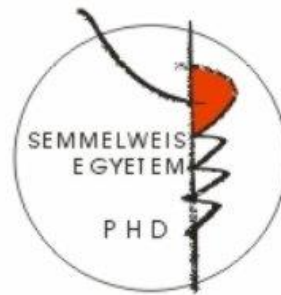


The Appearance of Spirituality in the Training and in the Professional Relations of Psychotherapists, and in their Cooperation with Spiritual Directors.

Ph.D. thesis

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INTRODUCTION

In my Ph.D. work I conducted a qualitative research among Hungarian psychotherapists, in the theme of professional relations concerning spirituality, both within the psychotherapeutic praxis and in the cooperation with spiritual directors and pastoral counselors. This research is closely connected to the spirituality-research of the Institute of Mental Health, Semmelweis University, elaborating one of its subtopics. I analyzed the in-depth interviews of psychotherapists by the method of Grounded Theory. The forms of cooperation and its subcases are grouped in two, three-level code-tree answering the two research questions.

In the last decades a great opening can be noticed in the field of psychotherapy towards the theme of spirituality, and this interest is ever growing (Bartoli 2007; Bucher2014). Religion and spirituality can influence mental health both positively and negatively, which shows their **psychotherapeutic importance** (Crook-Lyon 2012; Park&Slattery 2013). “In total the effect fostering mental health is more significant (Bucher 2018). Meta-analyses show that religion/spirituality positively correlates with lower levels of substance abuse, lower levels of affective disorders, lower suicide rates and higher levels of well-being (Park&Slattery2013). Relatively few studies have examined the moderator variables, rather they formulate hypotheses in this topic. As possible positive moderator variables they mention social support, social identity, guidelines for living, forgiveness, positive relationship with God, religious coping strategies and resources, the sense of meaning and afterlife beliefs. Among negative moderator variables the authors mention negative religious attributions, negative social interactions, religious practices enhancing negative effects, and perceptions of treatment as contraindicated by religion (Park&Slattery 2013).” (Jáki et al 2019 a, 79)

As the psychotherapeutic interest in spirituality increases traceably, the **need for training** in this subject is growing increasingly (Crook-Lyon at al 2012, Hofmann & Walach 2011).

A US research published in 2012 – in which 340 psychologists were interviewed among the members of the American Psychological Association (APA) – shows that according to 65% of those surveyed the issues concerning spirituality/religion should be included in the basic training of psychologists, and according to 77% it would belong to the multicultural issues as a subcase (Crook-Lyon at al 2012).

Hofmann and Walach (2011) asked 895 German psychotherapists in this topic, the sample is representative among German psychotherapists. 57% of those surveyed considered themselves spiritual or religious. They estimated that 22% of their patients brought in spiritual topic in therapy. According to two thirds of them, issues of spirituality/religion should be a part of psychotherapeutic training. Although a great proportion of psychotherapists would require training and struggle with lack of competencies, the training programs, developed proposals, models are almost totally missing. Vieten et al (2013, 2016) argue that trainings lack aspects of spirituality and religion due to the missing guidelines stating what competencies should be the part of basic training. In their research-series (Vieten et al 2013, 2016) they identified 16 such competencies (three attitudes, seven theoretical knowledge and six skills), which should be part of basic psychotherapeutic knowledge. Among these basic competencies we find the skill of recognizing spiritual / religious obstructions in clinical practice, recognizing one's own competency limits, referral of client / patient as needed, and consulting with spiritual / religious professionals such as spiritual directors and pastoral counselors (Vieten 2013). In contrast, the literature on collaboration between the professions (psychotherapy – spiritual direction – pastoral counseling) is extremely poor, almost completely lacking. A 2018 review study on spiritual direction and psychotherapy (Saadeh et al. 2018) provides an up-to-date summary of publications on the subject for the period 1975-2015. There were only 40 studies on the topic at the time, and they were more concerned with segregation and definition, with no details on the specificities of the collaboration.

