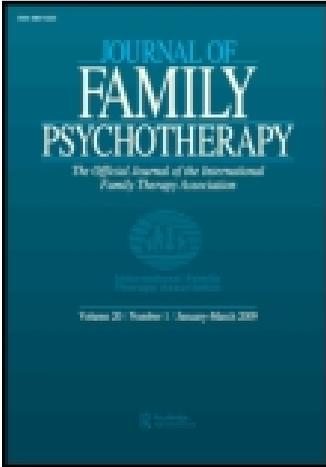


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The Spiritualities of Therapists' Lives

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SPIRITUALITY AND MFT TRAINING

The Spiritualities of Therapists' Lives: Using Therapists' Spiritual Beliefs as a Resource for Relational Ethics

Thomas D. Carlson
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SUMMARY. We situate how the personal spiritual quests of our own lives have influenced our work as family therapists, particularly influencing our chosen theories of change. We provide a definition of and approach to spir-

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ity that centers its ethical, moral, and deeply relational nature, and propose that therapists' own spirituality can be a beneficial resource in the relationships they build and foster with those who consult them. Careful attention is given to how God calls us into relationships with others. Narrative therapy and spirituality are both defined as inherently relationalist practices and ways of being. Drawing on narrative therapy ideas, we describe a four step process we have used to explore therapists' spirituality in supervisory contexts specifically focusing on the relational nature of their work, and illustrate this process by giving supervision dialogues from some of our experiences. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Spirituality, family therapy training, narrative therapy

Thankfully there is a growing trend in the field of Marriage and Family Therapy (MFT) and in the psychotherapy professions at large toward the inclusion of client's religion and spirituality in therapy as an important aspect of culture. We seem to be in the beginnings of this trend in MFT and notice that there is yet much to be said, theorized, explained, researched, and reviewed in this important integration in order that we may serve our clients with the greatest care, help, and compassion possible. While we as a field have identified the need to address our clients' spirituality as an important aspect of culture, and while we have been encouraged to be careful about the potential influence of our own religious and spiritual beliefs in the therapy encounter, we have not been encouraged to draw on the unique relational experiences of our personal spiritualities in order to enhance and promote communal connection in the relationships we enter into and foster with our clients. The purpose of this article is to offer some suggestions for doing this. We suggest that all spiritualities center in *relational* experiences with the divine, and/or with humanity, and/or with all of creation. The sacred nature of these relational experiences have the potential to offer us a wealth of hope and understanding as we seek to be genuinely connected with those who seek our help. We will offer some unique ideas which we have found very helpful in supervisory contexts with one another and with other therapists. But in order to adequately share the thoughts and ideas of this article, we first must begin by situating our

perspective, and sharing our own theoretical conceptualizations of spirituality and relationalism.

OUR THEORIES OF CHANGE AND OUR SPIRITUAL LIVES

Because it colors all that we say it is necessary for us to situate the role of spirituality in our (TC and ME) own personal lives and how this influences both our chosen theoretical orientations and the work we do as family therapists. Together we have been working in the ideas of Narrative Therapy since 1995. Through this time we have very often been struck by the experiential “feeling” associated with working with others using these ideas and developing these types of relationships. Narrative therapy is an intrinsically *relational* endeavor—the ideas continually invite us to be reflexive, thoughtful, and critically careful about the relationships we invite, support, encourage, foster, and develop, not only in therapy but in our personal lives as well. Narrative therapy is not just another theoretical approach to therapy; rather it represents both a critical lens of understanding and a way of being with others. Narrative therapy centers a relational ethics of practice which is much less about specified techniques, and much more about the moral and ethical imperatives involved in the relationships we are each a part of. In fact, the positive influence of narrative therapy ideas in our (TC and ME) personal lives is what has most encouraged us to continue to use and explore these ideas together and with those who consult us.

Both of us (TC and ME) have embraced religion and spirituality in our lives. Religious worship and church service, along with personal, relational, and community spirituality have been the centers of our lives and relationships. Like many persons who value religion and spirituality, we feel our religious and spiritual selves are absolutely foundational to our lives. Our spirituality has always been a lens of intelligibility from which we have interpreted and made sense of our journeys as family therapists—from training to practice to teaching—particularly in the relationships these experiences have brought us into. Because of this we have been interested in theories, ideas, and practices that we feel resonate with the spiritual centers of our lives, and this has been our experience with narrative therapy ideas especially. There has also been a recursive effect between our religious and spiritual lives and our interests in narrative therapy ideas and practices—each having the effect of influencing and shaping the other in positive ways. Narrative ideas have offered us a unique scaffolding from which to both view and enter into our religious

beliefs and spirituality. Narrative therapy as a growing expanding body of work has been either influenced by or shares the same spirit with a wide variety of theories, ideas, and practices including feminism, postmodernism, poststructuralism, social constructionism, cultural anthropology, narrative theory, critical theory, post-colonialism, relationalist philosophies (i.e., Emmanuel Levinas, 1981; 1985, and C. Terry Warner, 1985; 1997; see also Jordan, 1997; Noddings, 1984; Palmer, 1983; Richardson, 1997), and recent movements in qualitative research (see Lincoln & Denzin, 2001). Within each of these perspectives there is a call to some type of relationalism. We have most enjoyed the ideas from these various traditions that encourage relationalism and resonate with the spiritual centers of personal lives.

