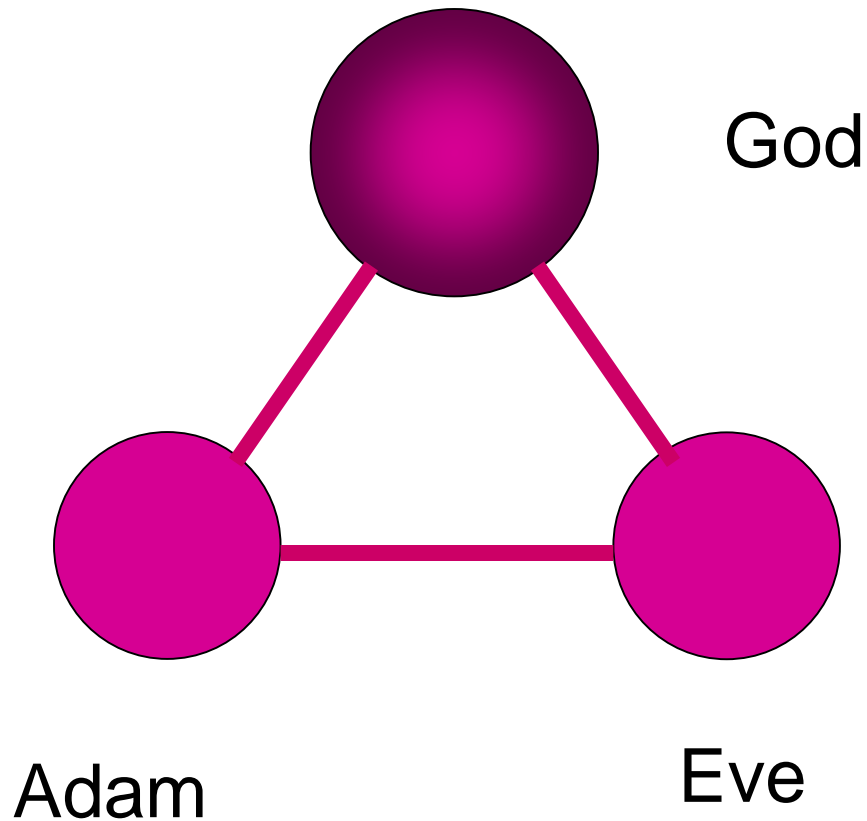


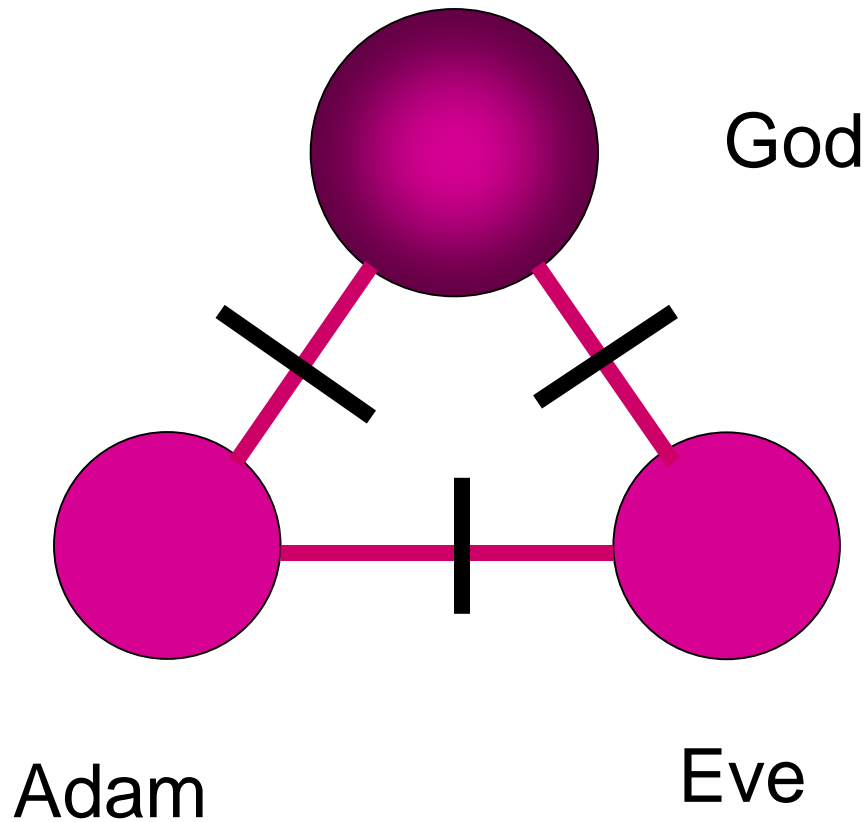
# Existential psychotherapy and Christian counselling

Doug Bridge, palliative care specialist  
CMDFA conference, Brisbane, 14 July 2017

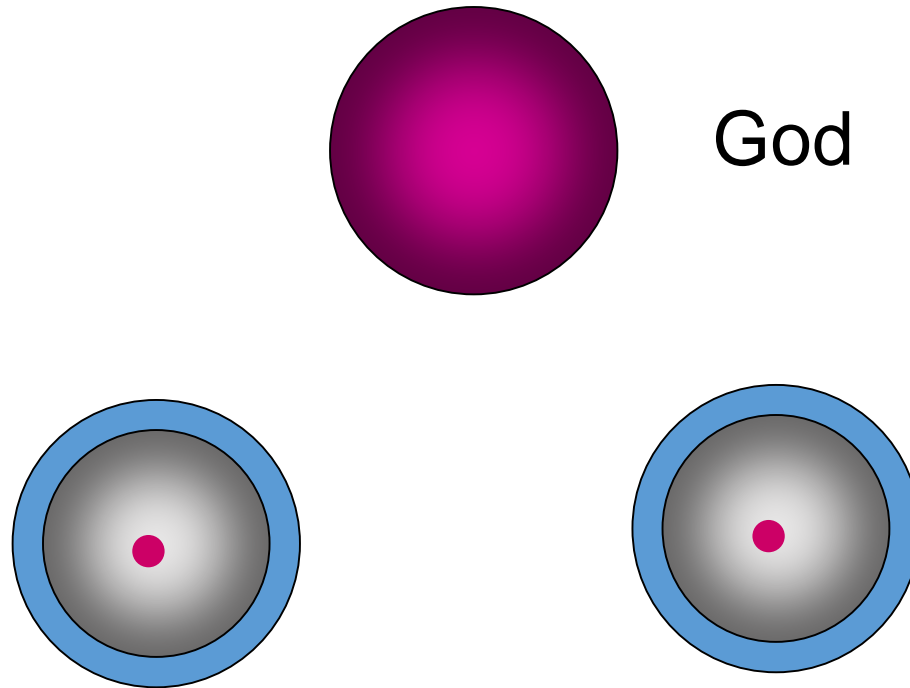
# Our relationship with God at the time of the Creation



