SPIRITUALITY AS A WORKING MODEL IN BRIEF PSYCHOTHERAPY

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SPIRITUALITY AS A WORKING MODEL IN BRIEF PSYCHOTHERAPY

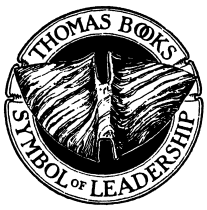
Spiritual Approaches to Emotional and Behavioral Change

Edited by

RICHARD H. COX, MD, PhD, DMin

With a Foreword by

Len Sperry, MD, PhD



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To the brave psychotherapists who included life-giving spirituality into their work before it was recognized by professional organizations as being integral to the very nature of health and healing; Particularly to Donald G. Cox, MDiv (Editor's brother) who, at the age of 32, passed from this life due to cancer, and in the early 1950s had already become a recognized pioneer in the field of religion and mental health.

FOREWORD

SPIRITUALLY-ORIENTED PSYCHOTHERAPY: YESTERDAY, TODAY, TOMORROW

Much has changed between the publication of the first edition of my book, *Spirituality in Clinical Practice,* in 2001, and the second edition which appeared in 2012. Noteworthy, were significant advances in theory, research, and practice, as well as in graduate training. For instance, throughout the 1990s, trainees were increasingly eager to understand how the spiritual dimension impacted their professional and personal lives, yet there were relatively few graduate faculty and supervisors who outwardly expressed their receptivity to spirituality. Many were reluctant to discuss their professional views–much less their personal views and practices–on spirituality with students, supervisees or colleagues. Not surprisingly, few courses on spirituality in psychotherapy were offered, and supervision that was sensitive to spiritual concerns was largely unavailable. The result was that trainees had little opportunity for such training or access to role models who incorporated the spiritual dimension in their professional and personal lives.

Since 2001, there has been increasing "evidence that the mental health professions are warming up to a more routine and explicit focus on spiritual issues" (Hathaway & Ripley, 2009, p. 44). Hopefully, this "warming trend" will continue as more faculty, supervisors, and practitioners infuse their teaching, supervision, and practice with the spiritual dimension. Today, the felt need seems to be shifting from an awareness of the necessity to recognize and incorporate spirituality in the treatment process, to the need to competently integrate spirituality in everyday practice. In other words, there has been a perceptible shift from spiritual awareness and sensitivity to spiritual competency. One indication of this shift is the recent appearance of books with "spiritual competencies" in their title.

Basically, the shift is from incorporating to integrating. The subtitle of the first edition of was "*incorporating* the spiritual dimension in psychotherapy and counseling" in which the word "incorporate" meant "to add" the spiri-

tual dimension. For all practical purposes, the spiritual dimension has now been "added" to the awareness of most, if not all, mental health professionals in the past few years because of changes to professional ethics codes and some federal statutes (i.e., HIPPA and JCAHO) which require clinicians to recognize the religious and spiritual concerns of clients.

The challenge now and in the near future will be to "integrate" the spiritual dimension into the therapeutic processes. This means that coursework, research, supervision, and publications must increasingly integrate or blend the spiritual dimension in the therapeutic relationship, the assessment process, case conceptualization and treatment planning, intervention implementation, intervention evaluation, and termination.

Another development that has also increased in the past decade is the pervasive climate of accountability, wherein clinicians are increasingly required to demonstrate the effectiveness of their practice. Spiritually-sensitive psychotherapy is not exempted from this requirement. Of necessity, textbooks and professional books on spiritually-oriented psychotherapy will become more specific in integrating spirituality in the total therapeutic process and articulating strategies for infusing the therapeutic alliance, assessment, case conceptualization, intervention, and termination with the spiritual dimension as well as monitoring and evaluating its effectiveness.

For many, if not most, clinicians, this characterization of the state of spiritually-sensitive treatment over the past two decades reflects the extent of their knowledge of this specialty field.

The reality is that roots of spirituality-oriented psychotherapy extend back much further, thanks to pioneers like Richard Cox, M.D., Ph.D., D.Min., and other authors in this book. One indication of his pioneering status, was the appearance of his excellent edited book, *Religious Systems and Psychotherapy,* first published in 1973. It was one of the first volumes to courageously explore the relationship of religion and psychotherapy which at that time was relatively new and tenuous. I say courageous, because at that time being identified as writing about and advocating the relationship of religion and psychology was unacceptable and could end an academic career.

