

Religious Patients and Secular Therapists – an Ethical Challenge

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Characteristics of religious persons

Structured descriptions – «centrality concept (Huber 2003) – some aspects:

- *My faith provides answers to many questions regarding the meaning of life*
- *My religious convictions are what is really the foundation of my life*
- *I am reading books about my faith or my church*
- *It is important for me to take time for personal thoughts on my faith and for devotions*
- *I am trying to apply my faith to all areas of my life*
- *The presence of a divine being has been a strong personal experience at times.*

FURTHER ASPECTS

- *Submitting to rules about clothing, food and religious holidays*
- *Regular exercise of prescribed prayers*
- *Participation in religious holidays*
- *Rejection of activities, which are seen as hindering religious life*
- *Questions of sexuality, dating and choosing a partner*

Secular psychotherapy?

- Different socialization – scientific world view
- Different focus in life – western individualism
- Antireligious tendencies (Sigmund Freud and others) as a historical concept of psychoanalysis
- Prejudice against religious people caused by negative encounters, reports of destructive, restrictive religiosity
- STUDIES:
 - » *Bergin & Jensen (1990); Delaney et al. (2007)*
 - » *Religiosity of Clients is higher than rel. of therapists*

Topics in highly religious patients

- Religious dominance of everyday life
- Importance of religious leaders (Priest, Rabbi, Pastor, Imam) and theological guidelines for opinion and personal behavior.
- Demarcation from differing world views: We and the others.
- Sexuality and choosing a marital partner (e.g. orthodox Jewish culture, Indian caste system).
- Intensity of religious experience (e.g. charismatics, mysticism) and overlapping with psychiatric conditions.
- Rejection of psychology, psychotherapy, and psychiatry.
- Expectation of healings and miracles
- Systemic aspects of family structure and family honor.

Special Questions

1. The problem of suffering

Why does God allow pain? (negative events, trauma, impairment)

2. Pathways to care

Hoping for a miracle through spiritual interventions, a special blessing, religious pilgrimage. ----- pathways to care (comparable to concepts of traditional folk medicine)

3. Spiritual Struggle

The interpretation of mental conflicts as “spiritual struggle / Satanic temptation” (cf. Exline & Pargament)

4. Importance of prayer

Dialogue with God / Religious duty

5. Ethical / moral guide-lines / taboos:

“Mortal sins”, prohibition of other world views or conversion (e.g. to Christianity, in Islam); Mating rules; threats of condemnation in case of trespass.

Respectful Regard

- It would be presumptuous to regard highly religious patients as the measure of bliss or calamity of religious life style in general.
- Even if religion may seem to be strange or constrictive for the external observer, this does not exclude high satisfaction of life.

«Only what we regard
in a respectful way,
is opening to us.»

Objections against psychotherapy

The secular therapist ...

- Could look into my emotional life too deeply.
- Could change my personality
- May reject my spiritual values / despise me
- May change my values in a way that I would transgress my religious ideals
- May not approve of my religious fellowship
- May use (esoteric) therapeutic techniques, which are incompatible with my faith

- STUDIES:
 - » *Belaire et al. (2002 and 2005)*
 - » *Rose E, Westefeld J, Ansley T (2001)*
 - » *Mohr D et al. (2006)*

