

## **Unpublished Manuscript**

### **Sacred Voices: Incorporating God and Spirituality in Therapy**

Susan Swim, PhD, Shauna Summers, M.S., Marilee Davis, M.S.

Loma Linda University, Loma Linda California

Within this article voices are heard – voices of particular graduate students who are dedicated to the task of learning therapy. Through the unfolding of their stories the reader can listen to thought-in-movement as the students explore a process of sacred conversations, embracing themes of God, spirituality, and their own “selves” within their professional learning. These voices invite a relational element regarding God, spirituality, and theology, and the relationship between these thoughts and the process of learning and doing therapy. We wish to defer a quest for lucidity on these themes and not pursue certain religious or spiritual realisms regarding therapy and spirituality; rather, we encourage a sacred reflection on these stories and an invitation to embrace alternative ideas on the sacred.

I wish to invite into the professionalized world of therapy into a certain spirituality of welcoming – something similar to the politics of welcoming I hear it in the words of Jacques Derrida (2002):

Let us demand that commitments be made to another politics, a politics that is truly other, both thoughtful and generous, a politics that will clear the current laws of their shame and infamy – a politics of the foreigner, a right of foreigners that will not be a dereliction of justice... We must be able to rediscover a taste for living in a culture, a language and a country... whose national representation no longer proposes to punish the welcoming of a foreigner (Derrida, 2002, p. 144).

#### **An Invitation to Relational Stories of God and Spirituality in Therapy**

My purpose in this paper was to offer an appreciation for the values, passions, and heroic stories of these particular students and their clients surrounding sacred discourses in therapy. As therapist one must be sensitive to the customs of spiritual and theological premises, as with any diversity theme. My intention is for these narratives to surpass the legalistic definitions of religion or spirituality, and instead focus on the collaborative

relational process in themes of sacred discourse. For these students each story opened up new possibilities in allowing the sacred to be verbalized in the therapeutic realm. The discourses that emerged were diverse and different for each student and client, and emphasized an opportunity to present multiple voices, to hear stories that reflect and honor the integrity of their relational journeys. The stories invite an opportunity to hear therapeutic relational dialogues within sacred discourses devoid of religious legalism or inflexibility.

These stories welcome novel thoughts of incorporating God and spirituality in therapy, and suggest that incorporating the spiritual wholeness of students can enhance their experience in the therapeutic process. This spirituality of welcoming I am referring to is one where the faith, the beliefs, the theologies, the spiritualities, the theisms, or even the atheisms are able to find a warm and useful welcoming into the world of therapy. Since there are traditions and politics concerning God and spirituality, I think it is important to talk of these themes for they present how this can occur in a manner of relationships rather than the politics of right or wrong thinking or actions in therapy. These ideas find parity in the passion of enabling therapist to work with God or spiritual concepts whether the therapist comes from a theological or spiritual belief system or not, as in the work of Griffith and Elliot Griffith (2002).

In reflecting on distinctions regarding God and spirituality, I refer to God as a deity and spirituality as having a spiritual nature within one's world view--the dissimilarity or similarity is inconsequential. The words "God" and "spirituality," in this context, are interchangeable. Both are themes that become alive through relational

dialogues and have only local meaning within therapy or teaching, and are without any correct assumptions on themes of the sacred.

### Being as Therapist

At the university, where we collaborate, students learn strength-based modalities for working with clients. Since the university is associated with a particular theological outlook, many students actively participate with their clients in a manner that does not exclude topics of God, spirituality, or theology. Students express a yearning to have their own faith somehow acknowledged and honored within their therapeutic work. Herein, the voice of the sacred foreigner is welcomed and embraced.

The predominant focus is on the development of "being as therapist", a process reflecting their proficiency as therapists. Skill sets or theoretical guidelines are secondary in their learning venues. Skill sets provide the students with initial certainty, templates, and a limited relief from their angst as they endeavor to aid their clients. In the process of learning to do therapy students in the following excerpts evolve to see their clients as heroes and heroines, despite varied world-view differences and diverse theological postulates<sup>1</sup>. They do not see their clients as deficient, but as people to journey with on a path to change.