Two years after his book appeared, I had the honor and privilege of being selected to complete my post-doctoral internship with Dr. Cox. What began with his mentoring and clinical supervision, quickly evolved into collegial relationship, and eventually lifetime friendship. During this post-doc, I not only increased my skills in individual and family therapy, neuropsychology, and clinical diagnosis, I began learning how to practice what would become known as spiritually-oriented psychotherapy. Of immense value was learning how to infuse a therapy session or even a one-time consultation with spiritual sensitivity.

In the concluding chapter of *Spirituality as a Model in Brief Psychotherapy,* Dr. Cox summarizes the key points of the book with his "baker's dozen." As I look back I learned many of these during that post-doc. Two stand out. The first Is: "No two spiritual experiences are the same. They are all anomalous, highly individualized and unique. Without a proper appreciation and respect for even the most 'absurd' to one's thinking, a spiritual relationship between therapist and patient cannot be developed." Richard's spiritual sensitivity– like his clinical sensitivity–to his clients and colleagues became increasingly clear to me. I believe his sensitivity to the uniqueness of others accounted for sterling reputation in the community among both clients and both health and mental health professionals who regularly referred challenging clients and medical patients to him.

The second was: "Many aspects of relationship are ignored and assumed as being irrelevant, or tangential at best, when they are central to all persons. These aspects include symbols and rituals, which although are highly individualized offer both understanding and techniques for understanding other's behavior." I recall instances of how his recognition and incorporation of symbols and rituals in the therapeutic process effectively enhanced the therapeutic relationship and outcomes. One involved Dr. Cox's therapy with a moderately dysfunctional family who were deeply involved in the charismatic renewal. Achieving stability and change with this blended family– with five children ranging in age from six to 18–was greatly facilitated when Richard suggested the family consider how religious symbols that were important to them might be incorporated in therapy.

During that session the family discussed the importance of the fruits of the Holy Spirit to them. With some focusing by Richard, they came up with a plan to identify a particular fruit with each family member (i.e., gentleness, patience, self-control, etc.) and draw it on a card and with a lanyard and wear during their evening meal together and to family therapy sessions. I vividly recall family members, particularly the six-year-old twins, proudly wearing their symbols in the clinic's waiting room prior to their family sessions with Richard. As sessions proceeded, what had been a highly conflicted family became increasingly cooperative and functional. Again, sensitivity to uniqueness in temperament, character, and religious meaning, symbols, and rituals made a difference in the lives of his clients and in me and other professionals that Dr. Cox has mentored and shared his life with over the years. It was in the context of the therapeutic brilliance demonstrated in this and other cases that I was mentored in working at the nexus of spirituality and psychotherapy. My appreciation of him as a clinician and a person is without limits!

While the world has changed significantly in the ensuing 40-plus years since the publication of Richard's major contribution, *Religious Systems and*

Psychotherapy, so has the need and demand for spiritually-oriented psychotherapy. This current book, *Spirituality as a Model in Brief Psychotherapy,* is a road map for the future of this specialty called spiritually-oriented psychotherapy. While it emphasizes practical application, it is also theoretically-based in theology, psychology, and ethics. It is a timeless accomplishment by a remarkable pioneer in the fields of psychology and religion. It is also a landmark publication in the specialty of spiritually-oriented psychotherapy.

LEN SPERRY, MD, PhD

INTRODUCTION

Spirituality as a Working Model in Brief Psychotherapy is a practical book that describes easily applicable methods for use by nontheologically trained therapists. The focus is on brief psychotherapy, since long-term treatment is no longer possible for many individuals today living busy lives on a limited budget. The book is unique in its approach involving real-life encounters between patients and therapists with years of experience in both spirituality and psychotherapy. Although there are many books on the market in the field of spirituality and psychotherapy, they are written from a traditional Freudian-based philosophy and do not include practical, easily applicable methods for use when time is limited. Most assume a traditional longer commitment by both therapist and patient, which in today's world is often unrealistic. The authors of this book come from multiple disciplines including pastoral counseling, psychology, psychiatry, medicine, social work, and theology.

