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Q & A Incorporating Spirituality into Therapy
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The following is based on interviews with Dr. Nancy Kehoe and Diane Marshall.

Dr. Nancy Kehoe is an instructor in the psychology department at Harvard Medical School, Cambridge Hospital affiliate. She entered the field of clinical psychology with a unique perspective as a Roman Catholic nun. Although spirituality and religion played obvious roles in the lives of her clients, she was stunned to find herself in a clinical setting where a big part of her world –religious beliefs – were not even mentioned by colleagues. She began to explore the issue in earnest through a client group, and has since shared her ideas and approaches, including a religious history assessment tool, in the mental health field.

Diane Marshall is a registered marriage and family therapist and clinical director of the Institute of Family Living, a Toronto-based counselling centre founded on the Christian and Jewish faiths. “Right from the beginning, we were committed to taking seriously a faith perspective in therapy,” says Marshall. That doesn’t mean preaching: rather, Marshall believes that the therapist must work through spiritual issues on a journey with the client.

Why is it important for a therapist to ask about spirituality?

Kehoe: It is important to talk about the spiritual or religious dimensions of clients’ lives because they are key aspects of clients’ psychic lives – how they see themselves, their image of God, questions about life, meaning, suffering. By asking, we can learn how religious practices are a source of strength, or conflict, for a client.

An example: A 72-year-old woman had been in and out of hospital for depression following the death of her husband. It was a nurse who got to the heart of a religious conflict that was behind the depression. The client had had an affair and had never told her husband. She had felt so guilty that she stopped taking holy communion and eventually stopped attending church, but hid this from her family. Now she felt that for 50 years she had lived a lie. I put the client in touch with a priest she knew and respected, and she went to confession. The result was that she was able to get on with her life in a way she couldn’t before.

Marshall: In family therapy, spiritual issues are brought up all the time by clients, so unless the therapist chooses to ignore them, there is a tremendous opportunity to go around a family circle and see how each person views life and death. Spirituality relates to a person’s innermost core – how a person relates to the universe, to others and to themselves. People sometimes must confront these issues in times of crisis, for example, when a family member is on life support. I also believe that young people today are

coming to the issue of spirituality on a broader scale, for example, in the context of our ecological crisis.

How is spiritual well-being defined?

Kehoe: It's a continuum that develops and changes at different times in life. What we need to look at is the function it is serving. Is spirituality or religion inhibiting or strengthening the person?

Marshall: I have worked with a "4 C's" framework for years – exploring the issues of courage, connection, community, and commitment. Exploring the "4 Cs" is part of the spiritual journey that the therapist and client embark on.

How do you take a religious and spiritual history? How do clients respond?

Kehoe: I have worked with my colleagues to develop a religious/spiritual history assessment tool. The short form consists of three sets of basic questions:

1. Do you belong to a religious tradition or spiritual practice? Did you ever have one? If you left a religious tradition, why did you leave?
2. Are you currently involved in a religious or spiritual practice? How is it a support or source of community? How is it a source of conflict, pain or dissonance?
3. If you are not currently involved in a religious or spiritual practice, what are the things that give you a sense of connection, peace, hope? What nourishes your soul and spirit?

When clinicians ask these questions in a manner that I call respectful exploration, clients respond very well.

Marshall: I set out four "questions of meaning":

1. What nurtures your spirit?
2. What gives you meaning?
3. What gives you a sense of rootedness?
4. What gives you joy?

Most clients appreciate these questions. I've often heard: "Wow, no one has ever asked me that before!" People respond in different ways – some cognitively and others in the realm of feeling. In my work with couples, it's been fascinating to see how couples open up and become more curious about one another based on their answers to these questions. I also ask questions about how a client has understood spirituality at different ages – as a child, teen and today.

Why has spirituality been neglected or avoided by some therapists?

Kehoe: It could be the therapist's own unease with the topic. If therapists haven't resolved their own issues, they may be less inclined to broach the topic with a client. Also, it's a training issue. I conducted a survey on this topic and found that spirituality/religious issues were addressed in less than 30 per cent of psychiatric residencies, social work programs and psychology training. There may also be a misunderstanding that the therapist is trying to preach a particular point of view.

Marshall: I think therapists don't "go there" in the same way they may not investigate issues of gender, race or class. There is also some reluctance based on the concept of "value-free" therapy – that we don't want to impose our values on the client.

What happens when therapist and client have different religious/spiritual frameworks?

Kehoe: Therapists should only address these issues if they can remain neutral – if they can keep their own perspective or bias separate. We need to take the approach: "What is going on for this client in this context?" We may not personally approve of a fundamentalist religion, for example, but we need to see what role it plays for the client.

Marshall: Therapists need to be able to grow and learn from their clients. Ultimately, it is "soulwork" that we do. Getting to that sacred place of intimacy – related to a person's soul – can't be reduced to pragmatic behaviorism. My job is not to tell people where to go, but to raise the questions to support their journey.

A related question is: To what extent is the client's institutional religious tradition helping or hindering the spiritual journey? For example, a gifted young woman comes from a tradition where she cannot be ordained. She is blocked at every turn, and as a result, she suffers from depression. The reality is that she may have to look elsewhere: that is part of her therapeutic journey.

How can spirituality be encouraged in therapy?

Kehoe: In some cases, the task is for the therapist to take a risk, to explore spiritual issues with a client and discover how rich this can be. Many of us through research, seminars and professional networks are trying to convey to our colleagues the rewards of speaking with clients about spiritual and religious life.

Marshall: Spirituality in therapy is certainly growing in awareness. It has recently been acknowledged in the DSM-IV. When I supervise family therapists, I ask them to look at spiritual issues. Often, they haven't covered this at the master's or doctoral level of training. I ask them to look at spirituality as part of all the systems of their clients' lives.

How did you become involved in the issue of spirituality in therapy? What has been the impact on you personally?

Kehoe: With my background in religious life, it surprised me to go into a clinical setting where religious beliefs were not mentioned. When I became comfortable with my clinical skills, I raised questions about why spirituality and religion were omitted from

counseling. Incorporating spirituality into therapy has changed me a lot. I have much greater, profound empathy for people struggling with mental illness. Clients have taught me that religion and spirituality can be a compass to keep you going in times of illness. They may not relieve the pain, but they point due north, so to speak. I've seen that there are no easy answers, but the pursuit is very rewarding. When people have an opportunity to talk, they do it with such richness and coherence.

Marshall: I see my own life being deeply blessed by the people I have worked with. I am unapologetically a person of Christian faith. That doesn't shut anything down; instead, it opens me up to others. I have the freedom to work with colleagues and clients of many faiths, and we share our journeys together.

I believe that we as therapists must be compassionate and hospitable, and encourage generosity and humility in others. We must accept that we don't have all the answers, and see that we can be catalysts or facilitators on a journey together with a client, couple or family.

Ian Kinross, *The JOURNAL of Addiction and Mental Health*
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