Students learn that themes of theology or spirituality are a topic for the client to bring up. Theology in the therapeutic conversation may or may not occur, for this is at the invitation of the client. Many of the referrals know that the university clinic is associated with a particular religion and, in such they seek services there under the assumption that their own theological or spiritual constructs will be honored in therapy. Not all referrals

---

<sup>1</sup> These ideas are akin to Miller, Duncan & Hubble (1997) in their premises on the basic principles of change and Duncan & Miller (2000) on client directed therapy.

view spirituality or religion as important in their lives. It is of no consequence to these therapists since their agenda is client led and client honored.

This is not to say that all the students have or are required to have active spiritual or theological orientations. The main emphasis in this program is for the student or learner to become familiar and comfortable with himself or herself as a therapist. Therefore, the development of the therapist is at the forefront of the educational process. For many of these students this includes the exploration and incorporation of their spiritual selves.

Often this occurs through an intensive investigation into one's own self and one's own motives for personal and professional life. In this "soul searching" students discover their own personal values as well as assumptions or prejudices regarding client values and emotional functioning. They also investigate personal histories and influences that make the students unique and, at the same time, affect their theories and the processes of therapy. Learners come to explore what populations they feel comfortable with and what populations may be a challenge for them. They confront their beliefs about the nature of individuals; beliefs about self, spirituality, truth, behavior, change, and their personal relationship with spirituality. They also explore the impact major theorists have on their therapeutic presence, the main strengths or drawbacks of their therapeutic orientations, how they strategize and conduct therapy, and how outcome occurs.

### Process Ethics and Spiritual Selves

Students develop not only skill sets and self-knowledge, but also a sense of what is the good and proper for each client they see. In past publications this theme has been presented as "process ethics" (Andersen, 2001, Anderson, 2001; Gergen, 2001; Ray,

2001; Swim, St. George & Wulff, 2001; Swim, 2003). Process ethics transcends valued traditional ethics of content (i.e. duty to warn, confidentiality, informed consent, competence standards, prevention of exploitation, etc.) and instead explores conjoint social actions between therapist and client, supplementing set rules, standards, and traditions. From this posture therapeutic ethics are a collaboration of values and morals, including diversity themes, such as the sacred. Process ethics reflects the beliefs, values, and morals that therapist and client create together. They are intimate, immediate, fluid, constantly changing, and individualized (Swim et al. 2001). They are local and not produced outside the therapy room (Anderson, 2001). Therapist and client become co-constructors of ethics and therapeutic change. Process ethics co-creates an environment where therapist and client explore liberating narratives self tailored to the client's desire for change. This ethical partnership enables the client to have a conversational space where new therapeutic possibilities occur that is client driven and honored (Swim, et. al., 2001). Through this endeavor the therapist is in a sacred conversational space, where the unspoken is spoken, and where we come to understand the intimacy of the Other (Swim, et. al., 2001)

### Inclusion of the Sacred

I hope to invite the sacred to have a seat at the table of diversity. I propose that excluding the voice of spirituality of the client can be a setback, as it is in other diversity censored themes. In not including every aspect of the client by excluding spiritual beliefs, the client's growth and possibilities for change is limited. As therapist we must embrace the holistic relational existence and attempt not to repress human desires despite the historical conflicts between mental health and sacred conversations (Fabricatore, 2004).

In light of this sense of exclusion we wish to move toward an embracing of Otherness, including a spiritual and theological Otherness. We find a certain space to move in the relation Jacques Derrida creates between the idea of the “yes”, the “perhaps” and the “event”. He suggests:

An event is only possible when it comes from the impossible. It arrives as the coming of the impossible, where a “perhaps” deprives us of all assurance and leaves the future to the future. This “perhaps” is necessarily allied to a “yes”: yes, yes to whatever (whoever) arrives... The “perhaps” keeps the question alive, and, perhaps ensures its sur-vival (Derrida, 2002, p. 344).

