

On-Going IJP ‘Special Issue’ on “Psychotherapy vs. Spirituality”

Part 1: *Already published in 2017: IJP: Vol 21. No. 1.*

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Psychotherapy vs. Spirituality

This is the start of an Extra Special Editorial of the IJP, existing within several issues of the IJP (both past, present and future), mainly about an issue that seems to be of some considerable concern – not only within itself – but also out in the wider social field. It is about the topic of ‘Psychotherapy vs. Spirituality’, or the inclusion of, and overlap between, spirituality and psychotherapy. Some of this ‘debate’ (within the EAP) was provoked recently by a 2014 set of Guidelines coming out from the Austrian Ministry of Health about Esoteric Methods¹. In their preamble, these Austrian Guidelines state:

“... psychotherapy is an independent care process for the comprehensive, deliberate and planned treatment of behavioural disorders or cases of suffering of a psychological, psychosocial or psychosomatic nature, using scientific psychotherapeutic methods. The primary objective of psychotherapy is to ease or remove existing symptoms, to cure or alleviate conditions of psychological suffering, to provide help during existential crises and with changing disturbed behaviour and attitudes, and to encourage personal development and health.”

This ‘description’ of psychotherapy is somewhat definitive and prescriptive: it only states what the Austrian Ministry of Health thinks that ‘psychotherapy’ is – essentially a ‘health-care’ service, though it (interestingly) includes “*existential crises*” and “*personal development*”.

However, our main concern and contention is that other definitions of ‘psychotherapy’ are – in reality – quite a bit wider than that (see: Young, 2011) and that the rest of the 7-page Austrian Guidelines or ‘directive’ is just that – very directive, and also quite discriminative, as it continues:

“There is a clear and distinct difference between psychotherapy and all kinds of esoteric, spiritual and religious methods, such as human energetics, spiritual healing, shamanism and many others. These methods do not form part of psychotherapy.”

On the surface, this might ‘sound’ clear, but it is actually a ‘false positive’ statement: i.e. more of a wish, than a statement of reality. The situation – on the ground – is much more diffused, complex and confusing. If one ‘Googles’ “psychotherapy and spirituality”, one gets about half-a-million results, which might suggest that the difference between these is not as clear as the Austrian Ministry might like. Further ‘prescriptions’ within the first 2 pages of the Austrian Guidelines occur:

The provision of any kind of esoteric content, spiritual rituals or religious healing doctrine is strictly prohibited in all psychotherapeutic education and training. ... Psychotherapists may not use their professional title in the context of training, seminars, courses, etc. in the area of human energetics or other esoteric methods or religious healing doctrine and may not offer any such courses, seminars, etc. in his or her role as a psychotherapist. ... Any link or connection between psychotherapeutic offers and advertisements or offers by healers, human energetic practitioners, priests, shamans or similar is prohibited. ... The focus is on: 1. The protection of the psychotherapeutic relationship while upholding the professional psychotherapeutic ethos; and 2. Defining psychotherapy as a scientific treatment.

As one examines this document in more detail, in the 1st Section ‘The Protection Of The Specific Psychotherapeutic Relationship’, there are several references to points in the (Austrian) Professional Code that are used to establish / enforce these arguments further – implying a possible contravention and therefore sanctions against so doing. Essentially, their points make it clear that – in their opinion – any form of a ‘spiritual’ intervention would be contrary to the professional therapeutic relationship. Furthermore, in the 2nd section, ‘Psychotherapy As A Scientific Treatment’, there are also references to the Professional Code to reinforce the several points already made. Essentially – in their opinion – there is an impossible bridge between scientificity and spirituality. The basis of both these points – given their convictions – is not that these things can happen, but that these things should never ever happen: this is questionable!

What is **not** made clear is that many of the things that they seem to be afraid of are already covered, perfectly adequately, in the Professional Code (as they mention), and in the EAP’s Statement of Ethical Principles, as well as in the Ethical Codes and Practice of the various professional associations that are members of the EAP. There is therefore: (a) no real need for such a ‘draconian’ set of restrictions, as it assumes that the ÖVBP (Austrian Psychotherapy Association) doesn’t have a ‘proper’ complaints procedure and a proper procedure for disciplining psychotherapists who contravene their Professional Code; and (b) it also confuses the issue as, in its attempts to be definitive and proscriptive, it actually creates divisions that may not really exist.

They use the words ‘spiritual’ and ‘religious’ as if they are synonymous. How then do they define the difference between (say) a pseudo-spiritual intervention, or an intervention in a psychotherapy practice within a Christian, Jewish, Buddhist or Muslim context? Many people of a particular faith prefer to go to a psychotherapist of their own faith, just as men and women prefer a psychotherapist of the same (or perhaps different) gender. Apparently, psychotherapy – defined as a ‘scientific treatment’ – can only be absolutely and completely secular, and “... *the personal views of the psychotherapist, including, for example, his or her religious beliefs, may not have an active or guiding role in the treatment process.*” All form of ‘pastoral’ counselling or therapy are therefore unscientific and unprofessional for a psychotherapist.

The legalisation (or regulation) about the provision of mental health in Ontario Canada faced a similar ‘problem’ in 2013. They declared that, “*psychotherapy and mental health therapy*

will become a controlled health care act". This meant that the 'pastoral' counselling section of the profession had a problem: would they have to refuse to help and support people, which could go against Human Rights legislation.

There were therefore two 'distinctions created: (1) a "Controlled Act of Psychotherapy" wherein psychotherapy and mental health therapies *treat* [please note this word] "*...an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning*".

The second distinction made is that: (2)

"... the restriction on performing a Controlled Act [of Psychotherapy] also does not apply to communication made in the course of counseling about emotional, social, educational and spiritual matters. The prohibition against performing Controlled Acts does not apply when 'treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment ...'. Such a distinction is protected within the Ontario Charter of Human Rights."

So, operating as a spiritual, faith-based, or religious counsellor (or psychotherapist) one is limited – by law – **not** to "treat" that person for any form of 'serious' disorder; one must instead limit oneself to a 'supporting' role only.

"Therefore, religious/spiritual/pastoral counselling is primarily supportive in nature and content. Individuals whose needs exceed supportive counselling must be referred to appropriate qualified professionals."

Therefore, they concluded, that although "*... clergy, chaplains and spiritual care providers, engaged in pastoral counselling as part of their ministry, will not be required to become members of the College [and thus bound by the new law], they are welcome to become members if they choose to.*" They emphasise that the responsibility for this understanding about the differentiation (between a psychotherapist and a spiritual counsellor) and having a clear understanding of their role as a pastoral counsellor (including its limits and responsibilities) lies totally with the counsellor or therapist.

