

# Bringing Religion and Spirituality into Therapy



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Bio-Psycho-Social-Spiritual.

# Outline.

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# Spirituality Defined.

The meaning gained from life experiences, which may or may not be implicit within the context of religion.

And/or:

One's subjective experience with the sacred and the personal subjective expression of one's religious experience.

# Religion Defined.

- Religion involves a belief in and connection with a superhuman or divine power to which forms of worship and other ritualistic practices are directed.
- A set of symbolic forms and acts that relate man to the ultimate conditions of his existence.
- A system of beliefs and practices by means of which a group of people struggles with the ultimate problems of human life.

Individuals look to **religion** in times of difficulty, pain, and distress for **comfort** as well as to fulfill such needs as intimacy, spiritual connection, **meaning**, and self-actualization.

# Religion and psychology have not had the most harmonious past.

Credit goes in part to Freud... and later Ellis.

**However, things are starting to **change.****



# **Religion, Spirituality, and Mental Health.**

Benefits seen in physical and mental health.

Contributions toward better clinical outcomes.

# Religion, Spirituality and Mental Health.

Positive spiritual beliefs and religiosity are associated with:

- Longevity
- Diminished levels of stress and enhanced capacity to cope with stress
- Lower rates of suicide and drug abuse
- Lower rates of anxiety and depression
- Lower levels of psychological distress
- Increased hope, optimism, well being, happiness, and life satisfaction
- Purpose and meaning in life
- Greater social support and less loneliness
- Greater marital stability and satisfaction

# **Context: Why Clients Might Be Reluctant to Address R&S in Therapy?**

There is a sense of reserve regarding R&S in our society.

*"Don't ask, Don't Tell."*

A belief that therapy is a secular space.

Fears of being disrespected, discriminated against, judged or even pathologized by the therapist.

# Context: Why is R&S typically excluded from Therapy?

## Lack of education in graduate training programs

- ❖ Therapists are unprepared.
- ❖ A silent message that this is not a serious or relevant topic to address in therapy.
- ❖ Adherence to the myth that one lacks religious knowledge.

**Why would religion be any more  
awkward a topic for therapy than  
sexuality, infidelity, or death?**

# Context: Why is R&S typically excluded from Therapy?

Only 48-60% of therapists identify as religious and/or Spiritual.

However, most Canadians and thus most clients actually identify themselves as religious. 84% to be specific.

(Stats Canada 2001 census)

# Why is it important to create a space for R&S in Therapy?

- 94% of Americans believe in God,
- 93% identify with a religious group,
- 90% report that they pray,
- 84% try to live according to their religious beliefs,
- 81% prefer having spiritual beliefs and practices integrated into therapy,
- 80% report that religion is very or fairly important in their lives,
- 75% want their therapists to address spiritual issues as part of their care
- 58% feel the desire to experience spiritual growth,

Spiritual connectedness is a need in and of itself –  
not a misguided need for something else.

It is a part of our human makeup.



# Why is it important to create a space for R&S in Therapy?

Religious beliefs and identities as indivisible.

Permeate most aspects of the self.

Psychotherapy as a space for exploration, introspection, and personal growth.

# APA Code of Ethics:

“Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, **religion**, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups” (p. 1063).

# Clinical Process.

Ethical Responsibility

Therapist to Initiate

Develop a Deep Curiosity

Open and Present

# Clinical Process.

Not Required to Agree

Are Required to be Respectful

Self-Exploration is important

# Clinical Process.

One of the most basic issues clients come to therapy for centres around **disconnection** and **isolation**.

Religious communities are often a valuable resource.

# Religion and Spirituality in Treatment.

What does it mean to be a spiritually sensitive therapist?

The focus is on the client's R&S beliefs and practices.

Gain consent before using explicit R&S interventions.

# Questions to ask: Things to consider.

Act out of respect and sensitivity

- Might R&S be contributing to the current problem?
- Might R&S help alleviate the problem?

Invite clients to share their R&S concerns, issues, and values in the same way they share any other area of their life.

## Questions to ask: Things to consider.

Clients may offer little 'crumbs'.

Open and willing.

See the depth after safety and trust are established.



