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“A Vital Christian Presence in Social Work”

RESOLUTION OF SPIRITUAL RESISTANCE THROUGH JOINING

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Abstract

Therapists need to be able to discern between “healthy” and “unhealthy” spirituality the Christian patient might employ in therapy. This paper addresses the discernment and “working through” of unhealthy spirituality, as well as how to *work with* (using the “joining” method) the spirituality of the schizophrenic client in order to foster therapeutic alliance.

Healthy Spirituality

This author defines healthy spirituality as a person’s ability to live productively and be at peace with himself, his God and with the rest of the world. This does not imply an absence of desires, wants, longings, struggles or anxieties in life. The person is able to live with the uncertainties of life and surrenders to things outside his control while giving his best effort to act constructively toward his goals.

Dykstra states (as cited in Sherwood, 2000) “Faith is primarily a response to a gift, an activity of recognizing and accepting God’s grace, which gives rise to a way of life—a way of

believing, trusting, committing, and orienting all one's thoughts and actions" (p. 99). Meissner (1984) describes healthy spirituality as the ability to embrace tensions in life:

The...modality permits...tensions to be embraced, affirmed, and somehow resolved and integrated into a more balanced faith-orientation and faith-existence. Consequently, the religious belief system and its tradition are seen in increasingly realistic terms that affirm their inherent tensions and ambiguities and accept the relativity, partiality, and particularity of the beliefs, symbols, rituals, and ceremonials of the religious community....Faith at this level becomes a lived and integrated source of support and strength....Such individuals reflect an inner life of lucidity, simplicity, and inner harmony that escapes the great majority of humans, yet somehow seems more fully and more profoundly human....They often seem capable of profoundly meaningful object relations that are characterized by selfless love and acceptance of others. (p.157)

In therapy, following are some of the criteria that can be used in assessing the healthiness of one's spirituality: the ability to live in the present while feeling both positive and negative emotions; the ability to say everything in analysis; and the ability to fully embrace life.

Other characteristics of healthy spirituality are: Recognizing and submitting to the conviction that God is sovereign; having a balance between "Letting God while doing our part;" being able to feel all of our feelings toward God - good and bad, happy and disappointed/sad ones; to be able to feel all of our feelings toward ourselves and toward others, not suppressing or repressing them; in our anger toward God, to be able to turn toward Him and not turn our backs on Him; to realize that God does not always intervene in our situations, but in every situation, He is there with us for us to turn to, and He wants us to turn toward Him, and to trust that in spite of horrible things that happen to us, God is able to work all things out for good (Romans 8:28), and

this "good" is not necessarily physical, material, financial good. This “good” is for the fulfillment of His calling for us: That Christ might be glorified through our lives.

Symington (1994) and Watts (2000) defined healthy spirituality as one’s relationship with God versus following a set of rules. Kernberg (2000) indicated that a person with a mature religiosity is one whose values transcend his own interests; and who is able to love and respect others; while Meissner (1984) wrote that a spiritually healthy person is able to embrace the tensions in life. Both Kernberg and Meisnner emphasized the ability of a person to integrate his belief system with his daily life as a sign of the spiritually healthy. Watts (2000) indicated that a healthy spirituality also positively affects ones relationship with ones fellow human beings.

Following vignette illustrates how healthy spirituality is at work with a patient, James, who is choosing to let go of his desire to control his dry drunk alcoholic father:

James has been attending Al-anon meetings for the past three years. He often reports benefiting from his participation in the room. He is more aware of his desire to control his father and to help his father deal with his dry drunk mentality, and discusses in our sessions the pros and cons of asking his father to attend an Alcoholics Anonymous meeting.

P: I keep on wondering if I should press my father to go to AA meetings, because he stopped drinking [alcohol] when I asked him some 20 years ago. He stopped because his family asked him! Maybe he would have gone to AA if I had just come out and asked him to consider going, [a request] coming from me, who has benefited so much from Al-anon meetings. He would have benefited from being in the room and might have changed his [dry drunk] mentality, and really become sober.

A: What would some of the pros and cons be to bring up this suggestion with your dad?

P: He could really appreciate it. Or...he could become offended by the suggestion.

A: How or why might he get offended by the suggestion?

P: He might feel like I was trying to control him. Or he might not feel like there's a need for him to change...

A: So what might happen if you suggested it anyway?

P: He might feel obligated to take up my suggestion but not really want to go for himself. My goal would not have been accomplished if he had that mentality, as he would not have benefited from being in the room then...

A: You don't want him to go to AA just for your sake.