Spiritual direction is an important form of accompanying people in their religious experiences. Believers often turn to a spiritual director on a regular basis, in order to deepen their relationship with God, and to develop their faith life. "Spiritual direction can apply to any situation in which people receive help, assistance, attention, or facilitation in the process of their spiritual formation. This applies not only to deepening one's personal realization of one's relationship to God, but also to the dynamic living-out of that realization in the actions of daily life" (May 1982, 6). "Actual life events and life tasks are discussed in spiritual direction as well, but the emphasis is on their spiritual/religious dimension (Tomcsányi et al. 2009). As far as the frames are concerned, spiritual direction can be part of spiritual life through years and even decades, with monthly or rarer meetings." (Jáki et al 2019a, 82). Another form of spiritual direction is when on a retreat – a withdrawal and intensive prayer period for one week, or 3-30 days - a the participants can engage in regular personal

discussions about their spiritual experiences with the spiritual director daily or every two days (Tomcsányi et al. 2009).

Pastoral counseling has many trends and definitions, but the shared common base across these is that pastoral counseling is a helping profession which aims to help problems – emotional and life difficulties – not reaching the level of mental illness, and is opened to work with the dimension of spirituality if the patient requires it. “The goals of pastoral counseling are to a certain extent overlapping with the goals of psychotherapy because both handle life issues, conflicts and the resolving thereof, but they use different approaches and skills [basic knowledge and different competencies]” (Jáki et al 2019a, 82). In pastoral counseling there is a great emphasis on the person-centered approach of Rogers, on the mobilization of the client’s resources, on the stabilization of the client’s state, in which religious resources can also play an important role. The frames of pastoral counselling can be previously set, but also, on everyday occasions, pastoral consultations can develop encounters, for example in school pastoral care. “For this reason, time frames of pastoral counseling can vary from single occasions to the longer processes, involving multiple occasions.” (Tomcsányi et al 2008, pg. 175). In pastoral counseling processes’ frames include – similarly to psychotherapy – the aims, the number of settings, the length of settings, etc., which are discussed at the beginning of the process. The frames of pastoral counseling groups are also previously set.

Psychotherapy is “such a practice that is designed to – in varying degrees – relieve symptoms and to change personality, reduce future symptomatic episodes, improve quality of life, increase adaptive functioning at work, school, and relationships, and increase the likelihood of making healthy decisions in life situations, and to bring any other benefit that results from the collaboration between the client / patient and the psychologist.” (Szönyi 2015, pg. 36)

According to Ennis, in order to qualify something as medical psychotherapy, it should meet three standards: the technical, ethical, and scientific ones.

“*Technical* standards: each psychotherapeutic procedure consists of a theoretical framework and (not necessarily a finite number) of techniques. The techniques must be consistent with the theory. The therapist must know the basic forms of the applied therapy, and must be prepared to apply them.

Ethical standards: medical psychotherapy should be consistent with the ethical rules of medical practice.

Scientific standards: for a psychotherapeutic method to be classified as medical psychotherapy, it must be scientifically valid both in theory and in technique. The theory should be based on potentially verifiable hypotheses and should not be based on a hypothesis that has been previously refuted or lost. In addition, the effectiveness of the therapy should be scientifically verifiable.” (Ennis 1998, pg. 7)

Psychotherapy, spiritual direction and pastoral counseling are helping relationships all of which can deal with the question of spirituality – but in different ways, and from different aspects. As far as the *areas of competencies* are concerned, in pastoral counseling the helping professional can work both with the psychological and the spiritual contents. Pastoral counseling is at the intersection of the psychological and spiritual dimensions, while the focus of spiritual direction is primarily spirituality – which naturally cannot be understood without psychological reality. Psychotherapy works with the psychological dimension, and handles the psychological aspects of the upcoming religious / spiritual contents.

Both in publications and in praxis we meet cases, in which the necessity of *cooperation between these professions* emerges. Collaboration can come true by the referral of the client/patient (Richards and Bergin 2005), within institutional framework (Hefti 2011); or the patient can attend simultaneously psychotherapy and spiritual direction (Cooper-White 2007). Richards and Bergin (2005) – in such cases – suggest the contact between the two helping professionals in favor of the patient to improve cooperation and understanding, obviously only with the patient’s content. However, the frames, specific details, experiences and dynamics of cooperation are still an unrevealed area both in Hungary, and worldwide.