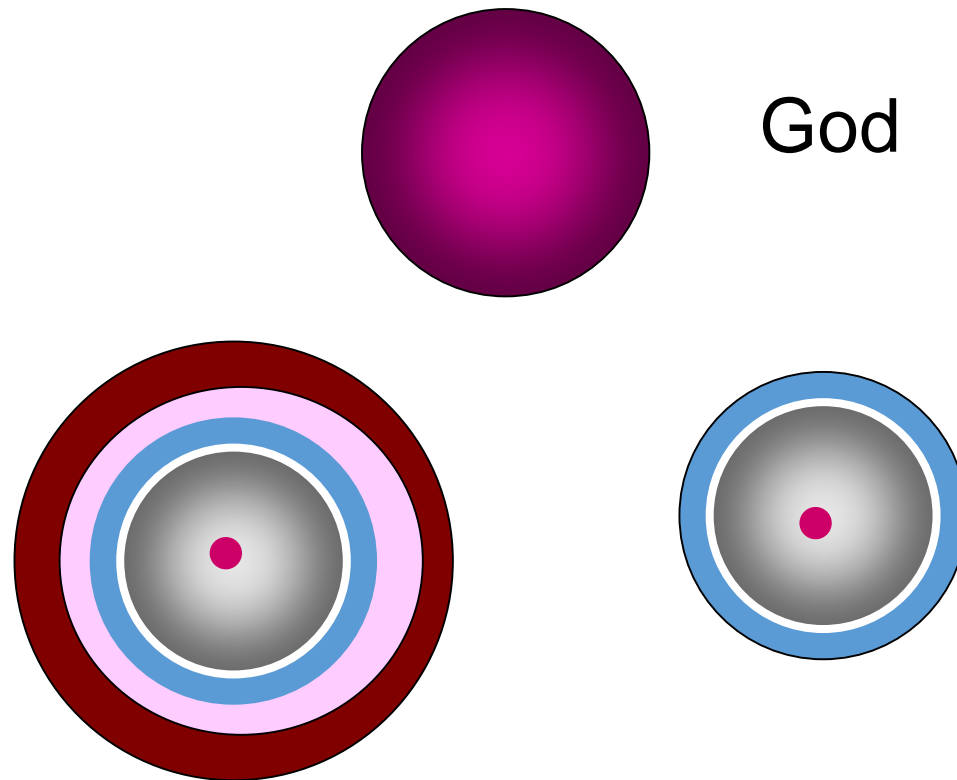
# The relationship broken



# Protective shells



# Protective shells



Counselling a patient who  
requested euthanasia

## **Psychotherapy and Religion**

The great paradox of therapeutic psychology is that instead of replacing religion, in many ways it has come to serve as the functional religion of secularised Western society. Despite its packaging as a social science, psychotherapy is much more similar to religion than science – more a matter of spiritual guidance for problems in living than an empirically derived technical treatment of mental disorders. Writing in the 70s when the cult of self-worship was at its peak in North America, American psychologist Paul Vitz argued that psychotherapists had become the priests in the new religion of selfism – a religion with Christian roots but dangerously anti-Christian basic direction.

The concerns patients bring to psychotherapists routinely push service beyond what consensually validated scientific research has established. This fact was noticed by Jung, who stated that “patients force the psychotherapist into the role of the priest and expect and demand that he shall free them from distress.

That is why we psychotherapists must occupy ourselves with problems which strictly speaking belong to the theologian.”

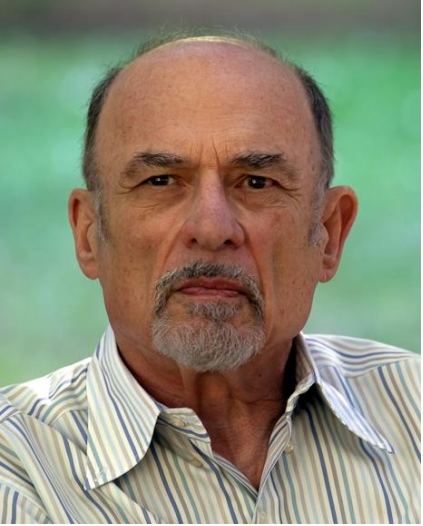


Carl Jung illustrates a much less reductionistic and psychopathological approach to the understanding of the place of spirituality in personality. Jung's clinical experience convinced him of the deep interconnection of spiritual and psychological aspects of persons and of the crucial role spiritual considerations played in psychological healing. It was he, for example, who asserted that among his patients over 35 years of age, there had not been a single one whose problem was not fundamentally that of finding a religious outlook on life.

He went on: “it is safe to say that everyone of them fell ill because he had lost that which the living religions of all ages have given to their followers, and none of them have been really healed who did not regain this religious outlook.”

Pp 56

Benner DG. *Care of souls: re-visioning Christian nurture and counsel*. Grand Rapids, Mi: Baker Books, 1998.



m

My work is rooted in a ***secular existential world-view*** that rejects supernatural beliefs.

My approach assumes that life (including human life) has arisen from ***random events***; that we are finite creatures; and that, however much we desire it, we can count on nothing beside ourselves to protect us, to evaluate our behaviour, to offer a meaningful life schema.

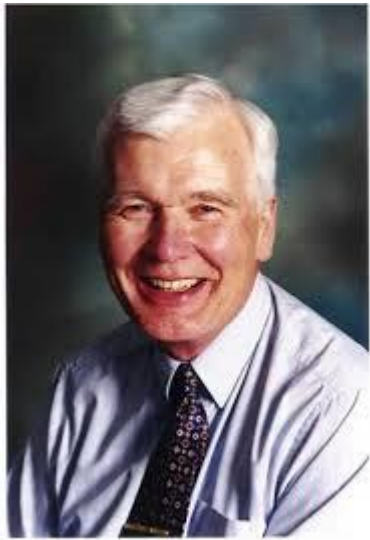
Hence, orthodox religious views based on irrational ideas, such as miracles, have always perplexed me. I am personally incapable of believing in something that defies the laws of nature.