P: Well, my father stopped drinking because I asked him but it only made him stop the drinking behavior, and it did not help him to look at himself or to work on himself...

A: Being in the room might not influence him to examine himself?

P: It might...it might...especially if he was to encounter God there, who'll be able to supply him with the power to change.

A: What's your reluctance to bring it up with him?

P: ...I guess I'd have to work on my desire to change and control him...I'd have to let go of my own desires and let him be who he is versus who I'd like for him to be...

A: And risk the possibility of him never changing...

P: Yeah...

Unhealthy Spirituality

The spiritually unhealthy uses his religion to avoid living fully in the here and now. He wants to be in control and treat God as a genie at his beck and call. He expects life to always be smooth, be wealthy and to experience no pain, no frustration, not having any setbacks in life. He rigidly adheres to God's laws. He views the Bible as a rule book instead of the Living God speaking to His people. He misuses his religious beliefs as a shield from pain, a barrier against life, an excuse for stagnation, or any one of the countless other self-serving purposes, albeit unconsciously or unintentionally (Cole, 1998). In therapy, the spiritually unhealthy hides behind his spirituality to avoid saying everything in analysis or to keep from progressing in life.

The less mature religious persons are more intent on using God than allowing God to use them...If one's id is too strong, God becomes the magician who jumps at every beck and call. The less mature person may seek to bribe and manipulate God to get everything that was ever wanted. Prayer may become a grocery list of requests. If one's superego is too strong, God may be the judge ready to enforce any infraction of the of the rules....The immature person is still attempting to earn approval from God and self. (Lang, 1994, p. 22)

Gruber (1995) further defined spiritual unhealthiness as the need to be in control of one's environment at all costs. Joseph (1988) and Bergin et al. (1996) indicated that dysfunctional religious people were those who did not take personal responsibility for their own behaviors and expected God to do the work for them.

Margolese (1998, Introduction section, ¶ 3)) states, "When patients present with religious problems, it is more probable that the psychopathology is the cause of the distortion in religious observance rather than vice versa." The infantile dependence upon the parent is now projected on

to God. One then clings rigidly to religion in an attempt to avoid slipping and the resulting disapproval from one's projected parent figure. She believes a person can consciously believe God to be loving while unconsciously relating to God as a critical and judging parent.

Concerning one's need to be in control as an indication of false spirituality, Cole (1998) gives an example of a patient who lived in a vicious cycle. The patient believed that if he practiced spiritual disciplines in the forms of Bible reading, meditation, prayer, fasting, tithing ...he would become mature and healthy, and his problems would "go away." As long as he was more disciplined, he would feel good about himself. Whenever he wasn't doing well, he would blame his lack of self-discipline. This gave him something concrete to blame. However, he would get tired of living a disciplined life, and indulge his desire not to do anything. Initially he would feel a sense of freedom from the rigid routines, only to be faced with a sense of guilt for not exercising the disciplines. Then he would become overwhelmed once again over his inability to control himself. This served to give him an illusion of control, but did not solve his core problem-his sense of helplessness and powerlessness.

Alice was an example of a person who avoided her feelings of guilt for being angry at her parents by rigidly interpreting the Bible:

Alice's Unhealthy Spirituality

P: Have I made any progress in therapy?

A: Have you? How do you gauge progress?

P: Well, I'm still complaining and am still negative...I feel guilty for complaining and being negative.

A: What's wrong with venting? What's wrong with having negative emotions?

P: The Bible tells us to be content and not to complain.

A: Where in the Bible does it say that?

P: The Bible says, “in your anger do not sin...do not let the sun go down on your anger.”

A: Right. The Bible says, “in your anger do not sin.” It does not say you cannot feel angry at all.

P: But I do sin when I’m still angry at my parents for what they did two days ago!

A: Well, I think the writer of the Bible is not necessarily being a stickler about how long your anger might last--before the sun goes down or a few days after the first time you feel angry. It means that we should not hold on to our anger, but we still can feel all our feelings.

P: The Bible says so many things, and some of the things conflict with each other. It’s just your interpretation that I can feel negative feelings and vent. Everyone can interpret the Bible differently. So when I look at it literally, it is telling me not to do this and not do that. I believe the Bible says we are not to have negative feelings toward others. One rule says one thing and when another rule conflicts with it, there is a “reason” for it...