The primary audience for this book is students in the human behavior fields, including psychology, psychiatry, clergy, social workers, professional counselors, chaplains, as well as professionals already in practice looking for better ways to achieve real results using brief psychotherapy. Each of the 11 chapters contains many practical applications for therapists. All authors are well known and published in the field of spirituality and psychotherapy.

In the first chapter, *Multidimensional Spirituality as a Working Model for Emotional and Behavioral Change,* Richard Cox–a physician, psychologist, and theologian–and spouse, Betty Ervin-Cox–a psychologist and marriage counselor, provides a background for and the model that will be followed throughout this book. This model is based on the notion that there are many ways of approaching patients in therapy, and that there is no "one size fits all," requiring flexibility, respect, and adaptation by the therapist, who must be knowledgeable and have the ability to apply numerous techniques, ideas, and philosophies of spirituality, while fitting into the mind-set of the patient. Since memory is a huge part of adult thought, returning to basic beliefs is usually necessary but with respect and understanding of different religious

orientations, and current stressors that patients may be facing. Multidimensional therapy must take into account the spirituality of the patient, the spirituality of the therapist, and the process of change compatible with the patient's belief system and potential to grow within and beyond it.

The second chapter is written by world-wide and professionally acknowledged authority, psychologist Stanley Krippner. His lifelong studies, on-site research with "all peoples" including indigenous societies, and his own personal experiences, show the importance of a spiritual base to be the very core of all that is qua human regardless of variant cultures and differing philosophies of life.

The third chapter, *The Dynamics of Faith: How Can the Psychologist Understand Religion and Spirituality?* by Joey Pulleyking, clergyperson and psychologist, questions and answers whether psychologists (therapists) can understand spirituality, or whether the two "never the twain shall meet." It is clear that they can and must if those who attempt to help others are to succeed. He, in clear academic voice, as well as his own, helps us to understand the assumed disparity between traditional psychology and that based on a spiritual conceptualization.

The fourth chapter, by Gordon Hess, a psychologist with extensive theological training and experience, is titled *Spirituality and the Therapist.* He emphasizes that the spiritually sensitive therapist is integral to spiritually-oriented psychotherapy, and notes that theological precepts that are built into forms of psychological theory can be implemented by therapeutic techniques.

Every therapist has a theology, a belief system, a value system, and cannot be neutral even when proclaimed to be so. The quest for wholeness and successful results must engage the belief systems of the individual patient, whether Buddhist, Jewish, Humanist, or Christian (or other religion).

Hess's personal spiritual pilgrimage working with many different religious orientations makes him the ideal author to contribute to this understanding. The spiritually sensitive therapist is both aware of the interaction of his/her own spiritual base, while at the same time utilizing the beliefs of the patient to effect healing and change. He writes with incredible personal transparency which will be instructive for others to self-examine their own spirituality and how it effects their practice of psychotherapy.

In the fifth chapter, H. Newton Maloney–a widely renowned professor at Fuller Theological Seminary–writes about counseling that addresses the body and the soul. This chapter will consider the implications of nonreductive physicalism in counseling. First, he discusses the secular and religious meaning of the "soul" in contemporary culture, and then provides a critique

of the assertion that human nature should be understood from a unified, monistic, psychosomatic point of view. He discusses spiritual capacity, religion, faith, and a model for embodied spiritual counseling that includes a place for the soul. Nonreductive physicalism need not polarize counselors into those who contend, on the one hand, that only physical remedies or medication will help troubled people and, on the other hand, those that appeal to a spiritual substance called soul. New ideas about souls and bodies are explored and "soul filled" counseling is introduced and demonstrated.

The sixth chapter, *Spiritual Competence in a Medical Setting,* is by clinical health psychologist Sharon A. Bell, whose area of study and practice has been spiritually-oriented health care in both outpatient and inpatient medical environments. She describes four basic relationships between religion and medicine: (1) medicine has operated as a manifestation or function of religion; (2) medicine and religion have been functionally separate but allied and complementary; (3) medicine and religion have co-existed; and (4) and medicine and religion have maintained both a hostile and competitive relationship. Medical illnesses frequently stimulate the asking of spiritual questions. The acceptance or rejection of one's own spirituality is often foundational to symptom relief and healing. It is usually not the physician who provides the spiritual guidance but some other staff member such as a psychologist or chaplain. Current trends in both medicine and religious aspects of care are increasingly recognizing the value of each in forming alliances that benefit the patient. Bell explores the functional *approach* and functional *process,* providing specific aids for the therapist.