“The ripple effect”. Therapy today, May, 2008

## Yalom on self-disclosure in therapy

In his book "Staring at the Sun", Yalom describes the importance of self-disclosure in **the creation of a healing relationship**.

“Self-disclosure plays a crucial role in the development of intimacy. Generally, relationships build by **a process of reciprocal self-revelations**. One individual takes the leap and reveals some intimate material, thereby placing himself or herself at risk; the other closes the gap by reciprocating in kind; together, they deepen the relationship via **a spiral of self-revelation**”.



## Lack of healing/integration causes terminal restlessness

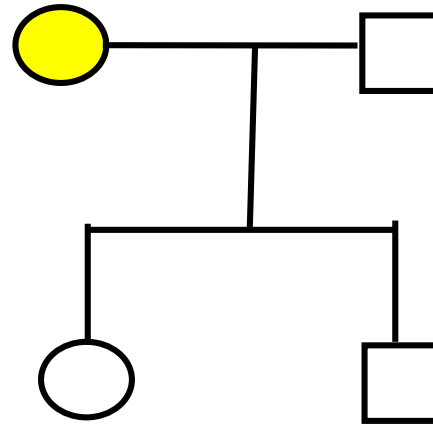
Terminal anguish is a tormented state of mind which relates to longstanding unresolved emotional problems and/or interpersonal conflicts, or to long-hidden unhappy memories often with guilty content. These problems have festered in the mind but have never been brought into the open. As long as the patient is well enough to control his/her thoughts and as long as denial can function, all appears to be well.

With increasing weakness, the onset of drowsiness and inability to control thoughts, hidden matter in the unconscious mind is able to surface.

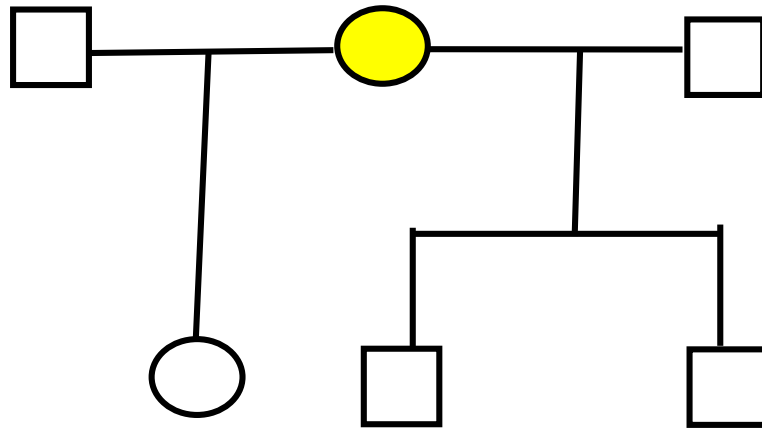
The mental anguish manifests with restlessness, thrashing about, moaning, groaning, and even crying out. Sedation, if inadequate, only makes matters worse and nothing short of deep unconsciousness, natural or induced, provides relief. . . .

The possibility of such an outcome highlights the need to make every effort to deal with psychological “skeletons in the cupboard” before the patient becomes too weak to address them. A few, however, resist every attempt to share what they have been hiding.

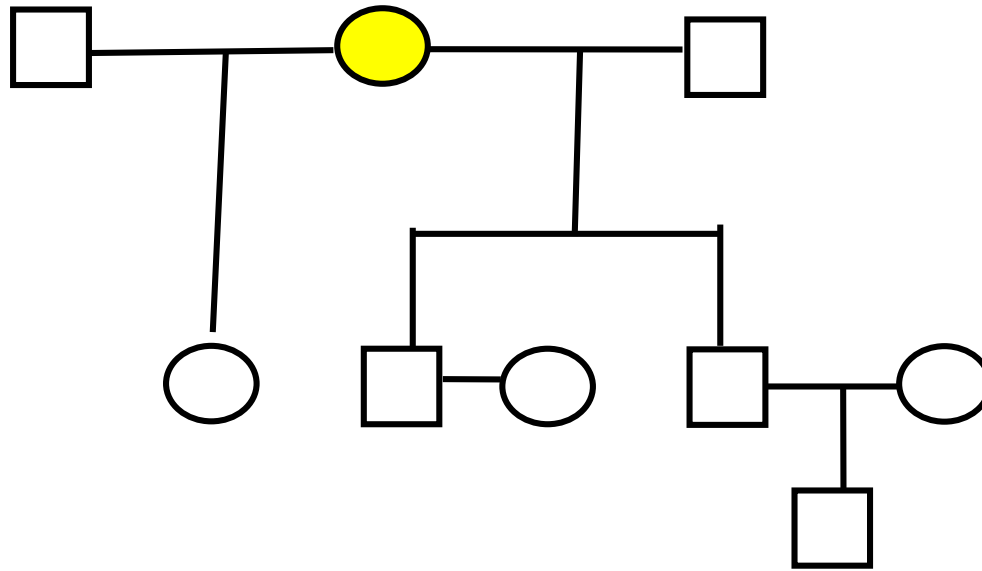
Dr Robert Twycross, Oxford Textbook of Palliative Medicine, first edition  
1993