Ronnie’s Unhealthy Spirituality

Ronnie lives with her son and daughter-in-law. She has been separated from her sociopathic husband for over 15 years. Her husband, Ronald, has been living in a nursing home for the emotionally disabled during most of their separation. Ronnie calls the nursing home from time to time just to get an update on the status of her estranged husband. Ronnie regularly recites scripture during her sessions. She appears to always have just the “right” verse to quote for each situation. Ronnie has been working as a teacher’s aide with multiply-handicapped children. She has never attended college, although she appears to be of above average intelligence. She is very happy at this job, the only one she has been able to keep for over four years. She is unable to

come for treatment more frequently because she earns less than \$18,000 a year. When I suggested that she obtain a college degree so her earning prospects could improve, she told me she did not have the money to go to school. She was sharing a one-bedroom apartment with her son and daughter-in-law because she could not afford to pay the whole rent herself.

From time to time, Ronnie laments over her longing for sexual relations. Because she is not divorced from her husband, she is not free to develop romantic relationships with anyone else, and the prospect of ever being married again seems very dim to her.

A: How about filing for a divorce from Ronald?

P: Oh, I don't have the money for that!

A: Why? How much does it cost to file for a divorce?

P: Oh, it would cost at least \$250 or so.

A: So why not save up some money in order to pay for one?

P: Well, I'll have to see. If it is God's will for me to be divorced, He will provide me with the money I need to file for a divorce. But every time I get ready to pay for one, something always comes up and uses up the money I have saved.

A: What kind of things come up to use up your money?

P: Oh, my brother called to say that he did not have the money to buy my nephew a winter jacket. Now, even though I really do not like my brother, I will not take it out [my dislike of my brother] on my poor nephew. So I had to give him the money to buy his son a jacket. On another occasion, I finally saved the money to pay for the divorce. But my son and his wife did not have enough money to pay their share of the rent that month, and I had to take out the money I saved to pay the rent so we would not all become homeless....

A: How about you trying to save the money little by little and earmark it for the divorce, and not touch it?

P: Well, I will have to see about that...if it is God's will, He will let me be able to save up enough money for the divorce. If I cannot save it up, then it must be God saying He does not want me to get a divorce.

During our next session, Ronnie informed me:

P: It must not be God's will for me to get a divorce right now.

A: How come?

P: I was just trying to save some money since our last session, and my friend Helen's birthday is coming up, and I have already promised to take her out on the double decker bus in Manhattan to treat her for her birthday. So I guess it is just not meant to be for me to get a divorce...

Karen's Unhealthy Spirituality

Karen is a 41-year-old single white female who has not dated for over four years. She broke off her engagement with Donny when he started to become physically abusive. She has not been able to detach from the unfairness of her previous relationship, especially since Donny married someone else soon after. Nor has Karen been able to accept her present circumstances. Karen has gotten fired from four jobs in two years. She worked toward student teaching for two years and then stopped pursuing teaching. She has gained over 50 pounds in the past year. Her unemployment benefits are expiring and she has not been able to motivate herself to find a job.

P: The Bible says, "as a man thinketh, so he is." So I just have to visualize having a boyfriend and I will be able to at least go out on a date this year. It'd be the first date in four years!

A: What are you doing to find yourself a date?

P: Oh, I don't know. I don't see any potential in my circles.

A: What do you need to do to widen your circle?

P: I don't know...guys I know are either too young or they were already married once and are too old.

A: Well, if you would like to date someone, it might be good to keep your options open and be open to different sorts of possibilities. How about attending singles socials?

P: I tried that once. I'm never doing it again.

A: Why?

P: It's just not my thing. Everyone seemed desperate there.

A: Well, if you're saying that it's your goal to go on a date, it might be a good idea to see things as opportunities instead of closed doors.

P: Oh, I just don't know...singles socials are just not my thing.

A: How do you propose you would be able to meet eligible men?

P: I don't know. I just don't see it happening...I just have to visualize it in my mind and that should help...

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P: I believe God wants me to focus this year on: word, work and work out. Word being reading God's word. Work being getting myself a job. And work out meaning I go to the gym and work out physically. I believe this will really help me to obtain all my other goals.

A: How are you doing with reading God's word lately?

P: Oh, it's on and off. I really do need to get into the Word more. But I haven't been able to establish a routine to do so. But I've been able to read a lot of positive thinking books though.

A: That's good...how's your job search coming along?

P: Oh, I've been back to the career center of my Alma Mater, and the career counselor suggested that I redo my résumé format. I still have not been able to motivate myself to do it...

A: ...How are you doing with working out?

P: I have not gone to the gym at all.

A: What's preventing you from going to the gym?

P: Time just flies by. It's not that I'm not doing anything at all. I just tend to get caught up with surfing the Internet, doing research and stuff...I still have not been able to sit down and come up with a weekly schedule. I know that'd really help me to plan out my week and get to the gym.

