

The Straight Path to Healing: Using Motivational Interviewing to Address Spiritual Bypass

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Abstract:

Spiritual bypass is the avoidance of underlying emotional issues by focusing solely on spiritual beliefs, practices, and experiences. Motivational interviewing (MI) is a client-centered, compassionate approach to effectively addressing resistance among those who present with spiritual bypass. In this article, the authors provide background information on spiritual bypass and a rationale for adopting an MI approach to working with these clients. A case presentation illustrates 1 example of using MI with spiritual bypass.

Keywords: spiritual bypass | motivational interviewing | emotional issues | counselors

Article:

Spirituality has been defined in countless ways in literature from various fields and disciplines. One of the simplest definitions of spirituality is one's relationship with self, others, and the universe (C. Whitfield, 1987). Spirituality, whether or not it occurs in the context of organized religion, is a significant aspect of the human experience for many people worldwide (Seaward, 2009). Specifically, Gallup polls (e.g., Gallup, 2011) have revealed that religion plays a "very important" role in the lives of more than half of Americans, and countless others have formed a personal set of spiritual beliefs, practices, and experiences outside the context of organized religion. Because of the salience of spirituality, it is critical that counselors are able to work effectively in the spiritual dimension with clients during the counseling process (Cashwell & Young, 2011). Ideally, increased competency will promote accurate client conceptualization, clinical diagnoses, and intervention strategies. Whereas counselors often use a client's spiritual beliefs and practices as an approach to enhance mental health, often the shadow side of spirituality is overlooked (Welwood, 2000). That is, the potential for one's spiritual life to perpetuate mental and emotional turmoil may be as predominant as its potential to engender life benefits (Lesser, 1999; Pargament, 2007).

Spiritual bypass is a phenomenon that commonly arises when working with clients regarding the spiritual dimension. Spiritual bypass is defined as the use of one's spirituality, spiritual beliefs,

spiritual practices, and spiritual life to avoid experiencing the emotional pain of working through psychological issues (Welwood, 2000). This trap entails actively seeking spiritual highs as a means to avoid processing underlying psychological pain (B. H. Whitfield, 1995). One way to address the issue of spiritual bypass in counseling is to use the techniques, interventions, and processes of motivational interviewing (MI). MI is a counseling framework used to encourage positive behavior change in clients (Miller, 1983). It has been established as an evidenced-based treatment for persons with substance abuse problems (Hettema, Steele, & Miller, 2005); however, researchers are increasingly finding support for the use of MI with psychological disorders, treatment adherence (Arkowitz, Westra, Miller, & Rollnick, 2008), and the management of healthy lifestyle behaviors in patients with chronic medical problems, such as diabetes (Rollnick, Miller, & Butler, 2008).

MI provides a foundation for all counselors to use with clients seeking to deepen their spiritual life (Martin & Booth, 1999) and, as we propose in this article, in addressing spiritual bypass. The purpose of this article, then, is to describe how an MI approach can be used to help clients gently address the avoidant coping strategy of spiritual bypass and work to resolve underlying psychological and emotional concerns. First, a description of spiritual bypass is presented, and then the tenets of MI are described, followed by a case vignette.

Spiritual Bypass

Charles Whitfield, a medical doctor and psychotherapist specializing in trauma, recovery, and codependence, coined the term *spiritual bypass*. This phrase refers to a condition in which an individual attempts to avoid, or bypass, necessary work on the psychological plane by jumping directly to the spiritual plane (C. Whitfield, 2003). The condition of spiritual bypass also has been referred to as “premature transcendence” and “high level denial” (Harris, 1994; B. H. Whitfield, 1995). Despite variations in labels, the premise of the condition remains the same: bypassing work at psychological levels by focusing on the spiritual level only (Harris, 1994). Although pain from past trauma, unfinished business, and psychological distress may exist, clients in spiritual bypass avoid these issues by focusing on the spiritual rather than psychological aspects of themselves (Cashwell, Bentley, & Yarborough, 2007). Therefore, these clients may present with only spiritual issues and concerns or, alternatively, be reluctant to seek counseling, preferring instead the counsel of a spiritual director or clergy member. In fact, individuals experiencing spiritual bypass may report a spiritual awakening or transcendent experience and subsequently refuse to engage in counseling (B. H. Whitfield, 1995).

