

## SPIRITUAL DIMENSION IN THE DYNAMIC RELATIONSHIP WITH THE "HELPING PROFESSIONS"

Carmela CALANDRA (a) and Nelly PULVIRENTI (b)

(a) Clinica Psichiatrica, Università degli Studi, Catania, Italy  
(b) Facoltà di Magistero, Università degli Studi, Catania, Italy

**Summary.** - *The attention given to the spiritual dimension in the "helping professions" practice represents a major step for a coherent approach toward the ethical aspects in the resolving individual and familial conflicts; furthermore they can be used as a key in understanding dysfunctional relationship. Psychiatry interest for religion and mysticism must be considered within a wider framework of cultural changes of our society, from which neither religion, understood as a system of faith, nor medicine, as an answer to human suffering could remain indifferent. The evaluation of this aspect prevents the occurrence of "burn-out" syndrome in the "helping professions" workers, because it would give them the opportunity to a greater spiritual growth with expression of empathy, respect and better understanding of help request from their patients.*

**KEY WORDS:** spiritual dimension, dynamic relationship, "helping professions".

**Riassunto** (La dimensione spirituale nella dinamica relazionale con le "helping professions"). - *L'attenzione alla dimensione spirituale nella pratica delle "helping professions" rappresenta un momento fondamentale per un approccio coerente con gli aspetti morali della problematica individuale e familiare, oltre che una possibile chiave di lettura di una dinamica con relazioni disfunzionali. L'interesse della psichiatria per il mito, il sacro e il "perturbante" deve essere inserito nel quadro più ampio dei cambiamenti culturali della nostra società, a cui non potevano restare estranee né la religione, come codificazione della religiosità, né la medicina, come risposta alla sofferenza umana. Il recupero di tali dimensioni nelle diverse manifestazioni di sofferenza psichica avrebbe anche un altro risvolto etico-pratico, cioè la prevenzione della sindrome del "burn-out" negli operatori delle "helping professions", arricchendo il loro quadro valoriale, per una migliore comprensione delle richieste di aiuto dei pazienti.*

**PAROLE CHIAVE:** dimensione spirituale, dinamica relazionale, "helping professions".

The attention given to the spiritual dimension in the helping-professions practice represent a major step for a coherent approach toward the ethical aspects in the resolving individual and familial conflicts; furthermore they can be used as a key in understanding dysfunctional relationship.

The literature regarding the family psychotherapy is very cautious in dealing with the spiritual and religious dimension of the human experience. On the contrary the interface between religion/psychology and theology/psychotherapy has been explored in great detail within the individual paradigm.

One must consider how a system of religious belief may operate within the family system and how regaining the spiritual dimension could be of help in theoretical study of the family and in the psychotherapeutic practice. In our time we experience a revival of the magic world within an orderly and rational culture [1]; however in reality this magic experience is minimized and revealed as a subcultural contest as well as magical childhood event [2-4] within this magical atmosphere we find the most evolutive and conscious potentialities that are true of human nature.

At the same time, regardless of the scientific, pharmacological progress and therapeutic practice, we can observe an increase in the use of alternative drugs as not to loose the human values in the illness. For example the homeopathic approach follows a phenomenological theory, this gives the individual the assurance of a global treatment. This reveals the limiting effects of medicine and science in general. Therefore it would be counterproductive returning to the deterministic model which was predominant in the past. Instead it is necessary to emphasize the contribution of the systemic model in therapy.

Several Authors in the study of systemic therapy have underlined the ethical significance of loyalty and forgiveness within a relationship as well as the final meanings in the choices of everyday life, shedding light on the spiritual

aspects of human living and suffering; therefore it is necessary to reevaluate the magical-religious human experiences, without the use of a particular belief or particular religious practice. For example the system of Christian religious values may be seen as a paradigm, to analyse the spiritual experiences which can be equally lived and expressed within the framework of other religions such as: Judaism, Hindu or Buddhism.

In the Christian religion there is a concentration of the following psychological aspects: the structural Trinity allows each one of us to identify the middle-aged with the Father, and the younger with the Son, the purest of all; finally the children see in the Holy Spirit the magical and "upsetting" (something mysterious and to be feared); whereas Jesus may be seen in childhood as an imaginary companion, as any other friend.

The personification of the Trinity also applies in marriage: one marries in three, as Jesus is the guardian of each house, the invisible guest. If the couple separates they are condemned by the community because they have betrayed this trinitary bond. These are the most organized expressions of the magical thought.

Therefore according to Walrond-Skinner [5], the entire system of magical-religious beliefs may be used in practice to better understand the individual problems within the family, and to discover the way to re-establish the normal function of the family.

