The Shadow of the Transcendent

Valuing Spirituality in Psychotherapy

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Abstract

A survey of spirituality as it is discussed in the training literature for psychotherapy reveals that spirituality is defined in a variety of ways which do not always complement each other. Spiritual themes in psychotherapy do not always present in spiritual language but instead may present in the language of values. As in the case of values, so spiritualities may be either constructive or destructive, though their evaluation must be contextually and culturally determined. The author describes the training programme in counselling and psychotherapy which he directs, and finishes with the claim that psychotherapists need to understand that they are as much charged with clients' souls as with their psyches.

> "Where there is no guidance a people fall;
> but in an abundance of counsellors there is safety." (Proverbs 11:14)

Introduction

One of the most famous stories in the Babylonian Talmud, a collection of Jewish legal and narrative materials from approximately the 4th century, is the story of four rabbis who made a mystical journey to paradise:

Four entered Paradise: Ben Azzai and Ben Zoma, 'Aher and Rabbi Aqiba. Ben Azzai peered and died; of him scripture says *Precious in the sight of the Lord is the death of his saints* (Ps. 116:15). Ben Zoma peered and went mad: of him scripture says *Have you found honey? Eat {only} so much as is sufficient for you* (Prov. 25:16). 'Aher looked and hacked down the plantation; of him scripture says *Let not your mouth lead you into sin* (Qoh. 5:6). Rabbi Aqiba entered in peace and

went out in peace; of him scripture says *Draw me after you; let us run* (Song of Songs 1:4).[1]

What is of interest here is that of these four men who attempted to make contact with the higher spiritual realm, three suffered a tragic fate. Only Rabbi Aqiba, who had adequately prepared himself in advance, could engage mystical spirituality without destroying himself. Ben Azzai died; Ben Zoma went mad; and 'Aher, a derogatory nickname which means "that nameless other guy," hacked down the plantation. In an expanded version in the Jerusalem Talmud, approximately one century later, we are given a further definition of "hacking down the plantation," that is, he converted to something considered to be religious heresy, in this case, probably Christianity, thereby destroying himself and all his biological future progeny, the little shoots in the plantation. What is of further interest in this story is the juxtaposition of psychosis and religious conversion. Ben Zoma, who "went mad," possibly became psychotic;[2] 'Aher converted to a form of religious expression which his culture considered to be outside the bounds of acceptability. As we will see later, one of the hardest tasks in dealing with spiritual emergency in psychotherapy is telling the difference between a psychosis with religious manifestations, and a spiritual experience with psychotic overtones.

As we approach the millennium, it is fitting that we find increased dialogue within the psychotherapeutic literature about the role and function of spirituality, for historically such themes have always gained urgency toward the end of each one-hundred years. Certainly the media are full of dramatic incidents which stem from humanity's intensified spiritual quest, including mass suicides by members of various cults, increased incidents of miraculous appearances and cures, and best-selling publications such as *The Celestine Prophecy* and Depak Chopra's *The Seven Spiritual Laws of Success*. New Zealanders have always had a particular affinity for things spiritual, from the pantheism typical to traditional Maori spirituality to the strong appeal among Pakeha of what are

1 This translation is a composite of four texts in six versions: Tos. Hagigah 2:3-4 (Saul Zuckermandel, *Tosephta*, Jerusalem: Wahrmann, 1965, p. 234 , and Saul Lieberman, *Tosefta Moed*, New York: Jewish Theological Seminary, 1962, p. 381 and commentary); J T Hagigah 2.77b; *Shir ha-Shirim Rabbah* 1.4.1; B T Hagigah 14b (including Steinsaltz); compare also Judah David Eisenstein, *Otzar Midrashim* (New York: E. Grossman's Hebrew Book Stores, 1915), vol. 2, p. 505. For further information, see Culbertson (1995a), pp. 41ff.

2 The Hebrew word here is "nifg'a," from the shoresh p-g-'a, a general term meaning "stricken [with dementia?]." We cannot with specificity determine the exact nature of Ben Zoma's mental illness. Howard Cooper (66) observes that the usual word to indicate a mentally-ill person in the Talmud is *shoteh*, "which contains the idea of walking to and fro without purpose."

sometimes called "New Age" religions. [3] In describing inherently spiritual cultures such as our own, Robert Fuller (245) writes "While their quest for harmonizing with nature's higher reaches sometimes smacked of narcissism and hedonism, it far more often bespoke a spiritual hunger for wholeness and union with a transcendent Other." Surely this statement holds true for New Zealanders from a wide variety of cultures. But in spite of the broad proclivity of human beings to seek the spiritual in their lives, the relationship between psychotherapy and spirituality has generally been tense and confusing.

In order to sharpen the focus of my presentation, I wish to make a clean distinction between spirituality and religion. In my remarks, I will treat religion and religious practices as if they are one way of embodying the spiritual, but not the only way. Certainly the great monotheistic religions of the world—Christianity, Judaism, and Islam—have had a tendency to assume that their unique expressions of spiritual truth are the only correct expressions. Yet even within these religious traditions, certain voices have recognized that spiritual truths transcend the boundaries of organized religion. For example, within normative Judaism lies the claim that "righteous non-Jews" will inherit "a portion in the World to Come." [4] Within Christianity of the 20th century, German Lutheran theologian Dietrich Bonhoeffer was deeply critical of aspects of Christianity as an institutional religion, and was quite receptive to the possibility of God being present in thoroughly secular persons and practices. [5] The popular Roman Catholic writer Thomas Moore, whose books include *The Care of the Soul*, makes clear that when he speaks of the soul, what he is proposing "is not specifically Christian, nor is it tied to any particular religious tradition."

