

REFLECTIONS

Cultivating Soulfulness in Psychotherapy

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This reflection highlights the importance of reclaiming a focus on the soul in my practice of existential-based, spiritually oriented psychotherapy. My clinical experience and long-standing meditation practice guided the process of synthesizing concepts and theories regarding the role of the soul in psychotherapy. A primary goal is to illuminate how the cultivation of a soulful internal space within the therapist can enhance the therapeutic encounter. Morgan's (2016) conceptualization of an inner holding environment (2016) provides a springboard from which to develop 3 images of the internal space that can be fostered within therapists who maintain soul-nurturing disciplines: a space of hospitality and compassion, a dwelling place for wisdom, and a wellspring of serenity. Hopefully, future qualitative and quantitative studies can examine the therapeutic factors identified in this reflection. A renewed focus on the soul can highlight its integral role in spiritually oriented psychotherapy.

Keywords: soulfulness, holding environment, hospitality, wisdom, serenity

Mindfulness has attracted significant attention in clinical practice during the past 2 decades. The work of Thich Nhat Hanh and the Dalai Lama, who articulate the ways that mindfulness meditation enhances the quality of life, has been seminal in providing greater understanding of its therapeutic value. An array of practitioners (for example, Brach [2003]; Germer [2009]; Kornfield [2008]; and Salzberg [2008]) have also applied the principles of mindfulness to psychotherapy and highlight the attributes of self-compassion, the wisdom of the heart, radical acceptance, and equanimity. Whereas the contributions of mindfulness-based psychotherapy are tremendously helpful, the function of the soul in the process of psychotherapy has been overshadowed by the focus on the mind. The word psychology means the study of the soul and the role of a psychotherapist is understood etymologically as attendant

of the soul (Elkins, 1995). This reflection explores ways that a soulful approach to psychotherapy can enhance spiritually oriented clinical practice. Twenty years ago, several authors (Becvar, 1997; Cornett, 1998; Moore, 1994; Zukav, 1989) focused on the role of the soul in psychological well-being. However, since that time the spotlight on mindfulness has dominated the literature in psychology, and the attention to the soul has been allocated to the fringes. Sperry and Stoupas (2017) raise ethical concerns regarding the concealment of the Buddhist roots of mindfulness when it is incorporated in psychotherapy (e.g., in mindfulness-based stress reduction). Purser and Loy (2017) concur and additionally criticize the mindfulness meditation movement for the ways it has often been privatized as an individualistic, self-fulfillment practice. These critiques support the premise of this reflection: The focus on soulfulness provides a more holistic orientation, encompassing cognitive, emotional, and spiritual concerns through a broader linguistic rubric and clinical perspective.

In his work on the science of well-being, Cloninger (2006) delineated four stages of self-awareness: (a) the absence of self-awareness

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endemic to personality disorders and psychoses; (b) average adult self-awareness; (c) mindfulness; and (d) soulfulness. Sperry (2016) cites this research, underscoring that the fourth stage of soulfulness represents a higher level of self-awareness than mindfulness because of its contemplative qualities and the attributes of hope, compassion, and reverence. Cloninger's matrix illustrates that a soulful lens renders a more appropriate scope than mindfulness to examine therapist effects on treatment outcomes for those who have attained this level of self-awareness.

Toward an Understanding of Soul Care

Elkins's approach to psychotherapy (Elkins, 1995) provides a framework to explore the care of the soul. However, an exploration of the soul is challenging because it is an elusive construct and essentially defies definition (Dargert, 2002). Moore suggests, "It is impossible to define precisely what the soul is. . . . Soul is not a thing, but a quality or a dimension of experiencing life and ourselves" (Moore, 1994, p. xi, 5). Elkins also highlights that the soul cannot be defined. He underscores the phenomenological dimensions: "The soul can be touched, felt, and known but never defined. . . . The soul is rooted in personal experience" (Elkins, 2005, p. 137). Ottens and Klein (2005) agree with Elkins: "We prefer to understand soul from a more qualitative perspective, such as by what it suggests, where it resides, or how it is experienced" (Elkins, 2005, p. 34).

Considering the recommended phenomenological perspective, the following conceptualization of soul care stems from my clinical experience and long-standing practice of meditation. The soul represents the core of one's being—the vital center of one's identity and source of vitality. The soul can be experienced in the deep, interior space in which the mind and heart unite to attend to the meaning and purpose of existence amid our finitude and mortality. The yearning for a place of belonging in the world and the need to feel hope for a fulfilling life are two deep-seated strivings of our souls. The soul is the reservoir for our core values based on what really matters and what gives meaning and purpose to our life. This allows us to act true to ourselves; that is, consistent with our basic values and the pursuit of

our life mission. This becomes the basis for a life of integrity. Given that the soul's function is dynamic, the clarification of our purpose and the pursuit of belonging and hope are lifelong endeavors.

When these fundamental needs of the soul are thwarted, then soul sickness (Perakis, 2010) ensues. Psychopathology has been characterized as "the suffering of the soul," given the Greek etymological roots, *psyche* and *pathos* (Elkins, 1995, p. 90). Clients who present with anxiety and depression often are struggling with underlying symptoms of impotence, isolation, despair, and alienation. A soulful approach can address this level of symptomatology by attending to the core existential factors of meaning, purpose, belonging, and hope (Hammer, 2004). From this perspective, demoralization is viewed as a clinical dilemma requiring soul care.

Cultivating a Soulful Space Within the Therapist and With Clients

Winnicott (1960) developed his concept of a holding environment in his work with children and their caregivers. This therapeutic space is widely understood as an integral dimension for productive counseling, modeled after the safety, attentiveness, and responsiveness a supportive caregiver provides to a child. In *The Meditator's Dilemma*, Morgan (2016) applies the construct of the therapeutic holding environment to the inner landscape needed for a fruitful meditation practice. Morgan suggests that, like therapy, meditation entails inner, relational work. He delineates the qualities of relaxation, delight, gratitude, wonder, and warmth that contribute to an "inner holding environment" (p. 25) essential to fruitful meditation.