DEFINING SPIRITUALITY

To describe our ideas for helping therapists draw on their spirituality as a relational resource in therapy requires a definition of spirituality. We believe spirituality is an ethic or a way of being, and such a way of being that is a lived, day by day, endeavor. It is a way of being which requires continual practice, and daily mindfulness, rather than some place or state to which one arrives, or some trait or ability one gains. Spirituality is a profoundly relational and moral way of being, as the primary purpose centers on our intimate relationship with the Divine (which we take the liberty to call God), and how that relationship invites us into communal relations of respect, mutuality, accountability, compassion, and love with all humanity, and with all creation. Descriptions of spirituality as either objective (as is often found in extreme fundamentalist approaches to religion) or completely subjective (the idea that spirituality is wholly merely a matter of individual preference and individual belief) ultimately are inadequate because spirituality is a *relational* way of being (see Palmer, 1983, chapter 4). Defining it as either objective or subjective forces an individualism which is incommensurate with spirituality as a relational way of being.

In our own personal experiences, religion or religiosity is an intricate part of our spirituality. When it comes to our personal lives, it is hard for us to separate the two as is often done in definitions given in MFT and psychotherapy literature (i.e., defining religion as the formal, institutionalized belief system and structure, and spirituality as the personal relationship with a higher power). We believe this type of separation can dichotomize significant areas of person's lives which are often inseparably intertwined; and we suggest many others may feel this is true for them

as well. Conversely, we do not define religion and spirituality as simply the same either, they are different concepts, and again for us religion is *a part* of our spirituality. We like David Dollahite's definition of religion: "a covenant faith community with teachings and narratives that enhance spirituality and encourage morality" (1998, p. 5). Throughout this paper, we discuss therapists' spirituality as a resource in their work, and in this discussion we are focusing primarily on spirituality. We have chosen to use the term "spirituality" whether it includes the therapists' religiosity in some way or not we hope that our ideas and examples are sufficiently inclusive. The process we articulate, and the dialogue examples we give focus more generally on the therapist's own personal relationship with God, and not specifically on membership in a covenant faith community.

For us (TC and ME), our lives involve a continual search for the spiritual, a quest to embody and to live that which uplifts and enlightens, that which flows from God—the source of *all* good. This is not simplistic or easy, in fact it is often a very difficult and trying journey where we have at times felt the darkness and despair that is such a common part of life—when our spiritual eyes are clouded and the spiritual clarity we once had seems elusive. We have found this struggle often characterizes spiritual quests. All else tends to be colored by the central spiritual quests of our lives. We have tried to bring our journeys as family therapists *into* the spiritual quests of our lives, and we suppose this is likely true for many therapists. Sometimes this integration has been clear and unencumbered, sometimes not so. We believe more than ever before that our spiritual lives and our professional lives are inextricably interconnected. We feel called by our spirituality and by our work as family therapists to connect with others in a spirit of mutuality, compassion, love, and community. We do not doubt that many therapists feel very much the same, and we hope the ideas we share here can adequately articulate ways for bringing our spiritual lives more fully into our professional relationships.

SPIRITUALITY AND FAMILY THERAPY

An integration of our personal spiritual lives into our professional work and relationships regrettably often runs counter to the professional culture of therapy and counseling; we are saddened that this is the case. Unfortunately, the longstanding separation, chasm, or rift between religion (and by association spirituality) and psychology still manages to persist in subtle and sometimes not so subtle ways even in MFT. In our own life experiences (TC and ME) we have found it not an easy task to somehow bring

together our spiritual quests and our work as family therapists. There has been little formal training and few resources that have even encouraged such a coming together. For us, our friendship has allowed us to explore this in many ways and also given us the encouragement to have made this central to our “becoming” as family therapists. We have participated in informal supervision with one another as an addendum to the formal supervision we’ve received. This has allowed us to openly explore the relationship between our own spiritualities and our journeys as family therapists. This has proved to be a very enriching experience, which in turn has encouraged us to work with colleagues, conference participants, and students in informal and formal supervision contexts in an effort to help them explore their own spirituality, how it relates to their work as family therapists, and how this all impacts their personal lives and relationships.