Elliot Ingersoll captures succinctly this important distinction between religion and spirituality. He emphasizes two differences:

> First, religion's provision of a social identity may not necessarily be provided in a personal spirituality. Second, due to the corporate nature of religion there may be fewer variations in its stipulated behavioral correlates than those found in personal spiritualities... ..From this perspective, religion is conceptualized as a variety of frameworks through which spirituality is expressed. These frameworks would be viewed as heavily influenced by the

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3   See Ellwood for a comprehensive history.

4   Babylonian Talmud, Tractate Megillah 13a; see also the traditions concerning the Bnai Noah.

5   *Letters and Papers from Prison*, ed. Eberhard Bethge, 3rd ed., New York: Macmillan, 1972, 357-363. For more on Christian thought concerning God's revelation outside Christianity, see Culbertson, 1991.

culture in which they originate. Through this conceptualization, spirituality becomes an organismic, developmental dimension and religion, a "culturally flavored" framework that helps develop the organismic spiritual potential.[6]

As one group of writers observed, "Churches and temples do not have a monopoly on spirituality or on the values that compose it. These belong to humanity and are not the exclusive possession of organized religion or of traditionally religious persons."[7]

Defining Spirituality

It is easier, however, to transcend religious categories and assumptions by setting them aside than it is to define "spirituality." At present there appears to be no generally agreed-upon definition of the word. Rather, definitions fall into at least four categories: those which focus on the search for an external Transcendent, those which focus on the search for a Transcendent located within the person, those which focus on the personal growth of the inner self, and those which focus upon the integration of many aspects of the self, along with relationships, nature, and the cosmos. Definitions 1 and 2 have a certain amount of Biblical support. Definitions 3 and 4 are generally supported by world religions other than Christianity, such as Buddhism, Advaita Vedanta, and Taoism. Brant Cortright (26-27) classes the first two sets of definitions, then, as "theistic-relational" traditions, and the second two sets of definitions as "non-dual."

The category, "the Search for the External Transcendent" assumes the existence of some external authority, nurture, love or truth, which is often personified. It offers the believer a sense of "vertical security," of belonging to something within the universe beyond the immediate human dimension. This is the category which Cortright called "theistic-relational." This concept of an external transcendent is generally consistent with Christianity, Judaism, and Islam, but is not limited to them. For example, Alcoholics Anonymous speaks of a "Higher Power, however one chooses to understand it."[8]

The category "the Search for the Internal Transcendent" assumes that transcendence is found within or inside each human being. Once accessed, it

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6 Ingersoll, 1994, 105-106.

7 Elkins, Hedstrom, Hughes, Leaf, and Saunders, p. 6. Lee Yearly has coined the term "spiritual regret," a somewhat unfeliticitous description of the condition which "arises from the sense, however implicit, that the traditional ways of dealing with distinctions among religions are deficient, that they fail to meet adequately the specific demands the modern situation produces"; see Kim, p. 61.

8 See Kurtz.

overpowers egocentricity and self-absorption. While the category refers to "transcendence," this does not necessarily imply a deity or higher power, for one finds the transcendent by going inward, not outward. Although Christians may find themselves somewhat uncomfortable with this category, it is strongly implied in Luke 17:20-21: "The kingdom of God is not coming with things that can be observed; nor will they say, 'Look, here it is!; or "There it is!' For, in fact, the kingdom of God is within you." Those who define spirituality in this manner often insist that it produces an observable behaviour or manner of being,[9] though many writers in other categories would challenge whether one's spirituality is so easily apparent.

The category "the Search for the Truth of the Personal Self" makes little or no reference to the transcendent, suggesting instead that the ultimate goal of spirituality is personal growth and self-awareness. This form of spirituality is essentially existentialist and humanitarian, resulting in a sense of well-being, maturity, and vitality.

The category entitled "the Search for Integration" emphasizes primarily the connectedness of all that is within one and the relationship of that connectedness to the whole cosmos, including or not including a transcendent being or power. Of the four categories, this is the only one which places a clear emphasis on the physical human body's role in spiritual wholeness, and thus is most closely related to what is often defined as "feminist spirituality."[10] This category assumes, as well, a relationship between spirituality and sexuality, which connection is not so readily obvious in the other three categories. Gay spirituality, like feminist spirituality, makes much of this connection. For example, Michael Clark writes:

> Men, whether straight or gay, must reconceptualize their sexuality as something that is not external, alienated, and merely functional. They must learn that the erotic—or, more concretely, our sexuality—becomes a meaningless, genitally reduced notion unless we come to understand the erotic as part and parcel of our urges toward mutuality and human(e)ness.

I find myself very weary with spiritualities which divorce themselves from the

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9   See, for example, Everts and Agee, p. 292.

10 Though Levitt (305) asserts that there is no such thing as "feminist spirituality": "A chapter on 'feminist spirituality' as such is no longer feasible. The kind of 'objectivity' required to produce such an overview has itself been called into question by feminist activists and scholars alike. They have argued that it is no longer possible to speak of a single, universal feminist anything. As Adrienne Rich reminds us, such universal claims '[blot] out what we really need to know: When, where, and under what conditions has this statement been true?'"

human body, including most transpersonal psychotherapy. We need to incarnate, not transcend. The human body is a tool, a friend, and a home,[11] not a limitation to be overcome, and we need to concentrate harder, therefore, on both spiritualities and psychotherapies which help us cherish and respect our bodies, not deny them, despise them, or dissociate from them. St. Teresa of Avila reminds us, "We aren't angels; we've got bodies."[12]

The Values of Spirituality and the Values of Psychotherapy

All four of these categories make mention of values, and it is in the articulation of values that spirituality and psychotherapy seem to overlap most frequently. Lucy Bregman points out, "Because of its historical link to the medical model, psychotherapy could for decades claim value neutrality—nonendorsement of any particular ethical, social or political position."[13] At other times, neutrality is interpreted to mean not siding with one or another person in a dispute, or respecting our clients' unique individuality. However, in psychoanalytic terms, the word "neutrality" first enters our professional vocabulary to mean "not favoring the ego, id or superego," a significantly different meaning than the one now commonly received.[14] Carl Rogers attempted to set up a value-free method of psychotherapy, without realizing that "nonjudgment" is itself a value.

