

Psychotherapy with Persons Engaged in Alternative Religions/Spiritualities

HAVING GROWN UP IN A SMALL CITY IN THE SOUTH, MY FIRST REACTION TO HAVING A FRIEND CONFIDE IN ME THAT HE BELONGED TO AN “ALTERNATIVE RELIGION” WAS THAT HE WAS PROBABLY NOT A SOUTHERN BAPTIST. BEING THE SON OF GREEK ORTHODOX PARENTS, I DIDN’T SEE THIS “ALTERNATIVE SPIRITUALITY” AS BEING SO ABERRANT. ONCE I REALIZED MY FRIEND WAS REFERRING TO WICCANISM, A MODERN-DAY VERSION OF THE DRUID/KELTIC FAITH THAT EXISTED IN GAUL DURING JULIUS CAESAR’S CONQUEST, MY SUBSEQUENT RESPONSE WAS QUITE DIFFERENT. IT IS THIS TYPE OF DUBIOUS, EVEN HOSTILE, RESPONSE THAT I USUALLY SEE WITH MY FELLOW JUDEO/CHRISTIANS...ESPECIALLY THE PARENTS OF TEENS WHO EXPRESS INTERESTS IN “NEW AGE” IDEAS AND/OR PRACTICES. WHILE FREQUENTLY WELL-INTENTIONED, THESE BIASED INDIVIDUALS ALMOST ALWAYS BELIEVE THAT ANY AND ALL RELIGIOUS AND/OR SPIRITUAL PRACTICES THAT ARE NOT SANCTIONED BY SOME SECT OF THE JUDEO/CHRISTIAN FAITH ARE INHERENTLY SATANIC, NEFARIOUS, OR OTHERWISE INAPPROPRIATE. AS SUCH, THEY OFTEN COERCE OR FORCE THEIR SIGNIFICANT OTHERS INTO THERAPY SO THAT THE CLINICIAN CAN CONVINCE THEM TO ABANDON THEIR “EVIL” WAYS. THE CLINICIAN, USUALLY ALSO UNINFORMED, INADVERTENTLY CAN DO MUCH DAMAGE TO ALL PARTIES BY ERRONEOUSLY ASSUMING THAT ALL FORMS OF NONTRADITIONAL RELIGIONS ARE SATANIC-LIKE, ABUSIVE, ANTISOCIAL, DANGEROUS, AND/OR PATHOLOGICAL. IN THIS OVERVIEW, I INTEND TO EDUCATE POTENTIAL CLINICIANS OF SOME OF THE RELEVANT ASPECTS CONCERNING THIS EVER-GROWING PHENOMENON SO THAT THEY WILL BE BETTER ABLE TO APPROPRIATELY ADDRESS THESE UNDERSERVED, MISUNDERSTOOD, AND OFTEN MISTREATED PERSONS.

FIRST OF ALL, THE TREATING CLINICIAN SHOULD NEVER REFER TO ALTERNATIVE SPIRITUALITIES AND/OR RELIGIONS AS “CULTS”. THIS PRACTICE GOES FAR BEYOND MERE “POLITICAL CORRECTNESS”. THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) AND MOST EXPERTS IN THE PHILOSOPHY

OF RELIGION CAME OUT YEARS AGO AGAINST USING THE TERM “CULT”, PARTICULARLY IN FORENSIC CASES, SINCE THIS TERM HAS BEEN SHOWN TO ACTUALLY DESCRIBE ANY FORM OF RELIGION OR SPIRITUALITY THAT MAINSTREAM SOCIETY FEARS, DOESN’T SANCTION, MISUNDERSTANDS, OR WISHES TO CASTIGATE. ANYONE DISPUTING THE IMPACT OF THE INAPPROPRIATE TERM “CULT” MERELY HAS TO ATTEND A COURT HEARING IN WHICH DEFENDANTS IN A JAYWALKING CASE ARE SAID TO BELONG TO A “CULT” AND WATCH THE JURY’S FACES. AS EXPECTED, THESE DEFENDANTS WILL LIKELY BE FOUND GUILTY, EVEN IF IT’S UNEQUIVOCALLY PROVEN THAT THEY WERE ASLEEP IN BED AT THE TIME OF THE ALLEGED CRIME.