Muslim fears against therapy

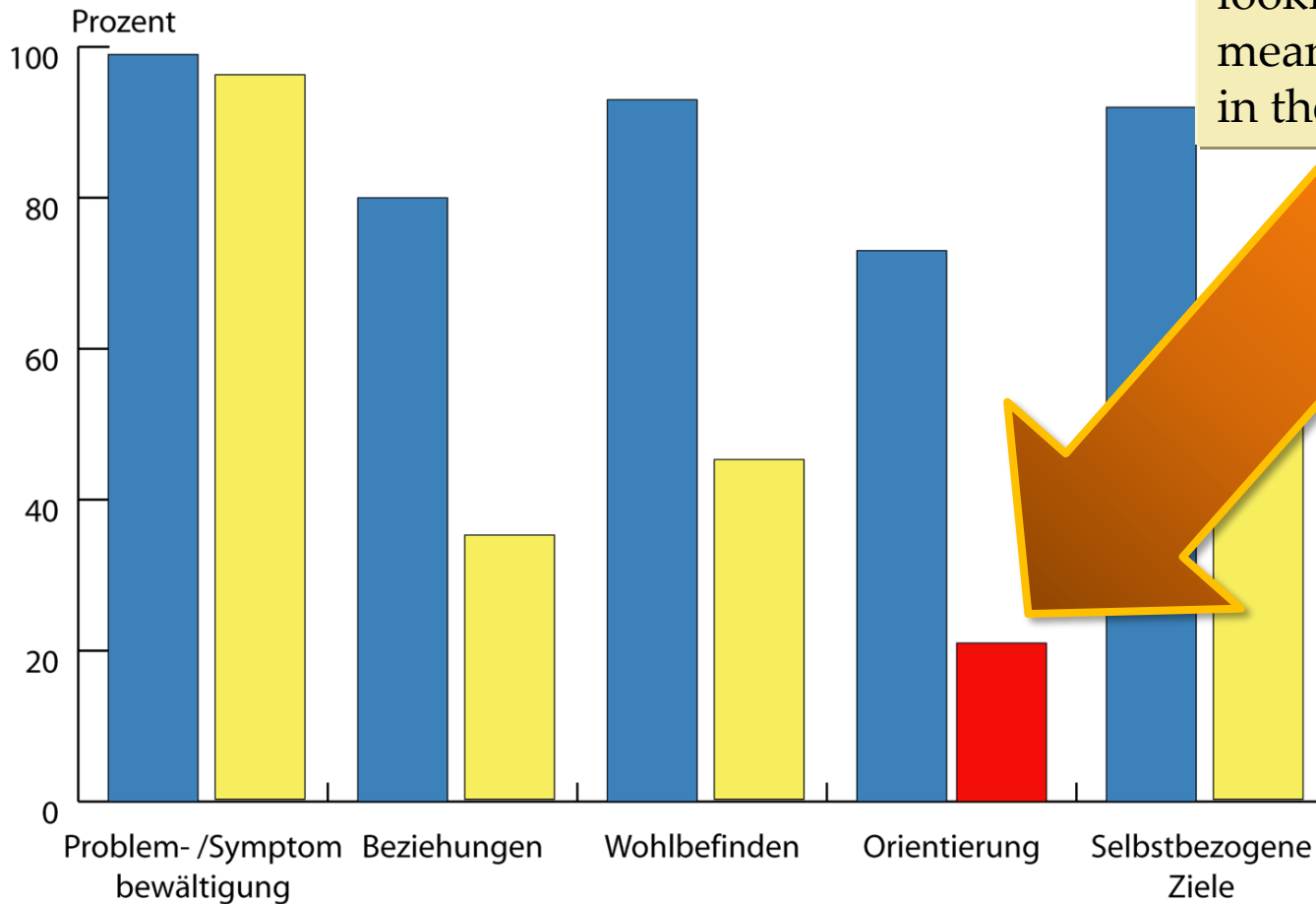
- „The doctors do not know my religion and will not understand me.“
- „The doctors will give me advice which I cannot follow as a Muslim. “
- „Therapy will lure me away from my religion.“
- „I am afraid that the doctors will not respect my religion.“
- „Always it’s my religion, which is blamed for my problems!“

(compiled by Laabdallaoui und Rüschoff 2010, p. 31)

Cults / Religious sub-groups

- „We were not allowed to get help from outside our fellowship, as perfect divine help has to be demonstrated for outsiders. Where God is leading directly, there can be no contradiction and no disharmony. And if so, the Devil is involved. If you have problems, you are lacking faith! “

Goals in psychotherapy



■ Angekreuzte Therapieziele
■ Fünf wichtigste Therapieziele

M. Grosse Holtforth & Grawe 2001



How can we approach the topic

- in a culturally sensitive way
- in ethical responsibility
- with a focus on therapeutic goals?

Expectations in Therapy

With the help of Psychotherapy I would like ...

- To better cope with my problems in family life / at the workplace
- Reduce my emotional swings
- Reduce my troubled thoughts, my ruminations, my worries
- Learning strategies against my fears
- Become happier and more active
- To work through my divorce
- Better cope with stress
- Overcome my “exam nerves”

- More examples ...