A: In the past sessions you said you were going to sit down and come up with a schedule over the weekend. What happened to the plan?

P: I know that's what I've got to do. I just haven't gotten around to it...I know that if I just hold on to the image of being a successful person, I'll get something...

Unhealthy spirituality is also defined as a person's manipulation of others and attempt at excessive control of his life, his God and his world. The unhealthy spiritual person projects his own desires and wants onto God, saying it is "God's will." He insists that others live according to his beliefs, and is unable to tolerate differences of opinion. He holds on to his beliefs rigidly, and is unwilling to entertain others' perspectives when they differ from his. The spiritually

unhealthy individual might test or “supervise” his analyst on how to conduct analysis with him, and may use spiritual activities, i.e., prayer, to control what the analyst might say or do. This individual uses his spirituality as a form of resistance in treatment. For example:

A couple called me from California for a possible referral for the wife’s brother who lives in New York City. She wanted her brother to go to a born again Christian therapist, as he was not presently living as a Christian. She asked, “Could you pray with us on the phone right now, so that God will move my brother to accept this referral and go to you so you can lead him back to the Lord?” I had the distinct impression that she was testing to see if I truly was a born again Christian by how I prayed.

Margie is a mother in her mid-40’s. She wants her teenage daughter who is having a lesbian relationship, to come to me for therapy, but Margie is unsure if I would be able to give her daughter the kind of therapy she feels her daughter needs. Margie herself has just begun her own treatment with me due a recent nervous breakdown. She called me up two days after our last session and said, “I know that there’s a professionally-trained part of you, and there is a Christian part of you. During our last session, I didn’t like the psychology part of you. I like the Christian part of you, and would like you to use that part of you in therapy with my daughter, and not that psychological part of you.”

Resistance

According to Spontitz (1961), each patient in therapy “develops unconscious resistances to what he has consciously agreed to do. However eager he is to get over his problems and however much time and money he spends to do so, he circumvents treatment in various ways ...his resistances reflect the defenses he developed in adjusting himself to a family living as a young child” (p. 64). Resistance is all pervasive in our daily human existence. Whenever something is requested (and especially demanded) of us, resistance rises within us – mostly unconsciously, and sometimes blatantly in the conscious realm. The New Testament describes resistance in the form of our sinful nature as the law of sin and death: “For I have the desire to do what is good, but I cannot carry it out. For what I do is not the good I want to do: no, the evil I do not want to do – this I keep on doing...When I want to do good, evil is right there with me. For in my inner being I delight in God’s law; but I see another law at work in the members of my body, waging war against the law of my mind and making me a prisoner of the law of sin at work within my members” (Romans 7:18, & 23).

I would like to postulate that the spiritually unhealthy person is using his brand of spirituality to cope with setbacks, frustrations, unmet expectations, wants and needs in life. This coping mechanism is a form of resistance to seeing himself in light of God’s Truth. In his psychic (as in the psyche) reality, this is the best he can do for the moment, even if it is self-deceiving. In addition to consciously struggling to do right (Romans 7), we also commit sins of omission. This can be caused by our blind spots. While we think we have 20-20 vision of the sawdust in someone else’s eyes, we really don’t see the plank in our own eyes (Matthew 7: 3-5). I would like to propose that our blind spots are a form of resistance, which reside in our

unconscious. Since we are, by definition, unaware of the actions of our unconscious, we cannot see our blind spots although they might be blatantly clear to others.

Resolution of Unhealthy Spirituality

Now that we have defined healthy and unhealthy spirituality and examined resistance, let us turn to the resolution of unhealthy spirituality.

Kernberg (2000, Mature religiosity section, ¶ 10) writes:

The functions of the psychoanalyst is to explore the extent to which religiosity as a mature desire for a transpersonal system of morality and ethical values is available to our patients....to free the patient from unconscious conflicts that limit this capability, including the systematic confrontation, exploration, and resolution of unconscious conflicts that preclude the development of concern, guilt, reparation, forgiveness, responsibility and justice as basic aspirations of the individual.

Tan (1996) offers guidelines for working with religious patients:

To understand the sources of resistance and support of the psychotherapeutic process that have their origin in religion...to use the religious world view of the client to support therapeutic change and employ interventions of a religious nature...to identify systems of support within religious traditions...to consult with religious professionals with a clearer understanding of their perspectives. (p. 367)

Cole (1998) suggests the following in working with unhealthy spiritual patients: “What is needed is a willingness on our part to tolerate their misuse of religious beliefs and (painfully for us) to tolerate their misuses of us as helpers in order to gradually help them feel secure enough to look at themselves more realistically” (p. 282). He goes on to suggest, “Working with highly

religious people: to support them in a way that enables them to become aware of and evaluate how they apply their religious beliefs. As we guide them in understanding the reasons they misuse their faith, we can teach them more versatile ways of thinking about their problems” (p. 282).