OBJECTIVES

My thesis is closely linked to the research led by Teodóra Tomcsányi in the Institute of Mental Health, Semmelweis University, which aimed to examine the emergence of spirituality in psychotherapy among Hungarian psychotherapists. This wider objective was later differentiated, divided into 5 separate topics, with one of them being the theme of my thesis.

In this specific theme we aimed to unfold how the subject of spirituality emerges in the training and in the professional relations of psychotherapists, and in their cooperation with spiritual directors. As the research question concerns an unexplored area, we chose a qualitative methodology for its investigation. With the help of this, our aim was to get acquainted with the current practice among Hungarian psychotherapists.

Research questions:

1. How does spirituality appear in the training and in the professional relations of psychotherapists?
2. How do psychotherapists view collaboration with spiritual directors?

METHODS

The sample

“In our research, our target group consisted of Hungarian psychotherapists who have been practising for at least 10 years. We asked them about their experiences with spirituality¹ and psychotherapy, focusing on several separate topics. We followed the steps of the theoretical sampling using the criteria matching our research question (Charmaz 2006). We took the interviews in three turns, following the questions and patterns that emerged during the analysis (coding) of the already collected interviews” (Jáki et al 2019a, 85-86)

“The 31 interviewees in the final sample were between 40 and 80 years of age: a third of them men; two-thirds, women; one-third from outside the capital city; two-thirds from Budapest. Since some of them practised more than one method, overlaps were observed with respect to therapeutic orientation. In all, we interviewed twelve psychoanalysts, five cognitive therapists, four hypnotherapists, seven family therapists, and eight psychodrama therapists.” (Jáki et al 2019a, 86) We did not ask direct questions about religious or denominational affiliation, however, 8 interviewee shared with us his/her religious affiliation: four of them were Catholic, three Calvinist, and one person was Lutheran. We didn't ask questions about their personal conviction of faith either, however, all interviewees spontaneously expressed to us how they related towards spirituality and the transcendental, due to the interview topic

¹ „We used the term “spirituality” consistently during the interviews and their analysis ..., while interviewees employed the two terms “spirituality” and “religion” interchangeably and mostly inconsistently. On the basis of BENKŐ (2006), EMMONS (2003), HORVATH-SZABO et al. (2009), PARGAMENT (1999), and ŘIČAN (2003), however, we distinguish between the two concepts in our reflections.”(TOMCSÁNYI at all, 2017, 236)

around spirituality. About one half of the whole sample (14 people) declared him- or herself a believer, claiming that relating to the transcendent is important to them, while the other half of the sample (17 people) confessed not having a personal attachment towards transcendent, or a personal faith.

Instrument and Data Collection

We used semi-structured interviews in the research. The formulation of the interview guideline and the later reformulation took place in the research team, with the integration of the experiences of the previously conducted interviews, according to our constructivist research paradigm (HENWOOD & PIDGEON, 2003). The 33 interviews were conducted by six members of the research team. All interviews were conducted in person, the premises were sometimes the interviewee's workplace, consulting room, in exceptional cases, the home of the interviewee, or a neutral place. The interviews on average sessions lasted 120 minutes (shortest: 90 minutes; longest: 200 minutes). The transcriptions of the conversations were checked and anonymized by the interviewer before the beginning of the coding process.

Research team

A broader research team, consisting of 10 people participated in the literature revision, in the planning of the research, and in the data collection, while the outcomes discussed in the thesis were analyzed by a smaller group of 4 researchers. Coding were done by me and my colleague Edit Kiri, who is a clinical psychologist and a CBT psychotherapist, and during this process I consulted regularly with my two supervisors, Teodóra Tomcsányi and András Itzész. The planning of the new phases of the research, the review and systematization of the results of the code tree also took place in this four-person team.

