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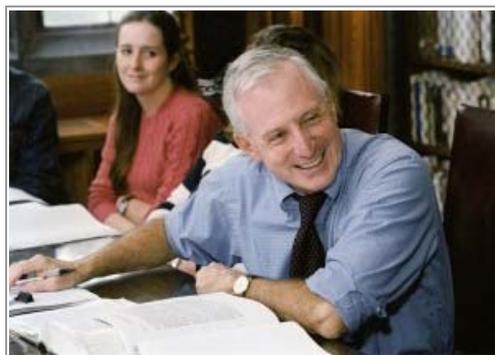
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Spirituality and Psychotherapy — An Interview with John McDargh

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John McDargh is an Associate Professor of Theology at Boston College and author of [Psychoanalytic Object Relations Theory and the Study of Religion: On Faith and the Imaging of God](#). He spoke to WTCI via email about the intersection of spirituality and psychotherapy—what to try, what to avoid, and what the future may hold.



What's your background? What do you do now?

I was raised and educated in the South (Georgia and Florida) – thirteen years of Catholic school and an undergraduate degree in English at Emory University (1970). Upon graduation I was awarded a Danforth Foundation Fellowship, and after four years in the U.S. Coast Guard during the Vietnam War, I used the fellowship to pursue a doctorate at Harvard University. I did an interdisciplinary degree in psychology and religious studies under the Committee for the Study of Religion. It allowed me to range over the entire university and put together a committee with faculty from the Psychology and Social Relations Department, the School of Education, and the Divinity School. My particular area of research was on the application of contemporary psychoanalytic theory, in particular psychoanalytic object relations theory (Fairbairn, Guntrip, Bowlby, Winnicott, Rizzuto) to studying the origin and development of the individual's conscious and unconscious representations of "God." I have remained interested in this both for its implications for psychotherapy and pastoral counseling as well as its implications for theology.

The [book](#) that was based on that research and subsequent writing was recognized with the William Beers Award for outstanding contributions to the field of the psychology of religion by Division 36 (The Division of the Psychology of Religion) of the American Psychological Association in 1995.

In 1979, I was offered a position on theological faculty at Boston College and have taught here ever since. At the undergraduate level I serve the core curriculum with a year-long comparative theology course on Buddhism, Judaism, and Christianity. At the graduate level I teach courses primarily to serve our joint masters in counseling psychology/social work and masters in Pastoral ministry, though a course like "Spirituality and Psychotherapy" typically draws graduate students from schools across the Boston Theological institute – the consortium of nine seminaries and divinity schools in the Greater Boston area. This past year on my sabbatical I was invited to design and teach a pilot course on "Spiritually Oriented Psychotherapies" for the Massachusetts School of Professional Psychology and have just been invited to chair MSPPP's newly forming Center for Psychotherapy and Spirituality.

How do you suggest a non-clerical therapist integrate spirituality into everyday therapy practice?

There are several different ways to approach this very good question, and a great deal hinges on how you understand "spirituality." I find that the simplest practical way to define that is the approach offered in my old friend James Griffith's book, co-authored with his (then) wife Melissa Elliot Griffith: [Encountering the Sacred in Psychotherapy: How to Talk with People About Their Spiritual Lives](#) (Guildford, 2002). They propose to define spirituality as a

"commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is. With this commitment one attempts to stay focused on relationships between oneself, and other people,

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the physical environment, one's heritage and traditions, one's body, one's ancestors, saints, Higher Power, or God" (p. 16).

This distinguishes yet relates spirituality to religion, since it is from historical religious or spiritual life ways that a great many people have inherited or appropriated the metaphors, narratives, rituals, and confirming communities that organize those vital relationships over a lifetime. It is also the case that a great many persons will self-identify as "spiritual but not religious" — a self-descriptor that Ken Pargament has shown is usually an index of some degree of alienation or disaffection from what person might term "organized" or "institutional religion" (which nevertheless may play a significant if unconscious or even repressed role in their psychic lives).

The Griffiths argue for therapists inquiring quite directly and yet respectfully about whether a religious or spiritual path has been a significant part of a client's life if it does not emerge spontaneously in the therapy. Even if that proves not to be the case, there are questions which can be asked, if appropriate, that dive for that level of significance that we may term "spiritual." Among the questions they suggest are: "What has sustained you?" "From what sources do you draw strength in order to cope?" "To what or to whom are you most devoted?" "Why is it important that you are alive?" Finally, there is the question I find myself wondering about, though it is more often picked up obliquely than asked directly, "Who are you with when you are alone?"

How does the skilled therapist "integrate spirituality into every day therapy practice"? The simplest answer is to listen for ways in which it may already be there — or be conspicuously missing — as a resource and source of meaning in the client's life. It is then addressed as one would any other vital relationship in the client's life including the relationship they may carry on with deceased relatives and siblings.

