mary was telling me that I was the best therapist with whom she'd ever worked. It didn't take extraordinary clinical insight to realize that I had become the latest man in Mary's life to be placed on the altar of worshipful devotion. But I knew that my time on the pedestal would be as brief as that of her many spurned suitors. I had to do something and do it quickly.

I chose to intervene by drawing on the wisdom and resources within Mary's own religious tradition.

INTERLUDE

Helping clients access their own religious resources is unfamiliar territory for most psychotherapists. For example, as a group, psychologists are considerably less religious than the general population (Shafranske, 2001), and therefore often unaware of the wealth of resources that are contained in the world's religions. This problem is compounded by the fact that only a small percentage of graduate programs in clinical psychology provide students with any training in religion and spirituality (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). But the problem may go

beyond unfamiliarity. From Freud to Skinner to Ellis, there is a long tradition of religious antipathy in the field, perhaps growing out of its efforts to establish itself as a "hard science" and distinguish itself from its disciplinary kin—philosophy and theology. Stereotypic notions of religion as a pacifier, a defense, or a form of denial are still commonplace among mental health professionals, even though these stereotypes are not empirically supported (Pargament, 1997). It would be more accurate to describe religion as a potential resource for many people.

Organized religion provides its members with models of exemplary behavior, morals and ethics, virtues, spiritual coping methods, connection with others, systems of belief, rituals, and methods for communicating with a higher power through prayer and meditation. These beliefs and practices serve a number of critical functions by providing emotional comfort, meaning and purpose, protection, intimacy with others, identity, healing, self-regulation, and connectedness with the sacred. For example, spiritual purification rituals are a powerful resource for forgiveness and healing from even the deepest wounds of guilt, sin, doubt, and self-condemnation. Judaism offers the Ten Days of Repentance, Native American spirituality offers the healing powers of the sweat lodge, Catholicism provides confession through a priest, Islam provides personal prayer for forgiveness from Allah as one of the Five Pillars of their faith, Buddhism teaches compassionate mind training, and Protestantism offers confession through private prayer. It is important to add that religious beliefs and practices can also be spiritually individualized and expressed outside established religious structures.

A large body of empirical research has pointed to the benefits of religious resources for the health and well-being of people facing a variety of major psychological and physical challenges (for a review, see Ano & Vasconcelles, 2005; Pargament, 1997). These resources include meditation, prayer, positive religious reframing, religious and spiritual support, ritual practices, and forgiveness. Consider one striking study conducted by Janine Jones (2007), which describes the power of religious coping for 71 African American children (ages 7–9) living in the high-poverty and high-crime community of an inner-city project. A large percentage of these children had seen strangers or someone they knew being assaulted with a weapon, and many of these young children had already witnessed the murder of a stranger or someone they knew. They themselves had also been victims of violent crimes, such as being chased or threatened, being beaten or assaulted with a weapon. As Jones notes, these experiences are severe enough to cause complex posttraumatic stress disorder (PTSD). Despite these risk factors, however, in children who drew upon their spirituality (spiritual beliefs, church attendance, prayer, use of spiritual support and coping), exposure to severe violence in the community

was *unrelated* to developing complex PTSD. However, children with low spirituality who were exposed to the same community violence were more likely to develop complex PTSD. This notable study underscores the protective role of spiritual beliefs, religious practices, and spiritual coping.

It could be argued that religion does not add anything distinctive to the mix of coping resources people can draw on when they encounter major life stressors. After all, religious and spiritual support could be viewed as merely examples of more general support. Transcendent meaning systems could be understood as simply one subset of secular meaning systems. Yet, several empirical studies suggest that religious resources make unique contributions to health and well-being, even after accounting for the effects of secular coping resources. For instance, working with a national sample of elders, Krause (2006) compared the role of emotional support received from church members with the emotional support received from nonchurch members as buffers of the effects of financial strain on self-rated health. Whereas church-based emotional support emerged as a buffer, secular support did not. Interpreting these findings, Krause emphasized the distinctive character of church-based support: It is particularly helpful because it is enacted in a group that shares a spiritual worldview and commitment to God, a common set of sacred beliefs, values, and coping methods, shared religious principles, rituals, and memories, and a support that is "imbued with the mantle of religious authority" (p. S36).