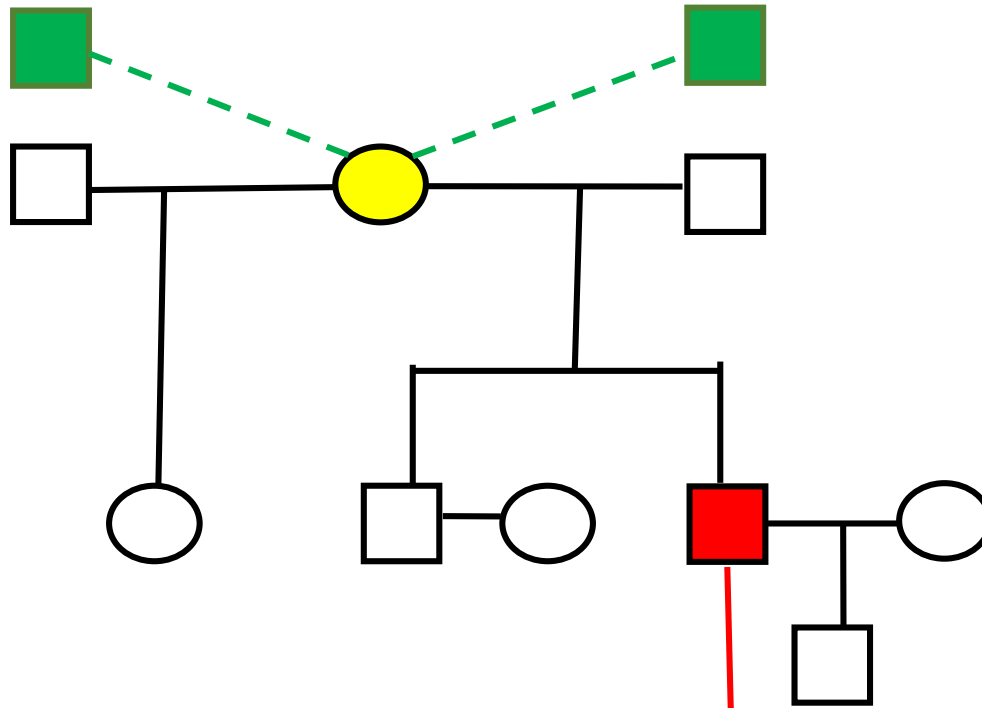


“Jenny” was a 57 old woman with end-stage Multiple Sclerosis, now confined to a wheelchair. She also suffered from obesity and respiratory failure. She lived in a group home for people with disability. She experienced widespread pain. She was admitted to hospital with increasing frequency, usually with a respiratory infection. She rated her quality of life as a very poor, and repeatedly said she wished she could die.