Another view, from American or Anglican sources, states that pastoral counselling is a particular formulation (method / modality) within psychotherapy: "*... in which the full resources, theoretical knowledge, and clinical methods of secular psychology and psychotherapy are brought together with pastoral theological method and practice to provide a holistic approach to psychotherapy that honors and integrates the spiritual dimension of each patient's life and experience.*" (Cooper-White, p. 131) This is a more homogenous definition and more in keeping with the principles of the EAP.

In the following three articles, you can read (i) the Austrian Ministry's 'Guidelines'; (ii) an article written about this issue by one of our Swiss colleagues, **Peter Schulthess**, and a response to this, written by another colleague and long-standing EAP member, **David Boadella**.

Given the potential importance and significance of this debate, we will be making these articles – and other articles that follow within the same topic – available, free-of-charge, from within the IJP website: www.ijp.org.uk. Hopefully, we can create an on-going accessible dialogue and a Special Issue on “Psychotherapy vs. Spirituality”.

Courtenay Young
IJP Editor

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ⁱ **Guidelines for psychotherapists on the issue of differentiating between psychotherapy and esoteric, spiritual and religious methods:** Accessed: http://www.abp-bvp.be/IMG/pdf/oostenrijk_richtlijnen_fed_min_gezondheid_2014.pdf

PSYCHOTHERAPY v. SPIRITUALITY: An On-Going Special Issue:

Article 2: The Austrian Ministry of Health Guidelines 2014

AUSTRIAN FEDERAL MINISTRY OF HEALTH

Guidelines for psychotherapists on the issue of differentiating between psychotherapy and esoteric, spiritual and religious methodsⁱ

Preamble

In the health sector, psychotherapy is an independent care process for the comprehensive, deliberate and planned treatment of behavioural disorders or cases of suffering of a psychological, psychosocial or psychosomatic nature, using scientific psychotherapeutic methods. The primary objective of psychotherapy is to ease or remove existing symptoms, to cure or alleviate conditions of psychological suffering, to provide help during existential crises and with changing disturbed behaviour and attitudes, and to encourage personal development and health. The practice of psychotherapy has been regulated legally since 1991 in the Psychotherapy Act, BGBl No. 361/1990.

There is a clear and distinct difference between psychotherapy and all kinds of esoteric, spiritual and religious methods, such as human energetics, spiritual healing, shamanism and many others. These methods do not form part of psychotherapy.

The provision of any kind of esoteric content, spiritual rituals or religious healing doctrine is strictly prohibited in all psychotherapeutic education and training. Attendance of events with esoteric, spiritual or religious content will not be recognised as fulfilling the legally standardised further education obligations of the psychotherapist as defined by § 14.1 Psychotherapy Act.

Psychotherapists may not use their professional title in the context of training, seminars, courses, etc. in the area of human energetics or other esoteric methods or religious healing doctrine and may not offer any such courses, seminars, etc. in his or her role as a psychotherapist.

Any link or connection between psychotherapeutic offers and advertisements or offers by healers, human energetic practitioners, priests, shamans or similar is prohibited.

The issue of differentiating between psychotherapy and esoteric, spiritual and religious methods can be argued and answered with reference to the Psychotherapy Act and the

professional code for psychotherapists issued by the Federal Ministry of Health, on the basis of the report by the psychotherapy advisory board, most recently on 13.03.2012 (hereafter: Professional Code). The focus is on

1. The protection of the psychotherapeutic relationship while upholding the professional psychotherapeutic ethos; and
2. Defining psychotherapy as a scientific treatment.

1. THE PROTECTION OF THE SPECIFIC PSYCHOTHERAPEUTIC RELATIONSHIP

In all matters relating to a professional and ethically justifiable practice of the psychotherapeutic profession, the specific psychotherapeutic relationship and its protection must always form the central focus of the treatment – as outlined in the preamble of the Professional Code:

“In practising their profession, psychotherapists are required to show a particular degree of responsibility with regard to their own person, in conducting the psychotherapeutic task, and in dealing with those persons with whom they enter a special relationship in the context of psychotherapy.”

The subscript to Point III in the Professional Code already states quite clearly how important it is to protect this specific psychotherapeutic relationship, and which special responsibility must be assumed by the psychotherapist:

“... relationship of trust, duty to provide information and particular care in the psychotherapeutic relationship.”

“... the obligation of members of the psychotherapeutic profession and the right of the patient to comprehensive information, in particular about the type and extent of the planned psychotherapeutic treatment; this information must also encompass the setting, frequency, the overall duration – where assessable -, fees, holiday regulations and any other information that is required to clarify the particular contractual relationship;”

(Professional Code, point III.4, p.6)

One of the central points of the protection of the specific psychotherapeutic relationship lies in the responsibility in view of the special condition of dependency. The Professional Code states clearly and unambiguously that the personal views of the psychotherapist, including, for example, his or her religious beliefs, may not have an active or guiding role in the treatment process:

“...the obligation of members of the psychotherapeutic profession and the right of

the patient to the responsible handling of the special relationship of trust and dependency in the psychotherapeutic relationship:

- any abuse of this relationship of trust, or of a patient's existing dependency on the psychotherapist, which might perhaps become even stronger temporarily in the course of psychotherapeutic treatment, represents a serious infringement of the ethical obligation of the members of the psychotherapeutic profession;

- Abuse is considered to have occurred when a member of the psychotherapeutic profession betrays his or her psychotherapeutic duty to the patient in order to satisfy his or her own personal interests, in particular those of a sexual, economic, emotional, political or religious nature; this therefore also places an obligation on all members of the psychotherapeutic profession to avoid any such involvement with patients;

- in the event that the psychotherapist develops an inextricable emotional involvement (such as falling in love, rejection, identification) during the course of the psychotherapy, he or she is obliged to reflect on his or own stake (especially by means of supervision, peer consultations and self-awareness) and to clarify whether the psychotherapeutic process can be continued responsibly; if this is not the case, psychotherapy must cease immediately and it must be ensured that the patient can continue with the psychotherapeutic process elsewhere and thus also receive a place of reflection on the events that have occurred;

- the responsibility for avoiding such involvement lies solely with the member of the psychotherapeutic profession and cannot be transferred to the patient;

- any infringements of the professional ethics provide reasonable ground to seriously question the suitability of the member of the psychotherapeutic profession; "

(Professional Code, point III.9, p.7-8)

Therefore, if patients themselves introduce the topic of religion, prayer or spiritual rituals into the session as aspects that are of central importance to themselves, it must be clarified together with the patients – as with other topics – which meaning this has for them and their lives, and in certain circumstances reference should be made to a specific condition of suffering.

