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# Ethics and the Spiritual Dimensions in Psychotherapy

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It is singularly true that all persons are in turmoil today, seeking values in their lives. Those things that they once thought to be right and certain now just do not seem to have meaning. In our rapidly changing culture people are constantly forced to make decisions on moral values without the former rigid ethical systems as guide. Frequently they do not know where to turn. In the midst of anxiety and turmoil a phenomenon of increasing participation in psychotherapy is observed.

Persons who present themselves for therapy are motivated by a deep desire to reach value judgments on the basis of developing insight into their own psyche. Hence they are saying I do not wish as before to be told what is right and what is wrong by some pronouncements of an organized structure of Church or even a cultural pattern — a rigid Puritanism. At the same time they fear a collapse of values around them — a moral decay. Everywhere a permissiveness is observed, be it in sexual mores, the rearing of the young with few values, dishonesty

among persons and in business, a collapse of integrity in government. This causes a deep anxiety and the individual reflects in this manner: if I am to know true value and to live it well and share it with others then I must know myself, what motivates me and be at peace with my final answers. Psychotherapy with its probing of causes and reality is seen by many to be the route which must be taken.

It is the purpose of this paper to discuss how ethical values are active and central to the psychotherapeutic process. In addition to this, another dimension will be considered — the spiritual, i.e., the relationship of the patient in the areas of transcendental values and how this affects him as a total being.

It is important to understand the meaning of ethics as applied in the process of psychotherapy. Dr. Maurice Levine<sup>1</sup>, in this regard defines ethics as patterns of living developed by persons which are restrictive or inhibiting toward destructive impulses and those adaptations that foster growth in individuals toward good. Thus the person comes to understand as he lives what action will hurt and damage him and what actions will cause him to be more complete and fulfilled in a healthy acceptable manner.

Dr. Flach<sup>2</sup>, defines ethics or moral values as a body of concepts or directives serving as guide posts to human behavior. In this context behavior includes both internal and external activi-

ty. There are standards that influence not only what a person should or should not do, but also what he should feel, think, or even *be* to himself. Some values are broad and encompassing, such as the love of one's fellow man or a parent's nurturing of the infant. Some are more specific and limited such as prohibitions against adultery, theft, or murder.

In psychotherapy the entire emphasis is placed on the alleviation of suffering and symptoms by the adjustment of intrapsychic or environmental factors or both that have caused the impairment. It must be stressed that the psychotherapist is performing treatment rather than sitting in moral judgement upon his patient. The therapist's neutral position actually is conducive to the patient's reflection upon his own value and ethical systems, whether they are performing for him in constructive or destructive ways.

In previous times the analyst tended to maintain a rigid non-directive passive position. This was particularly true in orthodox psychoanalytic techniques neither affirming nor denying a conclusion or value held by the patient.

Within the last decade psychiatrists have come to feel that they must be more active in the psychotherapeutic process. The doctor is more involved as he helps define and clarify insights. He is trying to help the patient live within the framework of his moral standards — a healthier adjustment between self and superego.

Clearly a change was taking place during these years and it was made manifest in the address delivered by Dr. Howard Rome as he became President of the American Psychiatric Association in 1965 when he stressed that psychiatrists must reflect their own values, must know them and share them with patients. Dr. Rome felt too that psychiatrists must take a public stand on their values so as to be a beneficial force on society in general.

The psychotherapist must first know his own moral values and ethics and be at peace with them. These will motivate and shape his therapy. This does not mean that he forces values upon the patient or that he would try to make the individual over into a pattern like himself. The therapist as the sounding board is reality testing — is the patient responding with abnormal patterns of guilt or, as in the psychopath, is he acting without guilt where it is appropriate and should exist and be dynamic.

In the process of rapid change in society and the searching for new values, many feel that there is no outlet for guilt responses, no area where they can experience catharsis for stress. In this setting they feel additional burden and anxiety. Previously there was recourse to the priest or minister or to the act of confession and Penance. This ventilation and process of renewal and freeing of guilt is utilized far less in our society today. People are taking these needs

more to the psychotherapist and through the process not only is the anxiety relieved through ventilation but the more important steps of growth and maturation are accomplished.

In this paper, it is to be stressed that an additional dimension is to be considered in the psychotherapeutic process. The spiritual dimension of the person and his response to transcendental values is to be analyzed and studied. The need to respond to this is seen in all persons including those who do not have a religious dimension in their psychic makeup. Every human being is seeking an explanation of why he exists, what is the first cause of all that he sees around him, is there or is there not a God, is there life after death? Many attempt no answer and deny or suppress it but the struggle is there in all. It is seen in literature as in the conflict within the characters in *The Cocktail Party* of T. S. Eliot.

This dimension is particularly present in the therapy of the persons in whom religion and worship of God is central in their lives and psychic structure.

The capacity to share spiritual values is at the core of a particular doctor-patient relationship. The patient chooses the therapist precisely because he recognizes this dimension within him. Essentially the patient wants a therapist who believes as he does himself and whom he can trust. He sees the doctor as one who will not be destructive to his own

psyche. In the psychotherapeutic process an openness is cultivated to those areas where God and faith may motivate, strengthen and fulfill that person. Patients who are non believers, too, detect and appreciate the value system in the therapist — his giving, caring, and integrity. With this they come to be at ease as they sense no forcing of a religious thought process upon them, but rather an open, understanding acceptance.

The procedure of facing dynamically the spiritual dimension in therapy can best be clarified by studying the techniques used in certain cases. Each represents a model of a general reaction type and how integration was accomplished. The examples have been altered sufficiently so as to ensure the confidentiality of the patients.

