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*Corresponding author: Berit Borgen,
Psychological Pedagogic
Development Centre, Norway
E-mail: borgen.berit@gmail.com

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di Foggia, Italy
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APPLIED PSYCHOLOGY | RESEARCH ARTICLE

When need is greatest, help may be closest: Significance of the spiritual dimension in therapy mediated by interviewees

Berit Borgen*

Abstract: In critical situations, the need for change is urgent. The focus in this article is on such situations, because then the inclusion of the spiritual dimension may be particularly significant. Examples from a central explorative study are included to mediate the importance of the spiritual dimension. This present elaboration is conducted with qualitative research methods, including phenomenography, which relates to descriptions, analysis, and understanding of experiences. It is conducted as close as possible to the interviewees' comprehensions and experiences. The driving force through the entire research process has been to contribute to give answers to the central question: *What makes therapy work?* The selected explanatory cases describe how spiritual experiences may contribute to hope and opening up new opportunities for mental problem solving and transformation in the process of regaining mental health. The wholeness of the person was activated, and this elicited coping and mental liberation. The interviewees had experienced thorough transformation and liberation from drug addiction and other serious disorders. The present article describes a concluding elaboration on an ongoing explorative study related to participants' liberation in an efficient treatment organization. The intention is that the insight emerging from the study may be transferable to other research and treatment contexts.

ABOUT THE AUTHOR

Berit Borgen, I am involved in research activities dealing with *cognitive psychology* and *psychology of religion* and have a Licentiate's degree related to the first subject and a master's degree related to the second. The objective of my practice is to expand the treatment area in therapy, with special focus on drug addiction treatment. Two previous central explorative studies are in the continuing followed up by further elaboration of the research material. The elaborations are published in articles, which are related to different viewpoints in the elaboration: Two are related to creativity and creative communication, one to the participants' central experience of a "transformational turning point", one to the participants' "mental growth processes" and one to "the human transcending ability" as a possibility to elicit "the spiritual dimension". This last concluding explorative elaboration is documented in the present article.

PUBLIC INTEREST STATEMENT

The background for this study is the occurring missing inclusion of the spiritual/religious dimensions in therapy in cases where this potentially may be of importance. I have gained experience with this, in particular through employments in treatment institutions for drug addicted persons. The article describes a continued elaboration on my study related to a treatment organization for drug addiction in Sweden, which proved to apply an efficient treatment. The focus in the present article is on the inclusion of *the spiritual dimension* in therapy, which showed to be of significant importance for the participants' transforming experiences and liberation. This illustrates that spirituality may have a significant impact on recovery processes. Methodology relates to qualitative research methods. The intention with this work is to give knowledge transfer to different treatment contexts, which potentially may expand the treatment model, and possibly improve the results.

Subjects: Development Studies, Environment, Social Work, Urban Studies; Social Sciences; Communication Studies; Development Studies

Keywords: Change; coping; drug addiction treatment; mental health; spirituality and religiosity; therapy; transformation; wholeness

1. Introduction

“When need is greatest, help may be closest” is a Norwegian proverb. The assertion does not mean it automatically happens. Most often it requires commitment from affectionate participants in the process. The closest corresponding English proverb is “the darkest hour is just before dawn”. The fact is that when a person experiences being at an *outer existential border*, when need is greatest and the existence is darkest, a *transformational turning point* might be elicited: “A transformational turning point may be described as a spontaneous insight—‘a golden moment’—when the past, the present and the future are reorganised into new mental structures” (Borgen, 2013, p. 470). This may be actualized when the past may be integrated into the present and give new perspectives to the future. The process may be stimulated when the person experiences new creative life supporting happenings, which potentially may elicit *spiritual transcending experiences*. An outer existential border may be described as a person’s experience of being at the boundary of existence, when all possible coping vehicles (at that time) have been actualized without solving a serious problematic life situation. In cases when life situations are so demanding, humans are usually more motivated for change, but this often depends on the possibilities described above, which can create hope for the future. A transformational turning point may provide the opportunity to *reframe* (Watzlawick, Weakland, & Fish, 1974) the experience of the situation, and by that contribute to an expanded comprehension of the reality which may open up for new coping processes. It may be a change in superior life premises that alters the existential situation. The participants had all experienced profound transformational turning points.