The active introduction by the psychotherapist of such approaches and activities as prayers or esoteric rituals represents a breach of the professional psychotherapeutic ethos as defined above.

Should any other intensive contacts arise between the psychotherapist and the patient (e.g. joint prayer groups), the standardised regulations of the Professional Code also apply, in other words the obligation to examine this matter internally with the help of supervision and, if these contacts or contexts cannot be solved, to end the psychotherapy in a responsible manner.

II PSYCHOTHERAPY AS A SCIENTIFIC TREATMENT

§ 1 of the Psychotherapy Act states unambiguously that psychotherapy is a treatment of the ill that has a firm scientific basis.

As also stated in the comments on the Psychotherapy Act, psychotherapy is defined as an emancipatory process of self-awareness and understanding in which the acute situation, the condition of suffering can be and is understood on the basis of the patient's own self. It therefore involves raising awareness of psychodynamic and family-dynamic connections, of the meaning of each position in the system, and also the expansion of the room for activity and perception.

The scientific basis of psychotherapeutic professionalism is also highlighted clearly in the recognition guidelines, criteria for the recognition as an institute psychotherapeutic training in accordance with § 7 of the Psychotherapy Act, BGBl No. 361/1990, issued by the Federal Ministry of Health on the basis of a report by the psychotherapy advisory board, published in *Psychotherapie Forum*, No. 1/1992, p. 35ff:

"In general the recognition guidelines as defined by the Psychotherapy Act concern the teaching of psychotherapeutic methods that have been tested sufficiently in practice and which have developed a scientific foundation, as well as also meeting internationally defined and discussed standards."

(Recognition Guidelines, p. 3)

Conversion, promises of healing, missionary approaches or religious or esoteric practices are therefore totally opposed to the principle of psychotherapy as a scientifically-based means of treating the ill in the sense of such a process of understanding and change.

In addition it should be noted that psychotherapists are obliged fundamentally, both by the Psychotherapy Act and the Professional Code, to use scientifically recognised methods in the context of psychotherapy, whereby not every scientifically recognised method from other specialised contexts can be counted among the scientifically recognised methods for psychotherapy.

"Furthermore, the practice of psychotherapy – namely on a scientific basis for the recovery or restoration of health or to contribute to the development of those who are suffering – also involves a special social responsibility..."

(Professional Code, p.3)

In the Professional Code, further education and training, reflection and supervision, and above all discourse between colleagues are considered to be essential quality assuring measures. In order to establish "quality assurance", further training and education that are considered to be

psychotherapeutically and scientifically relevant must be certified.

This principle is addressed as follows in the guidelines on further training and education for psychotherapists, issued by the Federal Ministry of Health on the basis of a report by the psychotherapy advisory board, published in *Psychotherapie Forum*, Vol. 8, Suppl. 3, No. 3/2000, p.89ff, as well as in the notes of the *Sanitätsverwaltung*, Issue 7/2001, p. 26:

“The following are foreseen as providers of further education and training:

- 1. the psychotherapeutic training institutes that are recognised in Austria for the specialist discipline;*
- 2. the training and research institutes recognised by the Austrian Federal Association for Psychotherapy (Österreichischer Bundesverband für Psychotherapie, ÖBVP);*
- 3. the ÖBVP itself;*
- 4. other educational institutes from the psychosocial field, which provide content relevant to psychotherapy;*
- 5. individual psychotherapists with certified qualifications and at least five years! professional experience, or groups of psychotherapists (e.g. who are organised in a relevant association);*
- 6. other specialist who offer content that is relevant to psychotherapy and its methods and who are especially qualified for this purpose;#*

It can be established, therefore, that no prayers, religious rituals, forgiveness processes, or any other religious, spiritual or esoterically-based activities can ever belong to a comprehensive and stringent psychotherapeutic method for the planned treatment of the ill. The same also applies to psychotherapy aimed at personal development.

Also with regard to the Psychotherapy Act it must be established that psychotherapy is not a random mixture of individual methodical-didactic actions. Rather, only those methods are recognised that are based on theory with regard to human development – and in consideration of each individual – and thus with regard to the emergence of psychological illnesses, and from which psychotherapeutic settings and techniques can be justified.

It is hereby noted that psychotherapists who frequently have an additional profession must always decide in each situation which profession (psychologist, doctor, theologian, educator or psychotherapist) her or she is practicing in the specific context – and this should also be discussed in the sense of a duty of clarification with the patient. It is therefore necessary to fully inform the patient by clarifying and naming each function/role.

In line with this requirement, a pastor who is also a psychotherapist may actively introduce prayer, for example, into his pastoral work and mission. However, if he is working as a psychotherapist, other specialised professional and ethical standards apply, so that he may

not introduce prayer, for example, in his function as a psychotherapist.

This idea is also reflected in the Professional Code in the context of the public appearance of psychotherapists:

"... the obligation to give priority to professional aspects above commercial aspects when advertising or making announcements to the public; advertisements and announcements must be restricted to the factual service on offer:

- untruthful advertising, unprofessional advertising, misleading advertising or blatant advertising (i.e. announcements that are not taken literally but rather considered to be an unserious exaggeration) are prohibited; unprofessional advertising includes offers of treatment, education, trained techniques or methods that fundamentally do not contain the techniques or content of a recognised psychotherapeutic method as defined by the Psychotherapy Act, or which are not recognised by the profession;

- However, advertisements and announcements should provide sufficient information about the type and extent of the services on offer, as well as on the fees charged and the rights of the patients;"

(Professional Code, Point IV.4, p.12)

Literature:

Berufskodex für Psychotherapeutinnen und Psychotherapeuten des Bundesministeriums für Gesundheit auf Grundlage eines Gutachtens des Psychotherapiebeirates, zuletzt vom 13.03.2012

Anerkennungsrichtlinie, Kriterien für die Anerkennung als psychotherapeutische Ausbildungseinrichtung gemäß § 7 Psychotherapiegesetz, BGBl. Nr. 361/1990, des Bundesministeriums für Gesundheit auf Grundlage eines Gutachtens des Psychotherapiebeirates, veröffentlicht im Psychotherapie Forum, Nr. 1/1992

Fort- und Weiterbildungsrichtlinie für Psychotherapeutinnen und Psychotherapeuten, Richtlinie des Bundesministeriums für Gesundheit auf Grundlage eines Gutachtens des Psychotherapiebeirates, veröffentlicht im Psychotherapie Forum, Vol. 8, Suppl. 3, Nr. 3/2000

ⁱ Issued by the [Austrian] Federal Ministry of Health on the basis of a report by the Psychotherapy Advisory Board on 17.06.2014: http://abp-bvp.be/IMG/pdf/document_directives_su_min_fed_sante_autriche_2014.pdf

Psychotherapy should be differentiated from Transpersonal Psychology and Esotericism.¹

PETER SCHULTHESS

Please do not misunderstand me (with respect to this title): I am far from denying humanity's spiritual dimension. A 'search for meaning' is something very primordial. I do not in any way dispute that there are numinous, mystical and magical phenomena, whose explanation eludes rational reflection in that there are various states of consciousness that allow various perspectives on one's own life and on stressful life events, and that these can contribute considerably to the alleviation of suffering.