Chapter eight, *Symbols and Rituals in Brief Spiritually-Oriented Psychotherapy,* is presented by Richard Cox, who has written and lectured extensively, on the value of utilizing symbols and rituals in attempts at communication. He stresses that all that is understood in human relations is inevitably based on, and therefore effected, by the unspoken, yet immediately understood nature of symbol and ritual. He emphasizes the importance of nonverbal, highly individualized "meanings" in objects, actions, and memories, which are sometimes only dealt with as intellectual phenomena, until the unconscious is awakened to "forgotten" information, by symbols and rituals, which are nondebatable.

In the ninth chapter, *Spirituality Based Therapy: More Than a Tool or a Methodology,* social worker Shirley Burnside (with years of experience working in public school and community settings connecting with difficult clients) describes the spiritual gifts she has utilized in therapy that have been key to her success with clients. She emphasizes that therapeutic techniques are important, but only when grounded in deeper meaning of a spiritual nature. Good therapy is derived from the inner-depths of the therapist. Technique by

itself is sterile, mechanical, and often ineffective in the ultimate sense of spiritual and mental health. She notes that the therapist who wishes to accomplish the most in the least amount of time will find great reward in learning first how to be a spiritual therapist then a psychotherapist.

Chapter ten, *Working Through the Stages of Spiritual Development in Brief Therapy,* is written by the therapeutic team, Richard Cox, Truman Esau and Ronald Kemp, who with each having over 20 years of experience, combine psychology, psychiatry, and pastoral counseling to discuss the many paradigms that have been set forth attempting to describe one's journey through the stages of spiritual development. Most literature regarding developmental stages has been based on secular, research-centered, traditional psychological models, and for the most part have excluded spirituality.

All have failed to recognize two of the most important phases: the *congenital* phase and the *passing from this life* phase. That which is formed in the womb does not disappear, although morphs and grows; and that which is present upon death, does not wait until it arrives to become part of one's spiritual journey. They discuss the stages of human development in a spiritually-oriented fashion, with each stage illustrated by therapeutic strategies for working through that stage. This chapter is unique in describing therapy that addresses the full spectrum of the spiritual journey literally from conception to post-life.

Chapter eleven, coauthored by Cox and health psychologist Bell, challenges the ethical understandings, philosophy and practice of all forms of therapy, specifically "spiritually"-based approaches. Ethos, ethic, and ethics are differentiated and although often seen as separate concepts are each impossible without the others and always integrated whether consciously or not.

The book concludes with *The Future of Spiritually-Based Approaches to Psychotherapy.* Cox asks and answers the question, "Is the spiritual approach to psychotherapy simply a fad or is it fundamental, overlooked, and without such is life-changing therapy short-changed?" He concludes that such approaches can be effectively applied in *brief* therapeutic encounters and are the wave of the future. Hold onto your hats for a wild, fascinating and informative journey that the authors will take you on in this volume.

HAROLD KOENIG, MD, MHsc

EDITORIAL STATEMENT

Although it is somewhat unusual, this book is written in a very "familiar" way for the most part. *The colloquial and individual styles and vocabulary of the authors have not been changed, in an attempt to retain their unique voice. They have been asked to write as they would lecture so as to meet readers on a personal level. This book is not intended as a bibliographically referenced text, actually quite the opposite.*

Authors have been requested to write in their own style rather than strictly academic, limiting their reference in the attempt to make their chapters more their own thinking rather than adding to the views of others. Exceptions were made for the chapters which anchor the book to literary integrity, in order to offer a depth and breadth of a cogent, academically sound discussion regarding the imperative of including a spiritual basis or brief psychotherapy.

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First, and foremost, we must thank the many clients, patients, and families that allowed us to enter the privacy of their lives as they, and we, sought answers to the many times imponderable circumstances of life. I am grateful to the authors who were willing to share their experiences with a broader audience, joining with those who have found that in many cases traditional psychotherapy, even lengthy psychotherapy, had not resulted in solutions.