The present article is a further elaboration on the challenge given in the central study, described in the Licentiate’s thesis (Borgen, 1994): “When faith in ‘a spiritual way’, which the participants described, may be of significant impact in the liberation from drug problems, it is of importance to increase the knowledge of this potential in therapy” (p. 464, author’s translation). This has actualized the endeavor to expand insight into the potential significance of the spiritual dimension in therapy generally. The article describes a follow up qualitative exploratory elaboration of the central research material (Borgen, 1994). The intension is to give further insight into the significance of *the spiritual dimension in therapy*. Spiritual experiences are mediated in the present article by excerpts from selected interviewees from the central study (Borgen, 1994). Different appropriate descriptions and theories are introduced to enlighten and analyze the research material from different viewpoints.

The inclusion of the spiritual dimension and its possible consequences in therapy may potentially be relevant in different therapeutic contexts. The driving force in the studies has been the experience of the occurring missing inclusion of the spiritual/religious dimension in the therapy in cases when it potentially could have been of importance. This is also emphasized by other researchers. Some of these are described in the article.

2. Objectives

A central objective in the present article is to illuminate, describe and illustrate the phenomenon of *the spiritual dimension* and the related emerging life-power’s impact on the therapeutic process. The spiritual dimension is in the article communicated in accordance with how the participants understood the phenomenon *spirituality*, elicited in relation to their *religious experiences*. The impact of the spiritual dimension may potentially also be of importance in other treatment contexts. The intention in the study is accordingly to present the findings in a way which hopefully may give knowledge transfer to other therapy contexts.

3. Methodology

The original central study, which has accumulated the research material of the present study, described in this article, is reported in the Licentiate's thesis (Borgen, 1994). The study was conducted from the perspective of *cognitive psychology* together with the *psychology of religion*, which is a religiously and confessional neutral discipline, actualized as a branch of general psychology. The research focus in the psychology of religion is on descriptions and analyses of religious experiences and cultures, mediated by individuals and communities. The psychology of religion is defined in *Psychological Dictionary* as "a branch of psychology that examines the psychological preconditions for religious experiences and for the embodiment of diverse religious directions" (Havn, 1969, pp. 115–116, author's translation).

3.1. The initial central research material

The central research material (Borgen, 1994), which is, as described, the base for the present study, relates to a treatment organization for drug-addicted persons (alcohol and narcotic) in Sweden, *The Lewi Pethrus Philanthropic Foundation* (The LP-Foundation). The study was built on a half-year investigation in The LP-Foundation. The documented convincing recovery of the participants (Borgen, 1994; Hillborg, 1994) became a motivation to further study the treatment organization from the perspectives of central leaders and therapists, to explore how they could contribute to this successful treatment. This second central study was carried out in 1995 during two months and documented in the master's thesis (Borgen, 2005). The investigation was focused on central leaders' and therapists' mediation of values and meaning and their contribution to the therapeutic process, together with research related to the culture of the organization. The central research question was: *What made the therapy work?*

The LP-Foundation was in operation from 1959 to 1997, when it was restructured into two different organizations. The case reports are selected from the research material related to the original treatment organization before the restructuring, because it had established a documented efficient treatment (Borgen, 1994, 2003b, 2005; Duvenett, 1994; Hillborg, 1994; Küng, 2001). This convincing efficiency has been the incitement to continue the elaboration of the research material.

It is convenient in this description of the research material, also to shortly describe the environment and the employees' contribution in the therapeutic process, which were the basis and context for the interviewees' transformation and mental growth, and also the context for the interviews. The treatment was built on Christian values and practiced with an interdisciplinary treatment team in good cooperation, including about 2/3 rehabilitated former drug-addicted persons trained and educated for their tasks. The participants described that spiritual experiences could contribute to coping in critical situations.

Some postulated reasons for how the employees in this treatment organization could contribute to the possibility that *when the need was greatest, help could be closest*, may be the combination of an affectionate atmosphere and an interdisciplinary treatment team that included sound religious/spiritual communication (Borgen, 2005). This was combined with *a broad actualization of different spiritually inspired activities* which seemed to be of central importance. As a result, opportunities were given to invite the person's inner sources and liveliness (Moreno & Moreno, 1975) as well as to come into contact with his or her true self (Dabrowski, Kawczak, & Piechowski, 1970; Jung, 1952; Stern, 2004). Communication with fellow human beings in equal-level dialogues was an important quality. The staff emphasized the person's capacity to make own choices and to develop his or her own potentialities together with liberation.