It is important to talk about spirituality in graduate programs but often find it excluded. This makes me wonder if we are to teach other diversity issues, why do we exclude themes of the sacred in teaching venues? These themes are paramount to therapist authenticity if it is part of the therapist as being. The incorporation of spirituality in therapy should not revolve around the therapist’s own religious perspectives; rather, it should be an acknowledgement of the human ability to question the possible existence of a supreme being and enter into discourse with that invitation. It is treating the other as person, giving the client and therapist both the freedom to express each fully. To limit therapy to non-spiritual conversations stifles an aspect of human personality that desires to be recognized.

### Learning and Incorporating Self

The process of learning to “be” a therapist is one that yields not from books but by doing or being (Anderson & Swim, 1994; Swim, Helms, Plotkin & Bettye, 1998, Swim et al. 2001; Swim, 2003). In such, “learning to do” therapy is a collaborative endeavor akin to the therapeutic process (Anderson & Swim, 1994; Swim, 2003). The client-therapist relationship is intimate and occurs through a process of hearing, listening,

and talking--of meaning being informed and formed (Anderson, 1997). Ethical constructs such as genuineness and trust become co-generated and immediate (Andersen, 1997; Anderson, 1991). In this manner, options and needs are personalized and lend to localization within relationships (Gergen, 2001; Miller, Duncan & Hubble 1997).

Self-evaluation and understanding creates the space for ethical dialogues. It is journey where an understanding of self leads to the understanding of the Other (Anderson, 2001; Swim 2003). In the following excerpts this soul-searching reaches into one's sacred self, personal self and, self as therapist. With the student becoming familiar and comfortable with his or her role of "being" therapist they are free to demand and follow their process ethics in therapy (Swim, 2003).

The following excerpts from two students and afterward comments by an additional three students in reflecting on this paper will demonstrate this combination of integrating therapist as a person into their interactions in the therapeutic domain. Here the reader will be able to follow the transformation, where genuine client-therapist relationships co-develop as the therapist becomes comfortable with his/herself and as she/he learns to cherish a spirit of openness to the other. Openness -- not closure!

The play of the world has changed in a unique way... It is a world of captures instead of closures (Deleuze, 2001, p. 81).

#### Shauna: My Spiritual Self and Therapy

When I left a successful career as a book editor to train to become a therapist, I was unprepared for how incompetent and unsure I would feel because of my inexperience. I was used to feeling like I knew what I was doing, or at least as if I had the necessary skills to figure out what needed to be done. I learned almost immediately when

I sat down with clients as a trainee at the Loma Linda University Marriage and Family Therapy Clinic that who I was as a person was almost all I had as a therapist. I'd received the necessary 18 units of coursework, including classes that taught me about law and ethics, psychopathology and diagnosis, as well as crisis intervention. Yet sitting face to face with a complete stranger who was seeking my help was terrifying and overwhelming. Virtually all I had to rely on was myself, and the most important aspect of who I am as a person and as a therapist is my knowledge and understanding of my worth and potential as a daughter of God. I believe that every individual has this same possibility and value. It is carrying that in my mind and heart and transmitting it in every single interaction with my clients that has been most essential in my growth and effectiveness as a therapist.

#### No Judgment

Diane sought therapy simultaneously for herself and her son. While another therapist met with her 9-year-old boy, I met with her. She wanted help in handling her emotions better, in dealing with childhood sexual abuse, and knowledge that her son was "okay." While she was generally able to handle her reactions with her son, she said that she was usually out of control with other people, flying off the handle and losing her temper, or completely shutting down and freezing people out.

Early on in that first session, Diane told me that she was a stripper. I could tell by the way she said it that this was a test for me to see if I would judge her. I also got the sense that this was a test she gave often, and I supposed that people usually failed. She was putting herself through school and was supporting herself and her son single

handedly, as her boy's father was inconsistent and unreliable. Stripping allowed her to make good money while only working a few nights a week.