The fact that psychological work can be circumvented by spiritual bypass makes it important for counselors to know how to identify, conceptualize, and counsel clients who use it as a way to cope (Cashwell, 2005; Cashwell, Myers, & Shurts, 2004). By avoiding psychological work and focusing only on the spiritual realm, clients in spiritual bypass are figuratively trying to stand on the top rung of a ladder with broken, incomplete, and unstable lower rungs. Inevitably, this situation will be detrimental and painful if not addressed. Possible negative outcomes of spiritual bypass include the need to control others and self, dichotomous thinking, shame, fear, emotional confusion, addiction, high tolerance for inappropriate behavior, codependence, and pain (Welwood, 1984; B. H. Whitfield, 1995). In addition, although spiritual bypass may serve to temporarily keep anxiety and unwanted emotions at bay, the bypass is neither a permanent

solution nor a path to authentic spirituality. Those in spiritual bypass will be unable to sustain wellness or satisfying spirituality. As B. H. Whitfield (1995) wrote, “we cannot transcend the unhealed” (p. xvii). As a result, people in spiritual bypass may express frustration and resentment with their own spirituality and may project these feelings onto others (C. Whitfield, 1987).

Spiritual Bypass in the Context of Religious Thought

Religious thought also offers perspectives on spiritual bypass. The interconnection of all levels of an individual (i.e., mind, body, spirit) emphasized in Eastern religions provides a solid framework for the assessment and treatment of spiritual bypass (Cashwell et al., 2007). In addition, B. H. Whitfield (1995) described spiritual bypass in relation to Eastern traditions, specifically related to Kundalini energy (see also Harris, 1994). Along with Eastern religious frameworks, spiritual bypass has reference in Western traditions also. One such example is found in the New Testament book of John, where Jesus, the central figure of the Christian faith, is engaged in a conversation with a Samaritan woman. It is assumed that she is avoiding interaction with others by drawing water from a well in the heat of the day. Jesus begins conversing with her, however, and exposes her unfinished business and source of psychological pain by acknowledging that she “has had five husbands” and the man she is currently abiding with is also not her husband (John 4:18, New International Version). With this statement, the woman is invited to attend to her deepest need and engage in psychological work. She chooses to avoid this invitation, however, by asking a spiritual question pertaining to the proper location of worship. This question serves to bypass the psychological work by focusing on the spiritual practice of worship rather than her psychological and emotional wellness. Jesus is able to work through this condition by highlighting her ambivalence and returning to the underlying psychological and emotional issues. Similarly, within some Jewish communities there exists an old adage that “a shiker is a goy,” which translates as “only gentiles are alcoholics.” This self-inflicted bias that alcoholism and addictions have bypassed the “chosen people” has kept many Jews hidden in the shame of their illness and has kept them from the treatment they have desperately needed. Thus, spiritual bypass can be conceptualized from both Eastern and Western schools of religious thought.

Spiritual Bypass and Counseling

It is critical that counselors recognize the symptoms of spiritual bypass to effectively work with these clients (Cashwell, Clarke, & Graves, 2009). One key identifier of spiritual bypass is an obvious imbalance or compartmentalization of the self; rather than integrating all levels of human consciousness, those in spiritual bypass focus solely on the spiritual level as a means to avoid painful psychological work (B. H. Whitfield, 1995; C. Whitfield, 2003). The spiritual practices, seeking, and focus are not in and of themselves detrimental. Rather, the concern is the avoidance of the psychological and emotional work that is necessary for healing. Therefore, the discourse around spiritual bypass does not carry the implication that the spiritual life is wrong or unhealthy. There are times, however, when the most appropriate spiritual practice is to engage in necessary, albeit uncomfortable, psychological work. In fact, to “experience sadness, despair, tears, and howls of pain demonstrates not some violation or deficit of spirituality, but rather the ultimate spirituality of acceptance” (Kurtz & Ketcham, 1992, p. 61).