We gratefully acknowledge the enthusiasm of Michael Thomas, Charles C Thomas Publisher, as he readily accepted this manuscript for publication. Our editorial guide, Sharon Moore, and the other editors, cannot be sufficiently thanked. And as is always the case, each of us as authors have our friends and family to thank for their continuing encouragement and sacrifices in time and attention to complete this book. A special gratitude is given to Katherine Ramos, Ph.D. for her unselfish work and expertise.

As authors, we must, mostly posthumously, thank our mentors, teachers, and role models, few of whom are still living, and many of whom concluded their lives with little if any recognition. Since most of the authors in this book are now retired, we see in the rear-view mirror the years of therapy we have given to others, yet often with limited results. Brief psychotherapy was rarely mentioned in our years of training and practice, and certainly not "spiritual-based" therapy of any sort. Anything that had to do with "spiritual" was left to pastors, priests, rabbis, and pastoral counselors. Although many psychologists of that time were also clergy, only peripherally did their "spirituality" enter the therapy room. It is hoped that by publishing our thoughts, others may benefit from our many years of experience.

CONTENTS

SPIRITUALITY AS A WORKING MODEL IN BRIEF PSYCHOTHERAPY

Chapter One

SPIRITUALITY AS A MULTIDIMENSIONAL MODEL FOR PSYCHOTHERAPY

RICHARD H. COX AND BETTY LOU ERVIN-COX

There is no "one way" in which persons connect with their spirituality. The inner core of the spirit is elusive and not transparent to either a therapist or client. Everyone who finds their "spiritual side" does so in uniquely individual ways, and most persons, even after having done so, only know in general terms how they "found it." They do, however, usually know the exercise, technique, or situation that brought about that knowledge since it is always based on something that has deeply imbedded both intellectual and emotional value–usually emotional first followed by intellect. The stimulus for memory may be positive and at other times negative. Both positive and negative kinds of experience can produce spiritual growth.

Memory plays a huge part in spirituality. From the earliest days of our lives we build memories, even *en utero*–memories that are connected to things which are pleasant and to those which are not. All memories are tied to symbols and rituals, of which much will be written later in this book. Memory, is a collection of thoughts and experiences which are "engrammed" into the brain. Some view this process similarly to branding cattle, but such is not accurate. A brand burned into the hide of a cattle is externally initiated and externally displayed. There is no evidence that the cattle knows the branding is there, and there is no evidence that the branding changes behavior beyond the pain of the moment.

"Engramming" was a concept utilized by Piaget (1896-1980) to help understand infant brain development. The concept of engram was present long before Piaget but the process was unknown. Now with postmodern neural mapping, we know that engramming is a process of neural modification, much like rewiring a circuit breaker electrical panel, therefore, some of Piaget's thinking was not correct. One great fault in his theory was the failure to recognize the spiritual component of the human. However, this concept remains helpful for us to understand that the brain is impressionable from infancy and that the impressions made are deeply engrained within the personality of the individual. We do not know at what stage of development such impressions begin. We do know that it begins in the gestational phase. There is more than ample evidence that that the fetus begins to show such phenomenon very early, possibly as early as the second trimester of pregnancy.

A more accurate understanding of the infant, particularly the fetus, is offered more correctly and cogently by physician/scientist Ursula Anderson, in her book, *The Psalms of Children* (and her chapter in this book). Her discussion of the "biophysiological" and "psychospiritual" life of the fetus leaves no doubt as to the positive, gestational development of the human brain in relation to attitudes, emotions, and capacity for spiritual as well as biological functioning. The very molecular disposition of the prepartum infant convincingly demonstrates that the development of the human brain is more than anatomy, and that the process begins long before birth. All that is physical, all that is spiritual, and all that is human are initiated in the womb!