General
improvement of
personal functioning

Religious Struggles / Conflicts

Research by J. Exline and K.I Pargament 2013 / Pfeifer 2009

- **Religious doubt**
- **Instability in perceived relationship with God**
- **Anger/disappointment toward God**
- **Religious fear and guilt**
- **Life satisfaction**
- **Demonic causal attributions**
- **Interpersonal disappointment (with fellow believers)**
- **Moral conflicts**
- **Explaining life and negative events**

Exline JL, Pargament KI, Grubbs JB & Yali AM (2014).

Paradox in Psychotherapy

- On the one hand desire for problem resolution
- On the other hand retaining maladaptive patterns (in Psychodynamics, relations or spiritual issues)

«A constant battle between the analyst and the resistance of the client.» (Menninger)

- Danger: Focus on resistance instead on resources.

Guidelines

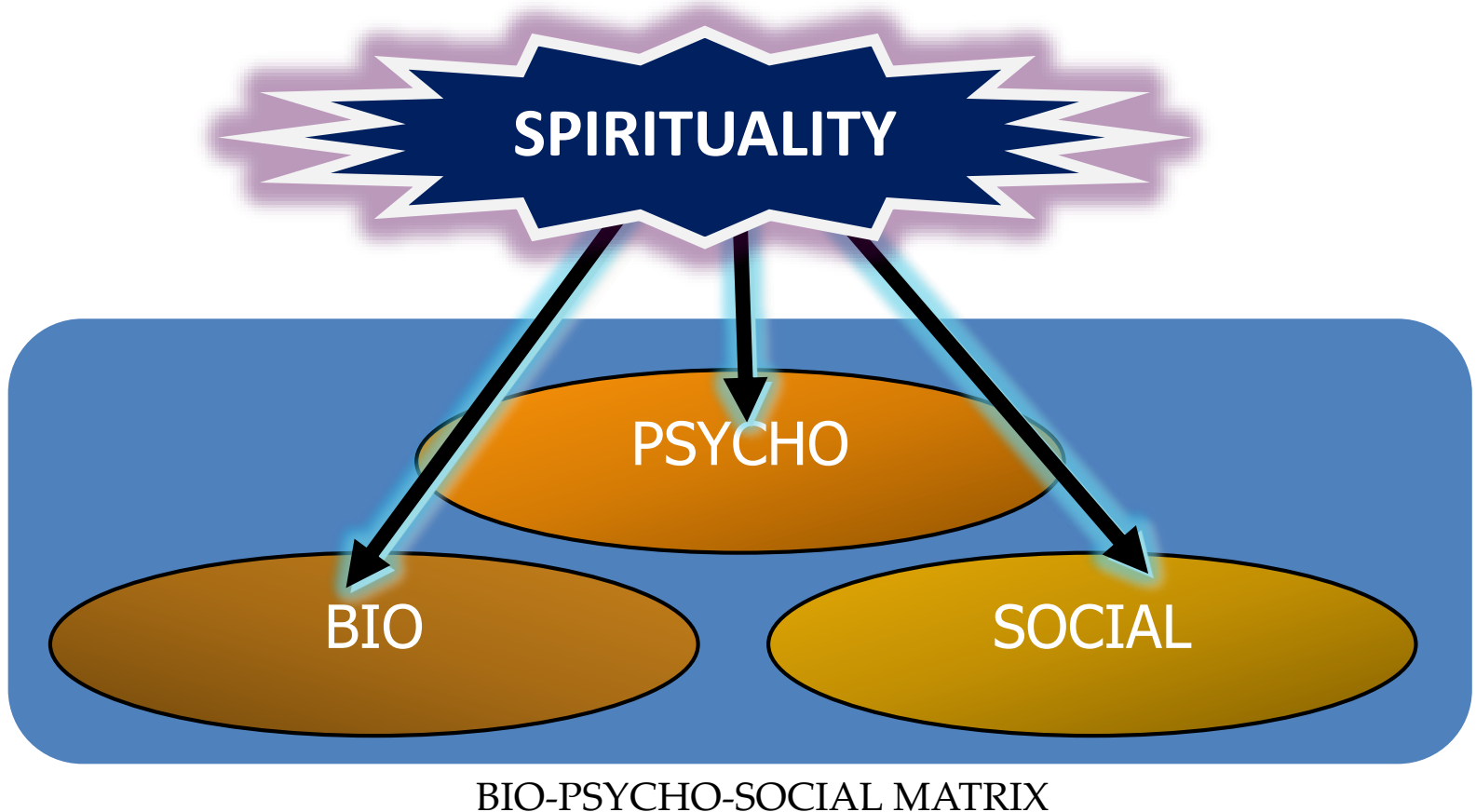
- Empathy before Exploration

- » *Only if patients feel that we are truly interested in their struggles, will they open up in psychotherapy*