It was the programmatic work of Milton Rokeach and his colleagues in the 1970s that first began to clarify the definition and measurement of values within the discipline of psychology. As Rokeach defined, "A *value* is an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence."[15] To presume that psychotherapy is value-neutral is, then, self-delusional. We may not yet have reached consensus on the essential

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11 See Rouner.

12 *Life*, quoted in E. W. Trueman Dicken, "Teresa of Jesus and John of the Cross," in *The Study of Spirituality*, New York: Oxford University Press, 1986, p. 366. According to Cortright (115), "All somatic approaches trace their lineage to Wilhelm Reich, ...now there are a number of body-centered approaches that integrate spirituality into bodywork. Some of these approaches include Hakomi, John Pierrakos' Core Energetics, Bodynamics, the Lomi school, Eva Reich's work, Jack Rosenburg's work, rebirthing, and, important to mention because of its great influence even though it is not psychotherapy, Charlotte Selver's sensory awareness." Cortright seems particularly impressed with the work of Hameed Ali, who writes of a "diamond approach" under the name of A. H. Almaas, a technique rather like the work of New Zealand native David Grove; see Cortright 90-93.

13 Bregman, 261.

14 Lovinger, 38.

15 Rokeach, 5.

values of our profession, or how these values should be implemented in a treatment context, but certainly values can be inferred from the way we work.

What could some of these values be? In a recent study of American psychotherapists reported by Allen Bergin, mental health included the following characteristics: being a free agent; having a sense of identity and feelings of worth; being skilled in interpersonal communication, sensitivity, nurturance, and trust; being genuine and honest; having self-control and personal responsibility; being committed in marriage, family, and social relationships; having a capacity to forgive others and oneself; having orienting values and meaningful purposes; having deepened self-awareness and motivation for growth; having adaptive coping strategies for managing stresses and crises; finding fulfilment in work; and practising good habits of physical health.[16] On some level we want our clients to be good, successful, and wise, just as we desire those values in ourselves. We want them to assume responsibility, to gain insight, to have personal integrity, to move toward more observable and functional individuation. Bregman comments, "therapists want their patients or clients to develop in certain ways, to become certain kinds of persons, to grow out of certain behaviors and attitudes."[17] Psychotherapy also seems to discount or downplay certain other values. "For instance, nowhere are purity, chastity, and righteous indignation therapeutic virtues, nor does reaching perfection appear as a valid therapeutic goal."[18]

In addition to attending to and understanding our clients' values, we need to do serious work on our own values, for repeated studies have shown that during the course of psychotherapy, clients tend gradually to adopt the values of their therapists, through the dual processes of transference and identification.[19] We need to discover and articulate both our professional values and our personal values. In the professional arena, we may look to our professional codes of ethics, for these often articulate values such as not exerting exploitative or injurious influence on someone with whom we have a fiduciary relationship, non-authoritarianism, keeping clear boundaries between our clients' lives and problems and our own lives and problems, and perhaps even "unconditional positive regard," itself a value as well as a technique. In the course of therapy, our clients' values change, particularly those values which brought them into therapy in the first place. If they are going to identify with and imitate us, we

16 Bergin, 394-395.

17 Bregman, 261.

18 Bregman, 263.

19 Worthington and Scott, 318.

need to pay close attention to the models of virtue which we are presenting. I am reminded of Paul Meehl's cogent proposition that "patients have a third ear too." Meehl was referring to the fact that patients identify value communications from their therapists, whether or not the therapist is aware of such communication.[20]

Some schools of psychotherapy are quite overtly value-oriented, though they remain the minority. These would include Ellis' Rational-emotive therapy, Glasser's reality therapy, Frankl's logotherapy, and Assagioli's psychosynthesis. But I believe that in the case of these schools of psychotherapy as well as all others, the question must be raised whether the values inherent in white Western psychotherapeutic thought are appropriate to any other culture, or indeed, even comprehensible. I will return to the issue of culture again later in this essay. In the meantime let me observe that in Aotearoa New Zealand, we live amongst many cultures for whom communal identity is much more valued than individuation, and indeed where the typical psychotherapeutic emphasis on individuation can produce significant cognitive dissonance. Every culture has some sort of religious or moral value system, and in fact, indigenous cultures of the South Pacific generally do not make a split between culture and spirituality, believing that their culture is inherently an expression of spirituality. Perhaps a future NZAP conference can be dedicated to cross-cultural issues in psychotherapy, at least for the benefit of those of us who live and work in the largest Polynesian city in the world.

Both spiritual and psychological traditions speak to what we are, to what is wrong with the human condition, and to the transformative possibilities open to us. Craig Ellison captures the overlap of psychotherapy and spirituality as they relate to values and well-being:

> It is the *spirit* of human beings which enables and motivates us to search for meaning and purpose in life, to seek the supernatural or some meaning which transcends us, to wonder about our origins and our identities, to require morality and equity. It is the spirit which synthesizes the total personality and provides some sense of energizing direction and order. The spiritual dimension does not exist in isolation from our psyche and *soma*, but provides an integrative force. It affects and is affected by our physical state, feelings, thoughts, and relationships. If we are spiritually healthy we will feel generally alive, purposeful, and fulfilled, but only to the extent that we are psychologically healthy as well.[21]

20 As quoted in Kelly, 172.
21 Ellison, 331-332.

Spiritual Themes in Client Narratives

In my teaching responsibilities at St. John's Theological College in Auckland, I often meet students who tell me that they are training just to deal with people's spiritual nature, and not their psychological problems, health problems, or social problems. I respond quite firmly that people simply cannot be compartmentalized that way. The many identities which human beings bear affect each other. It is very hard to be relationally unhealthy and spiritually healthy, for example, for the unhealthy aspects of ourselves tend to infect the healthy just as often as the healthy affect the unhealthy. From personal experience in therapy, I know that personal growth through therapeutic treatment almost always brings with it new spiritual insights, passions, and growth. So it isn't possible to treat someone spiritually without affecting other areas of their life, any more than it is possible to treat someone therapeutically without affecting their basic human values.