Gruber (1995) suggests forming a genuine empathic relationship with the false/unhealthy spiritual patient. When a patient senses unconditional acceptance and empathic understanding, he then gains the courage to look at his blind spots and be more willing to consider surrendering to, versus controlling, others. Van Eenwyck (1996) reports that helping a patient to get in touch with his feelings of powerlessness, and his trust in God’s design/will for his life, is effective in restoring the patient’s confidence. In doing so, patient is aided to live a more authentic existence. Bergin et al. (1996) join Lovinger (1984) in recommending joining the resistances when working with fervently religious patients rather than ignoring, avoiding or depreciating patients’ religious values.

Following are some vignettes demonstrating resolution of spiritual resistance:

Affirmation of Patient’s Spiritual Convictions

Yvonne is a 33-year-old single woman who left her home when she was 19 and came to the States with \$200 in her pocket. She is an only child born to a psychotic father and a controlling mother. Yvonne has been searching for a “mother” here in the States, who would take care of her, give her direction and nurturance. She felt rejected when her lay counselor from church, Eva, told her she was too dependent on her, and referred Yvonne for professional help. Yvonne’s church has become her “home away from home.”

In this session, the therapist is working with Yvonne to help resolve her pattern of leaving imperfect situation in search of a perfect family here in the States:

P: I'm thinking of changing my church.

A: Why?

P: I don't feel like I could talk openly with my friends from church...they're judgmental and I feel they don't accept me...

A: Why don't your church friends accept you and why are they acting critical toward you?

P: Actually they have not been very obvious in their criticism toward me, but I hear the way they talk about other people. I feel like we all are weak and we all sin, but they talk as if a person is weak then they are really bad or something...

A: That doesn't sound very gracious to me...doesn't God want us to be gracious to one another since he has been gracious to us?

P: Yes. But these people are not...so should I change churches?

A: How might changing churches help?

P: Maybe I can find other people who would be more gracious toward me and accept me better.

A: Why are you asking me whether or not you should be changing churches?

P: You are like my mom. You know what's best for me.

A: So I'm your mom, and I'd know what's best for you better than you would know...

P: Yeah...

A: Well, I wonder if it might be a good idea to work with the people who you feel are your family here in the States first, before you give some new people a try. You'd never know if people in the new church would turn out better, or similar to the people in your home church. I think this is an important decision. I think it would be a good idea for you to pray about this some more. You would want to know that it's God's will for you to

change your church before you make the change. This is your “family” in the States after all... We should also keep talking about the pros and cons in our sessions.

P: So maybe I should pray about this and discuss it some more with you first...

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Janice is a 65-year-old woman who has been feeling depressed for over a decade.

P: My previous non-Christian therapist was no help to me.

A: How so?

P: She told me I had nothing to be depressed about...

A: How could she tell you that you “have nothing to be depressed about?”

P: She explored with me all the things that were going on in my life and her conclusion was that I had nothing to be depressed about.

A: What message did that give you?

P: That I’m making it all up in my mind. My depression is all made up...

A: What message do I give you about your depression?

P: You tell me that I don’t need to feel depressed.

A: How did I give you this message?

P: You let me know that the things I feel are “sinful,” really aren’t. That I’m not really sinning.

A: How does that affect you?

P: It makes me realize that I don’t need to feel guilty about not cooking.

A: How do you experience that message?

P: Well, it helps me see that my concept of what is sin or not sin needs to be looked at.

A: How should it be looked at?

P: It shows that I'm counting it a "sin" when it is actually a blessing from God.

A: In what way?

P: That it's a blessing someone can cook for me. I ought to be thankful...

A: What about the depression you feel? What should you do about that?

P: Oh, I just have to examine what else is really going on in my life. But what I thought was a "sin" really wasn't one after all...

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Meissner (1984), Kernberg (2000), and Arlow as recorded by Grossman (1993), indicated that it is not the role of the analyst to shape, modify or mold the patients' beliefs or values. Rather, the analyst's task is to help the patient to explore the roots, causes, meanings, and implications of the beliefs, values or convictions he holds. Rizzuto (1993) wrote that the therapist should fully respect the patient's spontaneous remarks about religion as a psychic reality that must not be challenged. The therapist may choose to explore these remarks without judging their meaning. Thus the therapist suspends disbelief, entering into the patient's private universe.