Habituation response (memory) was shown to exist absolutely by the twenty-second week of pregnancy as early as 1932. The "habituation response" refers to postpartum human life.[1] The habituation response is based primarily physiology, but not without epigenetics even at that stage. True memory goes much deeper than physiological pat-

1. The earliest habituation response has been demonstrated at 22–23 weeks of gestational age and seems to occur earlier in females than in males (27). Interestingly, the onset of auditory habituation corresponds to the onset of fetal auditory abilities (28). It may be that habituation is present earlier than this however as the fetus is unable to respond to auditory stimuli before this time, habituation to auditory stimuli is unable to be evidenced earlier than 22 weeks gestation. Stimulation using other sensory modalities, e.g. olfaction/taste, which are functional at earlier gestational ages (16, 21), may reveal habituation at even earlier gestational ages. Hepper, P. G. The beginnings of the mind-evidence from the behaviour of the fetus. *J Reprod Infant Psychol,* 1994; 12:143–144.

terning. Further, much occurs long before the twenty-second week of pregnancy. Every cell in the human body has a "brain" of its own. Every cell has perfect memory and it is only when that memory fails that pathology results, then the pathology becomes a physiological memory, allowing for 'sick-cell' reproduction. If it were not so, cells would not duplicate, and replicate.

Each cell has such perfect memory that when a person skins the nose, an exact copy of the former skin is formed rather than a cell with eyebrows or some other cell structure. Unfortunately, the same kind of memory, although in aberrant cells, behave the same way. However, all cell knowledge is not all physiological. Those who insist on such are simply ignoring gestational *qua human.* Granted, much current knowledge was not available during the earlier formulations and philosophies. However, much of what was intuitively known has now been proven by virtue of postmodern technology. As in most of life, academic or otherwise, that which cannot be explained by "pure science" tends to be ignored or discounted.

Now three-quarters of a century later, we have evidence as to how the brain changes *en utero,* and very early in that process. Brain neuroplasticity begins at conception by virtue of the necessity for physiological development. Circuits are developed and connecting modules altered constantly from then and throughout life. All living entities are, by necessity, open systems and necessarily respond and adapt to their unique environment. The fetus is no lesser constantly learning, changing, and thereby adapting for survival.[2] From conception until death the brain is in a constant state of change.

Some would insist that such brain functions are adaptive only and not in the most human sense considered "learning." These critics tend to deny forces other than that which can be explained by "proven science." The chapter in this book written by Dr. Ursula Anderson should help to diffuse that–if such is possible. Physiology alone, attempts to demonstrate that the fetus could survive by simple adaptation to in-utero physiological/biochemical stimuli. And they have indeed proven that the physiology of a fetus can do so. However, human behavior which is much more than cells within the same body communicating with each other; it, among many other factors, involves in-

2. Ray, W. S. A preliminary report on a study of the foetal conditioning. *Child Devel,* 1932:3; 175–177.

terrelational abilities beyond simple physiology. The newborn, whether full term or "preemie," quickly after birth begins to show behavior that cannot be based on biochemistry alone, or on postpartum experience.[3]

If only anatomical, physiological, biochemical facts were at work, the infant would be but a laboratory production with the mother being the laboratory. Such is not the case, in spite of the fact that some think it to be so. But that would mean that at birth the infant is without knowledge and has only animal instinct. Although no one denies the instinctual aspects, the difference is between that who think infant behavior is only instinct. Although a most complex mechanism, every experience alters the synaptic connections in the brain, thus producing useable information available upon birth. Literature is replete with studies involving brain processes in infancy and early childhood. But what we must understand is that the very basis for *qua human* to be considered *qua spiritual* begins at the earliest stages of conception. Neurophysiological studies have shown that the brain is most susceptible to major malformations between the fourteenth day and the twentieth week of gestation. After that time, changes continue to occur rapidly but without the *primary* effect shown by those in the earlier stages.

Why is this important? If we deny such, we must then show how the brain at birth is able to respond as human. One could argue that the human becomes a "spiritual" being at birth, but such argument if we did not have both physiological and psychological evidence. There can be no "human" without spiritual. To be such would necessitate the belief that one can be human with no soul! Which, of course, some do.

Lest we be as lop-sided in our thinking as those we criticize, we must recognize the findings of the legitimate studies of human behavior. Since early human development is so essential to very basis of all learning, spiritual as well as physical, it is worthwhile to look more seriously at the process by which this occurs. All living entities, human or not, gradually and ingeniously, are sensitized and respond to stimuli. There is one particular molecule responsible for this phenomenon: cyclic AMP. This molecule sets in motion a cascade of changes (learning), including a protein named CREB. Animals that lack activated CREB can learn but not remember. All humans possess CREB on chro-

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3. Spelt, D. K. The conditioning of the foetus *in utero. J Exp Psychol,* 1948; 38:338-46.