SECONDLY, MERELY BECAUSE AN ENTITY IS TERMED AN “ALTERNATIVE RELIGION/SPIRITUALITY” DOES NOT IMPLY THAT IT IS HEALTHY, SELF-ENHANCING, OR POSITIVE. THE SAME CLAIM CAN ALSO BE MADE FOR MORE TRADITIONAL FORMS OF JUDEO/CHRISTIAN RELIGIONS, SINCE MANY SECTS ARE CLEARLY RECOGNIZED BY LOGICAL INDIVIDUALS AS DESTRUCTIVE, UNHEALTHY, OR NEGATIVE (I.E., BRANCH DAVIDIANS). USING MY OWN MODIFIED VERSION ALLPORT’S, ARTERBURN’S AND FELTON’S, AND OATS’ COMBINED CRITERIA, A SPIRITUAL/RELIGIOUS ORIENTATION THAT’S HEALTHY, POSITIVE, OR SELF-ENHANCING IS ONE IN WHICH: (A) THE COMPLEXITIES OF LIFE ARE ACKNOWLEDGED, WITH ALL-OR-NONE, BLACK-AND-WHITE, SIMPLISTIC, CONCRETE CONCEPTUALIZATIONS RECOGNIZED AS IRRATIONAL, (B) A FRAMEWORK FROM WHICH TO VIEW ALL OF LIFE IS PROVIDED, (C) A CONSISTENT MORALITY SYSTEM FOR ALL PEOPLE IS PRODUCED, (D) GROWTH AND CHANGE THROUGH NEW KNOWLEDGE AND EXPERIENCES ARE ENCOURAGED, (E) BALANCE IN ALL THINGS IS DESIRED, (F) A SENSE OF HUMOR, MUSIC, AND PLAYFULNESS HAVE THEIR PLACE, (G) SOME NONHUMAN SUPREME FORCE/FORCES OR ENTITY/ENTITIES IS/ARE THE FOCUS/FOCI, (H) OTHERS ARE RESPECTED, (I) THE FREEDOM TO SERVE EXISTS, (J) SELF-WORTH IS VALUED, (K) AN ATMOSPHERE OF TRUST, LOVE, AND PERSONAL VULNERABILITY EXISTS, (L) A NON-DEFENSIVE STANCE IS ENCOURAGED, (M) APPROPRIATE EMOTIONALITY IS ENCOURAGED, (N) PEOPLE ARE ENCOURAGED TO ACCEPT THEIR HUMANITY, AND (O) THE RELATIONSHIP BETWEEN THE INDIVIDUALS AND THEIR DEITY/DEITIES IS VALUED, PERSONALIZED, IDIOSYNCRATIC, AND REALITY-BASED.

THIRD, THE CLINICIAN NEEDS TO BE CAREFUL TO PRACTICE WITHIN THE ETHICAL GUIDELINES OF APA. SINCE THESE ARE SPECIALTY AREAS THAT TRADITIONALLY RECEIVE A DEARTH OF INFORMATION DISSEMINATION IN GRADUATE PROGRAMS, THE CLINICIAN NEEDS TO GET ADDITIONAL TRAINING AND SUPERVISION FROM MORE EXPERIENCED PROFESSIONALS ABOUT THE PLETHORA OF ASPECTS INVOLVED IN THE MULTITUDINOUS FORMS OF ALTERNATIVE RELIGIONS/SPIRITUALITIES. SOME GENERAL HELPFUL GUIDELINES WHEN WORKING WITH ALTERNATIVE RELIGIONS INCLUDE THE FOLLOWING: (A) TAKE THE INDIVIDUAL'S RELIGIOSITY SERIOUSLY, TREATING IT WITH THE SAME RESPECT WITH WHICH YOU WOULD LIKE YOURS TO BE TREATED, (B) DON'T AUTOMATICALLY ASSUME THAT PROBLEMS ARE DUE TO THE PERSON'S RELIGIOUS ORIENTATION OR THAT THE INDIVIDUAL'S SPIRITUAL ORIENTATION IS "A FAD" OR "JUST A PHASE" (ALTHOUGH IT OFTEN IS WITH TEENS IN THE EARLY STAGES OF FAITH DEVELOPMENT), (C) IN A NONCRITICAL, INQUISITIVE MANNER, DISCOVER AS MUCH AS YOU CAN ABOUT THE PERSON'S SPIRITUAL ORIENTATION AND ITS IMPLICATIONS FOR LIFE BEFORE DECIDING THAT IT'S PATHOLOGICAL OR NOT, (D) IF YOU FIND THE SPIRITUAL ORIENTATION TO BE PATHOLOGICAL, PRESENT THIS INFORMATION TO THE INDIVIDUAL IN NON-OFFENSIVE MANNERS BY USING LOGICAL, HYPOTHETICAL, DEDUCTIVE REASONING TO SHOW HOW THE SPIRITUALITY IS ACTUALLY HARMFUL (THIS ONE REQUIRES ESPECIALLY CREATIVE WORK ON THE THERAPIST'S PART), (E) ASSESS THE "HEALTHINESS" OF THE INDIVIDUAL AND HIS/HER SPIRITUAL ORIENTATION (SINCE EITHER OR BOTH MIGHT BE PATHOLOGICAL), (F) IF PERSONAL PATHOLOGY IS EVIDENCED, DO NOT ASSUME THAT THE RELIGION IS EITHER PATHOLOGICAL OR IS THE CAUSE OF THE INDIVIDUAL'S PROBLEMS, (G) BE AWARE OF THE DANGERS IN WORKING WITH INDIVIDUALS WHO ARE DEEPLY INVOLVED WITH DESTRUCTIVE SPIRITUALITIES BEFORE UNDERTAKING EVALUATION OR THERAPY WITH THEM, (H) TREAT ACTUALLY OR POTENTIALLY HARMFUL BEHAVIORS AND/OR IDEATIONS AS YOU WOULD WITH OTHER INDIVIDUALS, (I) BE AWARE OF THE POSSIBLE LEGAL AND ETHICAL RAMIFICATIONS OF YOUR WORK, (J) WITH CO-MORBID SUBSTANCE ABUSE OR DEPENDENCY DISORDERS, DO NOT TREAT WITH TRADITIONAL METHODS (I.E., ANY 12-STEP SCENARIO IS OUT, DUE TO THE GROUP FORMAT AND TRADITIONAL EMPHASES ON JUDEO/CHRISTIAN VERSIONS OF GOD/HIGHER