I also do not dispute that such naturally occurring 'states of consciousness' can – through the use of drugs, breathing techniques, music, meditation, sport and many others – induce greater levels of consciousness and deliver enriching experiences. And naturally – social, religious and cult-ish rites can be seen as important in societies and possibly even indispensable, contributing to the formation of that culture and creating a sense of identity, orientation, and even of belonging.

The significant question, however, is: do these practices belong in psychotherapy? Many psychotherapists can also be ... legitimately ... meditation teachers, spiritual guides, or even ministers of a religion. This combination is a demand that is frequently made of psychotherapists: however, it can also be an expression of an exaggerated spiritual expectation of salvation that can lead to grandiosity: and this actually goes beyond the boundaries of the mandate of the profession. Should the psychotherapist really be an all-round helper and healer, responsible for all of the client's somatic, emotional, intrapersonal, interpersonal, transpersonal, spiritual matters? In my opinion, these matters should not be mixed in a serious psychotherapy practice. They should be separated from each other.

Understanding spirituality can be seen: ... as a part of the "art of living"; ... or as an expression of letting oneself enter into different relationships with this world in which we live; ... or as an expression of an attitude, wherein one's own ego isn't the priority; but ... also as an ability that exists to transcend oneself; ... to see oneself integrated in a larger whole; and yet still experience the Self as ... 'distinct'; with the ability to act in a responsible manner, and so help in

¹ **Editor's Note:** This article, as printed here, is a development of the translated version of the original article (see details at end).

creating the social and political surroundings in which one lives. This sort of definition is a more worldly understanding of spirituality that fits in well with psychotherapy and matches its claim towards individual emancipation.

At a time, and in a world, that is increasingly fragmenting, there is – simultaneously – an advancing (capitalistic) globalization, with its enormous multiplicity of information that is hardly possible to process, it is no coincidence that the prevalent ‘search for meaning’ (that is almost inseparable from spirituality) is becoming much more accentuated.

Correspondingly, with respect to the issue of life-skills and the increasing market for psychological self-help, but also within the spreading field of various ‘esoteric’ religious movements, there is a continuous stream of new offers that have been popularly received. All too often the connections between these various forms of esotericism, transcendental psychology, and different rituals from ‘initiatory’ types of therapy, are entered into, without any proper critical reflection as to whether they actually fit together.

Religious and shamanistic practices from different cultures and religions are frequently brought together, and different views of humanity and belief systems from these cultures get inserted into the medium of our counselling and psychotherapy practices (often fragmented and torn out of the cultural context) and so (supposedly) ‘integrated’ without any proper critical reflection about: exactly what one is bringing in; or how these views of humanity fit in with the various approaches to psychotherapy that are practiced.

In a recent edition of the “À Jour’s” journal, there was a report about a patient who, in addition to psychotherapy, also sought help from an esoteric method and experienced this as a positive compliment to their psychotherapy. The editors of “À Jour’s” received responses from a few colleagues recommending that psychotherapists could do both in their practice and thus combining them. This made me sit up and take notice and it also gave me an additional impetus to write this contribution.

There are an increasing number of reports from people in psychotherapy and counselling centres, who have been harmed through participation in various groups, courses, and psychotherapies where – under the heading of ‘psychotherapy’ – various spiritual and esoteric practices are conducted. After an early hope of fulfilment, promises of healing are often followed by a form of disillusionment: i.e. a recognition of a dependency, or another form of damage.

In Austria, an accumulation of complaints by aggrieved parties that have been filed against some psychotherapists, prompted the Federal Government to issue the document (republished in its English version in this issue), “*Guidelines for Psychotherapists with respect to the question of delineating Psychotherapy from esoteric, spiritual and religious methods*”. Some passages from

these guidelines are reproduced here as they are arguably of significance for psychotherapists, not only from the whole German-speaking region, but perhaps wider still:

“Psychotherapy is to be distinguished from and to be clearly separated from all forms of esoteric, spiritual and religious methods ” ... “These cannot form part of a psychotherapy” ... “In psychotherapy training and further education, offering any form of esoteric contents, spiritual rituals and religious doctrines of salvation is to be refrained from”... “Active introduction of such approaches and actions like, for example, prayers, esoteric rituals by therapists violates the Psychotherapy Professional Ethics ...” (Austrian Federal Ministry of Health, 2014, 2f)

These Austrian Guidelines have not been imposed in an authoritarian manner by the Federal Ministry of Health, but rather in collaboration with and after discussion with representatives of the important professional associations, on the basis of an increasing numbers of complaints. Does the EAP, as the relevant European organisation for psychotherapy, also need such guidelines? Or do we wait until national authorities in different European countries intervene? Much depends up how one defines “esoteric”, “spiritual” and “religious” as well as “methods”.

The word “esoteric” loosely means ‘intended for or likely to be understood by only a small number of people with a specialized knowledge or interest’: “esotericism” indicates an ancient Greek tradition for secret teachings of philosophers, where the knowledge and truth is granted to a restricted circle of scholars or ‘enlightened’ persons. Often, there are a limited number of leaders, who determine who is entitled to teach. After a certain time of instruction, they – at best – give a scholar confirmation that they have reached the next level of consciousness, and this also allows him to take his place into the circle of the ‘enlightened’.

We often find such inner or hierarchical structures in diverse esoteric movements, both in the major religions and also in other groupings: i.e. from the Catholic Church with the Pope as the only representative of God on Earth, right through to various ‘esoteric’ cults and sects; but also with shamans (indigenous people’s medicine men in some cultures), as well as so-called ‘Masters’ in ‘ashrams’ (e.g. someone like Bagwan Shree Rashneesh).