Understanding the purpose behind the client's spiritual behaviors, rather than the actions themselves, is the key to assessing spiritual bypass. As counselors seek to conceptualize spiritual bypass and identify the phenomenon in their work with clients, the function of the behavior becomes a significant consideration. Often, clients in bypass are unaware of the purpose that their spiritual practices serve (i.e., avoiding painful psychological work). That is, spiritual bypass is an avoidant coping strategy that allows clients to engage in activities of the spiritual nature to keep from directly attending to their primary psychological issues (Cashwell, 2009; Cashwell, Glosoff, & Hammonds, 2010). By exploring the functionality or purpose, counselors can help clients bring the function into conscious awareness. At the same time, it is necessary to recognize that spiritual bypass serves a protective function as clients attempt to guard against difficult psychological pain. Therefore, the bypass issue cannot be resolved without first identifying resources to support the client as he or she engages in the underlying psychological work. Possible resources include establishing a culture of support, using self-soothing strategies, and reducing shame through normalization and validation. It cannot be understated that the function of the spiritual beliefs and practices is an important component of client conceptualization. If the purpose of the client's spiritual engagement is to avoid necessary psychological work and unfinished business, spiritual bypass must be considered. Competent counselors are aware of the condition of spiritual bypass, recognize the symptomatology and meaning behind the behavior, and address the bypass accordingly.

Along with an appropriate conceptualization of spiritual bypass, counselors working with clients will benefit from acknowledging their own response to the condition and processing their emotional reactions. Counselors should empathize with and validate the clients' authentic feelings of fear, anxiety, and inadequacy that the bypass is designed to cover up. Often, clients in bypass lack confidence in their ability to go through the necessary work related to their unfinished business. While being empathetic to the situation, counselors must recognize that the best healing comes not from bypass and avoidance, but by embracing and accepting the work to be done.

Thus, in an effort to best serve clients and address spiritual bypass before detrimental outcomes are experienced, counselors must be prepared to work with clients in bypass in an effective and positive way. Cashwell et al. (2004) have begun work in this area by exploring the developmental counseling and therapy (DCT) model as an effective intervention with clients in spiritual bypass. Counselors from this orientation may view spiritual bypass as a client's developmental block. As counselors work through the four modalities of DCT, clients are invited to work through this block and progress toward a more holistic sense of self. Whereas authors have proposed ways of working with spiritual bypass or healing spiritual bypass directly, the issue of guiding clients to a place in which they are ready to address the bypass issue is missing from the literature. Because spiritual bypass is an avoidant coping strategy, what is needed is a gentle, client-centered approach that helps clients enhance internal motivation to address painful psychological issues by resolving ambivalence to engage in the difficult psychological work ahead of them. MI is one approach to facilitate this important developmental process.

Motivational Interviewing

MI was initially developed as an approach for working with issues of resistance and low motivation among clients who were abusing substances ([Miller, 1983](#); [Miller & Rollnick, 1991](#)).

It has since expanded into a set of principles and techniques ([Miller & Rollnick, 2002](#)) to address motivation and commitment to change in clients across a variety of presenting concerns ([Arkowitz et al., 2008](#)). According to [Miller and Rollnick \(2002\)](#), MI is “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (p. 25). Using this approach, counselors incorporate the MI principles to provide an atmosphere of acceptance and empathy.

Often what keeps clients stuck in negative behavioral patterns is ambivalence, or “feeling two ways” about a behavior ([Miller & Rollnick, 2002](#), p. 13). For example, a client might realize that he needs to quit smoking for his health and at the same time enjoys how a cigarette helps him to relax. Helping the client resolve ambivalence is a critical aspect of successful MI counseling. Indeed, a major goal of MI is for the client to articulate the argument for change rather than the counselor, which is something that can only occur after ambivalence has been addressed. A strong indication that clients are experiencing less resistance, increased motivation, and little ambivalence about change is their use of *change talk*. Change talk refers to language that the client uses indicating a desire, ability, reasons, or need for change (e.g., “I really need to make a change for my family”). Change talk is an important concept in MI, based on the premise that the more a client talks about change, the more likely that change will be realized. MI counselors listen for it, reflect it, and reinforce it whenever possible. If change talk is not happening, then MI counselors use open questions to elicit it from clients.

