Cross-cultural, Spiritual, and Religious Issues in Psychiatry  
“Transference, Countertransference and More”  
R-3 program 4-30-2009

I. Introduction: our own experience to date with transference and countertransference in the area of religion, spirituality. Review, what is spirituality?

II. When confronting a patient with specific spiritual or religious beliefs, what are the issues for consideration?
A. The patient’s expressed problem.
B. The patient’s problem as we perceive it.
C. The patient’s world view, cultural/religious/spiritual perspective.
D. The patient’s transference toward us as psychiatrist within this perspective.
E. Our countertransference toward the patient’s perspective and toward their transference.
F. The patient’s and our beliefs about each of our role and ability to help/change/fix/heal/harm their area of concern and world-view.
G. The patient’s and our beliefs about causation of suffering, sources of healing, cure, comfort, and support.
H. The patient and our beliefs about the purpose of life and the basis of choice.

II. What about our own countertransference, the things that we believe or disbelieve, that make us uncomfortable? Do we believe the myth of objective, value free, scientific psychiatry in clinical practice?

A. Covert or overt promulgation of our own belief system is unethical and may be harmful to the patient’s own spirituality/personal journey.

B. Avoidance of the topic may have a number of adverse consequences.
1. Failure to listen to/invalidation of important aspects of the patient’s story.
2. Denigration of the patient’s humanity.
3. Failure to encourage healthy spirituality.
4. Failure to combat unhealthy spirituality or false theology.
5. Failure to comprehend important aspects of the patient’s life.
6. Limits the psychiatrist’s own personal development.

IV. Where are we with reference to these issues in the DSM process?

DSM-IV Diagnostic coding: V62.89 Religious or Spiritual Problem:  “This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution.”
**Culture specific syndromes**

See Appendix I of the DSM-IV (amok, ataque de nervios, bilis, colers, boufee delirante, brain fag, dhat, falling out, ghost sickness, hwa-byung, koro, latah, locura, mal de ojo, nervios, pibloktoq. Qi-gong, rootwork, sangue dormido, shenjing shuairuo, shin-kui, shin-byung, spell, susto, taijin kyofusho, zar).

V. Research evidence continues to demonstrate beneficial physical and mental health outcomes of specific religious practices such as prayer, meditation, attendance at worship services (church, synagogue, mosque, temple etc.)

A. What factors are responsible for these positive outcomes?

1. Sense of identity with specific religious tradition?
2. Social support? Feeling of belonging?
3. Love and Acceptance?
4. Meaning and purpose in life?
5. Life style guidelines for living (decreased drugs, alcohol, antisocial behavior etc.)?
6. Emphasis on family and community values?
7. Sense of connectedness, deep context, integration. Origin, destination, relatedness, Being, Cosmos, identity.

B. Aside from these practical social mechanisms that have been proposed, is there a spiritual reality separate from our rational, sensory experience? Is there a God that affects the universe apart from the mechanism of science?

VI. **Lawrence Kohlberg’s Stages of Moral Development (simplified)**

A. The law of the jungle, no values except my survival and wants?
B. Black and white, “rule bound” legalism. Right or wrong, us versus them, “God is on our side”, “holier than thou”, etc.
C. Skepticism and belief in alternative ways to the Truth.
D. Universal love and compassion, mystical connection between all that exists. What happens to you affects me, the earth, oneness, unity of all. (e.g. Jesus, Ghandi)

VII. **Healthy versus unhealthy spirituality**

**Does the particular form of religious thought and practice:**

A. Build bridges or barriers between people?
B. Strengthen or weaken a basic sense of trust and relatedness in the universe?
C. Stimulate or hamper the growth of inner freedom and personal responsibility?
   Does it encourage healthy or unhealthy dependency relationships, mature or immature relationships to authority, growth of mature or immature consciences?
D. Provide effective or faulty means of helping persons move from a sense of guilt to forgiveness? Does it provide well-defined, significant, ethical guidelines, or
does it emphasize ethical trivia? Is its primary concern for surface behavior or for
the underlying health of the personality?
E. Increase or lesson the enjoyment of life? Does it encourage a person to
appreciate or depreciate the feeling dimension of life?
F. Handle the vital energies of sex and aggressiveness in constructive or repressive
ways?
G. Encourage the denial of reality? Does it foster magical or mature religious beliefs?
   Does it encourage intellectual honesty with respect to doubts? Does it oversimplify the
   human condition or face its tangled complexity?
H. Emphasize love and growth or fear?
I. Give its adherents “a frame or orientation and object of development” that is adequate in
   handling existential anxiety constructively?
J. Encourage the individual to relate to his unconscious through living symbols?
K. Accommodate itself to the neurotic patterns of the society or endeavor to change them?
L. Strengthen or weaken self-esteem?

VIII. Intrinsic or Extrinsic Religiosity?

Research indicates that those with primarily extrinsic forms of religion have
higher levels of anxiety, lower sense of well being, self esteem, and a higher rate
of depressive disorders and personality pathology. In other words, those whose
religion is an external construct, a persona or mask that provides the appearance
of religiosity, or serves primarily a social or status function appear to have lower
levels or mental health than the control groups. By contrast, intrinsically religious
or spiritual people are those who have internalized their belief system, whose
ethics, opinions, affiliations, and behavior are internally consistent with their
religious beliefs. There is good evidence that these people have lower levels of
anxiety and depression under stress and greater resilience when ill than control
groups. Incidence of depressive and anxiety disorders is lower than the general
population in this group.