Rizzuto further stated that "the patient's psychic reality is what matters. If factual reality is to be found, the therapist has only one job: to assist the person to discover on her or his own the nature of reality. Any other attitude is indoctrination, whether about psychic processes, the world at large, or transcendent dimensions of life" (p. 26).

I agree with Helminiak's (2001) encouragement that analysts help religious patients be honest about their feelings of anger toward God. He wrote, "The client should be honest, especially with God...and because God would already know that, the more honest approach would be to admit the anger, express its intensity, and discuss the matter with God (p. 177)." I regularly explore with my patients to see if they feel anger toward God for allowing "bad things"

to happen to them. Many Christians feel it is a “sin” to feel anger toward God. I point out angry feelings in the Bible: for example, Psalmists lash out at God, showing that experiencing real anger toward God is healthy. In my work with James, I encourage James to express his anger toward God, especially since his transference toward God as punitive comes from his experience of his alcoholic, raging father, to whom he could not express anger.

Following is a vignette of how God was dealing with James’ misconception of Himself:

P: One day I was walking down the street, feeling furious at God for damning me for being a homosexual. I was just furious! I saw in my mind a picture of God, who was huge, like an image on an outdoor movie screen. I was so furious that I literally swung my arm to punch him like this (James demonstrates this on the couch, punching the air). And when I swung at him, the picture of Christ in my mind was as if he was made of a glass screen, and it shattered into a million tiny pieces. The real God was standing behind the glass image I had smashed, and he was extending his arms out to me to say, “James, this is me. This is the real me. I love you!” (James sobs.)...I realized that the image I had of God all along, of this fierce, punishing and damning God, has been my image of him. But it was not the real God! And regardless of how I’ve viewed him, he still loves me! He has always loved and accepted me. He knows my problems. He knows that this [homosexuality] is too big for me to deal with on my own. He is big enough to take me through this journey...

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Following vignette uses Joining as a method of helping the patient to deal with his spiritual resistance:

P: I am still scared that God is going to damn me for sleeping with a naked man.

A: How many times did I tell you to tell Mark to put on some article of clothing so you wouldn't be sleeping with a naked man?

P: (Laughs)...Although I worry and still can't sleep well at night because of this fear, the God I know just has to be bigger than the way I've made him out to be. He can't possibly damn me to hell because I'm struggling with homosexuality. I just have to believe that he is loving enough and big enough to take me with my problems. He's got to be big enough to take me through this [struggle with homosexuality]!

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Tan (1996) cited a study that found secular therapists were successful in using religiously oriented cognitive-behavioral therapy in treatment with depressed Christians. I sometimes used this approach in my work with Janice as she battled with her chronic depression. We explored the idea that she was sinning because she was lazy: I pointed out to her that although she felt she was lazy, her daily activities indicated otherwise.

Countertransference Reactions

Countertransference reactions are the feelings induced in the analyst in working with the patient. There are two types of countertransference reactions. The first is the objective countertransference reaction, which are the feelings induced in the analyst by the patient. These feelings are the patient's unconscious way of communicating with the analyst, to help the analyst understand the patient's history; they are coming from the patient. The second is the subjective countertransference reaction, which comes from analyst's own issues. These are the analyst's personal reactions that she would have to similar situations regardless of which patient she might be interacting with.

Therapist' Countertransference Reaction in Working with Spiritually Unhealthy Patient

Gartner, Harmatz, Hohmann, Larson and Gartner (1990) found clinicians' personal feelings and judgments to be influenced by the spiritual congruence between themselves and their patients. Spero (as cited in Case, 1997) notes that when a therapist identifies too strongly with a religious client's struggles, this may lead to "excessive agreement with the patient's rationalization, too much sympathy with the patient's attempts to blame others or to find fault with his own lifestyle on superficial religious grounds, to too much or too little participation in the patient's anxieties, to too little expectations of better adjustment, to too strong an attitude of permissiveness regarding the satisfaction of neurotic needs." Spero (as cited in Lovinger, 1984) adds that therapists must be alert to "apparent similarities in religious values and beliefs that do not have the same origins and functions in the patient...Shared religious values and traditions that may lead to collusive avoidance rather than therapeutic investigation" (p. 205).

Lovinger (1984) indicates that if the therapist and the patient have a similar spiritual orientation, "the therapist may overlook the patients' conflicts expressed in a religious idiom, or may deal with them only as religious problems and not treat them psychodynamically" (p. 31). He further warns that therapists and patients from the same religious groups need to be especially alert to the temptation not to explore motivations due to this communality.

