original sin. Philip Newell, writing about the tension between good and evil humans find within themselves, describes the attitude to the physical body that has stalled churches for centuries: ‘Our Western Christian tradition often has given the impression, and at times has explicitly taught, that this tension is primarily between the soul and the body. The result has been a denigration of the human body and a distrust of our deepest physical energies. The biblical term “the flesh” which refers to the sinful tendency in physical energies. The biblical term “the flesh” which refers to the sinful tendency in human body and a distrust of our deepest physical energies.

The result has been a denigration of the body, and the body in the New Testament is has been equated with “the body”. The flesh has been explicitly taught, that this tension is a 600 kilo sentient being, a mammal like, the body in the New Testament are different concepts. The consequences of the confusion have been disastrous3.’

The human brain is the master of storytelling, able to fabricate reasons about our lives and also with the image of God in our life and also with the image of God that may have been covered up or explained and long forgotten. In my own journey of recent months, alongside the 260 others in the online community I am part of, dedicated to a daily dance practice, the result has been a deepening of my awareness of God’s presence in my life, a releasing of stuck patterns of thinking and a vast improvement in my physical health.

As George MacLeod, the founder of the Iona Community, states: ‘We have been given union with God, whether we like it or not, know it or not, want it or not. Our flesh is His flesh and we can’t jump out of our skins… It is a free spontaneous gift of the living God. And it happened for everyone7.’

References
4. www.girlonfiredance.com

Path or pathology?

Gillie Jenkinson explores how as a profession we need to tread cautiously and be aware of those practitioners who do not practise within safe, ethical therapeutic and spiritual guidelines.
Some organisations and approaches ‘load the language’ in such a way that their use of language purposefully misleads unsuspecting potential new members

Jamie’s story

Jamie, 32, was struggling with depression. He went to a psychotherapist who advertised as a trained therapist and who said he would definitely be able to help him. The therapist explained that a meditation practice was fundamental to the success of psychotherapy. Jamie was interested in exploring his spirituality and had heard that meditation could be helpful. He thought ‘What could go wrong?’ with this attractive mixture of spirituality and psychotherapy. Jamie met with the therapist, really liked him and continued seeing him for eight years. What Jamie had not been told was that the psychotherapist was a member of a group who used meditation to draw in new recruits. Jamie ended up becoming an active member of this group and promoted the meditation practice in order to draw others in to the group.

The therapist took the view that the blame for Jamie’s depression lay with his undemonstrative mother, and encouraged him to see less of her and to practise meditation in order to counteract the past and his depression. He told Jamie that he had suffered unacknowledged sexual abuse, even though Jamie could not recall any sexual abuse in his childhood and had never thought of this before. Jamie trusted in the expertise and authority of the therapist, so believed him and complied with his suggestions.

Jamie’s family, during this time, were alarmed by his withdrawal from them and the change in his personality: he seemed so completely different – ‘spaced out’ and defensive – and whilst they wanted to intervene, they did not know where to start. They felt they had lost their son. Their main concern was that he had become more secretive and withdrew from them and the change in his personality: he seemed so completely different – ‘spaced out’ and defensive. They have however now crossed from the East into the West, and even into the world of counselling and psychotherapy. But what do therapists know about these practices? Manu Bazzano has 30 years’ experience of practising meditation. Experience has taught him that meditation is ‘not about stopping the mind, interrupting the flow of thoughts’.

He notes that over the years, meditation can have an insulating or curative effect against many symptoms of mental illness. But, what happens when that spirituality is pathological and harmful, as in Jamie’s case? How do you know whether what you are becoming interested in is going to harm you? Different modalities of counselling and psychotherapy may use similar language and terminology, but that language can be defined and used differently. The same is true of spiritualities and religions; the term ‘spirituality’ will have different meanings for different individuals. Some organisations and approaches ‘load the language’ in such a way that their use of the language purposefully misleads unsuspecting potential new members; and it is not obvious that this ‘loaded language’ is different from that of common usage. Take the terms ‘mindfulness’ and ‘mediation’, for example. These practices have been used helpfully in various spiritualities for generations and safeguards have been built around them. They have however now crossed from the East into the West, and even into the world of counselling and psychotherapy. But what do therapists know about these practices? Manu Bazzano has 30 years’ experience of practising meditation. Experience has taught him that meditation is not about stopping the mind, interrupting the flow of thoughts. He notes that over the years, mediation can have an insulating or curative effect against many symptoms of mental illness.