The practice of meditation creates the opportunity to access a deeper level of consciousness—a soulful awareness and presence (Draper, 2016). Morgan's (2016) conceptualization of the inner holding environment is adapted in this reflection to describe three images of the soulful space that have been fostered by my own meditation and clinical practice: (a) a space of hospitality and compassion, (b) a dwelling place for wisdom, and (c) a wellspring of serenity. The description of these images illuminates how the cultivation of an internal space within the therapist

helps to cultivate soulful qualities, which in turn can enhance the therapeutic alliance (Ryan, Safran, Doran, & Muran, 2012; Safran & Belotserkovsky, 2009).

A Space of Hospitality and Compassion

An important factor in building the therapeutic alliance is the provision of a context in which clients feel welcomed and safe to address difficult and painful issues. Hospitality is provided by creating a space in which a guest can relax and be themselves. The process of engaging and joining with clients in a gracious space is a critical dimension of fostering fruitful treatment. In my clinical experience, clients feel comfortable sharing their vulnerabilities and pain when they feel that I am glad to be sitting with them and when they feel that I understand their pain. This hospitable accompaniment is a crucial aspect of helping clients to gain greater tolerance of distress and to overcome alienation, despair, and powerlessness.

The cultivation of an inner refuge (Brach, 2013) is a precious fruit of my meditation practice that provides a critical resource in my clinical work. I have discovered a space deep within myself that is an “inner sanctuary of the soul” (Epple, 2003, p. 174). This interior space is place in which I feel deeply at home with myself—creating a haven to cope better with the challenges of my life. This inner sanctum (Nouwen, 1978, p. 86) is a place of ease and stillness. My calmness and sense of well-being is a source of comfort and safety for my clients.

Similarly, self-compassion (Germer & Neff, 2013) is a special quality stemming from my meditation practice that also serves as a key dimension of my clinical work. Compassion can be understood as a kindness and acceptance of one’s own and others’ suffering and character deficits. This attribute entails the recognition that suffering and finitude are endemic to the human condition. My practice of meditation is instrumental in cultivating self-compassion. This serves to heighten my attunement to clients’ vulnerabilities and issues of demoralization. As my self-compassion deepens, I am much more adept at providing tender hospitality in my counseling practice.

A Dwelling Place for Wisdom

Considering the image of the soul as the deep inner core of our being, I have experienced this interior space as a dwelling place for wisdom (Panikkar, 1993). My discipline of meditation has drawn me into inhabiting a treasured place of interiority that is a source of deep connectedness with myself and others. When I can listen and see soulfully, I gain an integrative awareness and understanding of my clients’ narratives. Soul wisdom integrates cognitive and affective perceptions into a more holistic experience and knowledge (Hanna & Ottens, 1995)—affording a deeper attunement with clients’ stories. This level of engagement is a key to effective responsiveness in psychotherapy (Stiles, Honos Webb, & Surko, 1998). The attributes of wisdom enhance my capacity to coauthor clients’ preferred stories (White & Epston, 1990), which enables them to transcend their sense of helplessness and despair.

The role of wisdom in psychotherapy is conceptualized in studies as a comprehensive construct that comprises various clinical attributes including an integration of cognitive and affective skills, a reflective attitude, and a level of engagement that increases responsiveness (Hanna et al., 1995; Osterlund, 2014). Hanna et al. highlight the ways that sagacity and perspicacity are features of wisdom that enable therapists to gain an understanding of clients by “seeing through” (p. 196) the overt meaning of presenting problems. This provides a deeper perspective of clients’ problems and sheds new light for developing resolutions. Osterlund suggests that wisdom entails an integration of cognitive problem-solving skills and affective interpersonal skills to connect with clients in ways that help them feel deeply recognized. A wise, reflective attitude is also a critical skill for managing the transference and countertransference dynamics in the therapeutic process and for promoting collaboration (Davis & Hayes, 2011).

A Wellspring of Serenity

The deepening of serenity is a third feature that has evolved from my regular discipline of meditation. Serenity denotes calmness, inner peace, and tranquility. In their examination of

serenity, Roberts and Cunningham (1990) identified 10 critical attributes including acceptance, finding an inner haven, and living in the present moment. Gaining greater acceptance of my own limitations and vulnerabilities creates a foundation to live with greater freedom and joy. The radical acceptance of the impermanence of life inspires me to live each moment to its fullest and to be passionate in my engagement with my relationships and work.

Karasu (2003) suggests that the art of serenity entails living well in the shadow of death's inevitability. My experience of the soul as an inner sanctuary provides a place in which I feel more reconciled with the mystery of living and dying. The experience of inner peace helps to create an ambience in my counseling office, which engenders clients to feel more comfortable attending to their ontological challenges. Serenity can therefore be viewed as a way of living with grace, vitality, and integrity amid our finitude and mortality. The embodiment of these characteristics serves as an invitation for clients to develop these qualities in their lives.

Summary

This reflection is written in accord with Sperry's call for more focused research on therapist effects in spiritually oriented treatment (Sperry, 2016). Attention to the soulfulness of therapists can potentially help to identify unique therapeutic factors that enhance treatment outcomes. Qualitative and quantitative studies can examine the common factors of compassion, hospitality, wisdom, and serenity and the ways these soulful qualities of the therapist enhance and deepen the therapeutic encounter. Hopefully, a renewed focus on the soul can highlight its integral role in spiritually oriented psychotherapy.

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