Northcut (2000) warns:

Similar external religious practices may lead the clinician and the client to assume "we know what we mean" by concepts such as sin, grace, God's will, truth, etc." [*sic*] (Giglio, 1993). Such collusion around avoiding therapeutic investigation can extend to painful areas such as abortion, the role of women, homosexuality, and so forth (Narramore, 1994)...Clinicians also can overidentify with clients' struggles; "window shop" by

vicariously gratifying personal fantasies through exploiting clients' "sinful" experiences.... (P. 160)

Case (1997) states, "because many religious persons are skeptical about therapy, attempts by a therapist to tailor the therapy to meet community expectations can potentially sabotage the therapeutic process...Likewise, Carbo and Gartner (1994) suggested that many religious communities may manifest dynamics which resemble those seen in incestuous families" (p. 100).

Case categorizes some therapists as "spiritualizers." This category of religious therapists views everything as needing a spiritual intervention:

The spiritualizer's countertransference might reflect a therapist's own discomfort when dealing with the complexities of life. For many clients, spiritualizing problems such as depression provides a defense against exploring deeper issues of inner turmoil, anger or pain from abusive experiences....If a therapist allows her or his own discomfort to influence the interpretation of the client's behavior, the roots of a client's difficulties are liable to be left untreated. (p. 101)

Kochems (1993) gives a case example of his work with a religious patient in which countertransference feelings were induced. He braced against his impulse to step over the boundary, thus providing his patient with an opportunity for continued growth in self-knowledge and self-acceptance; and to more freely share his anger. Kehoe and Gutheil (1993) state that clients seem to have the knack of being able to both indulge and pick up on their therapists' unresolved countertransference issues in therapy sessions.

Kochems (1993) encouraged the analyst working with a spiritual concordant patient to brace against his impulse to act as a spiritual director, since this could limit the patient's progress and expression of anger. I struggle with the delicate balance of being a Christian and an analyst

when James was acting against his (and my) spiritual conviction by living in a homosexual life style. I struggle with my responsibility as a born again Christian, feeling that there is a conflict between who I am, and my role as a born again Christian analyst. What if I am “Leading my patients astray” with my analytic training? What about my homosexual patient who is a back-slidden Christian? Should I be doing something different with him as a Christian, instead of joining him all these years? What if he has not “Found himself back to the Lord” by the time he passes away, and it is too late for him to repent and be forgiven for this one area of sin in his life? Would I have to answer to God about not helping him spiritually?

Case (1997) warned against therapists using their more powerful position in their relationship with the clients as authority figures, interposing their spiritual view as if they were the experts, thus giving the message that says, “My way is Yahweh” (p. 103). At times I feel impatient about my patients’ unhealthy spirituality and want to convince them to abandon their understanding of the Bible and to adopt mine. For example, in working with Alice, I find myself getting into arguments about how she ought to interpret the Bible, so as not to feed her perpetual sense of guilt. Similarly, I try to redefine Janice’s sense that “laziness is a sin” so she can stop feeling guilty about having someone cook her meals for her. In doing so, I would have deprived her of the defense mechanism of blaming her depression on something more tangible and less threatening to her fragile ego.

When I encounter a patient who I believe misunderstands the Christian faith and wants to dictate to me how I should conduct my sessions, I feel controlled and manipulated by the patient. I believe this is an objective countertransference resistance. I work with both a 46-year-old mother, Margie, and her daughter who is 19 years old. The daughter is experimenting with lesbianism:

P: I like it when you are acting more like a Christian, like just now, than when you use psychology on me.

A: How was I using psychology on you?

P: The other time, you told me I should join my daughter in her experimentation with homosexuality. I felt you were using your training more than you were being a Christian with your spiritual beliefs.

A: How was that “using psychology”?

P: You weren't telling my daughter that she needs to stop experimenting and just obey what the Bible teaches. That made me feel very uncomfortable...I would like you to be more of a Christian in sessions with my daughter than to be a psychologist with her.

I feel Margie comes to me because I am a born again Christian analyst and feel obligated to give her what she wants. I feel I have to prove myself as a worthy enough Christian to Margie, and feel resentful toward Margie for using Christianity in the service of her unhealthy spirituality. This is both a subjective and objective countertransference resistance. It is a subjective countertransference because I feel that I have to prove myself as a worthy enough Christian to my born again Christian patients for them to come to me: a real born again Christian and not just one who says she is one and does not act as one. It is also an objective countertransference resistance as all non-born again Christian analysts interviewed on this subject experienced this feeling of having to prove themselves to spiritually unhealthy patients.