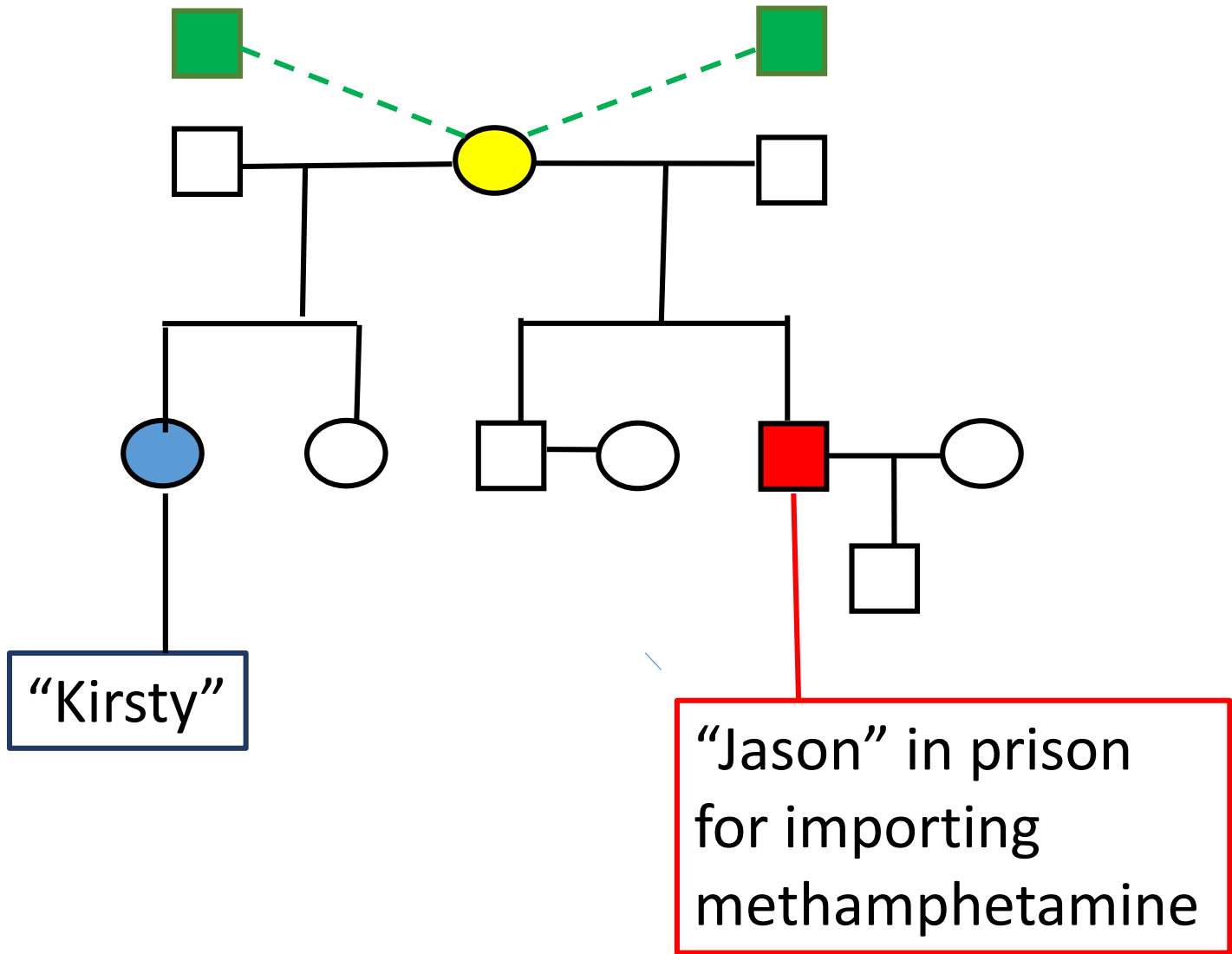


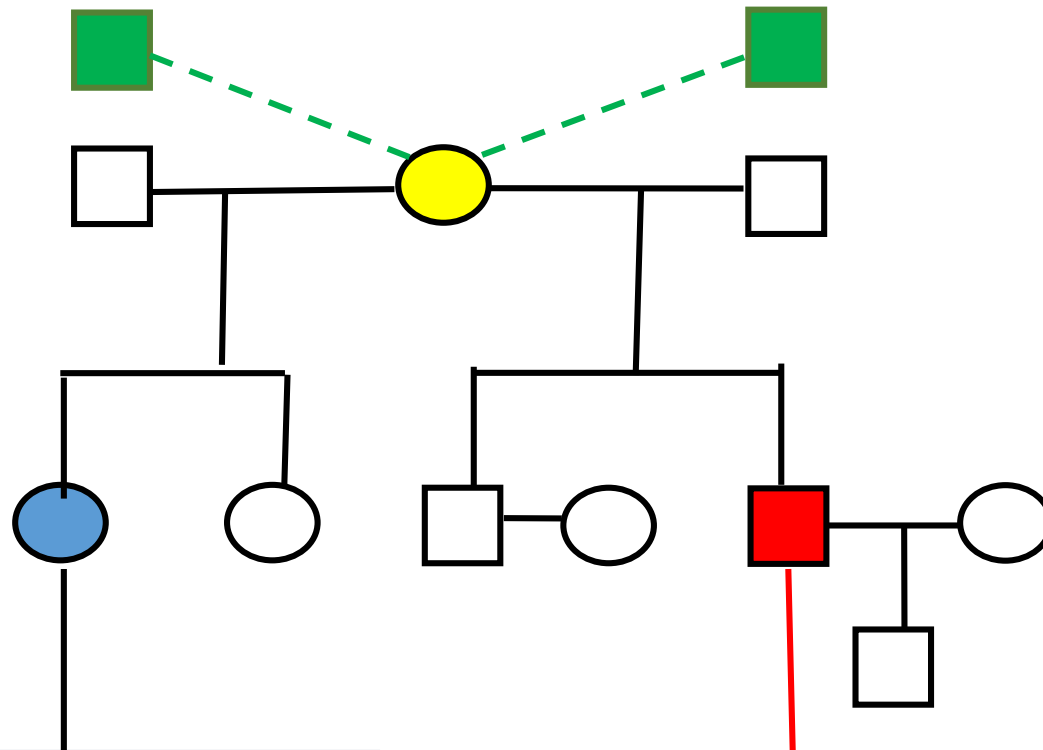






“Jason” in prison  
for importing  
methamphetamine





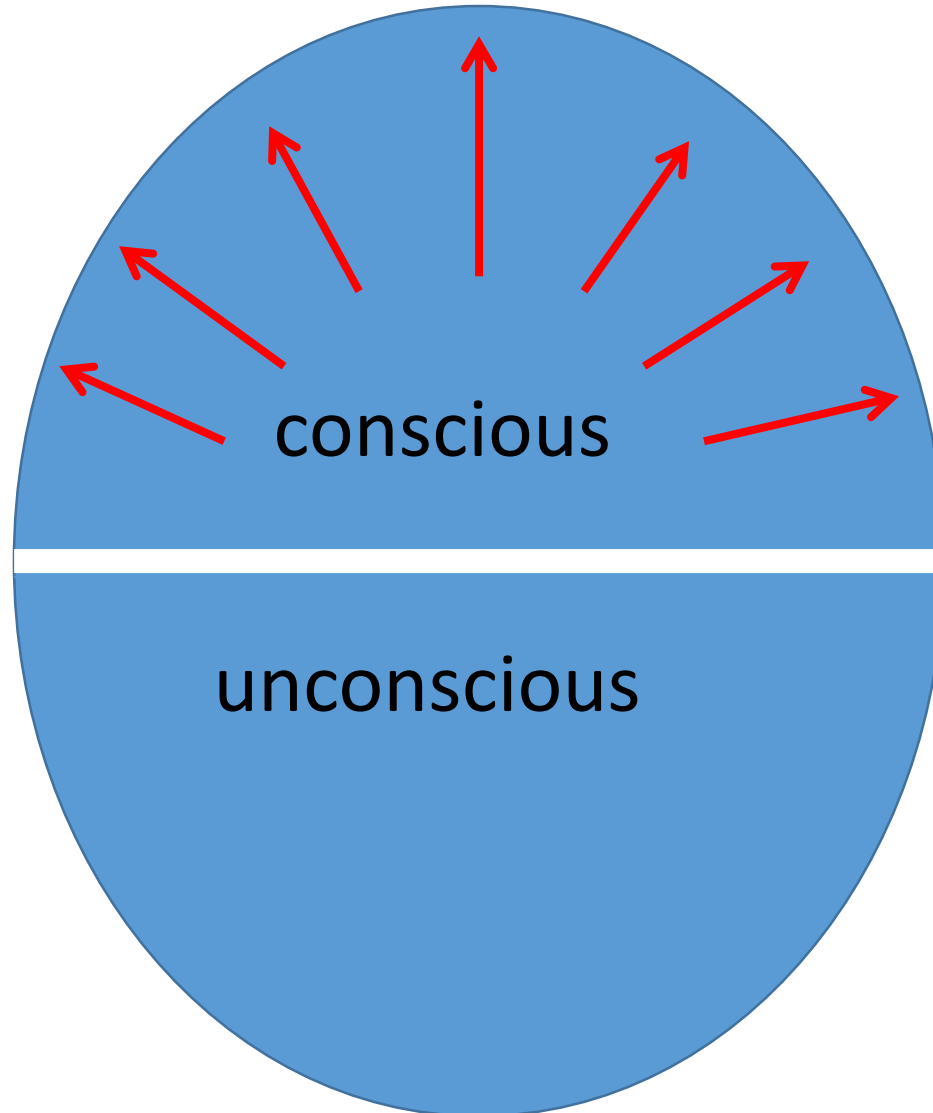
“Kirsty” suicided aged 21, 18 years ago

“Jason” in prison for importing methamphetamine

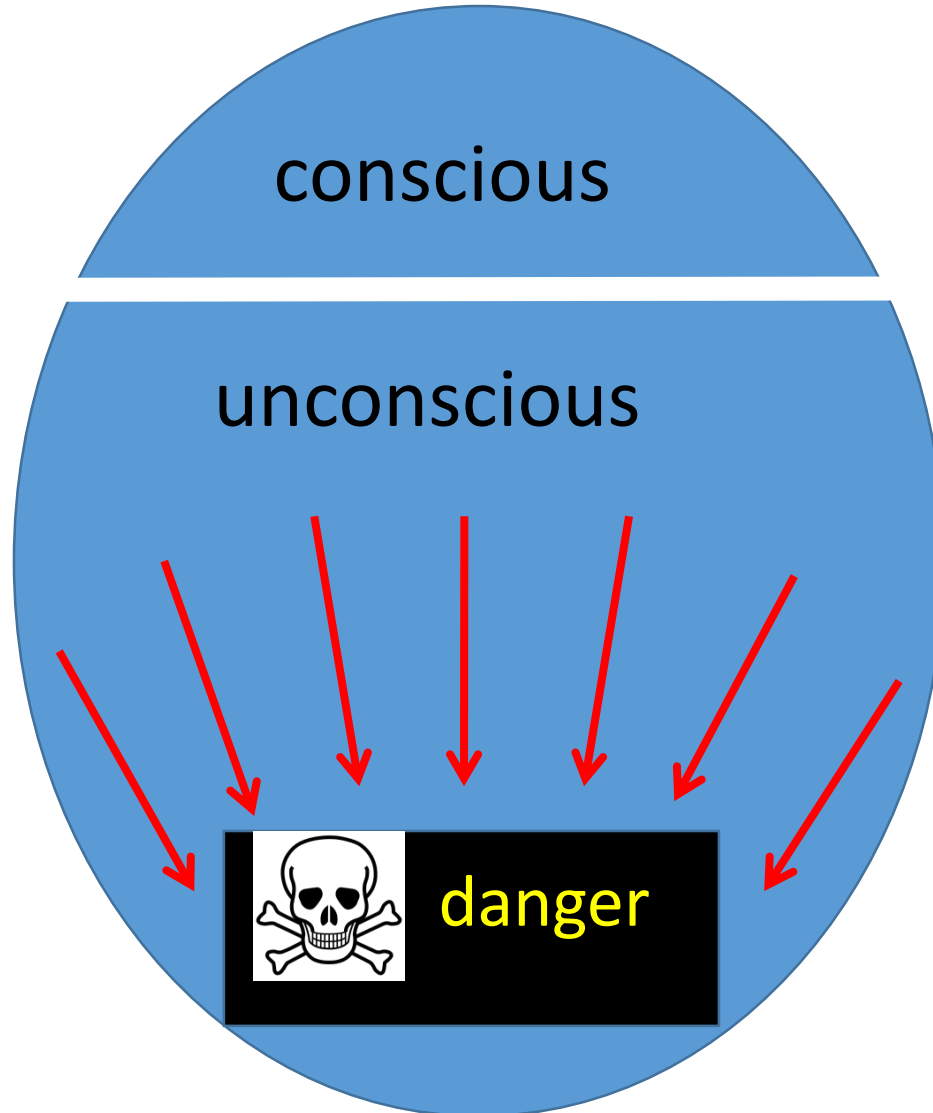


Forgiveness  
A memorable patient

# The human mind



# Deep Wounds



# The Black Box

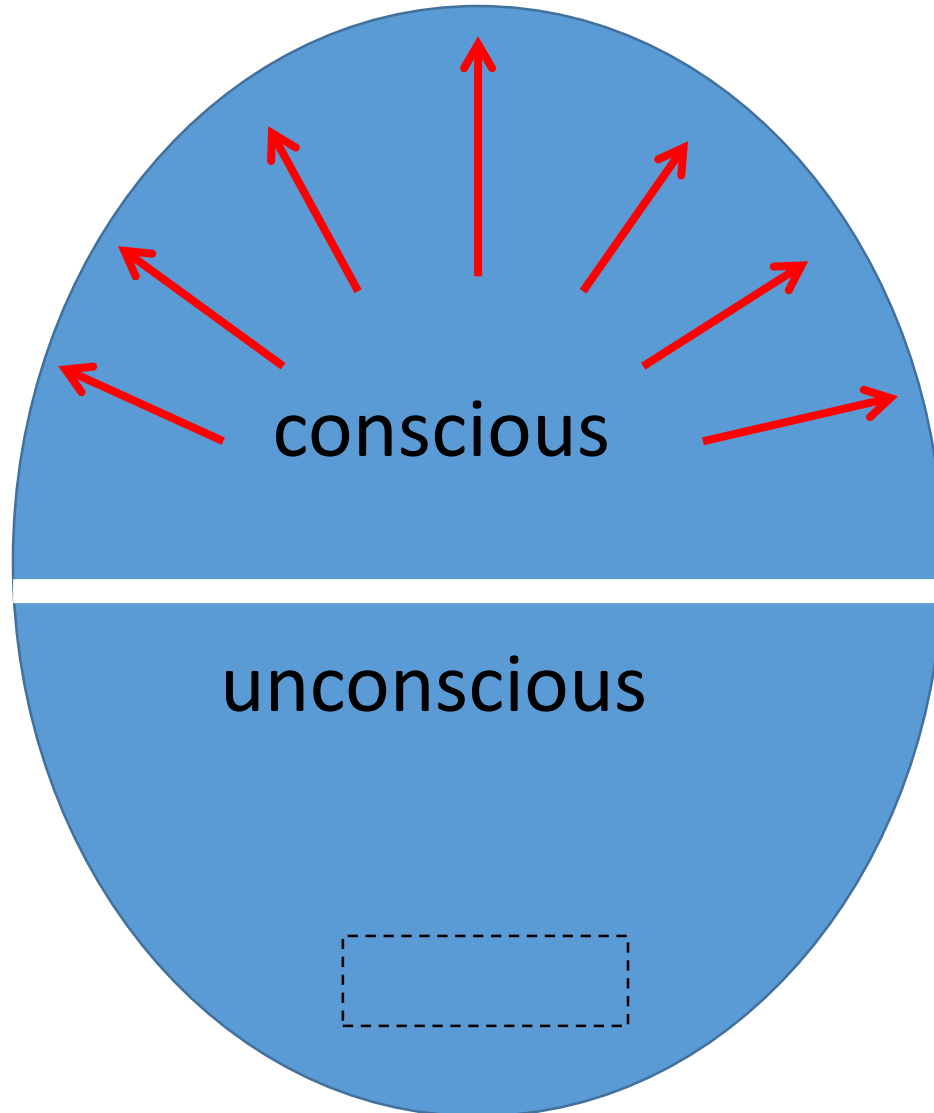