The consequences of maintaining the separation between therapists’ spiritual and professional lives are grave. Spirituality is often a tremendous source of help, strength, comfort, peace, security, serenity, and hope in the lives of most persons, including most therapists. Why would such a powerful resource need to be excluded from our professional work as therapists? Persons, couples, and families seeking therapeutic help are often suffering, discouraged, and feeling a loss of hope—all problems for which spirituality can be a powerful help. Despite the movement in our field toward addressing and incorporating the spiritual dimensions of clients’ lives, there has been little written encouraging therapists themselves to develop *their own* spiritual lives and draw on such as a resource in their work. Could this neglect support a subtle “us/them” dichotomy in our relationships with those who consult us, suggesting that their spirituality is important in the therapeutic endeavor (assuming we are addressing it and seeing it as such), while our own spirituality must not be addressed, or is somehow unimportant in these professional relationships?

SPIRITUALITY AND ETHICS

Perhaps the most significant and persuasive argument for ethics in our field will address the inherent and intimately relational nature of our work with those who consult us, and the moral imperatives we are brought into by virtue of being called to help others. To be ethical requires more than an appeal to current regulations, rules, and standards, and invites us to be ever mindful of the moral quality of the relationships we are inviting, encouraging, fostering, responding to, and a part of in our work. This

relationalist stance calls for a definition of ethics as a way of being that we seek to embody and live *in relationship with others*. Opening our therapeutic conversations to our clients' spiritualities *and* to the relational calls of our own spiritualities can allow us to meaningfully partner with the Divine in the complexities of our clients' difficulties and struggles, opening space to communal relationships of mutuality that are beyond our or the clients' capacity to engender alone. We are interested in passionately exploring with other therapists and ourselves *how* our spiritualities call us to be *in relation* to others.

THE VALUE OF A REFLEXIVELY CRITICAL APPROACH

Topics of incorporating religion or spirituality in our work probably give rise to some uneasiness among MFTs. Although this is an unfortunate state of affairs, we realize it is necessary due to the often violent disagreements that have occurred and do occur throughout the world in the name of religious and/or spiritual beliefs. Throughout this article we assume that as therapists connect to their own spirituality this will provide them connection to that which is moral and ethical. But we acknowledge that *in the name of spirituality* therapists could possibly be connecting to feelings, thoughts, or beliefs that come from an immoral or unethical way of being. The work of philosopher Terry Warner suggests that most behaviors, practices, or techniques can be enacted immorally and unethically as well as morally and ethically (Warner, 1985; 1997; see also Williams, 1992; 1994). Therefore, in order to embrace our own spiritualities and the attendant calls to relational connection in our work, we need to be in a stance of critical reflexivity about the moral nature of our way of being. This stance is required so that we can be mindful, moment by moment, of the real moral and relational effects of our way of being and our words and actions that accompany that way of being. This critical stance is a central component of narrative therapy ideas and practices. Our hope is to help guide therapists to connect to the moral and ethical places in their hearts, those places that speak of love, connection, compassion, togetherness, and community, those deep feelings of their hearts that invite respect for all creation and that open to the spiritual wonders of their lives and relationships. We hope that by entering into this sacred space in their hearts, therapists can approach their relationships with those who consult them with a careful spiritual sensitivity and an awareness of the sacred nature of those relationships.

DEVELOPING A PERSONAL ETHICS

During the last few years our work has been centered around helping therapists establish a personal ethics in their work (Carlson & Erickson, 1999; 2000b; Bair & Erickson, 2000). In this work we have developed ideas and practices to explore with therapists their moral preferences in regard to their preferred relationships with those they help, as well as with all relationships in their lives. Moral preferences are the personal desires and hopes that therapists have for how they want others to experience themselves when they are in their presence, in *relationship* with them. These preferences are centered first and foremost in a concern for the other. Embracing a personal ethic requires the therapist to critically reflect on how their interactions potentially shape the identities of others (a shaping that occurs through the ways in which we invite or incite others to construct their relational identities according to particular cultural discourses), and to actively commit to embracing an ethics that fits with their moral preferences. While we believe that most therapists have positive desires for their relationships with clients, we have found that these desires and hopes are too often not meaningfully integrated into their work. The purpose of the following explorations are to help therapists place these moral preferences at the center of their work. In order to facilitate this process we might ask therapists any one of the following questions:

- What is your desire or hope for how you hope others will experience themselves when they are in your presence?
- How do you hope others will feel about themselves when you are with them?
- What kinds of feelings would you hope your clients receive from you?