Method of Analysis: Grounded Theory

As research method we chose a qualitative research tool, called Grounded Theory (CHARMAZ 2006). The analysis of interviews – the coding – followed the systematic method of Grounded Theory, in which constant comparison method (Charmaz, 2006, 2008) enabled us to find possible patterns both within individual interviews and across interviews. „Topics were identified and ordered through a three-level coding process (open, axial and selective coding, per STRAUSS & CORBIN, 2015). The first step of analysis was data reduction: a line-by-line reading of interview transcripts, and the identification of conceptual units. After this with the comparison of data we produced meaningful content units – open codes (such as “*In case of loyalty conflict the psychotherapist clarifies the patient's negative judgments related to*

psychology”) which were then arranged along emerging patterns under axial codes (such as “*The Psychotherapist Works with the Conflict of Psychotherapy and Spiritual Direction*” - 2.3. axial code). Axial codes led to a search for new data and the creation of new open codes, making the coding process circular. Codes were given labels and memos and they were repeatedly compared with each other, and applied to the new incoming interviews. This process was continued until the saturation of conceptual units, thus producing the ultimate selective codes (e.g. „*The Psychotherapist and the Spiritual Director Work Parallel with the Patient without Contacting each other*” – 2. selective code). In the final system of codes, axial codes thus described how and under what circumstances the comprehensive phenomena highlighted in the selective codes were realized in the therapeutic space. The open codes, on the other hand, contained the specific variations under the axial codes. During the process we used the text analytic software ATLAS.ti, by which we wrote down and store the outcomes.” (Jáki et al 2019a, 88)

FINDINGS

The findings of the 33 analyzed interviews were grouped into two code-trees answering the two research questions. The first code tree presents the psychotherapists’ cooperation among each-other in the theme of spirituality, while the other code tree is about their cooperation with the spiritual directors and pastoral counselors.

In the first code tree – which consists of 33 *open codes*, 7 *axial codes* and 3 *selective codes* – we find experiences about trainings, formal and informal professional contacts, forums (such as case discussion and supervision groups, conferences, collegial discussions): did the theme of spirituality come up in these forums, and if yes, in what way? The codes also include the attitudes and experiences of psychotherapists, in addition to the facts: the interviewed professionals expressed their needs, difficulties and attitudes as well, while talking about their experiences. The resulting open and axial codes are grouped under three major selective codes, presenting three major topics: the first summarizes training experiences, the second presents how the theme of spirituality is absent in professional forums and conflicts around it as well, while the third systematizes variations of spirituality being present in professional forums.

The second code tree – which consists of 68 open codes, 16 axial codes and 4 selective codes –systematizes the experiences of the psychotherapists' cooperation with spiritual directors and pastoral counselors. The first selective code describes the attitudes of those psychotherapists who have not yet worked together with spiritual directors and pastoral counselors: in the axial and open codes we can read the various background factors and subcases of the lacking cooperation, and also the preferred conditions of a possible future cooperation. Under the second selective code we can read those experiences, in which the psychotherapist and the spiritual director work parallel with the same patient without contacting each other. In cases belonging to the third selective code the psychotherapist and the spiritual director or pastoral counselor cooperate with contacting each other on the basis of treating the same patient. In the fourth selective code we collected experiences in which the psychotherapist evaluates the completed cooperation.

The professional cooperation in the field of spirituality shows a diverse picture both regarding the psychotherapists' collaboration between each other, and with the spiritual directors and pastoral counselors. In the background of this diversity we can find a growing interest towards spirituality on the one hand, and the lack of the shared guidelines of collaboration or the lacking access to these on the other hand.

The first selective code of the code tree representing the professional relations collects the **training experiences**, and shows, that in the psychotherapeutic training the theme of spirituality barely came up. This is not surprising, since also on an international level psychotherapists signal the lack of training, and the need for it (Crook-Lyon et al 2012, Hofmann & Walach 2011, Elkonin et al 2014). In Hungary, this picture is colored by the fact that before the change of regime both the psychotherapeutic profession and religion/spirituality were considered unacceptable areas, which may make it even more difficult to deal with these topics both in the training of psychotherapists and in their professional life, as many of the interviewees commented. The need for training has been articulated at many levels among those surveyed: it is discouraging when they encounter issues that go beyond their competencies in psychotherapeutic work. The optional need for referral to a colleague who is more competent in the field of spirituality emerges, but information helping to realize it is lacking (who to turn to, what pastoral psychology stands for, etc.). The need for professional consultation also emerges, but many get stuck at the point questioning who they could turn to. These emerging needs are consistent with what is listed among required professional competencies in the field of spirituality/religion, such as the

recognition of conflicts surrounding spirituality, the consultation with other professionals or the referral of the patient (Vieten et al 2013).