By the way, I think that the "clerical" therapist has both some advantages and some handicaps in attending to this dimension of their clients' lives. The advantage is that if that identity is known to the client it may be accepted as tacit permission to talk about this aspect of the client's experience if relevant. Many spiritually or religiously committed clients self censor around these matters out of a sense that it will not be respected and may even be pathologized by the therapist. On the other hand, as my colleague Dr. Nancy Kehoe (who is both a nun and a clinical psychologist) has shown, there are complex transference dynamics that may be set up when the client perceives the therapist as also a religious professional, and these get particularly sticky when it is a shared tradition.

What are your thoughts about displaying religious iconography in psychotherapy offices?

I think that it is important to ask the question, "For whose benefit is the religious iconography displayed?" For the therapist's or the client's? Many years ago, when I first saw patients for an intake in an office at a community mental health center, I kept on my desk where I could see it (though it would also have been visible to the client), a small icon of the raising and unbinding of Lazarus, because it was meant to remind me of what has always been for me a metaphor for what good therapy aims to do, to help release persons from the "tombs" or dead places in their lives (and it is a messy, stinky affair, as that story attests; it is also a labor of love). The image was in the first instance there for me...but I think now that is inadequate.

I would be much more thoughtful and intentional today if I were seeing the diverse range of folks who are likely to come to community mental health center. My studies of the history of Jewish-Christian relations, for instance, has taught me that one person's symbol of hope is another person's emblem of hate (the cross pre-eminently, as the conflict over the cross erected by the Polish government at Auschwitz poignantly illustrated). My work with survivors of clergy sexual abuse has alerted me to ways in which some religious images are triggers of frightening associations. The priest-clinicians that I know would never, for instance, wear a Roman collar when doing therapy, and most especially with survivors.

It seems to me that the more helpful way of thinking about what is displayed in a space putatively about healing is what images are comforting but open enough to be available to the client's own projective or imaginative construal. Van Gogh's *Starry Night*, or Millet's *The Angelus* might offer themselves up to rich associations.

I might add that in recent years I have mainly done spiritual direction, and when I do it at my office in the university the surrounding display gives the message that there are multiple ways in which it is permissible to imagine the sacred since Rublev's Holy Trinity shares space with a Tankha of the enlightenment of the Buddha and a menorah on the shelf is next to a Hopi kachina!



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How psychotherapy's relationship to spirituality changed over recent years? What direction do you think we are headed?

For eleven years beginning around 1990 I had the great good fortune to be part of the Agosin Group – a team of psychotherapists begun by the late Dr. Tomas Agosin, a psychiatrist on the faculty of Albert Einstein Medical School, who team taught a summer course, "Psychotherapy and Spirituality," for the Cape Cod Institute. Initially, and for a good many years, the psychotherapists and counselors who flocked to the seminar from around the country spoke of themselves, sometimes cautiously, as "coming out" as clinicians who took seriously the spiritual dimension of therapeutic practice. It was a daring and still politically marginalized interest, and our work was largely laying out the critical theoretical and methodological groundwork to legitimate an integrative approach. Over these twenty years there has been a veritable flood of literature, much of it published by the American Psychological Association (e.g. books by William Miller, Edward Shafranske, Len Sperry, Ken Pargament, Alan Bergin, and James Jones to cite just a few), that has brought that interest and conversation out of the closet and into something approximating the mainstream – though not without resistance, some of it well-considered and worth taking seriously. All this is to the good and to be grateful for.

Now as I see it the problem we face is perhaps rather different. My colleague in the Agosin Group, Mark Finn referred to it as the "commodification of spirituality." There is, I sometimes fear, a growing tendency for psychotherapists to reify "spirituality" as simply one more pragmatically useful resource to enhance the psychological well-being of individuals in therapy. Spiritual practices like meditation are deracinated from their traditional ethical, ritual, theological, and social contexts, and offered as value-free (but financially costly) technologies for personal self-improvement. To describe this process in terms of traditional Buddhism (since it is the practices adapted from that spiritual path which have been perhaps most often appropriated in this uncritical fashion): it is like trying to extract Right Mindfulness from the total context of the Eightfold Path and offer it without attention to the ethical practices (right speech, right mindfulness etc.) or the accompanying ontological vision of reality (right view). Or to put it another way, this approach ignores the crucial role of the "sangha" (in other terms, community, synagogue, church, haverot, fellowship) in the process of individual and social transformation. Sociologist Robert Bellah in [Habits of the Heart](#) was critical of this long running and very American tendency to a privatized "expressive individualism" that ignored the common good. For all that we may rightly criticize traditional "institutional" religion, it maintained at its best the bracing vision of the human person as ultimately made for and by a common life in relationship to transcendent meanings and values that overcome the isolating centrifugal forces of solitary self-cultivation.

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