POWER), (K) SINCE THE FAMILY OF YOUTH INVOLVED IN DESTRUCTIVE RELIGIONS IS OFTEN A PART OF THE PICTURE, INVOLVE THEM IN THE WORK AS MUCH AS POSSIBLE, (L) IF THERAPY IS UNDERTAKEN, DO NOT PLACE FORMER LONG-TERM MEMBERS OF DESTRUCTIVE RELIGIONS IN ANY TYPE OF RESTRICTIVE, IN-PATIENT, OR GROUP THERAPY SETTINGS, PARTICULARLY IN EARLY TREATMENT STAGES (SINCE THIS OFTEN RECAPITULATES THE NEGATIVE EXPERIENCES THE PERSON HAD AS A MEMBER OF A DESTRUCTIVE SPIRITUALITY), (M) TAKE VERY COPIOUS NOTES, (N) DURING ASSESSMENT SESSIONS, INTERVIEW THE IDENTIFIED PATIENT BOTH SEPARATE FROM AND TOGETHER WITH OTHER FAMILY MEMBERS, AND (O) DISCUSS THE LIMITS OF CONFIDENTIALITY WITH EVERYONE AT THE OUTSET OF THERAPY, AND AS MUCH AS LEGALLY AND ETHICALLY POSSIBLE, MAINTAIN CONFIDENTIALITY AT ALL TIMES (EVEN IF HE/SHE IS A MINOR).

FINALLY, WORKING WITH PERSONS INVOLVED WITH ALTERNATIVE SPIRITUALITIES, WHETHER POSITIVE OR NEGATIVE, IS NOT FOR ALL PSYCHOLOGISTS. IN THIS VEIN, CLINICIANS SHOULD AVOID WORKING WITH PERSONS INVOLVED IN ALTERNATIVE RELIGIONS (PARTICULARLY DESTRUCTIVE RELIGIONS) IF THEY: (A) HAVE THE INESCAPABLE URGE TO "CONVERT" THE INDIVIDUAL, "SHOW HIM/HER THE LIGHT", OR TO GET HIM/HER TO "GET RIGHT WITH GOD/CHRIST" IN MORE MAINSTREAM, TRADITIONALLY RELIGIOUS MANNERS, (B) DON'T WISH TO BECOME FAMILIAR WITH ALTERNATIVE RELIGIOUS SYSTEMS, (C) BECOME EASILY INTIMIDATED BY THREATS, POTENTIAL VIOLENCE, STORIES OF SEVERE ABUSE, OR OTHER DISQUIETING ASPECTS OF DESTRUCTIVE SPIRITUALITIES, OR (D) DISLIKE BECOMING INVOLVED WITH VARIOUS SOCIAL AGENCIES OR THE LEGAL SYSTEM (SINCE THIS IS LIKELY, ESPECIALLY WHEN WORKING WITH YOUTH INVOLVED IN DESTRUCTIVE SPIRITUALITIES).