The first patient to be considered is a thirty six year old single clerk who was raised in a rigid religious environment. The first generation in this country, his parents were withdrawn and non demonstrative. Essentially the home was a matriarchal structure. The patient was raised in religious schools and was sensitive and conformist as he absorbed wholeheartedly the many inhibitions and restrictions placed upon him. By his adolescence strong scrupulous phenomena had developed along with acute and chronic anxiety, secondary depression and moderate withdrawal. Despite this he was able to serve two years in the military service, but thereafter returned to his home under the domination of

overly strict parents. He had never dated and throughout his life had repressed almost totally all sexual drives and feelings.

With the renewal and change in his Church the patient was forced to reflect on his values and to make decisions on his behavior which had been previously determined for him. Soon there was disillusionment and anger. How could they now say that genital feelings must be faced and handled when so recently it carried such sin and guilt? Hostility toward the Church and God became prominent. The pressure of all of this plus the loosening of libidinous drives threatened the ego cohesion. Intensive therapy was initiated with an opportunity for the patient to face his relationship to God in a healthy and more mature way. He was able to see that prayer and commitment could induce growth and freedom. A greater ease has occurred in psychosexual areas; he has dated and felt free to attend liberal theater. Insight has permitted him freedom to see his negative and hostile feelings towards his mother and to begin the task of resolving the deep conflict he had toward her. Clearly the patient is more mature and free in the spiritual dimension of his life.

The second patient epitomizes the transitional phenomenon observed in many religious today as they change from their vocation to the lay life. This person is a forty three year old priest in a Roman Catholic religious order. He, too, grew to adulthood along

with one younger sister in a home that was protective, rigid and religious. His father was aggressive, demanding and frequently hostile to him. The mother acted as a buffer and showed affection and support to him but only in a limited way as she did not have greater capacity. By his teen years the priesthood and religious life seemed to hold all solutions for him — a good life, high ideals of service, limited personal responsibility, protection from sexual demands and service to God.

Through his twenties and to his mid thirties he made a marginal adjustment as an ordained cleric. Still he was not content, felt restless and unfulfilled and in disagreement with much of the Church's rigidities. There was a feeling that no one cared and the real values of justice and people and rights were ignored. There was an even stronger libidinous drive until he attempted rapport with women his age and dated secretly. No sexual intercourse was permitted him by his conscience but he felt lonely and unhappy. As the concept of becoming a layman was considered there was an increase in anxiety and disillusionment. Was this the right thing for him to do and was he turning his back on God?

In the psychotherapeutic sessions careful attention was given to his spiritual needs. Peace came as he saw that there were many ways to serve and that the Holy Spirit indeed was showing paths to a new lay life. He came to feel that he could continue a type of

informal ministry aiding and counselling others even though not in an ordained, active status. His therapy could never have been complete and intact if his future relationship to God had not been worked through and brought to a state of contentment. Then his choice was truly free.

The last patient for study is married for the second time and now is twenty nine years of age. She was raised an only child in a non-religious atheistic environment. Both of her parents were egocentric, demanding, blunt and hurting to her in many ways. By her mid adolescence the patient had become rebellious, had run away from home and had began an active life of drug abuse. Acting out took place in all areas including the sexual and she felt self depreciation, that she did not care and had no values. An impulsive marriage to a disturbed young man, in her early twenties, brought great tension and hurt to each. The marriage ended abruptly as neither could handle responsibility nor tolerate each other.

Troubled, and a failure, the patient was referred at age twenty seven for therapy. She was open, bright, and hungry for insight. Drug use was discontinued and she soon met a sensitive, moderately mature man and entered her second marriage. This union has worked rather well and there is insightful growth. In the therapy the patient has frequently reflected on life; its meaning, values, what is right and what is not.

No religious concept was ever introduced into these sessions. Strength has come to her as she has been able to determine a workable ethical value system. She feels strongly that abortion is wrong and she is proud to say that no one ever told her this. A close friend who had considered and then rejected an abortion is now raising a beautiful child. The patient feels that interruption of the pregnancy would have robbed the child of life and she feels that is equal to murder. In group therapy she has counselled other patients well who are still involved in drug abuse and has shown them how they are self destructive. There was no neglect of the spiritual dimension in her therapeutic process yet it was never overtly forced upon her. The patient reached for it and is working it through.

The doctor who has a transcendental value system will reflect this in his work. Braceland<sup>3</sup> has written of this, "that persons with a spiritual dimension, relating values to a Supreme Being and possessing a deep sense of moral duty are the possessors of strengths that no man and no catastrophe can take from him. Under all circumstances then such persons have strength to maintain their peace of mind, their conviction of human dignity, their self respect and their sense of duty." The therapist who has such strengths and values will, in a very natural way, communicate them to his patients. He will do this not only by what he says, but

by the very nature of his being, what he represents and by his integrity.

Indeed the physician with a value system that is transcendental is saying to his patient verbally or symbolically "God is there — He is here with us in treatment. — He is in our lives." The doctor by all that he is, is saying, "I believe, and this is central to my life. What is it in yours?" He is able to evaluate with the patient how values may be applied and made dynamic. A workable measurement is given. What ever action or deed is harmful and destructive to an individual or another causes an absence of good. An absence of good is defined as an evil and here is where evil exists in the hurting or damaging of oneself or another. From this measurement, intricate and complex decisions can be reached in the process of judgement.

In this way and in this process the patient is brought to an end of suffering and to renewed health. Through it the physician psychotherapist is constantly himself made complete and fulfilled. In the center of the process is God, and what is good, is accomplished.

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