Almost invariably therapists have shared with us their desires for others to feel loved, cared for, and/or understood. What is interesting about these expressions is that therapists also become quite aware that the desires to love and care for clients are feelings that were often discouraged in their training. Despite this discouragement, however, they have also shared how they have somehow kept these desires present in their work to some extent.

As therapists are able to identify the desires they have for their relationships, we encourage them to name these desires. In naming their desires, we invite therapists to choose a quality, feeling, or an ethic that they would like to guide their relationships with others. One question we have asked

in this situation is: “Can you name a quality or feeling that you would like to guide your relationships with others?” The most common qualities that therapists have shared with us are love, compassion, and understanding. Once their preferences have been named we invite them to carry questions such as these into their work:

- What would love have you do?
- How would compassion have you see and understand the people you are working with?
- What would understanding have you say in this moment? In this situation?
- What are some of the ways that love would want you to interact with others?

The purpose of these questions is to help therapists embrace these qualities in their lives and relationships. We first began asking each other these questions, and we found it a wonderful help in our work and relationships with those who consult us. This way of thinking about our work seems to carry with it so much wonder, a unique way of considering what is at the center of what we do as therapists. In our conversations with other therapists we have found that embracing these moral preferences in their work has brought more meaning and purpose to their work. They have noticed that as they have attended to the ethics of their relationships with others and made a purposeful effort to live these ethics, they have experienced a qualitative difference in the impact of their work in the lives of their clients and in their own lives.

Another important aspect of developing a personal ethics involves guiding therapists through re-remembering exercises (Myerhoff, 1982; White, 1997, 2000). Re-remembering exercises involve helping therapists to connect their desires and preferences to the significant relationships of their lives. As therapists desires and preferences are tied to the people in their lives with whom those desires were experienced and nurtured, those relationships can serve as a sustaining influence in the therapists’ lives. For example, we might ask therapists to consider the following questions:

- Is there a person that seemed to champion this desire you have to love others?
- What was it like for you to be with this person?
- How did you feel about yourself when you were with this person?
- How did this person share love with you?

These questions help therapists to make a meaningful connection between their lives and the lives of others. Their ability to love and care for

others no longer rests merely in their own minds, but belongs to a rich history of relationships with others. These re-remembering conversations are almost always emotional experiences as therapists experience a return to membership with loved ones. In fact, it has been our experience that re-remembering conversations are quite often a spiritual experience for those involved. Perhaps it is that spirituality is often tied to our relationships with family and ancestors those who taught us about God or spirituality or religion, or who nurtured such feelings in our hearts by the way they lived their lives and cared for us. Or perhaps it is that recollecting the most significant relationships in our lives carries with it the “spirit” of what spirituality is about—feeling connected to something loving, profound, beautiful, and greater than ourselves.

While we initially did not purposefully bring spirituality into these conversations, it was quite common for therapists to share how their preferences and desires were connected to their spiritual beliefs and relationship with God. For example, it was a common experience for therapists to identify God, Jesus Christ, persons from scriptures, church leaders, or spiritual leaders as the person who they felt best champions their most heartfelt desires. These common experiences of therapists situating their preferences and desires in their spiritual beliefs led us to consider the implications of more explicitly drawing upon the spiritual beliefs of therapists as the foundation of their moral preferences.

SPIRITUALLY INFORMED MORAL PREFERENCES

Spirituality is often a meaningful part of therapists’ lives; however, many therapists have not considered bringing their spiritual lives into their work. This may be related to the popular idea that therapists need to create a clear distinction between their professional and personal lives. While the very possibility and value of such a distinction has been highly criticized by feminist and postmodern authors to mention just some of the main critics—this notion of separation of work and self is powerful in our field. The tragedy of this belief is that those very things that bring beauty and meaning to the personal lives of therapists are somehow discouraged or not allowed to be brought into their work. Spirituality is something that brings meaning and purpose to many therapists’ lives. Much of that meaning and purpose has to do with what their spiritualities offer them in terms of caring for and relating to others. When therapists are encouraged to make this unfortunate distinction between their personal and professional lives, something important is lost.

Due to the influence that narrative ideas have had on our own experiences of spirituality, we began to draw upon Michael White's idea of "spiritualities of the surface" (Hoyt & Combs, 1996) to inform our work with therapists. In this conversation piece, White explains that spirituality is often considered mystical and something that is beyond the grasp of humans. This mystical explanation of spirituality may lead persons to remain somewhat distant from their spirituality in the sense that the immediate daily effects of their spiritual beliefs are left obscured. Therefore, rather than a spirituality of depth, White describes a spirituality of the surface where persons critically and purposefully reflect on the sacredness of their daily thoughts and actions. Discussing spiritualities of the surface in this way has helped us more clearly see the sacredness of daily life, and the way that our own spirituality was central and significant in almost every aspect of our lives, especially if we would stop and take the time to notice it. While White sought to bring out the sacredness of daily life in a way not necessarily connected to spiritualities of the deep, we find this understanding of spiritualities of the surface an additional invitation to consider how our deepest spiritual beliefs are connected to the sacredness of daily life and the influence of this all on our lives and relationships.