Researchers have demonstrated that the use of MI increases client change talk and decreases resistance, thereby increasing the likelihood of behavior change ([Hettema et al., 2005](#)). The literature also suggests that MI is a versatile approach that has been used as a prelude to treatment ([Westra & Dozois, 2006](#)), an integrated method when motivation for treatment decreases ([Arkowitz & Westra, 2004](#)), or as an intervention by itself ([Lundahl & Burke, 2009](#)). MI is now widely used by counselors working with clients experiencing a broad range of concerns, ranging from eating disorders, anxiety, and posttraumatic stress disorder to medication compliance and treatment resistance issues ([Arkowitz et al., 2008](#)). Furthermore, [Miller \(2004\)](#) created a program that uses MI to increase motivation in clients with addictions to incorporate spiritual practices into their recovery.

The Four Principles of MI

MI rests on four principles that serve as a framework for the counselor using this approach: expressing empathy, rolling with resistance, developing discrepancy, and supporting self-efficacy (Miller & Rollnick, 2002). Each MI principle is discussed further, with techniques applicable to addressing spiritual bypass.

Express empathy. MI has been described as a directive, client-centered or Rogerian approach (Miller, 1999). Providing an atmosphere of acceptance may allow greater freedom for the client to evaluate the effect of bypass on his or her life. Accordingly, reflections and open-ended questions are critical in validating the client's experience. The key micro skills of MI, designated by the acronym OARS, involves using open-ended questions, affirmation of the client's experience, reflection, and summarization, all of which are to be used at every phase of MI. The

function of OARS skills is not only to express empathy but also to evoke change talk from the client (Miller, 1999).

Roll with resistance. MI counselors roll with resistance by reframing or slightly changing client resistance, thus opening new possibilities and directions toward change (Lewis & Osborn, 2004). If the client is resistant about addressing the bypass or the underlying psychological issue, the MI counselor can use OARS to avoid engaging in a power struggle about the bypass (increasing the likelihood of examining the issue in the future). When working with client resistance, MI emphasizes the client's personal choice and control and works to shift focus away from stumbling blocks toward change (e.g., unproductive or irrelevant discussions) in the session (Miller & Rollnick, 2002). Reinforcing that the client has the final say in whether or how to address spiritual bypass can greatly reduce defensiveness (e.g., "It is truly your choice to live your spiritual life in a way that fits for you"). A shift in focus simply involves moving to another counseling issue that the client is willing to work on if there appears to be a standstill about exploring spiritual bypass.

Develop discrepancy. The crux of MI is to help the client resolve ambivalence in the direction of positive change, in this case healing a psychological problem masked by one's spiritual life. As is the case when working with spiritual bypass, "old habits are hard to break. There is familiarity and pleasure to be found in the pursuit of established goals, even those that are destructive" (Pargament, 2007, p. 282). An ambivalent client feels split on the topic of change; part of her or him wants to change, yet part of her or him does not wish to change. A useful technique is the decisional balance in which one identifies the costs and benefits of changing and the costs and benefits of not changing (Miller, 1999). To maximize effectiveness of the intervention, the results should be explored in-depth using OARS. Whereas eliciting change talk is critical in this activity, it is equally important to discuss the benefits of not changing. The spiritual bypass is serving a function for the client, and thus its purpose should be acknowledged and explored in detail.

Supporting self-efficacy. Counselors can support a client's self-efficacy or confidence in working with the bypass issue by encouraging the client to identify past successes with change (particularly regarding her or his spiritual life) and continuing to review reasons the client desires to work through the bypass issue. As a way to further support self-efficacy and promote autonomy, the counselor can offer clients a "menu of options" (Miller & Rollnick, 2002). In other words, once the client elects to address spiritual bypass, the counselor can best support the client by presenting a few options for how to proceed and then allowing the client to select the best approach going forward. Additionally, it is critical to help the client identify healthy spiritual and emotional resources to cope with the shift away from spiritual bypass as a means of coping.