Important as religious resources may be, questions could be raised about whether clients, in fact, want to have the topics of religion and spirituality broached in treatment. Perhaps they prefer to separate matters of faith from psychological problems and treatment, just as church is separated from state in the political system in the United States. Empirical studies have addressed this question and their findings suggest that most people in the United States would prefer a spiritually sensitive approach to treatment. For example, in one study of clients seeking psychological treatment, over half (55%) reported a desire to talk about religious and spiritual matters in counseling (Rose, Westefeld, & Ansley, 2001). Similarly, Lindgren and Coursey (1995) found that two-thirds of a sample of clients struggling with serious mental illness were interested in speaking with their therapist about religious and spiritual matters affecting their lives and recovery.

Evidence is also accumulating that by integrating spirituality into treatment, practitioners may enhance the effectiveness of psychotherapy (for a review, see Pargament, 2007). In a recent meta-analysis of 31 outcome studies, Smith, Bartz, and Richards (2007) found that spiritually integrated therapies were beneficial to clients coping with anxiety, depression, stress, and eating disorders.

One such example is a new cognitive-behavioral therapy, developed by Avants, Beitel, and Margolin (2005), that highlights how spirituality can add an important dimension in treating drug use and HIV risk-taking behavior. This 8-week treatment, called spiritual self-schema (3-S) therapy, is spiritually flexible and can be used for people of any—or no—religious tradition. Drawing upon the Buddhist philosophy of "do no harm," 3-S therapy teaches that addiction is not one's true nature and that each person contains an inherent wisdom. By shifting in self-concept from an "addict" to a "spiritual self," the individual is taught to tap into a source of personal healing. The spiritual self is promoted through the development of 10 spiritual and socially desirable qualities based on Buddhist tradition: morality, loving-kindness, equanimity, strong determination, truth, tolerance, effort, renunciation, generosity, and wisdom. Mastery of these spiritual qualities is developed through participation in self-awareness exercises, daily meditation, mindfulness practices, and self-generated affirmations and prayers (see Chapter 16 for a related addictions treatment approach). A majority of participants in the 3-S therapy significantly decreased their drug use (cocaine or heroin), experienced less craving for drugs, and manifested increased motivation for abstinence and HIV prevention. When asked how this spiritually integrated therapy was helpful, one client responded, "The freedom. The freedom of knowing that my true self is spiritual not the addict. That's freedom itself" (Avants et al., 2005, p. 176).

Despite these encouraging findings, there are challenges involved in helping clients draw on spiritual resources in treatment. Perhaps the greatest obstacle is that spiritual resources are less than fully developed for many clients, including those who are ostensibly religious or spiritual. Commenting ruefully on the results of a national survey pointing to the prevalence of spirituality in the United States, George Gallup, Jr., and D. Michael Lindsay (1999) said: "Spirituality in the United States may be three thousand miles wide, but it remains only three inches deep" (p. 45). The American culture of independence and cafeteria-style spirituality leads many people to pick and choose their personal beliefs in isolation from the wisdom and support of religious communities. As a result, they may be left with a religious framework or "orienting system" that lacks the breadth, depth, and integration necessary to respond effectively to the full range of life's challenges (Pargament, 2007). Consider two examples, one involving the limited capacity for religious meaning making and the other involving limited understandings of God or higher powers.

Many combat veterans exposed to the traumatic experiences of war grapple with profound spiritual questions (Tick, 2005), such as "Why did I survive?", "How can God allow such human suffering?", "How can I reconcile my own behavior or that of others with my religious commitments?"

