In practice

A spiritual dimension

Rachel Freeth

I wonder how many of you share my interest in spirituality? I wonder how many, on seeing the word 'spirituality', immediately lose interest and are about to stop reading? Clearly there are varying

degrees of acknowledgement of, and interest in, a spiritual dimension. Therapists too, for a variety of reasons, vary in their willingness to engage in a spiritual discourse with clients. Nevertheless, however willing and adequate therapists feel to talk about spirituality, it is certainly the case that some clients want to bring concerns and questions of a spiritual nature into their sessions. I would therefore agree with the argument that therapists should be prepared to engage with the spiritual issues clients may bring.

For some clients it may involve exploring a language and conceptual framework that helps to make sense of their experiences. For others, spirituality could be central to their concepts of wholeness, healing and growth. At its heart, spirituality seems often to relate to a search for meaning, purpose and connectedness.

This may well be challenging territory. But what if your client is describing phenomena that could be described as spiritual in nature but could also be construed as psychopathology?

Jack, a young man with whom I once worked, experienced both visual and auditory hallucinations. Sometimes he experienced them as distressing but more often he found them pleasant and comforting. For example, he described 'What if your client is describing phenomena that could be described as spiritual but could also be construed as psychopathology?'

hearing the most beautiful music, in the form of angelic singing. On occasion, when experiencing this, he felt a tremendous sense of wellbeing and described being enthralled by the beauty of the universe. He believed he was part of a divine play, and that his own part was full of special significance and meaning. At these times he also felt full of love, and described a sense of completeness and profound connectedness to the world and to all living things.

Jack had previously been diagnosed with bipolar disorder (manic depression). It is therefore more than likely that, in a mental health setting, his hallucinations, and the feelings and meanings he attached to them, would be thought of as symptoms of this disorder, probably needing treatment. But, while at one level Jack accepted this diagnosis, or at least the existence of illness frameworks of understanding, he did not see his hallucinations as symptoms. To do so would mean viewing them negatively, as something to eradicate.

During my conversations with him it was clear that he wanted to talk about his sensory experiences – his hallucinations – and to explore ways of making sense of them other than those offered by the framework of the medical model. In particular, he wondered whether they were spiritual experiences. Over time he came to view their significance as enabling him to receive love, leading him to make some beneficial changes in his life.

I am aware that some of Jack's thinking and ideas might be described by some as distorted and grandiose, possibly even psychotic. Certainly I felt I had to be aware of the possibility of his mood becoming elated to a degree that could detrimentally affect his judgment and decisionmaking. Had that happened, I would have considered whether he needed other forms of help.

I learnt a lot from my contact with Jack and I believe he benefited from seeing me. I think my work with him also demonstrated that, contrary to what is sometimes asserted, a diagnosis of bipolar disorder should not automatically exclude someone from psychotherapeutic work. Obviously a number of factors need to be considered, such as the therapeutic task, the goals of the client and whether the therapist is working within the limits of their competence.

I also came to the conclusion that separating experiences into those that may be construed as psychopathological – ie as symptoms of illness – and those that may be regarded as spiritual, is a false dichotomy. Even if I had viewed Jack's experiences as symptoms, he would still have wanted to explore their spiritual significance.

Most importantly, though, Jack wanted someone to listen, understand his frame of reference and take seriously his spiritual quest.