While we initially left spiritual conversations up to chance, we have recently made a specific exploration of therapists' spiritualities (both of the surface and of the depth) a part of our training experiences. While some may be concerned with the idea of therapists purposefully drawing upon and using their spiritual beliefs in therapy we want to be clear that we are referring to therapists using their spiritual beliefs as the foundation of their personal ethics. Here we are not referring to atemporal or acontextual beliefs, but rather the very sincere and personal desires that therapists have for how to care for others which will always be contextually sensitive. What we are interested in then is to explore what the spiritualities of therapists have to say about their relationships with others and how those beliefs might contribute to the embracing of a personal ethics. In the following section we will share some thoughts about how this might be accomplished.

Step One—Spiritual Preferences

The purpose of this first step is to help therapists to identify the spiritual preferences they have for their relationships with others. Initially this exploration is similar to the process we identified earlier for establishing moral preferences. Therapists are asked to reflect upon their personal desires and hopes for their relationships with others in a way that is centered

in a relational concern for the other. Once therapists have begun to identify these desires we invite them to situate these desires within their spiritualities. For example, a therapist who shared that she wanted her clients to feel loved might be asked the following questions:

- Is this desire for others to feel loved connected to any spiritual beliefs you might have? What do these beliefs say about loving others?
- How might these beliefs be a resource to you in your preference to help others feel loved?
- Can you share an experience where your spiritual beliefs helped you follow your preference to love others?
- If you were to bring these spiritual beliefs about loving others more fully into your work, how would this change your experience of others? How would this change how you experience therapy?
- What would it mean to you if you were able to bring these spiritual desires more fully into your work? To those who consult you? What possibilities might this bring to your work and relationships with others?

Of course, these questions open up possibilities for many conversations about the role therapists' spiritual beliefs might play in their work with clients. As the moral preferences of therapists' lives become centered in their spiritual beliefs, it helps them to bridge the gap between the personal and the professional. Their own spiritual beliefs that have been a strength and resource to them in their personal lives and relationships can now be a living resource in their professional lives, and all in a way that will turn to further enrich their personal lives.

Step Two—Critical Reflection of Therapists' Spiritual Preferences

The next step in this process is to help therapists begin to critically reflect on the daily implications of their spiritual preferences in their lives and in the lives of their clients. The purpose of this step is to help therapists begin a meaningful exploration of the real moral effects that the embracing of these spiritual preferences will have on the lives of their clients and on their own lives. Accountability is an important aspect of this critical reflection. Narrative therapy ideas support a constitutionalist (White & Epston, 1990) or social constructionist conviction that our identity stories are always relational—literally shaped by our interactions with one another, thus “relational identity stories” (Carlson & Erickson, 2000a). Therefore, it is important for therapists to seriously reflect on the shaping invitations their spiritual preferences will have on the lives and stories of their clients. This

reflection needs to include the potential positive shaping invitations as well as the potentially negative invitations this preference might have. Another important aspect of accountability involves our accountability as supervisors. Not only will the spiritual preferences of therapists potentially shape the lives of clients, but the very naming and embracing of spiritual preferences will have a significant shaping influence in the therapists' lives as well. Therefore in this process we also involve therapists in a critical reflection of the potential influence their spiritual preferences might have on their professional and personal lives.

In order to help therapists to explore the shaping invitations their spiritual preferences might have on both their lives and the lives of clients, initially we invite them to consider a number of questions. For example, a therapist who has named compassion as a spiritual preference might be asked to consider the following questions:

- As you embrace this ethic of compassion in your work how do you think compassion would have you thinking about those with whom you work?
- As you follow how compassion would want you to think about others, what effect do you think this will have on how others experience themselves when you are working with them?
- How might your experience of thinking about others in this way effect your life as a therapist?
- How would compassion want you to see them?
- What effect may it have on those with whom you work when you are seeing them in these ways? How do you think it might effect how they are seeing themselves?
- What effect would seeing others through the eyes of compassion have on your life?
- How would compassion have you listening to them?
- What effect would listening to others in these ways have on their lives? What effect would it have on how they may experience themselves?
- How might your experience of listening to others in these ways change your professional life? Your personal life?
- How would compassion have you understanding their experience?
- What effect would it have on their lives as you are understanding them in this way?
- What would this way of understanding others mean to your work as a therapist? How might it contribute to your views about what is important in therapy?