Without a religious frame of reference capable of providing meaningful answers to these terribly difficult questions, the individual may find that his or her psychological, social, and physical struggles are compounded by religious struggle and strain. In fact, mental health professionals are beginning to expand services to help soldiers and veterans anticipate and address these religious struggles (Pargament & Sweeney, 2011) and "moral injuries" (Litz et al., 2009).

Another problem arises when people ascribe to narrow views of a higher power or what they hold divine. Phillips (1997) offers several illustrations of "small gods" that are incapable of helping individuals deal effectively with the multitude of dilemmas of life. There is the image of God as a Heavenly Bosom who provides limitless comfort and solace without asking for anything in return; the God of Absolute Perfection who insists upon complete flawlessness; the Grand Old Man who is relatively disengaged from modern life; and the Resident Policeman who serves as the critical, negative, internal voice that consistently threatens ultimate punishment. Small gods of these kinds cannot provide people with a strong, reliable resource in coping with life's demands.

Because spiritual resources are less than fully developed for many clients, it takes skill on the part of therapists and work or "spiritual discipline" on the part of clients to draw successfully on the wisdom of religious traditions in treatment. However, this undertaking is no different than what is required in helping clients access other resources, such as developing a social support network, physical fitness, or self-confidence. The wisdom of religious traditions simply represents one more potentially valuable pathway to greater health and well-being.

FINALE

Interaction 1

Shortly after Mary announced that I was the best therapist with whom she had ever worked, I said, "I notice that you seem to have two categories for describing people; you've got your saints and you've got your sinners."

Mary thought for a moment and then said, "Not really. I think of people as angels and demons."

Close enough, I thought. I went on: "Well, from my point of view, I think you're missing a third category of people.

"Who's that," she asked?

"Human beings," I responded. "I have to say that I personally haven't come across too many angels or demons, but I've met a lot of human beings who seem to have a bit of the angelic and a bit of the demonic inside."

Mary sat quietly with that idea. It was a new one for her. She had a long history of splitting people into good and bad. Her father had been such a black-and-white figure. He could be distant and uninvolved with Mary for weeks at a time. At other times, he would be angry and critical. And yet, Mary also recalled moments of warmth and closeness with her father when she felt loved and protected. "I kept trying to be the perfect girl, but I was never good enough for him." At an intellectual level, Mary had some recognition that she was pursuing an impossible dream—an attempt to find "the perfect father" she'd never had—through her romantic relations. The insight, however, hadn't touched her at a deeper emotional level.

By raising the notion of a third category of people, human beings, I was trying to encourage Mary to move to a more differentiated perspective of people, not just her father but potential romantic partners too. But I knew she'd need some help in the process.

Interaction 2

"I know you're a devout person, Mary," I said, "and it seems to me that you have a wonderful resource from your religious tradition that could help you deal with people as human beings—you know, people with a bit of the angelic and demonic in them."

"OK, I'll bite," Mary said semijokingly. "What's that?"

"Forgiveness," I said.

Mary paused again and then remarked, "I've never been very good at that."

Even though forgiveness is a cornerstone of Christian theology, Mary was unfamiliar with this religious resource. A part of her had resonated with the ideas of compassion, mercy, and grace she had read about in catechism classes and heard in her Roman Catholic parish. But these concepts were distant and removed from her own personal experiences and understanding of God. In fact, her view of God was not unlike that of the darker side of her father: a critical being who was waiting to pounce should she make a mistake.

Mary was showing many of the signs of a religious orienting system that lacked breadth, depth, and integration. Her understanding of Catholicism was narrow and shallow. Her experience of the transcendent was constricted. Hers was a "small god," a god who could demand, oversee, and punish without the possibility of compassion, concern, and forgiveness.

I asked Mary if she might be willing to look further into this idea of forgiveness. She agreed.