IX. What spiritual interventions are available in pastoral and clinical psychology settings?

   A. Religiously based Cognitive Behavioral Therapy, DBT, Acceptance and
      Commitment Therapy.
   B. Jesuit Spiritual Exercises in Every Day Life (SEEL).
   C. Consider briefly the conjunction of psychology and spirituality in Self Psychology
      and Jungian concepts of shadow and soul journey.
   D. Rituals that (1) shape, express, maintain relationships, (2) facilitate change by
      making and marking transitions, (3) facilitating healing from betrayals, trauma, or
loss, (4) expressing belief and making meaning, (5) celebrating life with joy and festivity (bar/bat mitzvah, baptism, bris).

E. Meditation or Centering Prayer is a self-directed practice in which the meditator makes a concentrated effort to focus on a single image, thought, physical experience, sound, or memorized passage. (e.g. TM, Mindfulness, Relaxation Response, etc.).

D. Prayer is primarily an expression of the prayor’s relationship to a higher power. It may include petitions, forgiveness, inner listening, and thanksgiving.

E. Forgiveness based on spiritual/religious beliefs is defined by McCullough and Worthington (1994) “as a problem solving strategy consisting of a complex of affective, cognitive, and behavioral phenomena in which negative affect and judgment/hostility are reduced, not by denying one’s right to such affect and judgment, but by viewing the offender with compassion, benevolence and love.”

F. Willingness, Release, Letting Go refers to a surrendering of one’s self separateness and an immersion in the spiritual process. It involves a spiritually and religiously based letting go of inordinate struggles to control all events, feelings, and persons in one’s life. Releases and Affirmations.

G. Spiritual/Religious Bibliotherapy pertinent to their spiritual and religious conflicts and clinical issues.

H. Twelve Step Fellowships have come to be widely applied for many addictions, including substance abuse, overeating, gambling, and sexual addictions.

I. Religious/Spiritual Dance is typically ritualistic dances that can have a variety of purposes including to celebrate major events, to bond communities, to share sentiments, and to heal the sick and the alienated. (e.g. Native American ceremonial dance, Chanting, Sufi dance, Tai Chi etc.)

J. Guided Imagery: Visualization of healing, of memories with altered/preferred outcome, spiritual experiences, forgiveness exercises etc.

K. Lucid Dreaming, Vision Quest, Shamanic Journey, dream journals.

L. Yoga, Tai-chi, Qigong, Bioenergetics, Kundalini Chakra Centering etc.

M. Contemplative exercises: exploring death, forgiveness, atonement, moral inventory, loving kindness, compassion, service, unity of all beings etc.
N. Existential Inquiry: sense of meaning, purpose, role, values in life, causation, love and relationship to higher power, to community, to history/ancestors/tradition, to self, to earth, to cosmos, to ultimate other.

O. Enneagram, the 9 personality types and psycho-spiritual growth beyond ego patterns.

P. Movement therapies and Body work (Heller Work, Rolphing, massage, therapeutic touch, acupuncture), Somatic Experiencing, Feldenkrais Awareness Movement Exercises, Craniosacral healing work, Energy work.


R. Ken Wilbur et al. emerging consciousness research, spiral dynamics

S. Science of Mind Community, Ernest Holmes writings.

T. Spiritual Direction, anamcara (soul friend/companion).

IX. Questions for discussion

A. Is there such a thing as “Evil”? If so, what is it? Where does it come from? How does one know it when one sees it, make the “diagnosis”? What do we do about it? Treat it as an illness, punish it, exorcise it?

B. What are we here for? Is there any purpose to our life? Any meaning? Do we have more than one life? An afterlife? Continuing consciousness? Is there such a thing as a soul? Do we have one? What is it? Is there a “collective unconscious”? Where do we come from? How did we get here? Is evolution an accident, the universe random? How did the universe get here? Where did matter and energy come from? Who/what was there “in the beginning”. If there is a soul, what happens to it after we die? Merge with a universal soul/mind/spirit/being?

C. What about paranormal phenomena? ESP, precognition, prophetic dreams, telekinesis etc? What about people who believe in these things? Are they delusional, schizotypal necessarily?

D. What about “Susto” the Hispanic belief in “soul loss” as explanation for certain depressive states with listlessness, and malaise?

E. What about charismatic churches that “speak in tongues”? Faith healing? Visions and voices of God and angels?

F. What are “near death” experiences? Are there angels, demons, spirits, ghosts?
G. Is there any “spiritual connection” between people and each other, people and the earth, the cosmos, higher power? Non-local mind (Larry Dossey, MD)?

H. How do we view the issues of:
   1. Guilt, Sin, Grace, Forgiveness, Redemption, “Chosen People”?
   2. Prayer, Meditation?
   3. Mystical/Religious Experiences: Unusual but integrating versus distressing and disorganizing?
   4. Religious Conversion: sudden versus gradual?
   5. Religiosity: Intrinsic versus extrinsic?
   6. Cults?
   7. Dealing with terminal illness in consult-liaison psychiatry? How do we assess patient’s attitude and spirituality?
   8. Physician Assisted Suicide/Euthanasia?
   9. Is it OK to promote meditation, Zen mindfulness exercises, prayer, Yoga?
   10. For patients with addictions, should we promote AA, 12 step programs? Should we assess patient’s receptivity to a higher power?

X. What is wellness? Absence of disease? Relief of symptoms?

XI. What place do compassion, empathy, love occupy in our relationships with our patients?

Cases for discussion