**Danger**

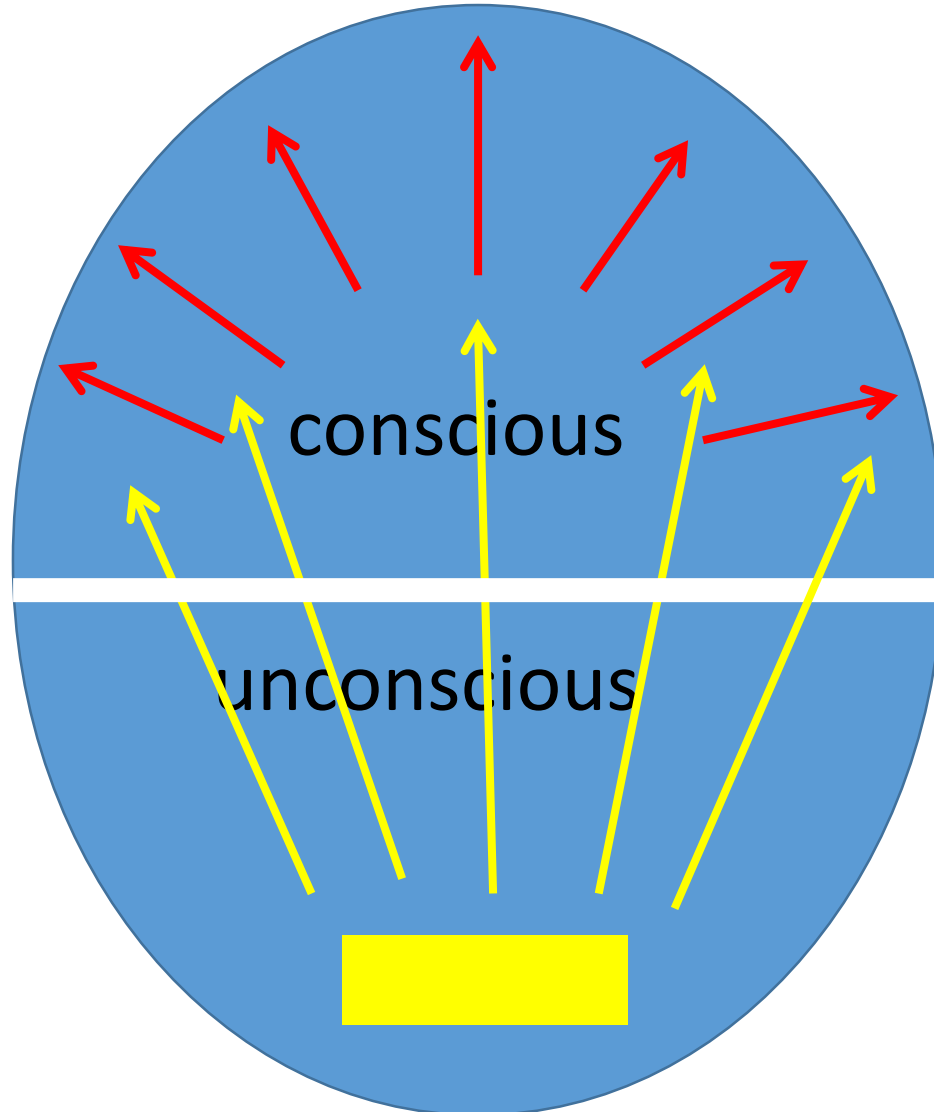
**DO NOT OPEN  
CONTAINS PAINFUL MEMORIES  
OF OLD WOUNDS**



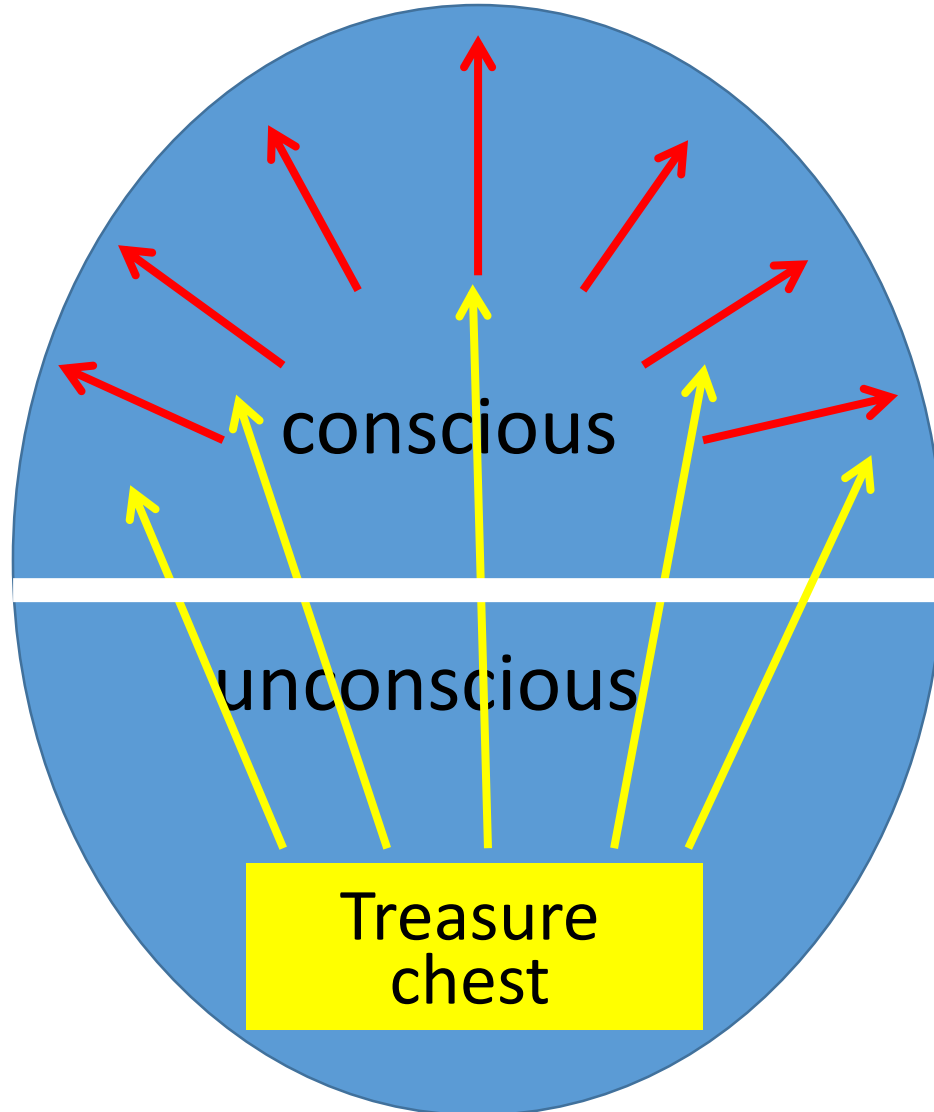
# Healed Wounds



# Healed Wounds



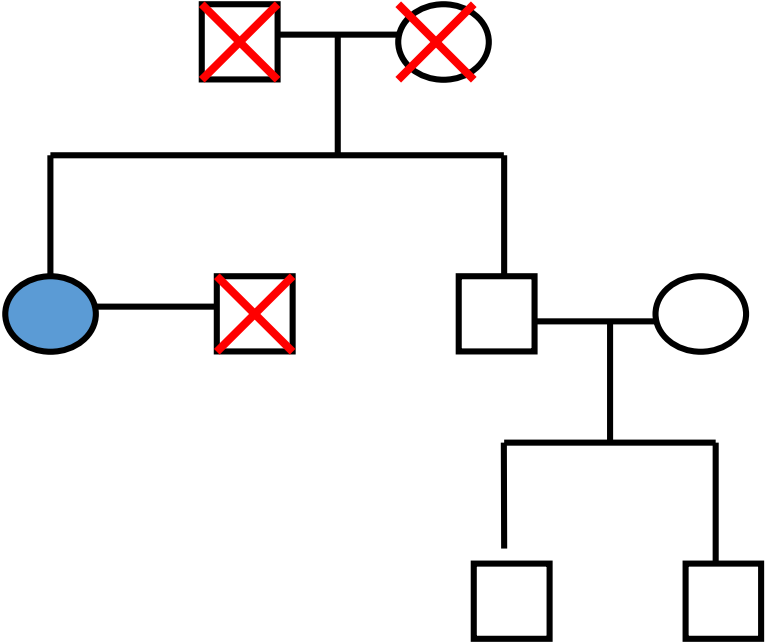
# Healed Wounds



# Finding forgiveness or “connecting to self”

## Case history

- Margaret, aged 73, widowed, no children
- Carcinoma of pancreas, spread to the liver
- Admitted to Murdoch Community Hospice 1 August 2005
- Nausea, breathlessness, constipation, dizziness