I was surprised by this information, but I think I was able to school my reaction well enough, since Diane reported feeling comfortable at the end of the session and expressed a desire to return. While I was certainly caught off guard by Diane's revelation, I honestly felt no judgment. This reaction might seem unusual, given my conservative religious background and practice as a Mormon. But I've been blessed to have many life and work experiences that have exposed me to a wide variety of people with a vast array challenges and circumstances. Those opportunities in conjunction with my belief in God and his unconditional love and compassion for all people in all situations have helped me learn to approach those I encounter with some measure of the same understanding.

In my sessions with Diane I re-affirmed what I already knew to be true. Accepting and supporting a person doesn't require the same acceptance and support of what they do. What is required, particularly as a therapist, is an openness and acknowledgment of who a person is, regardless of what they have done in the past or are doing currently. This was easy with Diane, as I found myself instinctively liking her and looking forward to our sessions together.

I also feel that this recognition and basic respect was vital in establishing a therapeutic and safe environment for Diane. She was able to share painful experiences and describe her behavior and reactions honestly and in some detail. This was possible, I believe, because of my acceptance and non-judgment of her from the beginning of our work together; trust between us couldn't have developed in any other way.

Diane only attended three sessions, reporting positive change and improvement at each one. Once it was confirmed for her that her son was a normal, healthy and happy boy, she determined not to continue therapy, needing the money elsewhere.

### Knowing the Bible

Maria first sought couples therapy with her husband Jose. They had been separated for eight months, Maria having moved in with her sister because of her extreme unhappiness and frustration in her marriage. Jose had recently discovered proof of an affair Maria had a couple of years before. With this secret out in the open at last, Maria agreed to counseling to determine once and for all if their marriage could be saved.

They had been married for ten years, and though their first couple of years had been happy, Jose had become more and more complacent, not giving Maria the attention, support and affection she longed for, which had led to her affair. She was afraid if she reconciled with Jose, she would experience the same frustration, and worried that it would lead her into another affair. As a Christian, she said she knew that having an affair was a grave sin, and that if she got a divorce, she would be consigning herself and Jose to hell, but she also didn't feel she could go back.

Jose said he knew he hadn't been a very good husband, but he hadn't realized how unhappy Maria was until she moved out. He wanted her back and reported having spent the last eight months overhauling himself, reading books, seeking counseling on the Internet. He'd changed and felt that if Maria would just give him another chance, they could be what they once were.

A co-therapist and I met with this couple for two months, occasionally seeing them separately, but primarily together. From the beginning we both heard that Maria

was done with the marriage, and as therapy progressed this became more and more clear. Maria consistently said that she had no romantic feelings or physical attraction for Jose, and that while she cared about him as a person, she couldn't imagine reconciling with him. During an individual session, Maria told us that she'd met with a pastor who told her that she needed to go back to her husband, that it was her duty and that if she didn't, she, Jose and whoever either of them married in the future would all go to hell because it would be adultery. She was clearly in extreme conflict over which course to take.

I was very unsure of how to proceed. I obviously couldn't tell Maria what to do, but I also felt strongly that she desired another perspective on God, a perspective that recognized and confirmed God's love for her and his desire for her happiness. During this session, Maria and I were able to have a conversation based primarily on the Bible, discussing different passages of scripture regarding God's view on marriage and on God's view of his children. At the end of the session, nothing had been resolved, and I honestly had no idea what Maria's decision would be, and felt that the session had at least opened up other possibilities for her to consider. Even more important, however, was my willingness to openly address religious beliefs and Bible teachings with her. I was cautious and resolved to follow *the client's lead* on this, but once it was clear that *she* wished to discuss these issues from a spiritual standpoint, I felt it was my obligation as a therapist and a person to go with her where she needed and wanted to go.