Special Case in Working with a Paranoid Schizophrenic Through Joining of Unhealthy Spirituality.

In this last section of the paper, I would like to address the special case of joining a paranoid schizophrenic patient's unhealthy spirituality in order to help her cope with her existence. Paranoid schizophrenics' delusions and hallucinations demonstrate their brand of reality - full of anxiety, unexpressed anger and fear of harm. The world is a very unsafe place for them.

Marianne is a 46-year-old paranoid schizophrenic. She would like to be rich, successful and famous. She is very bright and has been an "A" student. However, due to her schizophrenia, she has not been able to find or maintain a job she desires. Since she does not have the ego strength to accept the limitations of her mental condition, and is unable to acknowledge her anger toward others, she assigns the cause of her disappointments onto the rich and famous and regularly blames them for other people's rejection of her. She has been saying that these "evil spirits" are able to enter into others and cause people to reject her, or prevent others from helping her to become successful.

Northcut (2000) wrote, "As with any clinical material, the clinician needs to understand the spiritual material and the role it may be serving. For example, new spiritual material could be a prodromal symptom signaling the onset of a manic episode, particularly if there is a dramatic change in belief or behavior" (p. 166). This author agrees with his statement and believes one needs to proceed with caution when exploring unhealthy spirituality in a patient. The analyst must understand the possible role of the spiritual defense as a way of fending off a psychotic break.

Tan (1996) wrote, “In a situation where supportive therapy may be needed in order to prevent or retard disintegration in a severely disturbed client, the therapist should refrain from confronting the clients’ religious convictions or beliefs, even if they may appear to be somewhat neurotic or unhealthy, until a later time when the client is more stabilized emotionally and able and willing to engage in such discussion or caring confrontation” (P. 377).

The previously-mentioned patient, Marianne, claims celebrities are jealous of her being a Christian and of her ability to make money. She believes Paris Hilton hates her the most and has been trying to foil Marianne’s every attempt toward attaining a happy life.

While Marianne labels people’s rejection of her as “spiritual,” I have been able to join her, as her analyst, in her projection in order to foster a narcissistic transference. I accomplish this by accepting Marianne’s projection and by encouraging her to share her projection with me only, in order to protect Marianne from further rejection by others.

P: I told my friend, Emily, that Paris Hilton’s spirit was in Mr. Jones today, because Mr. Jones was rude toward me at the library. I told her I really needed her to pray hard for me so that Mr. Jones would cooperate with me and act nicer toward me...But Edith told me that it’s not true that Paris’ spirit could be in Mr. Jones. She told me to talk it over with my therapist. What do you think? Do you believe me? Do you believe that Britney’s spirit could be in Mr. Jones?

A: Well, you know what you’ve experienced. You know how Mr. Jones acted toward you. So regardless of what Emily thinks, you know better. I just think it would be a good idea that you only talk about things like that with me. Why tell others about things they don’t understand? Why tell people things that they cannot support you in? You and I know better...

P: ...Paris Hilton is jealous of me because I'm a Christian.

A: Why might she be jealous of you because you're a Christian?

P: She knows that she will not be saved without Christ. I will be saved because I'm a Christian, and she will go to hell because she isn't. That's why she's jealous.

P: You have something she doesn't have...you'll have the last laugh after all the torture she puts you through in this life!

As I join Marianne in her sense of reality, she feels understood and accepted by me. Out of this narcissistic transference, she trusts me to point out to her some sense of reality:

P: Yesterday the congresswoman sat next to me on the bus, trying to read my secrets and thoughts and feelings toward her. But I was successful in not letting her read my mind.

A: How did you accomplish that?

P: It must be because you have been praying for me.

A: Was there anything you did as well?

P: Well, I prayed a little.

A: Was there anything you did in your behavior in addition to prayer that caused you to be successful?

P: Well...no.

A: So our prayers really worked, huh?

P: Yeah. (Smiles)

A: Now, was the Congresswoman physically sitting next to you, or was her spirit in another passenger next to you?

P: Well, it was her spirit. She wasn't physically there...

Summary

This paper examined the differences between healthy and unhealthy spirituality and the discernment between the two in service of therapeutic work with Christian patients. Ways of working through of unhealthy spirituality were discussed. Identification and understanding the role of the resistance were discussed, and objective and subjective countertransferences of the therapist examined. Finally, this paper suggested the use of the Joining technique in working with psychotic patients to foster narcissistic transference in order to first join the patient where she is at, and then to plant seeds of reality in the hopes of bringing the patient back in touch with some level of reality.

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