I find it important to emphasize that Hungarian psychotherapists “outline the need for mandatory personal therapy in the theme of spirituality, which would serve as a base for acquiring theoretical knowledge. Those interviewees who did work with spiritual issues in their training did that as a part of mandatory personal therapy” (Jáki et al 2019b, 10). Their theoretical training did not include issues around spirituality, although in their praxis several of them face situations in which they reach their competency-limits (around spirituality). To develop their competencies around spirituality many of them look for further trainings, or self-education opportunities. These can be publications on spirituality, or learning specific methods chosen by the therapists hoping that it enables them to work with spiritual issues in an advanced level. Others looked for other trainings outside the official ones, serving their special interest in the field of spirituality. Many of these were labeled by the psychotherapists themselves as belonging to the new age movement. At times they noted that the integration of these experiences was a challenge for them, and they saw the same struggle at their patients as well. As a guideline about which topics around spirituality should be part of training and how these could be taught, we can refer to the list of basic competencies by Vieten et al (2013, 2016), and the training model developed by Bowman (1988) which differentiates between essential, important, and useful knowledge regarding spirituality.

The appearance of the theme of religion and spirituality also shows a diverse picture in professional relationships. Some therapists report a shortage, and they feel that bringing up the topic of spirituality is still a taboo in certain professional forums. They face resistance, or conflicts around the topic itself. Others report abuses with the topic, when the role of spirituality is overemphasized in a professionally incorrect way. Many interviewees referred to given professional forums as fruitful, in which they were enabled to work with spiritual issues. These were for example case discussion groups, or at supervision groups, which helped them understand the patient more, helped them to overcome blockages of the therapeutic process, and at the same time the spiritual self-knowledge of the case manager also improved. It is noteworthy that, overall, the dialogue on spirituality comes up primarily at more personal (friendly-professional) relationships, as many interviewees have pointed out. It seems that these relationships are safe enough for the psychotherapists to share their own

dilemmas, struggles related to the handling of spiritual issues. At public professional forums the topic still keeps back, unless it's the supervisor himself bringing up the question, encouraging the group to work with it. In all this, "imprinting" may play a role, which may come from the initial opposition between religion and psychotherapy and from Hungarian historical-societal specificities when psychotherapists had to be cautious not to endanger themselves or their patients by undertaking their interest about spirituality/religion. This "inhibition" also appeared in the interviews as well as the opening, a growing interest in professional forums on spirituality, such as related lectures and workshops at conferences. Patients' demand (which can be inferred from the report of psychotherapists in this research), the competency-dilemmas of psychotherapists, the variety and eventuality of collaborative experiences all point to the need for addressing the issue and to the need for the development and familiarization of shared professional guidelines.

The work of such case-discussion and self-knowledge groups, which also include spiritual directors and pastoral counselors among the group members along with the psychotherapists – and these were present also in the Hungarian praxis – , leads further to question of cooperation between the helping professions. Some of the interviewees emphasized that these groups were the most important basis for their future cooperation, because these helped them to gain personal experience in the nature of these helping professions. This is in line with references in the literature, which encourage the operation of interdisciplinary case discussion groups in order to enhance inter-professional dialogue and more adequate client care and collaboration (Utsch 2005).

About the **cooperation with pastoral counselors and spiritual directors** I would first highlight that many of the interviewed psychotherapists have had cases in their praxis when they worked together with spiritual directors, pastoral counselors either in an indirect way (without contacting each-other) or directly (with contact).

This may be due to the fact that religious people often seek spiritual direction or pastoral counselling, and this can be a long-term relationship even lasting for several years. So when a life crisis occurs, or psychological symptoms develop, the person may have already been having a relationship with the spiritual director, therefore it is inevitably necessary to find some answers to the possible ways of the parallel processes, and of the cooperation between those. It was important and surprising for our research team to have such rich material on the collaboration between professions. The following quote illustrates our basic impressions of

the types of collaboration methods we have discovered: “Our results show that the attitudes and practices concerning the form of cooperation show a great variability. This may also be due to the fact that this issue has not yet been discussed on a broader professional forum. There is a great uncertainty concerning the possible and professionally correct ways of cooperation. Psychotherapists most often rely on their own – not cross checked – practice and the professional rules adopted from other areas when trying to handle situations of cooperation as best as they can. However, they often grope in the dark somewhat ‘blindly’. From the unfolded patterns of cooperation it can be seen that this approach can lead to constructive solutions intuitively, yet these preconceptions can also be misleading.” (Jáki et al, 2019a, 97) In the following, I summarize some common features of the positive and the negative experiences’ background factors.