All this is to say that spiritual themes in psychotherapy do not always come in spiritual guises, and that some other material which is presented as religious is not about spiritual issues at all, but about psychological dysfunction. Let me illustrate:

> A homemaking wife and her retired husband present for long-term counselling. The wife's complaint is that her husband is possessed by demons and she is exhausted from repeatedly casting them out. She reports that just as soon as one demon is cast out, another takes its place. Upon further investigation, the therapist learns that their life together is otherwise extremely mundane, except for their involvement in a local charismatic Christian congregation at the wife's insistence. As each demon appears, the wife befriends it, learns its history, reads the scriptures to it, casts it out, and then can rejoice repeatedly with her church friends at her success, all the while complaining at how set upon she is by this repeating phenomenon. At last count, she had cast out over 175 demons from her long-suffering and extremely passive husband.

Is this a spiritual or religious issue, as it presents on the surface? My analysis is that it is not; rather, this is an issue of projective identification, with a highly bitter wife splitting off her own negativity and projecting it on to her husband, and then casting it out. The wife receives a great deal of attention from members of the congregation, has found a way to make her hum-drum life seem worthwhile, and retains extraordinary control over a situation which she describes as chaotic. While the therapist will want to address this couple, at least initially, in religious language, to look to the arena of spirituality for

insight will miss altogether the underlying dynamic of projective identification. In this case, a religious issue is at heart not a religious issue at all.

> A man in his mid-20s presents for treatment for mild depression. During the course of assessment, he mentions to the therapist that the only place he knows how to find a sense of calm is when he climbs to the top of a tree and sits alone for a long period of time.

This issue does not present as a spiritual issue, but in fact illustrates the deeply spiritual character of the young client. In this case, the therapist was able to help him explore the experience of climbing trees as a search for centering and inner strength.

> A woman in her 40s presents for therapy after the termination of her fourth marriage. The therapist works with her using a family systems genogram, which reveals a highly dysfunctional relationship pattern through at least three generations, focusing on her attachment issues. In the middle of a session in which the client is complaining again about how desperately she wants another husband, she suddenly interrupts the work, looks the therapist in the eye and says "What's the meaning of it all anyway? What's the purpose of living?"

The therapist, in this case trained in spiritual issues as well as psychotherapy, was able to recognize the woman's question as an expression of what Irving Yalom calls "existential loneliness."[22] Yalom's predecessor Carl Jung, at the end of his life, admitted that approximately one-third of the cases he had treated suffered "from no clinically definable neurosis, but from the senselessness and emptiness of their lives."[23] If, as some claim, spirituality is at heart "the confronting of existential questions,"[24] then when our clients express the meaningless and loneliness of their lives, we are again in the realm of the spiritual.

The client who climbed trees exemplifies a form of spirituality which is particularly common among New Zealanders. Joseph Price writes:

> Although nature is regarded by many monotheists as a manifestation of the sacred—as God's handiwork—it also can be perceived by secular persons

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22 See Yalom; see also Allen, pp. 57, 336-340. In *Transformations of Consciousness*, Wilber classifies existential loneliness as an existential pathology, but one with the potential for great reward if treated properly; see Cortright, 69.

23 Jung, 1939, 61.

24 Shfranske and Gorsuch, 237.

as an arena for spiritual encounter and rejuvenation. In and through nature, human beings can wondrously perceive modes and manners of life that differ quite markedly from their own. In so doing, humans have, at times, considered nature as a manifestation of Otherness, revering it as sacred.[25]

The use of nature themes, especially in guided imagery and in recollections of "peak experiences"[26] involving the out-of-doors comprise spiritual themes in client narratives.

For both men and women, athletic endeavour, sport, and the gym discipline may also indicate spiritual values. Sport provides an opportunity for an individual not only to leave a mark at least for the moment but also to assume control over personal destiny. The endorphin rush, the "running high," and the accomplishment of a "personal best" are all ways in which human beings learn to transcend themselves and touch the spiritual. One long-distance runner described it in this way:

> In the last half mile something happened which may have occurred only one or two times before or since. Furiously I ran; time lost all semblance of meaning. Distance, time, motion were all one. There were myself, the cement, a vague feeling of legs, and the coming dusk. I tore on ...My running was a pouring feeling. Perhaps I had experienced a physiological change, but whatever, it was magic. I came to the side of the road and gazed, with a sort of bewilderment, at my friends. I sat on the side of the road and cried tears of joy and sorrow. Joy at being alive; sorrow for a vague feeling of temporalness, and a knowledge of the impossibility of giving this experience to anyone.[27]

Spiritual themes in client narratives, then, are not limited to the overt discussions of spirituality or religion, but may also include stories of experience in nature, athletic achievement, existential loneliness, commitments and passions, and the journey toward an integrated sexuality.[28] For this reason, Mary Louise Bringle suggests the construction of a sixth DSM axis. To account for what it calls the *biopsycho-social* reality of any clinical disorder, the DSM presently structures client diagnosis along five axes:

Axis I - the focal syndrome being presented;
Axis II - any personality traits or developmental problems which seem to

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25 Price, 417.