As readers may notice, we use externalizing conversations in our questioning. However, we are using externalizing conversations with a different purpose. Usually externalizing conversations are used to help persons separate from problems. Here we use externalizing conversations as a means of deconstructing or unpacking therapists' spiritual preferences in order to make those preferences become *more* available to them. As therapists practice these preferences in their lives, we invite them to participate in a continual reflection of the real moral effects these practices have in their lives and the lives of clients. It is often in this reflective process that the real meaning of their spiritual preferences and the real effects become visible to them.

Step Three—Re-Membering Spiritual Relationships

In this final step we again turn to re-membering conversations, this time focused on spiritual relationships. Re-membering is a practice in narrative therapy that seeks to help persons experience a return to membership with those persons who have shaped their lives in enriching and meaningful ways. From a narrative perspective, this process of re-membering is important because as people enter into new stories and experiences of self those new stories need to be maintained and nurtured through the relationships of their lives. As therapists are involved in naming and embracing the spiritual preferences of their lives, it is important that these preferences be tied or connected to those relationships where these were nurtured. As therapists' spiritual preferences are re-membered to the significant relationships of their lives, those relationships provide a sustaining influence in their lives, they provide a place where those preferences can continue to be nurtured. It is in these re-membering experiences with therapists that we began to see the importance of creating space for spiritual conversations.

Before we made spirituality a more conscious focus of our supervision, we noticed that therapists often described their remembering experience as a spiritual one. As they experienced a renewed membership with the significant persons of their lives, they would often share with us that they felt a spiritual connection with these persons. As we reflected on these spiritual connections we noticed that therapists would often begin to refer to their relationship with God as a sustaining influence in their lives. As we opened ourselves up to being more specific about the spirituality of therapists' lives, we noticed that one of the most common figures that therapists would remember was God. For example, if a ther-

apist had named love as her spiritual preference, we might ask her to consider the following questions:

- Can you think of someone that has shared love with you?
- What was this experience like?
- What has this person meant for your life?
- As you have experienced love from this person, how has it changed you? How has it changed how you feel about yourself and others?
- If you were to carry this person with you into your work, what would it bring to your relationships with others?

When therapists name God as the person they want to remember in these questions we invite them to reflect upon that relationship with God. We invite them to retell experiences where they have felt love, compassion, or mercy from God and what those experiences have taught them about caring for others. Many therapists have not considered or have not been allowed to consider how their relationship with God might be a similar resource in their professional lives. The therapists we have worked with have shared with us how remembering God in their professional lives has allowed them to bring their spirituality more directly into their work. For example, after inviting therapists to consider what it might mean for them if they were to have their relationship with God more present in their work, many therapists have shared with us how they have begun to pray to God before or during each session inviting God to join them in the session to help them stay connected with their desires to love and care for those consulting them.

Example

The following is an excerpt from a conversation I (TC) had with Angela, one of the therapists I was working with in supervision. In this re-remembering conversation, Angela shared how God had touched her life through others and how those relationships have helped her feel a desire to do the same for others.

Tom: Can you think of an experience where you felt particularly cared for by God?

Therapist: After college I took a job two hours away from home and two hours away from my boyfriend (now husband) Brent. It was a tough year. I felt very lonely and cried a lot. One morning around 2:00 a.m. I couldn't

sleep and I was feeling particularly lonely. I was thinking about quitting my job and moving home. I was startled when the phone rang. It was Brent. He said he was sleeping, but something told him to wake up and call me. I felt and still feel that that something was God. He [God] did not want me to feel alone anymore. He knew that I needed to feel loved and comforted right that night. This experience was so meaningful to me. Not only did it bring me closer to Brent, but more importantly, I felt God working through Brent. God knew exactly how I felt and I had been praying earlier. He knew what I needed and how to give it to me. God worked through Brent to comfort me. Just knowing that I wasn't alone, that there was someone who knew me and still accepted me helped me gain perspective that night. I felt stronger and knew I could continue living here. If I could do that for a client, I would consider the therapy successful.

Tom: What would it mean to you to have Brent's presence with you in your work?

Therapist: On a few occasions I have felt Brent's connection in the therapy room. It has brought me comfort because I can imagine Brent cheering me on, telling me I'm doing a good job, and letting me know that he thinks I'm helping the other person. He is so supportive when I have been down on myself, that I can actually hear his words of encouragement when I feel down or frustrated even when he's not around. This is most helpful when I feel stuck in a case or I'm second-guessing my effectiveness as a therapist. Having his connection with me always gives me confidence. It also means to me that I always have someone to lean on, someone that accepts me even if my therapy stinks that day. Brent is also an incredibly open and accepting person. He seems to connect with everyone he meets and he is respectful to everyone. He inspires me to be the same. He helps point out when I am not being respectful or when I'm being judgmental when I tell him stories about my day or about the people I've met. I need that kind of person in my life to remind me of God's wish for us to love one another. When I'm with Brent or even think of our connection, I believe I am a kinder person. This definitely helps me stay connected with my desire to bring God's love into the therapy room as a way to comfort others. When I feel confident of my abilities, when I feel that I am a kind and respectful person, and when I remember the love that God has allowed Brent to give me, I am much more ready to use God's love for others.