Positive experiences of parallel psychotherapy and spiritual direction were mostly marked by the background factor of the competency limits having been respected. This could be due to the fact that the patient had such a mental hygienic culture himself/herself that he/she could well differentiate what to bring in one or the other helping relationship. There were cases, when the psychotherapist was the one initiating coordination about this, or took it over from spiritual directors he/she knew. In reports of positive cooperation standpoints about the competency limits (what contents belong to one or the other helping relationship) were the followings: the theme of spiritual direction are questions regarding spirituality, belief systems and religious activities, while psychotherapy handles the psychological aspects of these. This is in line with the literature, stating that spiritual direction is not initiated to resolve some kind of a problem, but to deepen spiritual life, prayer life, and develop the person’s relationship with God (Jálics 2013) Although actual life events and life tasks are discussed in spiritual direction as well, the emphasis is on their spiritual / religious dimension (TOMCSÁNYI et al. 2009, May 1982).

Positive experiences were also in connection with the quality of spiritual direction, besides respecting the competency limits. „Psychotherapists found that spiritual direction had a positive psychological effect on the patient. They experienced the two helping relationships to be complementary and supportive. This meant on the one hand that the spiritual director supported the psychotherapy, encouraged the patient to share his/her conflicts, for example relational problems with the therapist. The spiritual director reinforced the patient’s psychotherapeutic motivation and commitment. On the other hand, spiritual direction itself indirectly carried such psychological unintended effects, which added to the therapeutic effect

and outcome.” (Jáki et al 2019a, 95) For example the recruitment of the patient’s faith and relationship with God stabilized the patient and eased his/her anxiety. The dissolution of beliefs related to too rigid religious standards had a liberating effect on the patient. Religious activities and joining a community also served as a resource. Positive psychological effects were related to the strengthening of spirituality and religion as a resource on the one hand and to the supportive attitude towards psychotherapy on the other hand. Non-specific therapeutic effects, the relationship itself probably further contributed to the positive psychological effects of spiritual direction.

The negative experiences of spiritual direction running parallel with psychotherapy were also largely related to the competency limits, this time to the transgression, i.e. the failure of keeping these limits. Psychotherapists at times had to face that for the spiritual directors their competency limits are not clear. There were interviewees who gave concrete examples of this, others only reported that parallel psychotherapy and spiritual guidance were disturbing. After asking for clarification it turned out, that in the concrete case example the two parallel processes were disturbing because of the spiritual director not keeping his/her competency limits went into discussing issues of the actual life circumstances, inner conflicts and relational problems.

Another background factor of the negative experiences was the spiritual director’s presumable attitude towards psychotherapy. Psychotherapists at times experienced that their patients were afraid that if their spiritual director knew they were seeking psychotherapeutic help their spiritual director would be against it. Therefore the patients didn’t dare to mention it at all. More psychotherapists also shared that they would have been willing to cooperate with a spiritual director, but the intention to do so was missing from the other party. It is probably the effect of the initial historical opposition between religion and psychotherapy (Baumgartner 2006, Németh 1993) that still appears among some spiritual directors.

The quality of spiritual direction (the relationship itself and also the contents) can also be a background factor of the negative experiences of cooperation. It could happen that – because the spiritual director has no proper knowledge of mental disorders – his / her feedback which is adequate as far as the spiritual/religious life is concerned still affects the patient negatively, in the patient’s actual mental state. In many cases, a longstanding relationship with the spiritual director has to cope with the fact that the directee is experiencing some form of psychological disorder that also affects the process of the spiritual direction. In the interviews we see examples of this. In these cases, psychotherapy and spirituality often get into conflict. Of course, a spiritual direction can be inadequate independently of the psychopathology of the

directee, which is also a known phenomenon from the literature: (inadequate) spiritual direction can have a negative effect on the patient's mental health, it can lead to emotional problems, which later brings the directee into psychotherapy (Richards & Bergin 2005, Cooper-White 2004).

