

Session 19: SPIRITUALITY AND PSYCHOTHERAPY

SPIRITUAL PATHWAYS: AN INTEGRATIVE MODEL FOR SPIRITUAL DEVELOPMENT

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In the lecture I will present a new tentative model of spiritual development based on a phenomenological study with adults who have undergone spiritual change and insights from other models and extant research. Specifically, spiritual development was experienced more as "work" than a path or journey. Three major "spatial" dimensions of spiritual growth and development emerged: Up and beyond towards connecting to the transcendent, Deep within to cleanse the self of excessive burden and reach the true authentic self, and Sideways interconnected that relates to the sense of interconnectedness to all that exists and the responsibility and prosocial responding that such realization entails. Development entailed progress in each of these directions. However, often such development was not at the same pace or investment in each of these dimensions. Progress in spiritual development thus included better alignment of these three directions of growth and increase in alignment with behavior in daily life. Spiritual traditions appear to have different focus on each of these dimensions. Respondents also underscored similarities and differences comparing spiritual development and emotional maturity or psychological development either in general or as part of a therapeutic context. In the lecture I will also address the uniqueness of spiritual development compared to emotional maturity and personality development as perceived in light of conceptions of psychological health and wellbeing.

A GENERAL MODEL FOR THE INTEGRATION OF SPIRITUALITY AND PSYCHOTHERAPY

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This presentation offers a general model for the ethical integration of spirituality in psychotherapy that is relevant for health professionals in various fields, including psychiatry. The model is based on a review of the R/S literature of the last three decades as well as preliminary findings from the researcher's ongoing dissertation on the interplay between the personal professional spiritual development of psychotherapists.

The model proposes viewing the potential integration at three levels: the level of the patient, the therapy itself and the therapist. These levels are not mutually exclusive and may indeed overlap. The first and most prevalent approach addressed in the literature views the need to address spirituality within psychotherapy as another aspect of multicultural competence (Plante, 2016). The second level is defined as spiritually-oriented psychotherapy (Sperry & Shafranske, 2005) and relates to conventional forms of psychotherapy that have been adapted to the needs of clients with spiritual or religious orientations, as well as additional forms of psychotherapy that will be delineated. The third level of integration is at the level of the therapist and relates to the therapist's general approach towards the spiritual that is a type of listening and sensitivity to the spiritual in all forms of therapy. I propose broadening Pargament's (2007) approach and contend that such integration is contingent on the therapist's own spiritual growth, and is a way of being - an openness and awareness on the part of the therapist that enables the ultimate integration of spirituality and psychotherapy at this level.

The model enables mental health professions to conceptualize at what level they currently address spirituality in their clinical work and thus may use this model to consider how they may

further integrate the two dimensions in their professional and perhaps in their personal lives as well.

Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York & London: The Guilford Press.

Plante, T.G. (2016). Principles of incorporating spirituality into professional clinical practice, *Practice Innovations*, 1 (4), 276-281.

Sperry, L. & Shafranske, E.P. (Eds.). (2005). *Spiritually Oriented Psychotherapy*. Washington, DC: American Psychological Association.

SCIENCE AS RELIGION – A CRITICAL OUTLOOK AT THE SCIENTIFIC DISCOURSE OF HYPNOSIS AND ITS CORRELATION WITH RELIGIOUS AND SPIRITUAL PHENOMENA

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In light of scientific disputes over the very essence of “hypnosis,” committees held by the American Psychological Association (APA) have offered various definitions of it, in 1993, 2003, and 2014. Differences in definitions are natural, however, the depth of the dispute becomes clear with the rise of voices that dare refute hypnosis’ very existence. Some scientists claim that it can be falsified, that we can never know if someone is truly hypnotized, and that there may even be no difference between hypnotic suggestion and mere suggestion, thus rendering the term “hypnotic state” meaningless.

The verdict on these scholarly disputes has significant implications that affect our understanding of the human psyche, the practice of therapy, and the application of the Israeli criminal law which limits the implementation of hypnosis to a small group of experts.

The fact that this law has led to a fight against alternative-spiritual practitioners is testament that experts on hypnosis consider themselves part of a parallel, rival, and competing field. Accordingly, from a cultural-critical standpoint, this situation can be seen as an expression of the struggle between the different authorities of knowledge and practical expertise in the same field. Thus, this is a rivalry between alternatives – the scientific and the alternative-spiritual – in a field that is, in fact, religious. This, along with the deep-rooted disputes within scientific discourse, calls for the implementation of a critical religious-studies outlook in regard to the scientific discourse (regardless of its validity), which views it as religious discourse – that of a religion which seeks to replace its rivals: the religion of science.

Indeed, contemporary scholarly literature on modern hypnosis claims that its own roots lie in shamanic rituals, trance states of magicians, and the therapeutic activity of mesmerism. However, in order to apply the term “hypnosis” to cases from other times and cultures, we must first understand... what *is* hypnosis?