26 See Maslow.

27 Spino, 224-225.

28 The literature on the construction of narratives in psychotherapy is expanding exponentially. For those unfamiliar with this field, a useful introduction can be found in Murray and in Culbertson (1999).

undergird it;

Axis III - general medical conditions, including any aggravating physical problems;

Axis IV - stresses in the patient's social environment; and

Axis V - the person's degree of overall functioning or impairment.

What we might note as significantly absent from this axial diagnostic structure is the further dimension of *spirituality*, which Bringle calls Axis VI.[29] David Elkins and his colleagues provide a rationalization for Bringle's suggestion:

In their quest for a life of depth and meaning, it seems there is a growing number who are pursuing alternative spiritual paths and nurturing their spirituality in ways they are discovering for themselves. The spiritual development of these people deserves to be treated with respect and sensitivity by those studying spirituality. But if psychology uses definitions, models, and assessment approaches to spirituality that confuse it with religious beliefs and practices, it will only discount and misunderstand the spirituality of these people.[30]

Constructive and Destructive Spiritualities

Earlier I cited Craig Ellison's opinion that "If we are spiritually healthy we will feel generally alive, purposeful, and fulfilled, but only to the extent that we are psychologically healthy as well."[31] In this multicultural city, in a multicultural world, we must remain aware that the measures of both spiritual health and psychological health are culturally relative. Every culture has its own moral and religious or spiritual values system, and each understands the interplay between culture and spirituality differently.

Because we tend to understand best and to read most widely in our own white Western literary tradition, we may easily fall prey to the assumption that the emergence of spiritual consciousness in a human being marks an advanced state of psychological health. Certainly this is the assumption of Ken Wilber.[32]

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29 Bringle, 332. Of course the DSM-IV provides a useful new category entitled "Religious or Spiritual problems" which merges two distinct reasons for a medical consultation—the psycho-religious and psycho-spiritual. "Psycho-religious problems are those restricted to the beliefs and practices of organised churches or religious institutions (e.g., Christian, Muslim, Hindu), such as loss of faith, intensification of religious practice and conversion to a new faith. Whereas psycho-spiritual problems include a person's reported relationship with a Transcendent Being or Force which is not necessarily related to participation in an organised church or other religious organization"; see Cox, 158-159.

30 Elkins, Hedstrom, Hughes, Leaf, and Saunders, 16.

31 Ellison, 331-332.

32 Wilber's schema is summarized in Cortright, 67.

Wilber's overall map is simple in structure, although complex in its details. In *Transformations of Consciousness*, Wilber links his basic spectrum of consciousness to meta-spectra of development, psychopathology, and psychotherapy. He uses the kind of developmental model that was pioneered in psychology by Freud for ego development and by Piaget for cognitive development, all of which were based on Western models of increasing individuation from family-of-origin, community, and other relationships. Wilber insists that people must pass through his first six developmental stages before they can be spiritually aware. Brant Cortright points out, however, that "Wilber's model is tantamount to saying that the only people on earth who can be spiritual are those middle- and upper-middle class Americans and Europeans who have the access to therapy, and the time and financial resources to allow them to spend years working through their wounds and neurotic difficulties. Individuals in all other cultures, classes, and periods of history are doomed to be unspiritual."[33] This, of course, is ridiculous; to believe that spiritual attainment is the right only of the psychologically "well adjusted," by Western standards, does not square with the facts. "Saints and sages come in all sizes, shapes, and diagnostic categories,"[34] and spiritual themes, needs, and crises can emerge at any point along someone's personal line of human development. In treating clients, we need to beware both simplifications and hierarchical schema of progression. Most are products fundamentally of Greek logic.[35]

So contrary to Ellison's opinion that spiritual health and psychological health go hand in hand, Cortright reminds us some of the greatest mystics in human history appeared to be quite psychologically unstable.[36] Cortright remarks:

> The greater the degree of connection with the spiritual foundation of consciousness, the greater the spiritual realization. It is important to note, however, that full connection to spirit does not guarantee perfect mental health. The spiritual literature contains many examples of highly unstable, tortured people who also had a high degree of spiritual attainment. The ideal would be both great cohesion of the conditioned part of consciousness, that is, the self, along with a free, unobstructed connection to the unconditioned, spiritual being underlying this surface self.[37]

33 Cortright, 76-77.

34 Cortright, 78.

35 Wilber attempts to distinguish between good ("actualization") hierarchies and bad ("domination") hierarchies, though his argument is less than convincing. In either case, the message of most hierarchies is that "we're not there yet," and they are thus quite disempowering for clients. See Cortright, 72.

36 For example, St. Francis of Assisi, who is usually pictured as a gentle man tending to the needs of the birds and small animals. Francis was in fact a highly eccentric person, given to fits of rage and acts of violence, however parabolic his intention. See Culbertson, 1995b.

37 Cortright, 48.

However, neither we nor our clients always present with the ideal cohesion in place. In fact, psychotherapists should be ready to admit that at times, it is by embracing the worlds of religion and spirituality that our clients provide enough structure to defuse their own pathologies somewhat. Worthington identifies four themes inherent in Western views of religion that seem equally relevant to spirituality. First of all, there is an attempt to relate one's self to powerful, determinant, or mysterious elements beyond one's control, to understand or deal with what is unknown or unanswerable. Second, religion or spirituality provides hope and reassurance, especially in the face of uncertainty or distress. The third function is the satisfaction of important personal needs. Religion or spirituality provides individuals with a sense of purpose or calling, with an affirmation of their efforts beyond immediate, extrinsic rewards (e.g., money, fame), and with a sense of self-esteem or "spiritual worthiness." Finally religion or spirituality provides connections to others. It often allows a person to identify with a community of "like-minded' individuals. In summary religion and spirituality usually provide meaning, hope, esteem, and a sense of belonging.