When we saw Jose and Maria the next week, Maria told us that she had decided the marriage was over. It was a very painful session for both of them, and was particularly devastating for Jose. We have continued to meet with each of them individually as they move through their divorce. While there has been very little religious

or spiritual discussion in these individual sessions with Maria, I feel that our willingness and ability to address these issues with her has strengthened the therapeutic bond we have, enabling her to discuss other private and difficult subjects.

### God's Love

While I always try to be aware in my daily interactions with others of God's love for everyone individually, I'm occasionally given a clear and undeniable insight to how strong that love actually is. When this happens, it is almost always with a specific individual, as opposed to a group of people, and it serves as a reminder that God's love is more than a theoretical reality. I experience it as a deep witness and understanding that leads to true empathy and Christ-like love for another.

I had this recognition almost immediately Karina. She is an older woman in her 70's, who was born and raised in Italy, and has struggled with severe depression since she was a teenager. In that first session, she said she experienced "deep psychic pain" everyday, and though she had sought therapy and medication for it in the past, it had been particularly bad in the last year or so since she'd moved to California.

Karina is simply a fascinating and extraordinary person. In that first session, she had my co-therapist and I enthralled as she shared her life with us. She had even written up a brief biography to help us get acquainted her with her. She wanted to learn once and for all who she was, feeling that if she could do that, she would be able to rid herself of the depression that had been her constant companion

During our most recent session, we reevaluated her goals and the progress we were making. She felt very positive about the changes she'd made and the hope she has

for the future. She reported feeling a lot more energy and courage to tackle tasks and obstacles that she couldn't even face before she began therapy.

I've thought a lot about what it is about this client or myself, as a therapist, with her that has made this experience the most positive I've had so far, and I've had difficulty identifying any one thing. I keep going back to that sense I have of God's unrelenting love for her. I feel it powerfully every time I'm in session with her and every time I discuss her case in supervision. She has a strong spiritual life, and is committed to her religion, which is Baha'i. Certainly drawing and building on a client's own spirituality is a powerful way to help them achieve change.

### Conclusion

I feel that one of my gifts is a strong sense of self. I know who I am and what I'm about, and have found it difficult to be anything different in whatever situation I find myself. This self-knowledge is grounded in my witness and knowledge of who I am as a daughter of God. This knowledge has also been my greatest asset in learning to become a therapist. I am most effective with my clients when I bring this understanding with me into the therapy room, whether God, religion or spirituality are mentioned or not. Since it is such a vital part of who I am, I suppose it is always with me. Being aware of it and drawing upon it as I work with my clients will make me the best therapist I can be.

### Marilee: Giving Spirituality a Voice in Therapy

It was early in the morning, or at least it felt early to me, and I was hurriedly rushing around my apartment trying to grab last minute things that I would need for a full day of classes and clients before heading out the door for an am appointment. I was just about out the door when I realized I had forgotten the most important thing I needed for

the day. I quickly shed all the bags and books I had loaded up in my arms and quietly dropped to my knees. I took a brief moment to think of the clients I was going to see that day and prayed for the wisdom to know how to help them and compassion and empathy for their struggles.

Our session was nearly over and Jane and I sat in chairs opposite each other, both of us turned towards a whiteboard that I had been taking some notes on during the session. Jane was quiet, and appeared to be deep in thought about something I just said. I respected her silence and finished filling out her receipt and appointment for the following week. “I have never thought of it that way before,” she said in response to my previous comment, “That makes everything different.” For the first time in weeks I saw her smile as she left the room. It is hard to describe what happened in the session. I think if I went back and watched the video of that session I would not be able to put my finger on the moment that I began to see clearly a pattern that had been reoccurring in her life. I do know, however that the inspiration that came to me that morning was what Jane needed to hear and I believe that God made me privy to that wisdom because of His desire to answer my prayers in behalf of one of His daughters.

This experience does not stand alone, but is part of a rainbow of experiences in therapy that have strengthened my own faith that God’s love and wisdom is real and accessible to all of His children. Ethically, I cannot ignore a resource that I believe to be one of the most important ingredients in restoring hope and making difficult changes.