Freud believed that the experience with God and any religious practice is a collective manner to deal with conflicting conditions which could be the cause of individual neurosis.

More recently three areas had been identified where religion and psychotherapy may differ: 1) in religion each individual must have an ideal to reach; the psychotherapy searches the position of the individual and looks at the problems from different points of view; 2) religion aims in reaching sanctity, psychotherapy tries to achieve a complete realization of the human being, underlying what must be done rather than what one is; 3) religion may encourage changes and therefore the denial of some feelings and experiences, particularly in the expression of aggressiveness and sexuality.

Even though there are differences in the objectives and methods, there are still some areas of agreement. Both spiritual growth and psychological evolution require the resolution of conflicts in order to achieve the desired changes. It is necessary to prepare the people in this process, as long as possible, through which they achieve "salvation". In fact part of the therapeutic work consists in helping the patients to abandon the "faith" in their symptoms and peace without conflicts, their solutions toward unhappiness, to live their painful experience, exposing their self and its relation to a critical analysis.

Withdrawal from reality can be expressed either in a religious language or psychological symptoms, but the message is the same: "I desire to be complete and sanctified, without losing peace or pay a price". In the various

forms of psychotherapy the change takes place through a process of modifications in the self conscience and through an intense work of self integration in the context of new intentions and expectations achieved in one's own life style. This involves changes not only in the individual relationship with his own family, but also in world's Weltanschauung of God and life's project of himself.

Therefore according to Walrond-Skinner theoretical model the spiritual dimensions of psychotherapy are: God-sin-grace-death-resurrection. God represents the need of a functional dependence, that is a request for help to an external source, at the beginning of the change. This functional and spiritual dependence authorized the psychotherapist or the spiritual guide and, in a broader sense, the operators of the "helping professions" to be "accepted and used". The grace describes the connection between the individual, the family and the relation of spiritual or therapeutic help through which support and intuition are given and received.

Death finally describes the process through which dysfunctional patterns and neurotic solutions are abandoned, to find the way of resolutions, of salvation, of reorganization and rebirth of systemic relations within the family.

Psychiatry interest for religion and mysticism is rather recent [6, 7], unless we look for the arcaic origin of certain magical aspects of the rituals present in the psychiatric profession or the psychological importance and psychotherapeutic intervention of the magician or healers.

Regarding this aspects, Ostapczef (1981) [8] delineates the behavioral similarities between psychiatrist and healers.

Both share vague and undefined therapeutic aims; allegoric language, enthusiasm for the most recent therapies and the transfer relationship between patient and psychotherapist.

We are in agreement with the opinion that the religious problem is a framework rather than the original cause of normal and pathological human behaviour. This new psychiatric hypothesis [9-12] cannot be looked at in an isolated manner, but must be considered within a wider framework of cultural changes of our society [13-14], from which neither religion, understood as a system of faith, nor medicine, understood as an answer to human suffering could remain indifferent.

Lately the revival in the interest for the spirit, the "rediscovery" of God, after a long materialistic parenthesis, as well as the interest in psychiatric therapeutic search, have led to a greater opening and availability of the psychiatrist toward a transcendent possibility and, at the sometime, an extremely cautious judgement on the "divinity" of particular pseudomystical behaviour which could lead to disease, superstition and speculation.

However we must distinguish the authentic religious values (transcendent ideals of life, prayer, etc.) from the pseudo-religious (religion as mean of refuge in time of need, superstition, fear of death and sin) [15-18], which

characterize the religious immaturity of patients affected by pseudo-mystical like psychopathologies. If religious maturity represents a support for mental health and, at the same time, is an effect good mental health, on the contrary, we must demonstrate if the promotion of authentic religious values less stable and mature may constitute a therapeutic aid in psychiatric patients which present religious problems, connected to their hallucinatory symptoms, ecstasy, possession and persecution [19-23]. The results of some studies (Parisi *et al.* 1985) [24-25] reveal that faith practiced and translated in authentic spiritual values may represent a precious psychological factor.

This report has tried to delineate the integration modalities of the so called "upsetting factor" starting from magical-infantile styles, to the wider religious manifestations of human existence. The denial of "philosophy"

regarding the "upsetting factor" in agreement with the scientific methodologies in the approach to problem, may constitute a basis for resistance and refusal to therapeutic programme. On the contrary the evaluation of this philosophical aspect helps to understand the spiritual dimension of the family.

The evaluation of this aspect prevents the occurrence of "Burn-out" syndrome in the "helping-professions" workers, because it would give them the opportunity to a greater spiritual growth with expression of empathy, respect and better understanding of help request from their patients.

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