In the best of all possible worlds, a client's spirituality emerges, or unfolds, step by step, in a pattern consistent with his or her psycho-social development. The timing should be in synch so that the client can welcome the transformative power of the experience at work on the consciousness.[38] However, sometimes "spiritual emergence" becomes "spiritual emergency," when a client's spiritual awareness is quite out-of-synch with spiritual development, for reasons which range from the medical to the mysterious.[39] The wordplay "spiritual emergence/ spiritual emergency" is often attributed to Stanislav and Christina Grof, who have written a book by that same name. As widely known as is their systemization of types of spiritual emergency, other writers, including Ken Wilber, Jack L. Rubins, and Paul Pruyser, have also attempted to alert therapists to various types of emergencies and their appropriate treatments.

Cortright points out how seldom we stop to consider these "dark sides" of spirituality, or what might be called in another word-play, "the shadow of the transcendent".

> People generally think of the spiritual path as safe—if not easy, then at least
> a protective haven from the existential insecurity of life, a soothing balm
> from the inevitable anxieties, fears, and pain of living. But like any great

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38 Cortright, 158-59; see also Perry, 67.

39 On the critical stages through which spiritual awareness unfolds, see Assagioli, 31.

endeavour, the spiritual journey also has its risks and dangers. Spiritual traditions throughout the world speak of these dangers and over centuries of spiritual practice have evolved ways of dealing with them.[40]

Spiritual emergency refers to how the self becomes disorganized and overwhelmed by an infusion of spiritual energies or new realms of experience which it is not yet able to integrate. Alternatively, it can refer to a perversion of traditional religious values in various forms of narcissism, ego-inflation, ego-destruction, and despair. What usually precipitates spiritual emergency is trauma (including abuse as a child) or some sort of stress, a time when the person's defences and inner resources are weakened and more vulnerable. Cortright comments, "This seems comprehensible since it may be this very vulnerability or 'thinning' of the person's ego structures that allows spiritual experiences past the usual filtering mechanisms of the psyche."[41] In other instances, physical factors such as a disease, accident or operation; pharmacological factors such as conflicting interactions between medications; or prolonged physical exertion and lack of sleep can produce a spiritual emergency. One of the most important catalysts of spiritual emergency seems to be deep involvement in various forms of meditation and other spiritual practices.[42]

Episodes of "non-ordinary states of consciousness" cover a very wide spectrum, from piously exaggerated Christian self-sacrifice to encounters with UFOs. Some spiritual states have pathological or psychotic overtones and others do not. What is a symptom in one person may be a coping mechanism for another, depending on a variety of factors including culture, personal history, community values, and therapist bias. Grof and Grof point out that "While traditional [psychotherapeutic] approaches tend to pathologise mystical states, there is the opposite danger of spiritualising psychotic states and glorifying pathology or, even worse, overlooking an organic problem."[43]

Christians will not necessarily recognize their own spiritual practices in Grof's list of emergencies. However, a concentration on the symptomatic behaviour, rather than Grof's idiosyncratic vocabulary, reveals that some of these "emergencies" may well be within the norm of traditional Christian practices. The shamanic crisis can resemble the visionary journeys of the medieval

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40 Cortright, 155.

41 Cortright, 160.

42 Grof and Grof, 8.

43 Grof and Grof, xiii. On the distinction between psychosis and mystical experience with psychotic features, see Lukoff.

mystics. The kundalini sounds like Shaker spirit dancing, charismatic ecstasy, or some of the manifestations of the Toronto Blessing. Unitive consciousness seems to parallel the Christian desire to merge with God, or perhaps Wesleyan pietism. The experience of the cosmic battle between Good and Evil describes some Christians' adult conversion experiences, and is a scenario familiar from the Bible and the Dead Sea Scrolls. Psychic opening resembles some forms of prophetic utterance, particularly known in charismatic congregations as "the gift of prophecy." Communication with spirit guides is not far removed from certain types of intercessory prayers to the saints and the Blessed Virgin, or from glossolalia (speaking in tongues). In 2 Cor. 12:2, St. Paul speaks of a person who was "caught up to the third heaven," which some commentators interpret as describing a Near Death Experience. Possession states are quite common among Pentecostal forms of Christianity, including the casting out of demons and being slain in the spirit.[44] Psychotherapists again must be careful to understand the prior religious or spiritual culture of their clients, for what is a spiritual emergency for one might be "normal" behaviour for another.[45]

The treatment of spiritual emergencies is generally reserved to skilled experienced practitioners.[46] Grof, Laing and Wilber all emphasize that while an emergency is a crisis, it is not necessarily a disaster. R. D. Laing comments: "Madness need not be all break*down*. It is also break*through*. It is potentially liberation and renewal, as well as enslavement and existential death."[47] The difference between breakdown and breakthrough is the same as between destructive and constructive spiritualities. Few of the above can always and categorically be described as destructive spiritualities, particularly if the therapist is already experienced in his or her own spiritual emergence. According to Grof and Grof,

> The most important task is to give the people in crisis a positive context for
> their experiences and sufficient information about the process they are

44 Interestingly, two of Grof's categories seem to me to be anathema to Christians. Past-life experiences seem to deny the forward thrust of heilsgeschichte ("holy history") as well as the process theology of Whitehead and de Chardin. Close encounters with UFOs clearly deny that humanity as we know it is the intended crown of all that God has created, though of course this "theology of subordination" is now almost completely rejected by those who are ecologically conscious.