I will admit that as a first year student in my Masters program and beginning to see clients I felt that the more I held back about myself the more professional I would appear to my clients. During this time I was placed under the supervision of a Professor

and Therapist in the department who advertised himself as a Christian therapist. I noticed during our supervision as I introduced my new cases to him and we talked about possible hypothesis and assessments that he often asked me if I knew the client's religious background. Both he and I noticed that I rarely gathered that information and he talked to me one day about the importance of that information. "As therapists we want to do the most thorough assessment we can in the first couple of sessions, so how can we skip over someone's beliefs which often play a large part in their values and the decisions they make in life?" I have given that question a lot of thought over the past year and a half and the only answer to that question that feels right for me is that we can't. People entrust therapists with the most intimate, personal details of their life because we make it safe for them to do this. We do this by asking them questions that add depth and perspective to their experiences. When we skip around their experiences involving spirituality we tell them in essence that those experiences are not valuable.

Whether or not a person has Christian beliefs has turned out to be of little consequence. I have learned that part of a thorough ethical assessment includes looking at different cultural factors, including a difference in our spiritual beliefs. The majority of people, when they find themselves in a crisis in life turn to some kind of spiritual beliefs. Some people cling to these beliefs and gain strength from them; others find little or no help from these beliefs and begin to look elsewhere for answers. In either case, spirituality has become a major part of the crisis in their life. I have seen clients from various spiritual backgrounds, including Baha'i, Jewish, Buddhist, agnostic, and atheist. In my experience, clients have been almost relieved to have permission to bring this part of them into therapy. It is almost as if there are different parts of them standing at the

door to the therapy room, waiting to be invited before entering, and I invite all of them, rather than leaving the spiritual part of them at the door to look on from a distance while the rest of the person is being given the attention, empathy, and direction they are seeking.

At the root of most of the changes I have witnessed in therapy is the principle of forgiveness; forgiveness of self or forgiveness for someone who has rendered some kind of pain in that person's life. Forgiveness is a deeply spiritual concept. I have yet to witness or take part in someone's forgiveness process that did not include them relying on their own spiritual beliefs to give them the strength to forgive.

To witness a person go through this process is a humbling and spiritual experience for me. I cannot deny the tangible support that client's attest to as they describe their own process of turning to God or their own higher power for support and peace and healing. Liz stands out in my memory as a powerful example of this. The first time she came for therapy it was obvious she was very distraught and had red puffy eyes and smeared mascara as a result of crying. She had recently been making some changes in her life as the result of watching a film that had had a strong spiritual impact on her. She said the film had left her with a burning desire to live a pure and honest life and consequently she confessed to her fiancée and parents that she had been involved in a sexual relationship with another man while she was dating her fiancée. At the time she came to therapy her fiancée had called off their wedding and refused to include her in his life. Despite these adverse consequences Liz stood firm in desire to live in harmony with the morals and values she had been raised to believe.

This was the beginning of a long and difficult journey for Liz. Her healing and happiness was predicated upon her ability to forgive herself and to feel forgiveness from God for the mistakes she believed she had made. We shared many conversations about her beliefs in God, including his nature and his ability to forgive. She told me she drew strength from these conversations, as well as from reading the Bible and various Christian-based books.

As her trust in me grew, she also shared events from her past that marked years of abuse and neglect from her family. She decided she needed to learn to forgive family members in order for her spiritual growth and healing to continue. I cannot say this was a smooth and easy process for Liz. There were times when she questioned her belief in God, and therapy became a safe place for her to voice these difficult struggles that took place in her heart and mind. My experiences with Liz taught me that both the depth and lack of spirituality are important elements in the healing process for those clients who feel they are important. I learned that if it is important to them, then it should be important to me and I need to give it adequate attention and time during therapy.