3.2. Methods

This central study (Borgen, 1994) was conducted by a combination of participating observation and in-depth ethnographic interviews (Spradley, 1979) with, at that time, recovered drug-addicted persons still undergoing treatment, and also with some participants who were (re)habilitated,

educated, and employed in The LP-Foundation. The interviewees were in part freely selected, and good communication was a guiding help in the selection. This was because the central objective in the study was to get in-depth information about the studied themes. The different relevant topics and issues were structured in a “knowledge tree” and communicated with the participants with a hermeneutic approach (Gadamer, 2012) in equal-level open dialogues (Spradley, 1979). The interviews were tape recorded, transcribed, and analyzed related to hermeneutic (Gadamer, 2012), phenomenological (Patton, 1989), and phenomenographic (Marton, 1981) methods. The analytical framework in the analysis was built on a psychodrama model (Moreno & Moreno, 1975).

3.3. Compliance with ethical standards

The methods and ethical considerations related to the original research material described in the Licentiate’s thesis (Borgen, 1994) were evaluated by an ethical supervisory team at the Faculty of Psychology, University of Bergen, Norway. Some interviewees preferred to be referred to with their real names. The ethical implications of this fact were discussed with representatives of the leader team in the studied organization and the ethical supervisory team at the University. It was agreed that this preference for using their real names should be respected, and the interviewees and author agreed to use only first names. The interviewees have all given written informed consent to be quoted. After documented dialogues and reviews, the ethical supervisory team at the Faculty of Psychology, University of Bergen, Norway, granted ethical permission for the study project concluded in the Licentiate’s thesis (Borgen, 1994).

4. Description of the present study

This follow up explorative study, which is described in the present article, illustrates how selected interviewees had experienced their transformation and recovery influenced by the spiritual dimension. It is built on excerpts selected from interviewees who participated in the initial study (Borgen, 1994). This continued elaboration is related to the interviewees’ descriptions of their spiritual transcending experiences. It has therefore been appropriate to conduct the elaboration with a hermeneutic approach (Gadamer, 2012) and the qualitative method called *phenomenography*. This method relates to “description, analysis and understanding of experiences” (Marton, 1981, p. 177). In the conceptualized *second order perspective*, the individual’s experiences of various aspects of the world are described. The focus is on the conceived (experienced, conceptualized) content, which is “the point of departure for carrying out research and as a basis of integrating the findings” (p. 177).

The procedure in this elaboration was to collect information concerning the spiritual dimension from representative cases. This was followed up by collecting significant excerpts, which are presented and commented in the *Results* paragraph. The interviewees quoted in the article are *Benita, Birgitta, Daniel, Iris, and Benedicte*. They have all participated in the central study (Borgen, 1994), and by that they have given written informed consent to be quoted. Benedicte wanted to be quoted pseudonymously, and the other four preferred to use their real first names in the quotations. The selected information is elaborated and illuminated in the *Discussion* paragraph related to theories and descriptions, which are described below. The research question is: *Can the selected interviewees contribute to give insight into the significance of the spiritual dimension in therapy?* The excerpts are translated into English by the author.

5. Definitions, theories, and descriptions related to spirituality and religiosity

The spiritual dimension may be elicited in religious as well as in nonreligious contexts, and spirituality and religiosity may be experienced separately or intertwined. In The LP-Foundation they commonly experienced the two dimensions to be consubstantial.

The flow through this paragraph is the presentation of different definitions, theories and descriptions, which have been convenient in the elaboration process of the research material. Spirituality and religiosity are manifold phenomena, and are experienced as unique dimensions of life. They are both impossible to define in precise and general ways. There are numerous definitions of

spirituality as well as of religion. Therefore, to study these phenomena, researchers have to describe the meaning of the concepts to be studied.

Tillich (1959/1970) has presented a wide description, combining religion and spirituality in general, which is convenient to quote in this connection:

It [religion] is at home everywhere, namely, in the depth of all functions of man's spiritual life. Religion is the dimension of depth in the totality of human spirit. What does the metaphor *depth* mean? It means that the religious aspect points to that which is ultimate, infinite and unconditional in man's spiritual life. Religion in the largest and most basic sense of the word is *ultimate concern*. And ultimate concern is manifest in all creative functions of the human spirit. (pp. 7–8)

This is in tune with the participants' descriptions in the study (Borgen, 1994). They intertwined the two concepts of *spirituality* and *religion* and talked about "a spiritual way", which in a religious context had led them to liberation from drug dependence and other serious mental problems. One of the founders and the key leader in The LP-Foundation, Erik Edin, described the central issues in their treatment (Borgen, 1994):

We have supposed that humans consist of *spirit, mind, and body*. And when it concerns rehabilitation of our men and women and also families, we believe that Jesus and the spiritual experience is the ground for social rehabilitation. And I think, in relation to a human being who is really knocked out, then prayer and spiritual sensations are not enough. And it is also not enough only with social concern. But I think that we have succeeded really well with the combination of the spiritual and the social. So it goes hand in hand in a right manner. And that means that you have an experience that functions *instead* of the bottle and drugs. And on this fundament, we have educated personnel in nursing and curative activity. Always, when you get spiritual development, you also get help with social problems. (Appendix p. 1, translated by the author).