# Questions to ask: At Intake.

Address the topic in some way right from the beginning

## Potential Intake Form Question:

- ❖ “Do you consider yourself a religious and/or spiritual person?”

Intake sessions can include a number of open-ended questions regarding a person’s spirituality and religion.

- ❖ What gives you meaning and purpose in life?
- ❖ Do you consider yourself a religious and/or spiritual person?
- ❖ Do you belong to any religious organizations or institutions?
- ❖ Do you and your family share the same religion or spiritual beliefs?

# Questions to Ask: During Assessment.

During assessment may want to look at and explore:

- Religious rituals, beliefs, and practices,
- Participation in religious community,
- Level of religious knowledge,
- Supportive connections to priest or clergy,
- Guiding values and ethical positions
- Areas of strength or dysfunction within their R&S life,
- How the client believes R&S is involved in their current life circumstance,
- The congruence between beliefs and lifestyle.
- Ways they incorporate R&S into coping or problem solving

# Questions to ask: In Session.

- What is the importance of R&S in your everyday life?
- Are you content with your belief system? What role has faith played in your life, now and in the past?
- What gives your life purpose and meaning?
- Are there things in your life that are sacred to you?
- What was your religious upbringing? Are your beliefs different now?
- What specific religious practices, rituals, or activities do you engage in? What value do these provide for you?

# More Questions to Ask: In Session.

- Who do you have important and significant relationships with in your religious community?
- Is there someone in your R&S community that you can talk to about deeply religious questions or concerns?
- Has your current problem affected your relationship with God/higher power?
- Is your R&S important to this problem?
- How do you see your faith relating to this or other problems?
- Have you used any aspects of your R&S to help you deal with this problem?
- **How do you want to have these issues addressed in therapy?**

Adapted from: Bienenfeld, D., & Yager, J. (2007). Issues of spirituality and religion in psychotherapy supervision. *The Israeli Journal of Psychiatry and Related Sciences*, 44(3), 178-186; Saunders, S.M, Miller, M.L., & Bright, M.M. (2010). Spiritually conscious psychological care. *Professional Psychology: Research and Practice*, 41(5), 355-363)

# Discussion Questions.

In groups of 3 or 4 please discuss and make a list of:

Some potential concerns about bringing Religion & Spirituality into therapy?

Some potential concerns about **NOT** making a space for Religion & Spirituality in therapy?

# Ethical Considerations.

Ethical practice includes and requires that therapists recognize the central role R&S plays in the client's life and they demonstrate a sensitivity, awareness, and respect for the client's beliefs, practices, and values (Eck, 2002).

# Ethical Considerations.

Avoid imposing one's own beliefs onto clients.

Avoid directly challenging religious values.

A shared belief system does not necessarily result in a shared understanding.

# Ethical Considerations.

Stereotyping

Trivializing R&S

Consult and collaborate.

Boundaries: Psychotherapists are not clergy.

Know when to refer.



# Ethical Considerations.

Professionals are also encouraged to:

Read books,

Attend workshops, trainings and seminars,

Seek out supervision and consultation,

Learn more about the religious traditions of the clients they typically work with.

# The Take Home Message.

- Essential to **incorporate** this integral component of the human experience into therapy.
- Important to **ask** oneself why one hasn't in the past and then take necessary steps to do so.
- **Monitor** and assess ourselves during the process.
- Approach this sacred topic with **respect**.
- Be **patient** with clients – this is a deeply personal topic.
- Be **open** and curious
- Let the **client** lead and teach.

# For Further Learning.

- Aten & Leach (2009). *Spirituality and the Therapeutic Process: A Comprehensive Resource from Intake to Termination.*
- Cornet (1998). *The Soul of Psychotherapy: Recapturing the Spiritual Dimension in the Therapeutic Encounter.*
- Miller (1999). *Integrating Spirituality into Treatment.*
- Paloutzian & Parks (2005). *Handbook for the Psychology of Religion.*
- Pargament (2007). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred.*
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- Sperry (2001). *Spirituality in Clinical Practice: Incorporating the Spiritual Dimension in Psychotherapy and Counseling.*

Thank You.

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