A systems- based approach includes looking at the impact that all relationships have on a person's life. This was a philosophy that originally set marriage and family therapy apart from all other disciplines. However, this is no longer the case. As more and more professions begin to recognize how futile their efforts are when their focus is only on an individual rather than the whole family they are beginning to make changes in their methods of practice. Among doctors, dieticians, physical therapists, and psychiatrists there is a growing awareness of the long-term changes that can occur when the family is assessed and used as a resource to help the system change, rather than just

the individual. To those who profess that the systems approach has legitimacy, I ask: “Is a relationship with a Higher Being, whether it is God or some other entity, not legitimate enough to be considered within a person’s circle of influence?” I believe that many people would agree that it is indeed legitimate, and because of my experiences as a therapist I would be one *of them*.

#### Susan: Concluding Thoughts

New learners, reflecting on this paper, asked me why many theories exclude the concept of spirituality. I shared with them my own reality of this. A few ideas we discussed were how postmodern thinking embraced a parity of thought with the theological postulates of generous listening, abstaining from being judgmental, being fully present with the Other, trust in the nature of people, honesty, and caring for the outcome of emotional pain.

In my experience of working with these students never have I been concerned that they would be therapist driven in theological themes. As spiritual thinkers, the students wish to incorporate God in their sessions. This may include praying before or after sessions. In other venues it may involve dialogical conversations that the client introduces into the therapy themes without any agenda by the therapist to do so.

I see clients and students from diverse backgrounds and it is of little significance to me if they embrace spirituality or not. I do know if they do incorporate spirituality into their sense of self and if they wish to address theological or spiritual issues, I can converse with them as I do other personal thoughts. My intent is not to promote spirituality from any theological paradigm, but to include the themes if they are important to the client or student. As with other themes, I am not the expert in theology. I can,

however, converse in a way that leads to spiritual possibilities that are truly collaborative, yet “owned” by both the therapist and client in the construction of sacred themes. In this sense I am relationally responsible and participating in process ethics.

I have been asked if inclusion of the sacred in therapy could cause harm. I say yes. I also say yes to other variables. These include being non-genuine, judgmental, non-authentic, labeling clients with deficiency language and diagnosis, coercing clients into theories, telling clients what to do, thinking that you know what is best for the client rather than honoring their voice, among others I do not wish to address in this article. In particular, if a student was to coerce a client into being a spiritual person this would be a grave ethical event. Another would be if a student let their “sacred self” impose judgments. In my experience these particular students would not harm in any of these manners despite what content is processed in therapy. I cannot address what other students would do. I do know that grave harm could occur if any of the above ensued.

#### Next Step Thoughts

After reading this manuscript my current students were excited at the prospect of the paper. In such, I decided to include their reflections. These reflections are “next step thoughts” about composing more papers about God, spirituality, and therapy.

#### Keisha

I feel that spirituality is a welcoming of the rapport, reframing, and treating to the client. If one looks at the genuine care of their client, the needs of the client are what come first in therapy and treatment planning. My reflection on spirituality and counseling clients is adjusting to the needs of the clients and feeling comfortable as a therapist to

work with their needs. In this field of therapy, I think that values of the clients count towards their overall awareness of their self and achieving powerful change.

I also believe that many clients are seeking some form of spirituality, or connection to pull them through their hardest times in life. Because ethical reasons could cause most therapists not to incorporate a sense of spirituality, I feel it hinders the client's process and treatment. As therapists, it is always important to ask the client, "What will be beneficial for you at this moment?" This may or may not include themes of God or spirituality. Rather the importance lies in what the client perceives as beneficial themes.

I feel that the authors in this paper have improved and struck the floor of the rooms of many therapists across the country on her beliefs and incorporation of God in her treatment with her clients. I approve of the ability to stand up for what one believes despite the controversy surrounded by religion in itself.

I will not fear in the process of spirituality as a form of joining and attending to my client's needs, as idea of relationally responsibility, I feel that spirituality can be seen as a form of care and infinite connection between therapist and client. Spirituality is so broad in terms that it can be defined as a skill, protection, value, idea, and a support system.