The four principles of MI form a framework from which to explore the possibility of change. That is, they are designed to invite clients to examine problematic behaviors and resistances and help them clarify where they are on the change side of the equation. Each of these principles can be used throughout the MI process; however, developing discrepancy is primarily used during the beginning phases of MI, where building motivation is of primary importance, and supporting

self-efficacy is often used in later phases of MI, where increasing confidence and strengthening commitment are paramount.

Importance, Confidence, and Readiness

According to Miller and Rollnick (2002), client motivation depends greatly on how important change is to the client, how confident he or she is that change is possible, and how ready the client is to change. Importance refers to the client's perception of the significance of the cognitive or behavioral change under discussion. Confidence refers to the client's strength of belief in his or her ability to make the specific changes being processed in counseling. Finally, a client's readiness describes the level of urgency and immediacy regarding the need for change (Miller & Rollnick, 2002).

MI counselors explore the importance of change, confidence about change, and readiness to change through many strategies. One common example is the “ruler” (or scaling) question, in which a client is asked to rate how important change is to him on a scale of 1 (*not important*) to 10 (*very important*). Other strategies include open-ended questions, eliciting change talk, and supporting self-efficacy (Miller & Rollnick, 2002). Assessing importance, confidence, and readiness provides the counselor with vital information about clinical direction. For example, if a client is low on importance, but high on confidence, the counselor needs to focus more attention on building motivation to change. Conversely, if importance is high but confidence is low, the clinical focus would be on exploring and increasing self-efficacy.

Exploring importance, confidence, and readiness has implications for working with a client experiencing spiritual bypass. Once spiritual bypass has been identified, the counselor can offer information as to what it is, why it is an issue in the client's life, and how it is preventing personal growth. However, in keeping with the spirit of MI, the decision to work on spiritual bypass is a collaborative one. If the client agrees to address spiritual bypass issues, then the counselor's task is to help elicit exactly what needs changing (i.e., target behavior, emotion). In the case of spiritual bypass, a reasonable target behavior would be motivation to do the psychological work to heal the primary emotional problem. Once the primary emotional or psychological issue has been uncovered, a scaling question can be used, such as “On a 1 to 10 scale, with 1 meaning it is not at all important to address this psychological issue, and 10 meaning it is extremely important, what would you rate yourself?” (Miller & Rollnick, 2002). Similar scaling questions can be used for confidence and readiness. Encouraging the client to elaborate on reasons for their ratings enhances client and counselor understanding of how “ready, willing, and able” the client is to address and work through the bypass issue (Miller & Rollnick, 2002, p. 10).

Values Exploration

Values are a key component in both motivation (Wagner & Sanchez, 2002) and spirituality (Richards, Rector, & Tjeltveit, 1999). Values entail not only what is important and meaningful to oneself (Rosengren, 2009) but can be defined more specifically as “behavioral ideals or preferences for experiences” (Wagner & Sanchez, 2002, p. 285). Researchers have found that when one's values and actions are incongruent, counseling interventions that involve processing

this disconnection can motivate a person to change behavior to align with values (Wagner & Sanchez, 2002). When working with spiritual values in counseling, Richards et al. (1999) recommended that counselors help clients identify their values, discuss any discord between their values and actions, clarify and crystallize their values, and examine values that have negative consequences.