- ***Miserable, depressed, restless, critical***



## Connecting to self

After 8 days, no better.

Totally miserable, wants to die

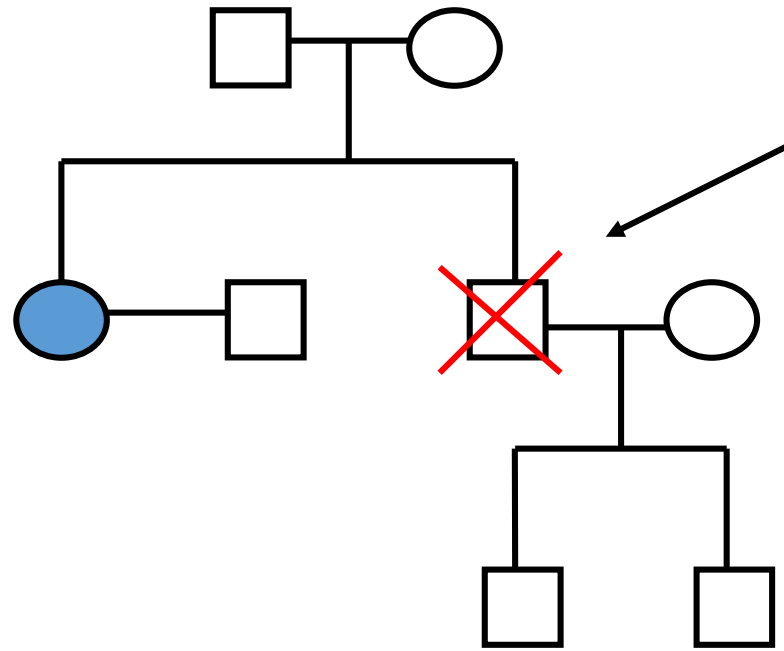
Nurses feel tired caring for her, said to me,

“Doug, you have to do something”

## Connecting to self

“I did something terrible.

I made my brother commit suicide in 1992”



Shot himself



## Connecting to self

“I did something even more terrible.  
I have never told anyone”