Esotericism is also often linked with Transpersonal Psychology’s mysticism, that has been praised globally, encompassing within its varied cultural forms the trans-cultural perspective that it is difficult for people to tolerate the existential philosophical view that the creation of life starts from a zero point and that death marks an end-point where everything is over: beginning and end. Full stop!

The cut-off points of birth and death can therefore be transcended on both sides: what was there before birth: i.e. even before conception? What comes after death? Within these questions about coming to terms with finiteness, there are all kinds of views existing: from everlasting life; reincarnation; transmigration of souls; rebirth; the notion that the individual’s soul (even before

conception) existed in a cosmic stream of energy; that we (in this not yet material condition) already had a consciousness, enabling us to select our own parents; and even that we, in death, can find our way back to those previously deceased.

Transpersonal Psychology understands esotericism in terms put forward by Willigis Jaeger (1991), who developed a constructed religiosity based on a direct experience of the divine, and that the esoteric – as a person – sees themselves as developing a way to experience the divine within themselves, and in everyone and everything (Weidinger, 2000).

These are all things that one can believe in; which can give grounding and support on a day-to-day basis; however – they can also be a projection of a Great Mother; – or an intact family; – or a Good Father; – and possibly, in all people, can serve as a personal defence against emotions connected to the prospect that we are really unique, separate (even when equipped with the capacity to love and relating to others), and finite.

The idea of a hierarchy of consciousness has something elitist about it, especially for those who are “at the top“. Doctrinal theories and rites ... “as we have always known” ... are removed from objective examination. Esoteric knowledge is considered as the science of experience. What one “really” experiences is the truth and any other view is not allowed by esotericism, because all knowledge must come from within and is internal.

Research into consciousness can, with objective measurements, now investigate: the effects of changed conditions of consciousness; relaxation; distancing from self; reductions in brain and heart functioning, etc.; and can establish whether there are the positive or negative effects. However, the ‘correctness’ of the conceptualization of transpersonal and/or esoteric teachings cannot be verified properly in this way.

Esotericism or modern mysticism has (in its various gradations that go back into the roots of early religions), at its basis, an irrational and somewhat secretive set of teachings in the broad arena of beliefs and ideologies related to extra-ordinary experiences and states of mind. The “mystical” or ecstatic experience – often referred to as becoming “one with God (or the Absolute)” – is a key component to mysticism. Mysticism² – or mystical aspects – can be found in nearly all religious traditions.

Exotericism, on the other hand, refers to a variety of philosophy traditions, dating back to the Ancient Greeks, in which knowledge is more in the public domain: i.e. anyone can take part in questioning it (or attempting to verify it). Being based on the model of the symposia set up by Aristotle, the relationship between the discussants is not hierarchical, but rather equal. There is thus no master and pupil, no initiated, and none who have not yet grasped it (or also will not either). Knowledge and knowledge transfer is more rational. From this somewhat more ethical

² The word “mysticism“ is derived from the Greek word “*μωω*” meaning ‘I conceal’.

philosophical tradition, clarification can be developed, and so it has its parallels in modern science: particularly scientific and explanatory theories and debate. In addition, the philosophical basis of modern psychotherapy thus has its roots in exotericism.

Esotericism requires no science, except to use the word 'science' for laying out its own evolutionary claims and demands for respectability. As the people who have this knowledge, "know this for a fact" because it is based on their own experience, or because they have 'received' this knowledge through it being "spiritually channelled" (transmitted), or on the basis of the attribution of their leadership roles in the system, so that what they consider as 'correct' is therefore correct. Esotericism has a world-view and view of people that assumes that some sort of a god-head exists in the cosmos and this manifests in the individual's innermost core of their being, similarly to the way it is manifested externally in the cosmos. Here, we find ourselves in the realm of belief: and most people believe in something and some people can believe anything.

This is essentially the dichotomy between a divine doctrine of creation and a theory of natural science. The first claims a divine plan and a form of god as the author and creator of the universe; the latter assumes that natural sciences are in the forefront; is well aware that all knowledge about the creation or the "powers that be" is purely provisional; and also that there is a great deal that remains to be researched.

Esotericism needs no disclosure of its sources, nor any scientific testing for the purpose of innovation, changes and further development. From the scientific theoretical perspective, there is no final truth, at least so long as one is not rigidly dogmatic. There is certainly a danger that a critical scientific discourse itself could develop into a dogmatic religion, especially when only the "scientific community" recognizes a particular scientific understanding and only particular specific research designs are recognized. However, this discourse usually takes place in the public domain and can therefore be influenced. To equate any western 'scientific' concepts with either shamanic intuition and/or the eternal mystical traditions of the high religious cultures ("*philosophia perennis*")³ alienates us from our present culture and also from our profession, as the argument is hardly rational and not externally verifiable. It is definitely not suitable as a referential framework for a being scientifically-recognized psychotherapy as some of the representatives of Transpersonal Psychotherapy claim.

From a variety of research into how memory actually functions, we know that memory builds in a constructive manner and that means that consciousness constellates memory, depending on the actual environment and level of interest. Efficiency in memory is often created and influenced, not only the inner factors, but also by external factors. Sometimes, for example, what

³ "*philosophia perennis*" – a core of philosophical truths which is hypothesized to exist independently of and unaffected by time or place.

we remember is what we (the therapist) would like to hear. As we know only too well from legal cases, memory can be unreliable with respect to witness' statements. There are also the so-called "false memories", particularly when dealing with possible sexual abuse, where the actual deed is not remembered consciously: i.e. it can be mistaken when one knows of no substantiating facts, and when the client (or the therapist) persist in wanting a specific memory, linked with an intense expression of emotions (or their complete blocking), in order to support an interpretation of a vegetative somatic process. As projections can influence memory, memories from early childhood are often, in the case of adults, a little difficult to substantiate, and so these can become even more tenuous when based on Transpersonal Psychotherapy's theory that assumes one can recall or be influenced by a pre-natal event, or even a previous life.

To take a simplistic example: there couldn't have been as many Joan of Arcs as the number of women who have claimed to have been her in past-life regressions. Someone, who – in their capacity as a psychotherapist – not only allows that, but also encourages the client to accept it as the truth, misses out on a specific aspect of their role, which consists of helping the client to identify with a symbolic image: i.e., working through the contents of the projection of a construed memory in the actual life conditions, and searching for the meaning that it has for the person remembering (i.e. the dreaming person) in their current life situation. The issue here is therefore about the question of reinforcing 'constructs' as beliefs versus the psychotherapeutic working through of the created images.