A proposal for a description of the meaning of spirituality may be to describe the phenomenon as a basic power of life, which may be communicated in religious creeds or described in nonreligious terms. It may be elicited spontaneously by individuals alone and/or in communication with fellow humans. As postulated in the article connected to the human transcending ability (Borgen, 2018): "Spiritual experiences flow forth from the innermost depths of the individual's mind, meaning the core of the human experience, which influences the totality of the person" (p. 79). Such experiences might also sometimes emerge spontaneously when a person is alone by reminders of immanent (concretely perceived) and/or transcendent sources (Borgen, 2013).

The studies have brought forth that spirituality, in this meaning, may have a significant impact on (re)habilitation (Borgen, 1994, 2018) and mental growth processes (Borgen, 2016). This may, among other, be illuminated by Jung's accentuation of the spiritual and religious need. Besides driving forces as sexuality and pleasure, which Freud focused on, and Adler's centering on the will to power, Jung claimed that there are other highly important drives, and "above all that which belongs to *man alone*—the spiritual and religious need inborn in the psyche. This view of Jung's is an essential point in his theory, which distinguishes it from all other theories" (Jacobi, 1951, p. 78). Jung (1952) was concerned about the "receptiveness and vitality of the religious sense" (p. 57).

The psychiatrist Mohandas (2008) defined spirituality as "an individual's experience of and relationship with a fundamental, nonmaterial aspect of the universe that may be referred to in many ways" (p. 63). Concerning the relationship between spirituality and religion, he asserted, "Spirituality and religion are not interchangeable or always linked. Therefore a person may have religion without spirituality or spirituality without religion" (p. 64). In the LP-Foundation religion and spirituality were intertwined. The relationship was most often experienced to be consubstantial.

Piedmont (2004) points to the fact that even if the two concepts spirituality and religiosity have much in common, and some researchers even interpret these two dimensions to be quite equal, there are important conceptual and empirical differences between them. He found that the ability to experience the spiritual transcendence was a potent predictor of the outcome in the treatment of substance abuse:

Spirituality continues to be a salient aspect of human psychological functioning ... and as such, psychologists need to include this construct if they wish for their models and assessment paradigms to be comprehensive and ecologically valid. Spirituality brings a novel element to the field of psychology in its focus on how individuals construct meaning and create a sense of unity among the many competing and conflicting forces that affect their lives. (p. 213)

Spiritual processes can elicit *transformative experiences* (Borgen, 2016) by opening new life potentialities, and by that expand coping possibilities. It is difficult or perhaps impossible to measure the experience of spirituality. However, it may be expressed and described qualitatively as an experienced phenomenon, unique for each individual. Allamani (2010) described the research problems concerning such measures as follows: “Measuring spirit is an epistemological contradiction. Spirit blows where it likes, and (according to C.G. Jung) pertains to an archetypical, or acausal dimension that is the Self. Rationality is another dimension, based on causal criteria” (p. 2377). This accentuates the problems related to quantitative research in the area of spirituality, and also illustrates the relevance and importance of qualitative research methods concerning studies related to the spiritual dimension (Gadamer, 2012; Kvale & Brinkmann, 2009; Marton, 1981; Spradley, 1979).

Pargament (2011) described the importance of spirituality as a coping potential: “In crisis and catastrophe, spirituality is often intertwined in the struggle to comprehend the seemingly incomprehensible and to manage the seemingly unmanageable” (p. 3). This is illustrated in the present article by the selected interviewees’ descriptions of their liberating spiritual/religious experiences. Pargament also described spirituality as a vital part of ordinary life.

Concerning *religion*, there are substantial definitions defining what religion *is per se*, and functional definitions describing the function of the religious commitment, what religion *does* (McGuire, 1981, p. 4). Allport (1969) emphasised the necessity to operate with a wide definition of religiousness, to avoid “imprisoning” the informant into a definition. He introduced a functional definition and described “mature religiousness” in a general way (Allport, 1969):

We then define mature religious sentiment as a disposition, built up through experience, to respond favourably, and in certain habitual ways, to conceptual objects and principles that the individual regards as of ultimate importance in his own life, and as having to do with what he regards as permanent or central in the nature of things.