Tom: Besides Brent is there anyone else in your life who has championed these qualities that you desire?

Therapist: Other life experiences have shown me that someone, even a stranger, can comfort through caring. One example is Sister Clara. She was a Sister at the school I attended in Belgium when I was an exchange student. Zuster Clara did not know me at all and we met in an unusual way. She disciplined me in the hallway for having my uniform strings untied. I had had a bad day and was feeling very isolated, unaccepted, unwanted and not understood. I cried because I didn't even understand what she was disciplining me for (my language skills were still new). Once Zuster Clara saw my tears and understood that I was not a typical student, she brought me into the private library and listened to my bad day (in English). I told her how lonely I was, how I was tired of not understanding conversations around me, how I missed my family, and the many things that were troubling me that day. She comforted me by listening and she knew just what to say to give me hope that tomorrow would be better. Most importantly, she introduced me to the only other exchange student in the school. Diana was having many of the same feelings I was. Diana and I became best friends and we had a terrific year together. We met many other friends. Who knows what kind of year I would have had had it not been for Zuster Clara taking the time to listen and care. Zuster Clara even took time out of her day to give me additional Dutch and French lessons. Without even knowing me Zuster Clara showed me that she accepted and cared for me.

The purpose of these conversation were to help Angela connect her desires with the significant people and relationships in her life. The relationships she re-remembered are relationships that help her to feel God's love and compassion in her own life. These very real and personal connections allow her own desires to be compassionate and loving to express themselves more in her work with others. A few weeks after this conversation, I invited her to reflect upon the influence that this desire to invite God into the therapy has had on her work with others.

Tom: Last time we met, we talked about your desire to invite God into the therapy room with you. I am wondering if you have had any experiences with this over the past few months?

Therapist: I feel fortunate to be in a position to know people when they are vulnerable and hurting because God has given me an opportunity to comfort. This is a gift, but one that I need God to help me use well. When I allow myself to bring my spiritual beliefs and experiences into the therapy room, I feel like I have a purpose. I feel like God can help guide me to make the right decisions and to say the right things. I feel like I'm serving God by bringing com-

fort to others. I think I am more committed to my clients when I allow my spiritual beliefs to come out. I'm not just in the therapy room to complete my internship or to get a paycheck, but to spread God's love. That sounds corny as I read it. But, that's how I feel. God says to "love thy neighbor." I want to do that with everyone in my life, but especially clients, because they seem to need love and comfort and often don't seem to get it elsewhere. By showing them that I care, accepting them for who they are, and helping them work through their problems, I think I am loving them the way God wants us to all love our neighbors. That's fulfilling to me and it makes me more dedicated to doing my job well.

In this conversation, it is clear that Angela's spiritual beliefs and relationship with God form a powerful foundation for the relational nature of her clinical work. Bringing these beliefs into her professional life allows them to be a sustaining influence in her work. Not only is she working as a therapist because of her personal desire to care for others, but she feels that by being a therapist she can share God's love with others by comforting them in ways that she has been comforted by God and by others. This example speaks to the type of spirituality we hope to invite therapists to bring into their work. Our point is not to encourage therapists to share their spiritual beliefs or doctrines with clients (although this could be helpful at appropriate times), but rather to invite therapists to consider the relational implications of their spiritual beliefs and their spiritual selves their relationships with those who consult them.

Step Four—Ongoing Reflection

Embracing a personal ethics is never a neutral activity. It has real effects in our lives and the lives of those with whom we work. Therefore, as therapists begin to embrace a new ethics based on their spiritual beliefs about being in relationship with others, it is vital that they be invited to participate in an ongoing reflection about the shaping influence these beliefs have in their lives and the lives of the persons with whom they meet. In our work with therapists, after our initial conversations, we meet together for follow up visits with the purpose of specifically exploring the real effects that our conversations have had on their lives and the lives of others. The following is an excerpt from one of these reflective conversations with Angela.

Tom: It has been a little while since we last met. I am curious to know if you have found any opportunities to invite God into the therapy room with you as you had hoped?