'CONSCIOUSNESS THINKING' ('YEMIMA') AND ART THERAPY: A FRUITFUL INTERACTION

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This lecture presents a clinical example of the connection between the concepts and the tools of Yemima Avital's teachings, called 'consciousness thinking', and those of art therapy.

'consciousness thinking' is a spiritual learning (LIMUD) of mental growth that takes place through the understandings of the human psyche and the internal structure of human beings. These teachings were developed in the 80's by Yemima Avital and continued and expanded after her death to many learning (LIMUD) groups, and today numbers tens of thousands of learners, secular and religious alike.

The lecture is based on an M.A. thesis describing development processes that took place following learning 'consciousness thinking', with an emphasis on aspects related to the field of art therapy (Zucker, 2018). This is one of the first studies to engage in 'consciousness thinking', in the field of academic research. One of the main findings of the study indicates a change in learners centered on Yamima's conceptualization that divides the internal human structure into 'burden' ('OMES') and 'essence' ('MAHUT'). This conceptualization and its derivatives will be presented through a clinical example of an original therapeutic model that combines art therapy with 'consciousness thinking'.

The case study depicts structured group sessions that combine learning 'consciousness thinking' with creative expression of visual images and artworks, inspired by the personal insights that emerged during the learning. Under a pseudonym, I will present the process of one of the members of such a group, who has given her consent. Her visual images will be displayed alongside a description of the personal, internal processes that took place throughout the sessions. Through this clinical example I will discuss the mutual influence between 'consciousness thinking' and creative expression, i.e., how a visual image can create consciousness transformation, and how consciousness affects the therapeutic aspect of art creation.

Zucker, L. (2018). Know thy-good-self: The learning experience, the meaning of writing and reading, and the developmental processes in Yemima learning. Thesis submitted in partial fulfillment of the requirements for the Master's degree.

HOW TO INTEGRATE SPIRITUALITY AND RELIGION INTO MEDICAL AND PSYCHIATRIC CARE: GENERATE A BIOPSYCHOSOCIAL NARRATIVE

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The merits of spiritual/religious affiliations and practice as positive correlates with decreased morbidity and mortality have been well-established in recent decades. They are compellingly tabulated in Koenig's **Handbook of Religion and Health (2012)**. These findings were presaged by the seminal work of Engel (*Science* 196, 1977), House (*Science*, 241, 1988), and Viederman (*General Hospital Psychiatry*, 2, 1980), respectively, who articulated a "biopsychosocial" as opposed to "biomedical" model for medicine, recognized the impact of "social relationships" directly on mortality, and demonstrated the use of "psychodynamic life narratives" as beneficial at the bedside of the "physically ill." The most sensible, effective integration of these findings, perspectives, and techniques in mental health and general medical settings is an insistence upon generating a biopsychosocial narrative, a personalized "text of the spirit," as the starting point for all patient encounters. This can be readily demonstrated with clinical vignettes taken from recent general hospital admissions.

TEACHING RELIGION/SPIRITUALITY IN AN UNDERGRADUATE HEALTH COURSE IN A BRAZILIAN FEDERAL UNIVERSITY: NEWS PROPOSALS OF RESEARCH

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Despite the greater recognition of the importance of the relationships between health, Religion and Spirituality (R/S) in clinical care, Brazilian universities provide little or no training in this area. Bacharelado Interdisciplinar em Saúde (BIS) at Universidade Federal da Bahia (UFBA) is an attempt to implement in Brazil undergraduate interdisciplinary courses. In this work, ten BIS professors answered to a semi-structured interview with questions about their personal relationship with R/S, clinical practice and teaching. The interviews were recorded, transcribed and analyzed according to Bardin content analysis technique. Predominantly the professors perceived religion in a negative way and spirituality, positively. They emphasized the problematic aspects of the relationship of health, R/S. R/S teaching was not considered a priority and the beliefs of the faculty seem to influence this position. WPA and APA recommend that R/S should be approached in the training of these professionals. In order to expand this analysis, including the perceptions of other actors involved in the educational process, a quantitative and qualitative study is being carried out to analyze the development of the important competence to differentiate R/S experiences from psychopathological symptoms among students who started a major in Psychology after they graduated in BIS. A questionnaire and the Spiritual Well-Being Scale will be applied to investigate beliefs regarding these experiences and the relationship between students and spirituality. In-depth interviews will be held to discuss the training from a clinical case. The answers to the objective questions will be counted in absolute number and percentage and the open questions will be submitted to discourse analysis. We believe that this competence is not developed by the major in psychology, and the results of these researches will show the need to the implementation of compulsory courses on the R/S theme in health majors at UFBA and in others Brazilian universities.