A key MI strategy for incorporating values into the counseling process follows from the developing discrepancies principle described earlier. First, the counselor helps the client identify her or his core values and rank them in terms of priority and importance (Miller & Rollnick, 2002; Rosengren, 2009). The counselor then uses reflections to help clients explore inconsistencies between their values and behavior or validate their interest in preserving current spiritual values and practices (Wagner & Sanchez, 2002). The counselor can develop discrepancy by inquiring, "How does avoiding this psychological issue fit or not fit with your values?" The counselor also can use the "looking forward" technique (Miller & Rollnick, 2002; Wagner & Sanchez, 2002) by asking the client, "What might your life be like in 1 year from today, if you still live your life according to this spiritual value? In what ways would your life be different if your interpretation of this value changed?" Furthermore, the decisional balance exercise can be incorporated as a means of examining ambivalence regarding spiritual values related to the bypass problem (Wagner & Sanchez, 2002; e.g., "What are the costs and benefits of certain spiritual values?" and "What values match both your aspirations and your desired experiences?"). During the process, OARS should be used liberally (Rosengren, 2009).

The tenets of MI provide an effective and thorough foundation for work with spiritual bypass in counseling. The following section demonstrates an integration of the use of MI with clients in spiritual bypass by exploring a case example of this approach.

MI and Spiritual Bypass: A Case Study

The following case study is provided as an example of how MI can be used with a client in spiritual bypass. This vignette is based on an actual case of one of the authors, with identifying information modified to protect the client's identity.

Nancy was a 39-year-old Caucasian female who reported that she sought counseling with this particular counselor because of her interest in spirituality. During the intake interview, she reported a long history of struggles with multiple addictions, including alcohol addiction and sexual addiction, yet these were not her presenting concerns. Nancy emphasized that her motivation for pursuing counseling was solely to remove obstacles that may be blocking the development of her spiritual life. When the counselor asked about any abuse history, she responded that she had been sexually abused as a child by her stepfather, but that she had been "delivered" from this by God and had forgiven her stepfather, although the counselor noted that Nancy said this in a clipped tone suggesting the forgiveness work might be incomplete.

The counselor followed up by asking how she had been delivered, to which she replied that her faith in God had taken away the pain of being abused, although again her tone was incongruent. In an effort to develop a collaborative stance, the counselor noted this incongruence, but did not initially address it. Nancy also said in the first session that her sexual abuse, her history of multiple addictions, her failed relationships, and her career problems were all "punishment from

God for becoming sexually active as a teenager and my long history of promiscuity and drunkenness.” With a flat affect, she spoke in great detail in the first session about the hardships in her life and frequently stated, “But I know God will deliver me someday to a place where I will be happy, so I’m just waiting for that day.” Consistently, as she said this, she forced a smile. Because of Nancy’s avoidance of psychological work and sole focus on her spiritual life, the counselor hypothesized that she was in spiritual bypass. On the basis of this, her counselor believed it was important to explore her spirituality initially until Nancy worked through the bypass issue and was ready to engage in work on the psychological plane.

Spiritual bypass has a protective component and often manifests in response to the anxiety clients feel around addressing their psychological work. Therefore, it is important for counselors to ensure that clients are able to monitor their own anxiety and stress levels and implement effective coping or self-soothing strategies before beginning the process of navigating through spiritual bypass. This informal assessment of strengths and resources should continue throughout the process of addressing the bypass issue. In the current case, the counselor assessed Nancy’s ability to self-monitor and use coping strategies and felt confident that addressing her spiritual bypass was appropriate. He also offered additional information on self-soothing techniques, such as breathwork and other strategies, which are detailed in the conclusion of the case example.

Using an MI framework, the counselor first began his work by exploring the client’s spiritual history with empathy. Nancy shared that she did not attend church when she was growing up. Her father left her and her mother when she was a baby. Nancy’s mother was forced to work two jobs and to leave her with her grandmother. She commented that church was something she knew nothing about during her childhood. Nancy expressed, “I thought church was just a crutch for cripples, but then I figured out I need a crutch. I got saved when I was 32 and I’ve been active in a church ever since. Going to church, praying every day.” The counselor then shifted to examining the client’s specific spiritual values with an emphasis on developing discrepancy among her values and spiritual bypass behavior. Nancy identified that her top six spiritual values included forgiveness, compassion, kindness, truthfulness, faith, and serenity (Debra Moorhead.com, 2008). Developing discrepancy served to highlight a potential spiritual bypass issue: Nancy holds these noble values yet uses them in a way that precludes personal growth. Finally, the counselor focused on exploring the importance of addressing the spiritual bypass and increasing Nancy’s confidence in her ability to focus on the issue. The following vignette focuses on the MI principles of developing discrepancy and supporting self-efficacy.