Therapist: I think that bringing God into the therapy room helps me in numerous ways. A recent experience I had in which God helped me was with a developmentally disabled client. I met him for the first time, and he was very unpleasant to look at. He was bleeding from a bicycle accident, so I had to help perform first aid. I felt myself being disgusted by the blood and did not like being in a position of nurse. I thought that I would feel better once he was cleaned up and we started talking. I was wrong. He had terrible hygiene and stared blankly at me. I felt myself judging him. I did not like how he looked, and I was having a difficult time looking past his appearance. I realized what I was doing and my first thought was that I was being terribly unfair. I didn't know him, yet I judged him based on looks. God accepts everyone. This man is God's child as much as I am and I should accept him as God's child. There must be good in this person, and I would need to look beyond his appearance to discover it. Once I began thinking about what God would do if he were the therapist, I began accepting this client and pushed away my judgments long enough for me to really listen to him. I discovered that he hurts just like I do. He is concerned with what others think, he is lonely, he feels belittled, he doubts himself and he is sometimes controlled by anger. I have felt all of those things before, and I was reminded of how similar we were instead of how different he was. Once I was able to do this, I could provide some amount of comfort and help to him. By thinking about God and his love for all of his children, I was able to overcome my superficial bias. Sometimes, when I have worked with clients who I just don't understand or who I don't particularly like, I try to imagine what God's plan is for them. I believe that all of God's creations have incredible potential and good in them. So, when I'm having trouble seeing good, I try to imagine looking through God's eyes. This has helped me become more empathetic and less judgmental. I think the caring comes through much more. When I feel that I'm keeping God close to me in therapy, I feel like I have additional guidance. I feel like the therapy I provide is meaningful. Sometimes, when I haven't known what to say or do, I mentally ask God for guidance. This makes me feel stronger. I think it's healthy to realize that I won't be able to "fix" everything for clients, and that I need help too. Keeping God close also helps me feel like I'm OK even if I don't really think my therapy was first rate that day. It helps me realize I'm more than a therapist. Keeping him close helps me deal with my own problems so they don't interfere with the therapeutic process. Finally, when I keep God close to me, I feel accepted even when my clients seem to push me away.

Tom: What has it meant to your work to bring your spiritual beliefs, especially about how you hope to be in relationship with others, into your work? How has it changed how you experience yourself and others?

Therapist: When I bring my spiritual beliefs into the therapy room, I am much more likely to ask the client what their spiritual beliefs are. I am also more likely to incorporate their spiritual beliefs into helpful aspects of therapy. I think this is respectful and takes into account all things that are important to the client. When I bring my spiritual beliefs in, I also feel that I relate on a more human level with clients. I am not so much a “therapist” as a person who wants to help. I think this helps reduce power differentials that exist. An example of this came from working with the mentally retarded adult I told you about before. I didn’t feel as if I had anything in common with him and felt very distant from him. When he shared that reading the Bible and copying scriptures onto paper were enjoyable pastimes for him, I was reminded that we are the same in God’s eyes. My spiritual belief is that God loves all His children, and this affected my connection with this man because I now saw him as a brother through Christ. I was not just a therapist, but another child of God who wanted to bring comfort. I feel more loving and accepting towards others. I also experience myself as weak, and needing the strength of God. I know that all of my talents and skills are blessings of God. I am humbled by this belief. My spiritual beliefs make me think of the therapist role as a gift. I am in the position to facilitate healing in people. This gives me pleasure and satisfaction. I feel good about myself when I help others. I also know that God helps me in my role. Sometimes I think of God as my co-therapist because he gives me strength and encourages me to do my best.

Angela’s responses to these questions give life to what we hope our conversations with therapists will offer. As she reflects on inviting her relationship with God into her work, it is important to note that she is drawing upon her personal experience of God as loving and compassionate and purposefully inviting her own experience of that compassion and love into her relationships with those who consult her. Angela also expresses how inviting God’s love and compassion into her relationships with clients has helped her to enter into the relational and ethical preferences, the personal ethics, she is developing.

CONCLUSION

As therapists attend to the relational calls of their own spiritual lives and allow these sacred experiences and personal knowledges to be a sustaining resource in their work, this can allow them to enter into relationships which will invite a connection centered in mutuality, accountability, ethics, morality, compassion, and love. In addition we have found that such a spiritual and relational focus in our work, whether with clients or with therapists, offers us many entrances into conversations and relationships that can serve to foster community, to promote social justice, and to stand with and walk with others in ways that deeply honor them as persons and treat as sacred the relational connection we have made. Therapists, as exemplified in Angela's comments above, have shared with us that drawing on their own spiritualities in this way has brought a significant reauthoring to their work and to their personal lives. We have experienced similar reauthorings of our own professional and personal lives and relationships. We hope these ideas offer therapists some unique ways to consider their place of their spirituality in their professional lives, particularly in their relationships with those who seek their consultation.

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