Focus on Forgiveness

Over the next few months, Mary and I spent much of our time together talking about forgiveness. I recommended some readings on the topic, which she eagerly studied, such as *To Forgive Is Human* (McCullough, Sandage, & Worthington, 1997). We talked about forgiveness as a process that involves a transformation from a focus on anger, resentment, and retribution to acceptance, compassion, and letting go. Mary struggled with these ideas. She had spent her life trying to perfect herself in the hopes of winning the love of her father, God, and other men. To give up that pursuit left her feeling confused and disoriented. In place of striving for perfection to find the love she had been missing, I drew her attention to the wisdom in her religious tradition of being loved in spite of being human and flawed. As we discussed concepts of compassion, love, and forgiveness, we found that they applied as much to the way Mary treated herself as to the way she treated other people. We talked about the periods of unrelenting criticism Mary had experienced from her father and from her punitive representation of God, and then considered those times when she had felt a sense of forgiveness from others when she had made a mistake. Mary teared up when she recalled a few instances in which other people had responded to her errors with compassion rather than criticism (a process similar to the compassionate letter exercise in Chapter 6).

"That's forgiveness," I said.

As we moved through these conversations, Mary began to change physically. She removed the rubber band holding her hair back so tautly off of her face and let her hair fall naturally on to her shoulders. She began to wear makeup that softened her sharper edges. And she was smiling more often and speaking more easily.

Our conversation shifted back to romantic relationships. Mary still hoped to meet an eligible man, marry and have a family. This time, though, she seemed better prepared. I talked with Mary about what she might expect when she met a guy.

Interaction 3

"OK, you're going to meet this great guy, you're going to think he's perfect, and then you know he's going to go ahead and do something bonehead dumb. What are you going to do then," I asked?

"Well, I know my first reaction will be to go into my 'All men are scum' routine and then go into the corner to eat worms, but I think I know better now," she said.

"So what will you do," I pushed?

"I'm going to try to remember that he's not an angel or a demon, that he's a human being, and I'm going to try to treat him with some understanding and compassion as a human being and one of God's children," she said.

"You might even be able to talk things out or talk things through—kind of like we do in here," I suggested.

"You know, if you had said that to me a few months ago, I would have laughed at you, but now it's something I might actually like to try to do."

"And I've got a hunch you'd do pretty well," I responded.

I have always been suspicious of writers or speakers who present "fast or miraculous" cures. I have rarely experienced them myself. Change tends to take time, with starts and stops, like an engine that needs to be primed several times before it catches. Mary was an exception, however. The week after my interaction with her, Mary met a man at a concert. He had been attracted to Mary's smile, gotten up the nerve to start a conversation, and asked her out on a date. The two dated for several months, and as we had anticipated, experienced some ups and downs. This time, however, Mary stayed in the relationship and put the lessons of compassion and forgiveness into practice. The two were able to resolve their differences and were engaged a year later. By that time, Mary had terminated therapy. Occasionally, I receive a family portrait in a seasons greeting card—Mary with a warm smile, her husband, and their two rambunctious children.

CONCLUSIONS

Clients don't come to psychotherapy empty-handed. They bring their own resources as well as resources embedded in their larger social and cultural contexts. Religion is one such repository of wisdom for many people. However, many clients do not fully access their own religious resources. Therapists can play a valuable role here by helping clients develop more accessible and integrated religious frameworks.

If there is resistance to this process, it is more likely to come from therapists than clients, but as we have noted here, there are a number of good reasons why mental health professionals should integrate religious and spiritual issues in treatment. The bottom line is that drawing on the religious wisdom traditions in psychotherapy makes good sense.

Though there is now a developing literature in this area, we have a great deal more to learn about religious integration in treatment. Specific questions include how to educate ourselves more fully about matters of religion and spirituality, how to assess religious resources and problems, how to relate to a client's religious community, how to address religious

resources and problems while remaining respectful of the client's autonomy in this domain, how to avoid both the danger of imposing a religious or secular perspective on clients and the danger of neglecting the topic altogether, and how to identify and deal with the therapist's own biases in the religious domain and their potential impact on the treatment process.

Made manifest in psychotherapy, wisdom and compassion are grounded in appreciation for the full range of human nature—biological, psychological, social, *and* spiritual.