Counselor: So, I wonder if it would be OK with you if we spent some time together exploring your spiritual values to help us understand this unique part of you a little better. [Asking permission and an open question]

Nancy: Absolutely, I’m so glad I can talk about this in here. [Client shows excitement]

Counselor: Tell me about your spiritual values and how they are important to you and also values that you might struggle with at times. [Values exploration and initial developing of discrepancy]

Nancy: Compassion, kindness, and forgiveness are really important. I believe giving back, helping others ... forgiving is another way to praise God and see God in other people. I guess it is hard to forgive sometimes though ...

Counselor: How does your value of forgiveness fit with your struggle to forgive at times?
[Question aimed at developing discrepancy]

Nancy: Well ... I think it's tough to live truthfully and also be forgiving, kind, and compassionate. I honestly don't always feel like forgiving my stepfather for abusing me. I feel anger towards him. I just try to ignore that I sometimes feel this way.

Counselor: On the one hand it's important to you to forgive and practice compassion, yet on the other hand you still have unresolved feelings about the abuse that happened. These meaningful spiritual values result in both fulfillment and feelings of inner conflict for you. [Double-sided reflection highlighting the ambivalence, increasing cognitive dissonance, with the goal of eliciting change talk]

Nancy: Yes. And I get in this cycle where I get angry at myself for not truly forgiving my stepdad. I even get angry at God because I pray so hard for Him to help me forgive. So this whole thing probably makes my value of faith hard to do.

Counselor: Yeah. And it seems you also lose that value of compassion towards yourself during these times as well. [Using OARS: reflection to elaborate on discrepancy noted by client]

Nancy: I have to believe that I am going to be delivered from this pain, but part of me wonders, well, where the hell are you, God? (laughs nervously) Like, some days I feel like my prayers are coming from my lips and falling straight to the floor ... like there is no one out there. But I KNOW He is there. I just know it. Yeah (pauses), can't tell my preacher this stuff. He would just tell me again for the 50th time that I should have more faith and pray more earnestly, and that everything would be OK. [Counselor internally considers the parallel between the absent/unavailable God and Nancy's father abandoning her as a small child, but opts not to voice this so early in the counseling process. Instead, counselor elects to use reflection highlighting discrepancy]

Counselor: Hmm, OK, so it seems clear what your pastor believes. What do you believe about that? [Open question to highlight additional discrepancy between pastor's beliefs and client's beliefs]

Nancy: Well, I don't know. I mean, he's a preacher, so he should know. (pauses and sighs heavily) I don't really know. I do know that I feel like crap when he says that, like, "Oh hell, I can't get anything right, I don't even have enough faith and pray good enough for God to show up."

Counselor: You see your preacher as an authority in these matters, and at the same time you struggle a bit with how what he says fits or does not fit with you. You hear this message and feel pretty discouraged; part of you says, "I'm not even good enough for God to show up for." How

do you make sense of that? [Double-sided reflection highlighting ambivalence followed by a reflection of feeling to express empathy. Counselor intends to end reflection on the costs of spiritual bypass to increase importance of change. Open-ended question to follow up]

Nancy: (pauses and then speaks quietly) Well, to tell you the truth, I guess I haven't thought so much about what he said. I think a lot of times I take what he says without question and I need to find some of my own spiritual answers. [Client is engaging in change talk]

Counselor: (after silence to honor Nancy's emotional experience) Finding your own spiritual path is something you have some energy around. [Reflecting change talk]

Nancy: Yeah ... yeah I think I do.

Counselor: Would it be okay if I offered you a few thoughts that have come up for me? [Asking permission before providing information]

Nancy: Sure.