Laura

As I read the excerpts from fellow therapist trainees who are practicing postmodern modalities, my heart leapt because they have not lost their faith, but have found strength in the faith they have. They spoke of listening to people in a nonjudgmental way, which speaks of the lessons we all know as spiritual believers. I am not unique to the ubiquitous God. For thousands of years, Jews have been

kept alive through their identity, language, and relationship with God. They, too, are a community of believers that belong to a society that has been intolerant of their beliefs and culture.

Postmodern modalities must be respectful and tolerant of the varying faiths.

Some postmodern marriage and family therapists practice this modality while being a believer in God, but are afraid of being dismissed by colleagues. Dismissing a believer of any faith discredits the theory that stresses relationships through language and social action. The therapist listens to the stories of clients, that listening is filtered through the ears of a person who has a relationship with God. If postmodern therapists and mentor lose the respect of colleagues and students in the field of marriage and family therapy who believe in someone transcendent, then intolerance is bred and a terrible disease called prejudice is born.

Nancy

Before I decided to go back to school and work toward an MFT license, I volunteered as a Lay Christian Counselor. For me, the idea that as a client or therapist you could keep your faith or beliefs about God out of a counseling session is unrealistic. For those of our clients who have a strong faith based view of the world and their place and purpose in it that concept would be impossible. To disregard this vital support system would be doing our clients a great injustice. As in most areas of discussion within the counseling session, the client not the therapist decides the depth and extent of the discussion, however it is the therapist who should investigate or assess all areas of strength and support that are available to their client so that they can all be utilized for the

clients benefit no matter what your personal beliefs may be. Isn't that what nonjudgmental, respectful therapy is about?

## REFERENCES

- Andersen, T. (1995). Reflecting processes: Acts of informing and forming: You can borrow my eyes but you must not take them from me! In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (pp. 11-37). New York: Guilford.
- Andersen, T. (1997). Researching client-therapist relationships: A collaborative study for informing therapy. *Journal of Systemic Therapies*, 16, (2) 125-133.
- Andersen, T. (2001). Ethics before ontology: A few words. *Journal of Systemic Therapies*, 20 (4), 11-14.
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Anderson, H. (2001). Ethics and uncertainty: Brief unfinished thoughts. *Journal of Systemic Therapies*, 20 (4), 3-7.
- Anderson, H. & Swim, S. (1993). Learning as collaborative conversation: Combining the students' and the teacher's expertise. *Human Systems: The Journal of Systemic Consultation and Management*, 4, 145-160.

- Anderson, H. & Swim, S. (1994). Supervision as collaborative conversations: Connecting the voices of supervisor and supervisee. *Journal of Systemic Therapies*, 14, 1-13.
- Deleuze, G. (2001). *Pure immanence: Essays on a life*. New York: Zones Books.
- Derrida, J. (2002). *Negotiations: Interventions and Interviews, 1971 – 2001*. Stanford: Stanford University Press.
- Fabricatore, A. (2004). Stress, religion, and mental health: Religious coping in mediating and moderating roles. *International Journal for the Psychology of Religion*, 14 (2), 91-108.
- Gergen, K., J. (2001). Relational process for ethical outcomes. *Journal of Systemic Therapies*, 20 (4), 7-11.
- Miller, Duncan, & Hubble (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice*. New York: Norton
- Miller, S. & Duncan, B. (2000). Paradigm lost: from model-driven to client-directed outcome-informed clinical work. *Journal of Systemic Therapies*, 19 (1), 20-35.
- Swim, S. (1995). Reflective and collaborative voices in the school. In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (100-118). New York: Guilford.
- Swim, S., Helms, S., Plotkin, S., & Bettye. (1998). Multiple voices: Stories of rebirth, heroines, new opportunities, and identities. *Journal of Systemic Therapies*, 17 (4), 61-71.
- Swim, S., St. George, S., & Wulff, D. (2001). Process Ethics: A collaborative

partnership. *The Journal of Systemic Therapies*, 20 (4), 14-24.