For group discussion

How would you respond?

What might she have done?

## Connecting to self

“I did something even more terrible.

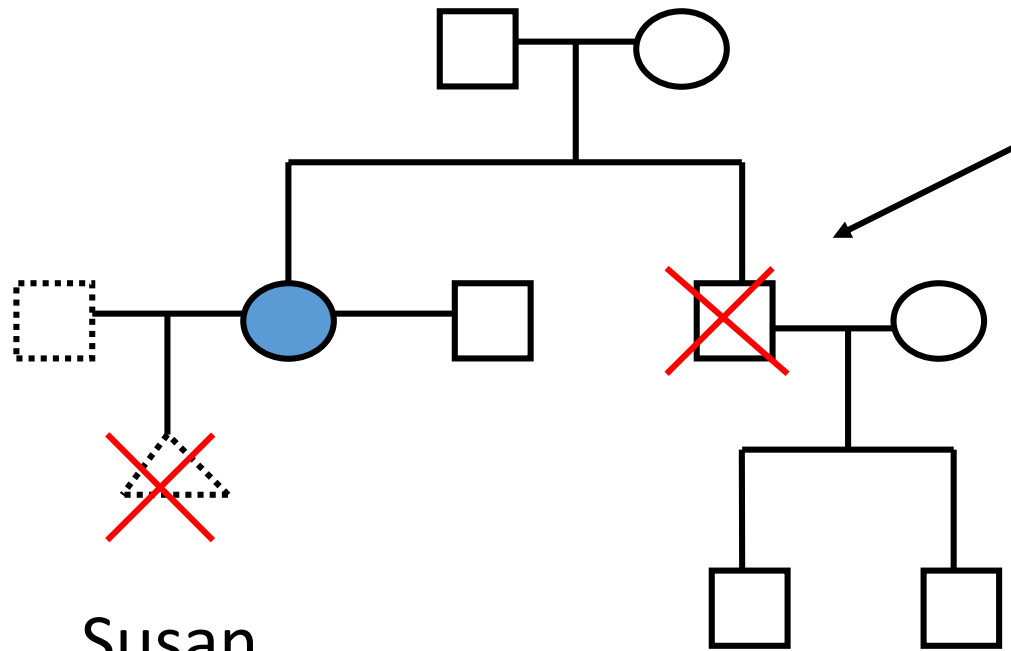
I have never told anyone

I am a murderer

I killed my baby

I had an abortion in 1964

I can never be forgiven”



Shot himself

Susan

Connecting to self

She opened the lid of her black box, and emptied the contents

She accepted forgiveness from God, and was slowly able to  
forgive herself