45 Lowenthal, 164-165.

46 Rebillot (214) suggests that personal experience with spiritual emergency is the best qualifier for therapists working with spiritual issues: "The Buddhists say that one of the basic fears is the fear of unusual states of mind. We fear these in ourselves, and we fear them in others. A way to deal with that fundamental fear is to experience an unusual state of mind in a safe situation, in order to discover how to go into it and, most important, how to come out of it." When therapists feel unsure about their clients' spiritual material, consultation with trained religious professionals may be appropriate.

47 Laing, 54.

going through. It is essential that they move away from the concept of disease and recognize the healing nature of their crisis. Good literature and the opportunity to talk to people who understand, particularly those who have successfully overcome a similar crisis, can be invaluable.[48]

This treatment approach demands an open and trusting relationship between therapist and client, a great deal of patience, and the wisdom to see a way ahead to integration of the spiritual experience in a manner consistent with the client's developmental stages in other areas of the wholeness wheel. It is the mutuality of response between us and our clients which often determines whether the outcome of an emergency is destructive or constructive.

Though Grof and others are often lumped with transpersonal psychology, many of the treatments for spiritual emergency demand a strong concentration on the needs of the physical body. Chandler, Holden and Kolander speak of "grounding" as the process by which spiritual emergence is slowed down to a manageable pace. They cite Ram Dass, who when asked the best response to someone overly concerned with spiritual pursuits, replied "Come on, get your act together, learn your zip code, go get a job!" In his inimitable way, Ram Dass was exemplifying the value of spiritual pursuit which is in balance with the other, personal dimensions of wellness.[49] Grof and Cortright both speak of the importance of changing diet, eating heavy foods to weigh the body back down, or sleep, or other forms of bodywork. They advise stopping all forms of medication, and all forms of meditation, until the emergency is back under control.[50] Treatment for spiritual emergency also often involves education, explaining to the client in complete detail what he or she is experiencing and how better to integrate it.

This emphasis on spiritual emergence and emergency within psychotherapy needs to be balanced with some basic cautions about bypassing, perseverance, and the possible conflict of values between therapist and client. "Bypassing" is a term which Cortright uses to describe the act of cloaking defensive avoidance in spiritual ideas or religious language. "Spiritual bypassing takes spiritual language and concepts to 'reframe' personal issues in the service of repression and defence, a kind of transpersonal rationalization."[51] Perseverance in this case refers to the client's attempts to prolong spiritual conversation and exploration as a form of resistance to the therapeutic task. Bergin reminds us that within the areas of values, religion, and spirituality lie many deeply-held,

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48 Grof and Grof, 192.

49 Chandler, Holden, and Kolander, 172.

50 Grof and Grof, 196; Cortright 173-177.

indeed almost irrationally held, beliefs. This has even more potential for problem if the therapist and the client are both well-educated in religion or skilled in spirituality, but come from contradictory points of view:

> Although religious therapists often have a strong interest in value discussions, this can be problematic if it is overemphasized. It would be unethical to trample on the values of clients, and it would be unwise to focus on value issues when other issues may be at the nucleus of the disorder, which is frequently the case in the early stages of treatment. It is vital to be open about values but not coercive, to be a competent professional and not a missionary for a particular belief, and at the same time to be honest enough to recognize how one's value commitments may or may not promote health.[52]

What then does this "health" of which Bergin speaks look like? In order not to limit "health" to cultural imperatives which may be inappropriate for some clients, we must be careful how we answer. I suggest that on a universal level, health should be defined as integration, courage, self-awareness, commitment, creativity, and healing. You may wish to add your own terms. I have intentionally avoided words like individuation, differentiation, and self-determination, for while these may be very helpful goals for our Pakeha clients, I think we have to beware applying them to our non-Pakeha clients as therapeutic aims.[53]

Training In Spirituality And Counselling

Most of the training programs for psychotherapy in New Zealand do not include a component dedicated to the relationship between therapy and spirituality. This is surely due, in some part, to the medical model's influence within psychotherapy. But it must also be in part due to the types of people who chose to train as psychotherapists. Repeated studies in America, England, and Europe reveal that psychotherapists are for the most part much less religiously or spiritually oriented than their clients. Often this is termed "the religiosity gap."[54] John Cox draws our attention to the danger inherent in our

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51 Cortright, 210.

52 Bergin, 399.

53 An excellent recent book which looks at how definitions of "differentiation," for example, might look across a variety of cultures is Matsumoto. The diagnosis and treatment of non-Pakeha clients is of great urgency in Aotearoa New Zealand. The recent legal case involving a defence of "makutu" raises questions about spiritual emergencies which are outside normal psychiatric diagnostic categories recognized by the courts. See Knight, Young, and Revington.

54 Shafranske and Gorsuch, 239-240; Bergin, 396.

generally disinterested professional stance: "It is evidence of an 'unmet need' for patients as the relevance of their own spirituality to the understanding of their 'illness' may not be recognized by an unsympathetic health worker."[55] Other therapists, sympathetic to spirituality but ignorant of religious traditions, may also shy away from parts of the client's narrative. Vicky Genia explores the reasons for this:

> Many therapists are empathic toward a religious perspective but do not feel competent to address religious issues with clients. This lack of confidence is due partly to the fact that secular psychotherapists receive limited, if any, formal religious training, education in the psychology of religion, or preparation for dealing with religious issues in clinical practice. Thus, the reluctance of some psychotherapists to tackle religious issues reflects a realistic response to their limited education and training in the area of psychology and religion. Indeed, responsible assessment of competency is in conformity with professional ethics.

Our training program, the MTheol in Pastoral Counselling, taught jointly with the Masters in Counselling training programme of the University's Faculty of Education, includes a required semester-long paper in counselling and spirituality. There, students address spirituality and religious issues in five ways: through formal lectures and seminars exploring some of the professional literature,[56] by identifying their own sense of "place," by writing and critiquing a spiritual autobiography, by interacting with each other's differing perceptions and values in the classroom, and by analysing case studies from their own practices.