Certainly from my perspective as an APSCC executive member it seems that interest in spirituality in the field of counselling and psychotherapy is burgeoning. The many life-enhancing and enriching aspects of spirituality are being recognised. Those who are ‘spiritual’ are often empathic, intuitive and can draw on their spirituality, faith, religion, whatever they call it, for support and emotional sustenance. Harrison points out that ‘faith, prayer or
I suggest that all counsellors and psychotherapists be open about their affiliations and any ethical theory or circumstance that would justify this). I consider that it matters greatly. It is recommended by the BACP that a potential client verify that the counsellor or psychotherapist whom they are considering working with has the necessary skills. Laski and ‘Pollas’ also suggest that the potential client checks what kind of training the counsellor has received, whether they are accredited, having supervision and what they are being ‘sold’ and not to be naive – they may save themselves (and their clients and service providers) a great deal of pain in the long run; and as client safety is paramount, this is an ethical responsibility. I suggest that all counsellors and psychotherapists be open about their affiliations and that this issue be included within our own ethical guidelines.

Ways of checking

The internet is a great tool for researching the background of an individual or organisation. BACP, UKCP and other accrediting bodies occasionally illustrate, some are trained, and accredited, but work in an unethical way nonetheless. Sadly, in my experience, perhaps because of the fear created by such individuals or groups, complaints are rarely made.

For my own research, and the people who have consulted me, I know that there are those who offer free peer ‘counselling’ with unusual psychological theories that sound helpful but actually can hold someone in an existing trauma for longer than necessary, or even create new traumas, as illustrated within Jamie’s story. There are those who believe that the re-enacting sexual abuse (including sexual contact) in the therapeutic relationship is helpful (I cannot think of any ethical theory or circumstance that would justify this). Some ‘therapists’ are mixing Eastern ideas with Western psychotherapeutic philosophy and presenting themselves as charismatic and helpful therapists (even more than a therapist should promise), but behind closed doors, displaying what could be described as a narcissistic personality disorder and behaviour that I consider borders on the psychotic. This can cause deep harm to those members of the spiritual group, psychotherapy group or community.

Just as those seeking a therapist need to check them out, so we as professional therapists have a responsibility to check out spiritual gurus and the roots of the cultic healer or teacher who is promoting them – especially if we are suggesting/recommending them to supervisees, clients, hospices, the NHS and other agencies. David Hare states: ‘Good people are rarely suspicious: they cannot imagine others doing the things they themselves are incapable of doing’. Good people need to be open-minded, question, and if necessary, challenge. Many therapeutic and spiritual practices are good for some people some of the time. Psychologist Margaret Singer notes that whilst meditation can be positive, it may not always be good for you and that

these practices have an agenda to recruit into their version of spirituality or psychotherapy, or are they simply helpful tools to use in order to bring about recovery and not to be naive – they may save themselves (and their clients and service providers) a great deal of pain in the long run; and as client safety is paramount, this is an ethical responsibility. I suggest that all counsellors and psychotherapists be open about their affiliations and that this issue be included within our own ethical guidelines.

Therapeutic issues

When therapists suggest mindfulness or meditation techniques alone for recovery from cult trauma it can, in my opinion, leave the client feeling that they have not been heard, and that can prove destabilising. There are many other ways of grounding a client and it is important to look at these with them.

In therapy where subtle coercion has resulted in a changed personality or a ‘pseudo-personality’10, 11, which we see illustrated in Jamie’s story; it may be necessary to address the issues appertaining to the unethical practices, and ‘what has been done to the individual’ first. The families of those so changed often say that their loved ones are not who they used to be, and these families are desperate to get them back – both physically and relationally. This takes time, expertise, money and hard work on the part of both client and therapist. I suggest that as therapists we need to be more aware of these issues to help keep ourselves safe, support those clients so affected and avoid unwittingly causing further harm12.