From my point of view, the concepts of Transpersonal Psychotherapy and a social, psychological and 'natural' scientific-based psychotherapy are not very reconcilable. Transpersonal Psychotherapy often goes beyond that which belongs within the domain of psychotherapy. As psychotherapists, we are working in profession, which (in several countries) is regulated by various (differing) laws. We have been granted our 'license to practice' because we have been trained in a specific reputable and scientifically-recognized psychotherapy modality. As a psychotherapist, the professional practice license is granted to apply those therapy methods in which we have been trained – and those that have been 'recognised' as 'scientific'. Naturally, we can widen this repertoire during the course of our professional lives, given a good basis of continuing professional education.

When incompatible and fundamentally divergent basic assumptions about the extent of being human become present, it is our task – as psychotherapists – to help the client to examine critically whether these can be combined or integrated, or not. Patients (clients) have the right to receive a treatment that the psychotherapist has been properly trained in, and not receive another procedure that is possibly not recognized at all as a 'proper' psychotherapy: e.g. that goes beyond the boundaries of the profession of psychotherapy.

However – and this is a key point – just because we may be a licensed, registered psychotherapist, this does not give us ‘licence’ (permission) to add anything (non-psychotherapeutic) in to our practice: be it religious, philosophical, transpersonal or esoteric, just because we happen to like it, or happen to believe in it. For example, there are many qualified medical doctors who have also trained in (say) acupuncture or homeopathy: this may give them particular insights, or access to different techniques or approaches, or familiarity with less invasive forms of treatment, but ... this does not give them permission to use these ‘alternatives’ as a ‘medical’ treatment, or instead of a more researched ‘medical’ treatment. They could actually lose their licence to practice medicine if their ‘patient’ was to be harmed by their using an unorthodox treatment, or by the lack of using a recognised medical treatment.

Those seeking spiritual development can also find many needed personal support systems outside the realm of psychotherapy. I believe that we should not mix these domains. We, as psychotherapists, must not also – at the same time – be practicing as shamans, priests or spiritual guides. These roles should be kept separate. In the last years unfortunately a real spiritual psychomarket (it’s a good business) has developed and boomed that has within its structural model some of the many varieties of Theosophy⁴ (see Daecke, 2006, 130ff). Let’s protect our profession as psychotherapists from such developments.

This article is an adapted summary of:

Schulthess, P. (2015). *Die Transpersonale Therapie transzendiert die Grenzen des Gebietes der Psychotherapie* [Transpersonal Psychotherapy transcends the limits of the field of Psychotherapy]. In: *Gestalttherapie: Forum für Gestaltperspektiven*. Vol. 29, No. 1/2025, pp. 102-124. Bergisch Gladbach.

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- DAECKE, K. (2006/7). *Moderne Erziehung zur Hörigkeit? 3 Bände* [Modern Education for Slavery? 3 Vols]. Neudettelsau: Edition Psychotherapie und Zeitgeschichte.
- HOLOTROPIC BREATHWORK: www.holotrop.at: *Transpersonale Psychotherapie*, Accessed 18.2.2015

⁴ ‘**Theosophy**’ (the word is derived from the Greek for “God’s wisdom”) is a collection of mystical (religious and speculative) philosophical concepts, through which people seek direct knowledge of the presumed mysteries of life and nature, and particularly of the nature of divinity. It is based on the 1888 work of ‘Madam’ Helena Blavatsky, *The Secret Doctrine*. Its late 19th century popularity, especially in the USA & UK, has given rise to similar mystical, philosophical and quasi-religious movements.

JÄGER, W. (1991): *Suche nach dem Sinn des Lebens [Searching for the sense of life]*. Verlag Via Nova, Petersberg

WEIDINGER, H.P. (2000). Transpersonale Psychotherapie [Transpersonal Psychotherapy]. In: G. Stumm & A. Pritz (Eds.), *Wörterbuch der Psychotherapie [Dictionary of Psychotherapy]*. Wien, Springer.

The article entitled *Psychotherapie gehört abgegrenzt von der Transpersonalen Psychologie und der Esoterik [Psychotherapy is different from transpersonal psychology and esotericism]* was first published in the Swiss journal: “À Jour! Psychotherapie-Berufsentwicklung” (1-2015) in both German and French.⁵ It provoked and generated several reactions and more contributions, which were published in the next issues of the Journal (2-2015 and 1-2016). This extended version, in English, is published here so it can also be the basis for discussion on an international level.

Author

Peter Schulthess is a Swiss federally-recognized psychotherapist (ASP), is a Gestalt psychotherapist and has had his own practice from 1976 - 2016. He maintains an international teaching function and has for many years been active at a professionally political level. In his capacity as Chairperson of the Swiss Charta for Psychotherapy he is a member of the ASP Executive Committee. He represents, together with Gabriela Rüttimann, the ASP in meetings of the European Association of Psychotherapy (EAP) and is currently the Chairperson of the Science and Research Committee of EAP.

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Translation from German: Jean Schulthess-Watt

IJP Editor’s note: *A couple of months after this article was first published, David Boadella, a long-standing member of the EAP, circulated his reaction to this article (in English) amongst EAP members. The article has now been translated into English, to make it available to English-speaking readers: Boadella’s reaction has in the meantime also been translated into German and French and has been published in issue 1-2016 of “à jour! Psychotherapie-Berufsentwicklung”. We feel that this ‘dialogue’ is extremely significant, especially given the significance of the Austrian Ministry of Health’s “Guidelines” and so we also publish David Boadella’s response in this issue.*

⁵ <http://www.psychotherapie-wissenschaft.info/index.php/psy-ber/article/view/1083/1207>

Boundaries to the Transpersonal: a response to Peter Schulthess

DAVID BOADELLA

Peter Schulthess, the President of the Swiss Charter for Psychotherapy, has written an extensive critique of transpersonal psychology, which he sees as transcending the boundaries of the profession of psychotherapy. Within this field, he includes the view that all that is “esoteric” or spiritual, although he validates these dimensions for personal development outside of psychotherapy. His critique was published in the Journal of the Swiss Association for Psychotherapists, ASP, “*À Jour*”, 01-Jun, 2015.

There is much in his critique, which I can support, in particular the practices of pseudo-spiritual movements, associations with “gurus”, claiming higher powers, and following dogmatic sects that encourage symbiotic dependency and which are therefore counter-therapeutic in their effects. The Austrian (legal) Regulations on Psychotherapy, which Schulthess refers to somewhat favourably, seeks to protect clients from such extremes.