In identifying a personal sense of "place," we begin with Professor Hong-Key Yoon's essay on what he calls "Maori geomentality."[57] We discuss how a people define themselves according to a particular mountain, river, or other geographical landmark. We ask students to name the type of place in which they feel most whole, and then to narrow the exploration through describing a peak experience which took place in a specific location. In this way they begin

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55 Cox, 157.

56 Textbooks for the paper include *The Image of God: A Theology for Pastoral Care and Counseling* by Leroy Howe (Nashville: Abingdon, 1995), *Mental Health and Religion* by Kate Miriam Loewenthal (London: Chapman and Hall, 1995), *Working with Religious Issues in Therapy* by Robert Lovinger (Northvale: Jason Aronson, 1984),*Stories We Live By: Personal Myths and the Making of the Self* by Dan McAdams (New York: William Morrow, 1993), *Psychoanalytic Object Relations Theory and the Study of Religion* by John McDargh (Lanham: University Press of America, 1983), and *Religious Autobiographies* by Gary L. Comstock (Belmont, CA: Wadsworth, 1995).

57 Yoon, "Maori Identity and Maori Geomentality."

to develop a sensitivity to space, place, and "belonging" as spiritual narratives, and begin to understand the power of spirituality in their own lives.

Having taught the paper now twice, I find that students are fairly evenly divided between those who self-identify as Christian, and those who self-identify as deeply spiritual but ex-Christian. For some of the Christian students, this is the first time they have had to encounter directly others who identify as New Age, Wicca, or neo-Buddhist. Encountering and processing otherness in the classroom is a critical component of our educational program, and must be monitored carefully to discourage cultural imperialism and "spiritual re-colonization." In general, our stage 3 and 4 papers are taught from a interpersonal approach, on the assumption that some of the best training materials are already present in the classroom.

One of the most interesting exercises is the writing and critiquing of one's spiritual autobiography. Students are directed to complete a 3000 word, first-person spiritual narrative, usually concentrating on one to three seminal events in their personal spiritual development. They are then instructed to stand back from that written narrative and to dissociate from it enough to be able to see the narrator/client at work, and then respond as a counsellor or therapist to the narrative presented. Often students describe this as one of the most disturbing yet rewarding assignments of their educational career. Of course, to mark a graduate student's essay on something as personal as a spiritual journey is delicate. The stated marking criteria are not whether the marker considers the student's spiritual stance to be valid or defensible, but on how successfully the student has externalized that journey and then examined it critically.

Finally, as student sensitivity to spiritual and religious client narratives grows, they begin to bring case studies and summaries from their own practice to the classroom, protecting confidentiality of course. These are enriched by similar studies from my own experience, giving us an opportunity to share possible strategies, interventions, and goals in working with client spirituality.

Conclusion

Let us return to the story with which we began, of the four rabbis who sought to enter paradise. How can we understand their story in light of the subsequent content of this article?

Ben Azzai peered and died. Perhaps the meaninglessness and senselessness of his life—the existential loneliness of which Yalom speaks—became too much for him, and in his alienation he lost his will to live. Despair is a spiritual theme,

sometimes called "the dark night of the soul," and we all know that one solution to despair, too often chosen in New Zealand, is suicide.

Ben Zoma peered and went mad. We have seen how difficult it can be to distinguish between a psychosis with religious manifestations and a spiritual experience with psychotic overtones. As well, the dis-integration which results from spiritual emergency runs the risk of becoming more than temporary if it is not handled correctly. We know how many of our mental institutions are filled with patients whose overt expression of their madness takes on religious form.

'Aher peered and hacked down the plantation. Spiritual emergence which is unaddressed or misunderstood can be highly destructive. Without a container, without grounding, the client has no opportunity to integrate spiritual emergence into his or her self-narrative. Such lack of focus and wholeness can result in destruction of the client, and even of generations to come.[58]

Only Akiba went in in peace and came out in peace. Perhaps he prepared himself by understanding that spiritual emergence and spirituality are natural and integral parts of any developing human identity, expressed in many varying forms that are consistent with the surrounding culture and community and one's personal history and values.

I do not wish, in closing, to dismiss the value of traditional religious expression. After all, our four rabbis were attempting to engage the spiritual realm as it was understood by the normative religious tradition from which they derived their authority in the first place. But "Churches and temples do not have a monopoly on spirituality or on the values that compose it. These [values] belong to humanity and are not the exclusive possession of organized religion or of traditionally religious persons."[59] The spiritual narratives of our clients are more difficult to recognize because often they do not take on the forms and vocabularies which we ordinarily associate with religion. "They are secular reorderings of inner life and self-understanding, in an era when religious frameworks no longer can be assured of universal acceptance.[60] However, because these clients do not have the support or encouragement of institutional

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58 One form which this intergenerational destructiveness might take is the "religious abuse of children." This may manifest as physical beatings ("spare the rod and spoil the child"), emotional abuse (using fear of damnation or expulsion from the community to control a child's behaviour), or mental abuse (the oppressive application of hierarchical and patriarchal structures of authority, justified by reference to the Bible). See Capps.

59 Elkins, Hedstrom, Hughes, Leaf, and Saunders, 6.

60 Bregman, 255.

directions and disciplines, we as therapists may become the available or preferred source of that safe holding environment within which they can mine the riches and dangers of emergent spiritualities.[61] This can happen only if we recognize the shadow of the transcendent lurking in the corners of our clients' lives, and then call that spirituality out into the sunshine.

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61 See Ingersoll, 1994, 105-106, who argues that personal spirituality does not always provide a social identity, and by spirituality's tolerance of greater diversity, may not immediately help people feel rooted.

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