Counselor: One thing I am aware of is that you and I cannot do anything here about what God will do to deliver you and when that will happen. In some ways, I wish we could. That would be easier. But, in the end, that is God's work, not yours. So, I wonder if it would be OK to focus our time and work here on some things where there is work for you. Some things that will help you while you are waiting. Things that will help you start to feel better. Sort of like your spiritual value of serenity and the Serenity Prayer. How would that be for you? [Assessing client readiness to do internal emotional work along with spiritual work, while still honoring client beliefs. Also, beginning to explore menu of options using open-ended question]

Nancy: It does sound like the Serenity Prayer ... the “courage to change the things I can” part of it. (tentatively) Well ... sure, I mean, I guess that's why I came. [Counselor hears change talk but also the tentative tone]

Counselor: I hear you. You're willing to give it a shot, but you're not completely sold on the idea. [Reflection of client ambivalence regarding readiness to change, supporting self-efficacy, and reinforcing change talk]

Nancy: I mean, yeah, I guess. It is so important, but it's also scary. What if I fail? What if I cannot do it? [Counselor recognizes level of importance is probably high, yet confidence may be low, thus creating client ambivalence]

Counselor: I can see how it would be so scary. At the same time, you think it's an important step for you. It's taken a lot of courage to come here and to be so honest with me. That sort of courage will serve you well as you start to take this head on. [Reflection followed by affirmation, supporting change talk and self-efficacy]

Nancy: I never really thought of myself as courageous, but I guess I have been doing the best I can.

Counselor: On a 1 to 10 scale, with 1 meaning not at all confident and 10 meaning extremely confident, how confident are you to work on “accepting the things you cannot change” and “changing the things you can”? [Self-efficacy scaling question assessing confidence]

Nancy: I would have to say 5. A part of me feels like I *can* work on me, but also this is a step I have not taken before, so I'm feeling a little unsure.

Counselor: You're feeling two ways in terms of your confidence about change. I am not sure if this is something you would consider, but brainstorming options for how you want to proceed may help. How would you like to identify goals that feel both manageable and important to you? [Reflection, invitation to cocreate menu of options. Counselor is aware that confidence will have to increase for client to address bypass]

As the session continued, it became clear that Nancy found the work important, but her confidence and readiness were low. Her fear of failure created ambivalence about doing the psychological work. She had received strong messages from her religious community that she would be transformed if only her faith was strong enough, and this supported her spiritual bypass. The early work with Nancy was very slow, but it gained momentum over time. An important part of this early work was using an MI framework to assess values, a process that helped Nancy to clarify what she believes. For instance, discrepancy was developed regarding Nancy's belief, “my faith is not strong enough because my life hasn't gotten better”; the counselor used the looking forward technique to help Nancy explore the effect of this belief on her life. Nancy determined that this belief would continue to cause a deep sense of guilt, shame, and resentment over time, which may threaten her relationship with God.

The counselor supported Nancy's self-efficacy by helping her to identify resources to improve her confidence in doing the emotional, psychological, and spiritual work in counseling to better her life. Nancy's efficacy increased through discussions of success stories of past personal and spiritual growth. She also centered herself on the belief that God would help her cope with any discomfort involved in the counseling process. After approximately 20 sessions, Nancy had done some effective work in which she, not the counselor, made the connection between her image of God and her biological father. She did some important emotional healing work around abandonment and started a contemplative spiritual practice that helped her be more mindful about her emotional state, an important precursor to recognizing her addictive triggers. With support from her counselor, she also began to more intentionally assess what she believed religiously and spiritually, rather than blindly accepting the beliefs of others. At termination, she was sober, attending Alcoholics Anonymous meetings, and regulating affect far better than when she began.

Conclusion

Counselors who integrate spirituality and religion into their counseling should be aware of and mindful of the possibility of spiritual bypass. Although many people likely use spiritual bypass in times of intense stress, spiritual bypass becomes problematic when it becomes a pervasive and chronic avoidance strategy against doing psychological work. Clients using spiritual bypass may manifest considerable resistance and ambivalence about confronting underlying psychological

issues. MI can serve as an appropriate foundation to address the bypass as it develops a collaborative rather than arrogant approach to the client's struggles, one in which the client's ambivalence, confidence, and readiness to change issues are assessed and valued in the therapeutic process.

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