However, there is a danger here of throwing the “baby out with the bathwater”. There is the risk that there are many valid methods within psychotherapy (including some that are supported by the Swiss Charta of Psychotherapy) that may be wrongly excluded because of such an over-restrictive ‘judgement’. In this article, I seek to agree with some of Peter Schulthess’ critique, but to defend some of those practices that may be seen as ‘transpersonal’, yet which are firmly anchored within the mainstreams of psychotherapy. I would like to emphasise the following twelve points:

1. **Jungian Psychology:** C.G. Jung was one of the founders of the Transpersonal Psychology movement and he defined the ‘Higher Self’ as the “God within us”. Does this give grounds for Jungian psychotherapy no longer to be recognised by the Swiss Charta and the Swiss State? The answer is probably clearly in favour of Jung’s work continuing to be recognised.
2. **Music:** Peter Schulthess underlines the value of music in both personal and cultural life, yet questions whether “music therapy” can be a legitimate part of psychotherapy, even though it is an accredited method within the Swiss Charta.¹ There are also several other “expressive” therapies and psychotherapies that are currently on the boundary of what is (and what is not) psychotherapy: e.g. Art Psychotherapy, Dance / Movement Psychotherapy, Music Therapy, Play Therapy (for children), etc.
3. **Breathing techniques:** Peter Schulthess rightly criticises the “Holotropic Breathwork” therapy of Stanislav Grof, which I also see as counter-therapeutic for many reasons; one of which is the risk of several negative side-effects from the hyper-ventilation states that his method induces. However, it would be a great mistake to look on all forms of “modified breathing” as “transpersonal” since this has been a fundamental part of body-psychotherapy

ever since the time of Pierre Janet until today, and has proved to be immensely helpful in leading to heightened body awareness and in rebalancing disturbed emotions. Controlled breathing, with an emphasis on the out-breath, is also a significantly effective way of combating panic attacks: so, teaching this to an over-anxious client may well form part of their effective ‘psychotherapy’.

4. **Meditation:** The word means “finding the middle”, or learning to centre oneself. It is true that many meditation methods were originally developed from within religious movements. And I agree with Peter Schulthess that to teach religious beliefs to clients is to transcend the ‘proper’ boundaries of psychotherapy. However, learning to centre oneself and to find one’s balance between extremes is certainly a fundamental aim within many forms of psychotherapy.

Marsha Linehan, the founder of Dialectical Behavioural Therapy (DBT) has emphasised the central importance of meditation in helping borderline clients (Linehan, 2015). Jon Kabat-Zinn has produced extensive support for the value of “mindfulness” within his form of mindful-based stress-reduction (MBSR). Other methods, like ACT (Acceptance and Commitment Therapy) and MSC (Mindful Self-Compassion) have been validated as therapeutic by many scientific research studies.

5. **Pre- and Peri-natal Psychology:** Peter Schulthess is critical of their mystical viewpoints about the existence of ‘life’ prior to conception, for which, he states, there is no objective evidence. However, whilst that particular aspect may be somewhat controversial, the whole field of pre- and peri-natal psychology has a long history, going back to Pierre Janet and Otto Rank. There has been a lot of research – over many decades – on how experiences within the womb can shape the person’s personality. Memories that are laid down then, that are therefore pre-conscious, may nevertheless remain, and can re-appear in later life as ‘body memories’ or as specific memories.
6. **Near-death experiences:** These admittedly, do not form a coherent part of mainstream psychotherapy, even though Jung’s personal near-death experience had a profound influence on his Analytical Psychology. However, many significant people throughout time have had similar experiences (near-death, out-of-body, transcendent, etc.) (Ferrucci, 2009), and many psychotherapy clients have spontaneously shared their actual experiences, which may be related to near-death experiences, or – on the other hand – to the experiences around the actual death of a beloved person. In my view, it is important that the psychotherapist remains open to such (potentially) transpersonal experiences of the client that may arise quite naturally at such times and may also significantly influence the rest of their life.
7. **Reincarnation:** Some clients will occasionally present with apparent memories of “past lives”. These may often serve as symbolic landscapes for representing traumatic experiences from this life, which have not yet been faced. I therefore agree with Peter Schulthess in his view that the deliberate intention or the induction of such so-called “past life” experiences – however this is done – does **not** belong within the normal boundaries of psychotherapy. Nevertheless, ways of bringing the client back from his/her inner fantastical world or life into his/her actual ‘lived’ life most certainly do belong: I call this “returning to this life” [*Rückführung in dieses Leben*]. There are also other techniques, concepts and practices that can help the client to ‘integrate’ their beliefs about their ‘past life’ into their current life in a psychotherapeutic way.
8. **False Memories:** Peter Schulthess warns of the dangers in that the psychotherapist might identify with apparent memories of the client which may turn out to be false. This can often happen when strong emotions (especially from traumatic abuse in childhood) are attributed (possibly wrongly) to a (possibly) innocent person. There can also however be true memories – of childhood sexual abuse and trauma – that are wrongly believed to be false,

and that have been ‘denied’ by other family members. Freud gave up his original trauma theory (possibly mistakenly) because it was socially unacceptable at that time and situationⁱⁱ to believe that parents can sexually abuse children. He replaced his trauma theory with the Oedipus theory: children project their fantasies of incest onto their parents. Since the therapist is not a detective he needs to remain open to both possibilities in any individual case.

9. **Esoteric:** Peter Schulthess defines the word “esoteric” as meaning “inwardly”. He uses the term as a category for all those practices and beliefs, which – in his view – transcend the boundaries of psychotherapy. He uses the word “exoteric”, meaning “outwardly”, in contrast, to mean objective and scientifically verifiable methods and principles: so ‘esoteric’ is bad and ‘exoteric’ is good. I wish that life could be so simple.

In reality, psychotherapy is both an art and a science. The word “psychotherapy” means literally the cure or care of the psyche (soul). In my opinion, the psychotherapist cannot cure the client of his neurosis. What he can do is to provide the care from outside that makes the cure from inside possible. In this sense, the care is external, and the cure is internal. This goes back to the roots of attachment theory, which is fundamental to many forms of psychotherapy. John Bowlby emphasised the importance of the secure relationship as the foundation for healing. Donald Winnicott called this the “holding environment”.

Winnicott distinguished between the “false self” (which was induced by negative conditioning) and the “true self” that was authentic. This true self was linked with an inner trust in one’s own qualities and values. The “true self” has much in common with what spiritual traditions usually call the “soul”.