In the interviews we found examples of both forms of the **cooperation between the psychotherapists and the spiritual directors**: when they don't contact each-other, they just know of each-other, and the other form, when they get in contact with each-other.

The psychotherapist most often contacted the spiritual director because at one point the two processes collided. At times the conflict was resolved in this way, but there were also cases, when the psychotherapist referred the patient to the spiritual director in order to protect the patient, after the conciliation had failed, and positions did not converge. Among the interviewees there was a therapist who almost routinely initiated the consultation even if there was no particular conflict between the two processes. (As an analogy she referred to the regular contact with the psychiatrist prescribing medication to her patient in psychotherapy.) Each form of contact (continuous or conflict-initiated) appears in the literature as a suggestion (Cooper-White 2004), emphasizing and serving the aim of integration. Psychotherapists responded to the question of integration on several levels, reflecting on the risk of its failure. As a work method serving integration they named the reflection within psychotherapy on the results of spiritual direction either when the process is completed, handed over (also after pastoral counseling) or continuously during work. Unfortunately experiences of failed integration also came up in the psychotherapists' accounts, for example when psychotherapy was interrupted because of the failed integration of spiritual direction and the therapy itself. The psychotherapist confessed he could not conceptualize spirituality as a connected but still separate area relative to the psychological level, and started to psychologize the spiritual contents, and finally the patient quit psychotherapy. I would like to refer to LaMothe and colleagues' (1988) theory, which - using the theory of selective attunement from Stern - points out how spiritual contents can be excluded from the psychotherapeutic space when the psychotherapist is not able to relate to the subject. „Due to their nature, spiritual contents can indeed cover or relate to every area of the believer's life. So with their exclusion many other important experiences of the patient can also be excluded which are in connection with the spiritual/religious contents.” (Jáki et al 2019a, 100) In extreme cases this can lead to the interruption of the therapeutic relationship (LaMothe et al 1988).

Between **psychotherapists and pastoral counselors** „consecutive helping relationships, the referral of the patient was the most basic form of cooperation took place. How psychotherapists worded, sometimes pastoral counseling served as a ‘preface’ to psychotherapy, while at other times functioned as an ‘aftercare’.” (Jáki et al, 2019a, 99). This is in line with what is written in our own publications saying that it is contraindicated for psychotherapy and pastoral counseling to run parallel, the forum of cooperation could rather be the referral of the patient from one process to the other (Tomcsányi et al. 2008, 2009). “Indeed, we did not meet any case in the interviews in which pastoral counseling and psychotherapy ran parallel, only cases in which the helping relationships replaced each other, and the professionals consulted each other at the point of referral” (Jáki et al, 2019a, 99).

In addition to parallel psychotherapy and counseling, or consecutive pastoral counseling and psychotherapy, the interviews provided a rich insight into **other forms of collaboration**, such as the work of shared case discussion groups, or consultations – this later occurred in both direction, at times the spiritual director asked regular or occasional consultation from the psychotherapist, other times it was the psychotherapist asking occasional or regular consultation from a professional with a degree in theology in the theme of a conflict around spirituality, either occasionally, or regularly. This rich practice also has the potential to increase awareness of these forms of cooperation, both at the level of recognizing the needs, and at the level of cooperation being realized.

CONCLUSIONS

From the results of the research we can draw conclusions that in the cooperation between professions the role of experiential knowledge is crucial in addition to theoretical knowledge. It is very notable that indeed psychotherapists – among them even those who do not call themselves believers / religious – who often cooperate with referrals coming from ecclesiastical circles (spiritual directors and pastoral counselors), usually used the terms adequately in the interviews without any difficulty. They cooperated sufficiently (according to their patients’ feedback and according to their own experience and self-reflection) with spiritual directors and pastoral counselors even without explicitly expressing what they meant under these terms. We also can conclude from the interviews that those religious psychotherapists who were familiar only with their own religious denomination’s terminology