- Spirituality in context

- » *The primary goal of psychotherapy is not spiritual guidance but the alleviation of suffering, strengthening the person, giving perspective and hope.*
 - » *Spirituality is only explored insofar as it helps to improve general coping.*

The locus of spirituality in the bio-psycho-social model



Approaching spirituality



- Listening to «spiritual cues»
- Existential Exploration (Griffiths)

Danger of «spiritual counter-transference»:

- Heightened emphasis on spiritual issues because of your personal interest.
- Losing sight of central therapeutic goals.

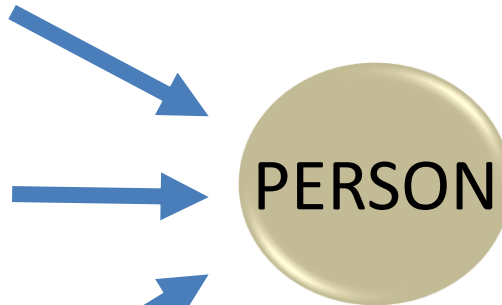
Religion as environmental conditioning/ as theme in therapy

CONDITIONING

Subcultural Socialization*

Pathogenesis /
«Spiritual Struggle»

Traumatization
(Spiritual Abuse)



THEMES

Psychodynamics / Role
Behavior

Faith as Coping

Conflict Management /
Psychopathology

What is helpful – destructive ?

* In the context of the prevalent
culture

The highly religious patient in therapy is...

- A suffering person (often with religious „idioms of distress“).
- A person with subcultural values / history.
- A person in conflict (within him/herself, with his/her religious values and with his / her environment /peers).
- A person who experiences weakness, in which the promises and the coping strategies of religion do not really help.
- A person with the desire for love and happiness (perhaps in contrast to religious rules and laws).
- A person with his / her «shadow», i.e. destructive tendencies, impulses and desires, which are not compatible with religious ethics.

Ethical Attitude



Plante TG (2007) Integrating spirituality and psychotherapy: ethical issues and principles to consider. Journal of Clinical Psychology 63:891-902.

- Respect
- Responsibility
- Integrity
- Competence
- Concern

NOTICE:

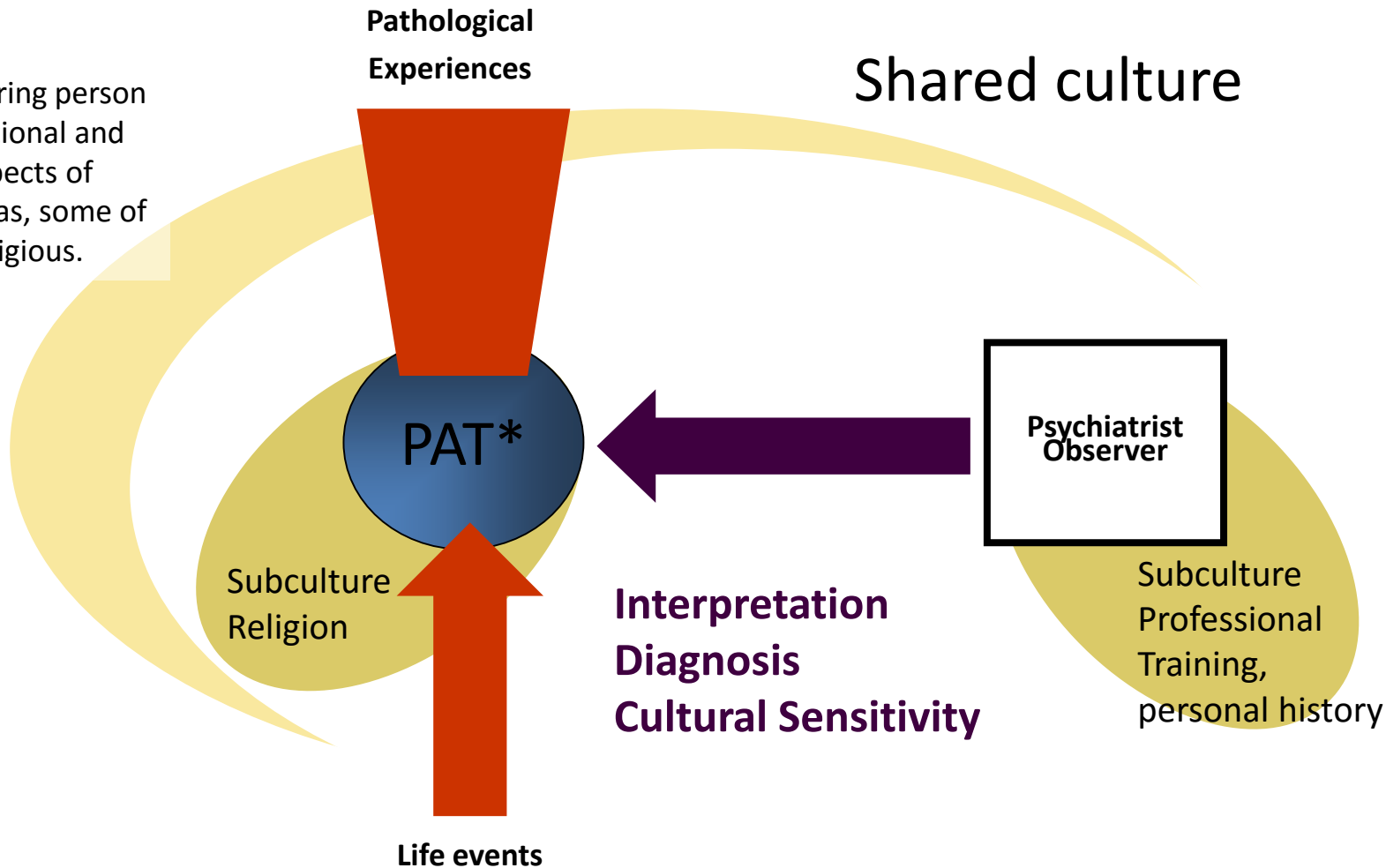
- Tension between religious duties and damage to health and existence
- Role Conflicts

Religion as a meta-therapeutic topic

- Religion should only be addressed in therapy if it is brought up by the patient.
- Religion is not a shared spiritual practice / ritual in the context of the therapeutic setting.
- Religion as meta-therapeutic topic: «Talking about religion», but not «Practicing as a religious ritual».
- Exceptions:
 - » *Mindfulness Exercises, if possible with minimal religious connotation*
 - » *Prayer in individuals who explicitly do wish prayer (e.g. at the end of a session cf. Weld & Eriksen 2007)*

Culture and the Interpretation of Rel. Phenomena

* PAT = The suffering person shows both functional and dysfunctional aspects of behavior and ideas, some of which may be religious.



Intercultural Competence in Psychotherapy

- Curiosity and value-free interest in the religious life of a person.
- Respectful balance between useful and hindering aspects of religious convictions. (Griffiths 2013)
- Open discussion of positive emotions, be it independent of religious premises (“I am free to do so!”) or in a different view of a loving God, who wants my personal happiness.
- Refrain from touching religious laws, if they are viewed as fundamental and indisputable.

Integrity

- The therapist may indicate that he / she cannot share religious presumptions, but that she / he tries to understand why religion is important to the patient.
- «Temporary suspension of unbelief» on both sides(Bilu & Witztum 1993)
- Clear therapeutic attitude, combined with warm interest in the personal experience of the client.



The End

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www.samuelpfeifer.com

Abstract

- There is a substantial degree of anxiety regarding psychotherapy. Individual fears and subcultural reservations play a major role. In religious patients, the question of the acceptance of their values is essential. Research has shown that psychotherapy can never be completely unbiased. Although therapists try to have empathy with their clients, they will not be able to conceal their personal background of values completely. This creates a highly loaded network of countertransference and value considerations. Therapy thus becomes an art to develop a common ground of change and to evaluate in which way religious assumptions can serve as helpful or as dysfunctional factors which have to be modified. Clinical examples illustrate the ethical tensions and serve to develop basic guidelines in dealing with religious patients.

Further Literature

- If you are interested in further literature, please address your request to my E-Mail:

samuelpfeifer@gmail.com