The care from the outer holding environment, which is exoteric, or outward, encourages the cure of traumatic stress or neurotic conditioning, through the regaining of contact with this true self, which is esoteric – but only in the primary meaning of inward.

10. **The False Leader:** Peter Schulthess rightly criticises the power of the self-declared guru, who sets up “pseudo-psycho-spiritual” sects in the “psychological hyper-market”; he knows what is best for his followers; and leads them into new forms of imposed conditioning from which it may be very difficult to become free.

In 1990, I was invited to the House of Lords in Westminster, London, to give testimony about these processes in a conference on “Cults and Sects”. Since then, there have been many examples of such sects or cults having a detrimental effect on their ‘followers’. Unfortunately, many such sects or cults have large numbers, big resources, a few well-known proponents, and therefore the ability to ‘defend’ themselves, which they tend to do voraciously.

Instead of depending symbiotically on such a false leader in a cult or sect, each person needs to find ways to develop their own inner “guru” or inner teacher: listening to the voice of their “true Self” from within.

11. **Diagnosis:** However, there is a similar risk, within any psychotherapy method, that the therapist thinks that they know best about what is right for the client. He fits the client (perhaps all too easily) into his personal diagnostic manual and then chooses the appropriate remedy from his personal ‘toolkit’ or ‘pharmacopeia’. He may also offer the client interpretations that he thinks are right, but which can also be (and sometimes are) actually wrong. He can also offer interventions that he believes might be helpful, but these can also turn out to be counter-productive. So, even the best-trained therapist could become, at least some times, a ‘false’ leader, guide, or diagnostician.

The word “diagnosis” means, “knowing the difference”. Part of the ‘art’ of psychotherapy is to know when to ‘lead’, ‘suggest’ or ‘guide’, and when to ‘follow’, ‘trust’ or ‘allow’. So, the client can learn a lot from a good therapist, and the therapist also needs to

learn a lot from each client, about what is similar to others, and what is different from them –and of course different from him (or her). So “dia-gnosis”, is a ‘wisdom’ (gnosis) that grows between the two of them, therapist and client.

12. **Spirituality:** To be inspired by inner qualities and values is the essential meaning of the word ‘spiritual’. In this sense, a person’s own spirituality is part of the ‘self’ who comes to therapy, either as client or as therapist. These two human beings meet each other in the therapy room. The essential aspects of spirituality present need to be clearly distinguished from the “pseudo-spirituality” described above.

The World Council of Psychotherapy, founded by Alfred Pritz in 1996, in Zürich, established a Working Party on Psychotherapy and Spirituality, of which I became the acting Chairperson. I wrote a report for this committee on how “spirituality”, in this essential sense, was a natural part of every major psychotherapy mainstream. This report was published as “Essence and Ground” in the International Journal of Psychotherapy, Vol. 3, No. 1, 1998.ⁱⁱⁱ I end with a brief quotation from this article:

Although Freud recognised the reality of what he called oceanic feelings and longings, his tendency was to view these as a regressive re-experiencing of an original unity with the mother ... What Freud did not recognise here is the formative side of the spiritual traditions. In throwing out the bathwater of obsessional compulsion in the exoteric side of religion, he had also thrown out the baby of the essential heart of human spirituality.

This omission was rectified and recognised by Otto Kernberg, the President-elect of the International Psychoanalytical Association, in a keynote speech at the World Council for Psychotherapy Congress in Vienna in 1996. In this speech, Kernberg re-opened the door that psychoanalysis (in its rejection of spirituality) had slammed shut, to allow the inclusion of spirituality within psychotherapy as a key area of focus and concern, a source of potential healing of wounds, rather than a defensive compulsion to be analysed away.

Recommendations

It is therefore important for the ethical principles of psychotherapy to make it very clear– from therapist to client – that any forms of indoctrination and/or the ‘imposed beliefs’ about any sort of reality are *not* valid within the therapeutic relationship: and they do not and should not form part of the accepted practice of professional psychotherapy: they are both unethical and unprofessional.^{iv} Great care, nevertheless, should be taken in the formulation of psychotherapy laws, whether in Austria or in Switzerland (or in any other country), that any form of power, authority or regulation over the professional practice of psychotherapy is not exercised in an over-generalised way, with the risk that valid (albeit lesser-known) methods of psychotherapy could be confused – mainly by

the law-makers and enforcers – with potential pseudo-spiritual practices that clients genuinely need to be protected from.

The Swiss Charta for Psychotherapy has a long history of democratic decision-making and liberal scientific recognition of a wide range of psychotherapy methods, most recently with Peter Schulthess as its President. These methods have all now received provisional accreditation by the Swiss State. I hope that the Charta and the Association for Swiss Psychotherapists will use their influence to keep an open, but reasonably bounded, Swiss law on psychotherapy. Similarly, I trust that the European Association for Psychotherapy (EAP), based in Vienna, will use its influence to oppose the harsh over-generalisations of the recent Austrian Ministry of Health guidelines (or regulations) about the practice of “esoteric and spiritual psychotherapy”.

Author

David Boadella is the founder of “Biosynthesis” - a school of Neo-Reichian Body Psychotherapy; was (and is) Editor of *Energy & Character: The Journal of Biosynthesis* (which has been in existence for about 40 years); author of several books, including *Wilhelm Reich: The Evolution of his Work*; and *Lifestreams*; and he was 1st President of European Association for Body Psychotherapy, 1989-1993; and Chairman, Scientific Validation Committee, European Association for Psychotherapy, 1997-2007.

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Endnotes:

ⁱ **Music Therapy: (Editor’s Note)** The whole arena of the “expressive arts“ therapies – music therapy, dance therapy, art therapy, play therapy – and how they fit into “psychotherapy” is a very divisive argument: there are many similarities and there are also significant difference. Each country tends to take a slightly different stance.

ⁱⁱ **False Memories: (Editor’s Note)** There is still a vigorous debate raging about Freud’s motives to ‘deny’ the revelations of his clients and attribute them instead to a ‘constructed’ Oedipal theory. To try to get the new ‘science’ of psychotherapy (psychoanalysis) accepted in middle-class ‘Victorian’ Vienna around the turn of the 20th century was probably a significant factor: for more detail read Masson’s *The Assault on Truth*.

ⁱⁱⁱ **Editor’s Note:** We will make a full version of this article (currently out-of-print) available on the IJP website in parallel to this publication.

^{iv} **“Un-ethical and unprofessional”:** (Editor’s Note) The EAP has developed a “Statement of Ethical Principles” and “The Professional Core Competencies of a European Psychotherapist”. These are readily available through the EAP website: www.europsyche.org.