could not move apart this even after the clarification of definitions. For instance, psychotherapists with Protestant background - whose churches have a strong tradition of pastoral counseling but lacking tradition of spiritual direction - could not differentiate the two areas. In their answers – regardless of what wording they used – they brought up remarks, which referred only to pastoral counseling in their contents. „The phenomenon can be well described by the theory of tacit knowledge, from Mihály Polányi (NAGY 1992). Polányi contradicts the positivist philosophy of science, instead he states, that understanding is always a more complex phenomenon than just the summary of information, it always has a tacit dimension. That is why we are not always aware of the signs we use for identifying things. Therefore, in some sciences practice is needed, the theoretical knowledge is not enough for understanding (Nagy 1992). Concerning the patterns of cooperation in the interviews, we recognized this phenomenon: perception, understanding and practice were mostly led – or misled – by this tacit knowledge. In certain cases the explicit wording of the principles of cooperation supplemented the tacit knowledge, but only rarely among psychotherapists who were especially interested in the subject.” (Jáki et al 2019a, 97-98)

A similar conclusion can be drawn regarding the psychotherapists’ demand for training: there was a strong emphasis among interviewees on the need for a personal experience (mandatory personal therapy) of spirituality, which could serve later as a base for acquiring the explicit knowledge that is also mostly lacking.

The tension between the needs regarding theory and practice is also present in the professional forums. While interest in conferences and workshops attracts more and more people, questions about their own practice are often suppressed to the forum of informal, confidential, professional relationships.

The lack of knowledge about the possible ways of cooperation is a burden for both the psychotherapist and the patients. Psychotherapists often struggle with the issue without a compass, while patients are defenseless to what solution their therapist finds or sees appropriate. For example, the attitude that leaves the patient handle the frames of the (parallel) processes and lets the patient find the way of the integration of the contents is very common, but it can be overwhelming for the patient, may exceed his or her strength and mentalizational capacity at the time.

The issue and need for cooperation on spirituality is present both in the profession of psychotherapy and in the cooperation with the spiritual directors and pastoral counselors, which is confirmed by the patients' demands and the actual requests in this regard.

The results of the dissertation, the publications related to them and those planned in the future can contribute to a better knowledge of the topic and to the development of more competent practice both in the psychotherapeutic profession and among the spiritual directors and pastoral counselors.

The need for the development and sharing of the guidelines of cooperation was highly emphasized in the interviews. Based on the outcomes of the present research, a following step of research could aim at developing and formulating the directives of cooperation. This could be realized through interdisciplinary collaboration involving psychotherapists, spiritual directors, and pastoral counselors. Results could provide information for the training programs of each profession, and could also form the basis for inter-professional dialogue, for cooperation serving the needs of the patients and for the development of joint professional forums.

LIST OF OWN PUBLICATIONS

Publications related to the thesis:

- Jáki Zs, Tomcsányi T, Ittész A. Spiritualitás, vallás és pszichoterapeuta képzés: mit, miért, hogyan? [Spirituality, religion and psychotherapeutic training: what, why, how?] In: *Pszichoterápia*, 2016: 25 (4), 291-300.
- Tomcsányi T, Sallay V, Jáki Zs, Török P, Szabó T, Ittész A, Csáky-Pallavicini K, Kiri EA, Horváth-Szabó K, Martos T. (2017) Spirituality in psychotherapy: An analysis of Hungarian psychotherapists' experiences: A Grounded theory study. *Archive for the Psychology of Religion* 39: 235–262.
- Jáki Zs, Ittész A, Kiri EA, Sallay V, Kővári M, Tomcsányi T. (2019 a) Hungarian Psychotherapists' Experiences of the Cooperation with Spiritual Directors and Pastoral Counselors. A Qualitative Study. In: *European Journal of Mental Health*, 14(1), 78-108.
- Jáki, Zs, Tomcsányi T, Kiri EA, Sallay V, Ittész A. (2019 b) A spiritualitás megjelenése a pszichoterapeuták közötti szakmai kapcsolatokban – egy hazai kvalitatív kutatás eredményei. [The appearance of spirituality in the professional relations of

psychotherapists – outcomes of a Hungarian qualitative study] *Pszichoterápia*, 28(2): 106-116

Further publications:

Jáki Zs. Vallásos fejlődés, istenképek nőknél és férfiaknál. [Religious development, imago dei among men and women.] *Egyházforum* 2006: 21 (3), 13-15.

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