Thus defined, the religious sentiment allows wide variation both in the human race at large and during the course of any single individual’s development. (p. 64)

Concerning “Conceptual objects and principles that the individual regards as of ultimate importance”, these were in The LP-Foundation represented by the experience of a loving God and the described experience of the incarnation in Jesus together with the experience of the “Holy Spirit”. A summary of the informants’ description of their experienced religious reality, which expressed their definition of a religious life *per se*, is given in the thesis (Borgen, 1994):

The Christian religion is for the informants perceived as a worldview, which gets its existence from the experience of a close and loving God through the “Holy Spirit”, and the “messenger” of God, their saviour Jesus Christ. This relationship is realized in communication that unfolds between the Christian person and the personal God and Gods’ incarnation Jesus Christ, either alone or together with others. Christian persons that share the same faith live

together in a religious community. Thoughts, feelings, actions, and experiences are shaped by the experienced contact with the divine reality. (p. 462, author's translation)

At the present time, researchers in neuroscience have started to study the impact of spiritual/religious experiences on the brain. This is made possible by the immense development of research methods in neuroscience, along with an increasing number of researchers becoming aware of the influence of spiritual/religious dimensions on the human mind, and consequently, the human brain. A postulate is: "There is substantial evidence from the psychology of religion to suggest that people are prepared for religious experiences and this readiness is probably mediated by the dorsomedial frontal cortex, leading to commonly reported felt immediacy of religious experience" (Azari et al., 2001, as cited in Mohandas, 2008, p. 65).

In the endeavor to clarify the intertwining of the two dimensions, spirituality and religiosity in research, it is appropriate to refer to the acknowledged researcher in *psychology of religion*, Geraldo José de Paiva (2017). He described in his paper presentation on the IAPR (*International Association for the Psychology of Religion*) Conference in 2017: "Several Christian 'spiritualities'", and he explained that "these spiritualities are a special manner of living Christian religion, stressing one or another Christian trend, and do not require any different approach when they become an object of scientific research" (p. 1).

5.1. *Spiritual transcendence*

Piedmont (2004) described a *sense of spiritual transcendence*, in connection with the process of finding answers to existential questions in the search for meaning. This searching process Piedmont described in this way:

A spiritual orientation develops when these answers also lead us to develop a sense of spiritual transcendence, or a capacity of individuals to stand outside of their immediate sense of time and place and to view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse striving of nature. (p. 214)

Involvement in meditation, religious devotion, creative activities, art, dance/movement, music, love expressions, experiences in nature, and the like (Borgen, 2018), which Holm (1997, p. 20) described as actualization of "the holiness dimension," might elicit spiritual transcendence (Piedmont, 2004). This may be exposed bodily, emotionally, and sensually for the perceiving individual. Such happenings might activate the wholeness of the person involving the existential dimension.

Frankl (1947/1993) postulated *the spiritual unconscious* and the human as a *self-transcending being*. He described how, when humans are *searching for meaning* in life, they may mentally transcend concrete difficult and painful situations (p. 123). Frankl and many of his fellow prisoners in the concentration camps in the World War II have poignantly demonstrated this (Frankl, 1969/1994). Frankl (1987) reflected on how spirituality is a centering, integrating, and unifying power:

It is primarily the spiritual person who creates the unity and wholeness of the being that we call human. The unity this creates is a bodily—mentally—and spiritual wholeness. It cannot be emphasized strongly enough that it is this threefold wholeness which constitutes the human being. (p. 27, author's translation)

This shows that Frankl comprehended spirituality as a significant dimension in human beings and an important contribution in humans' search for meaning in life (Frankl, 1969/1994). He often provided a favored quote from Nietzsche: "Who knows *why* he lives, may endure nearly any possible *how*" (Frankl, 1947/1993, p. 7, author's translation). He asserted that this characterized the prisoners who survived the concentration camps in relatively good mental condition. This meaning aspect became the basis of his development of logotherapy.

This coping possibility might be a result of the prisoners' actualizing of, what Dabrowski et al. (1970) conceptualized as *the genuine self*, which develops as a result of the process including "education of oneself and auto psychotherapy" (p. 75). Somehow this is in accordance with Jung's (1952) description of the development of "a new center" in the individuation process. He called this center "self", and described this as: "a term that is meant to include the totality of the psyche in so far as this manifests itself in an individual" (p. 96).

Frankl (1987) also described when some seriously sick persons, who earlier in life had not believed in a transcending spiritual dimension, suddenly in his or her last lifetime exposed something they had not done before, namely a security that completely opposed their previous conviction, and which could not even be intellectualized or rationalized: "'De profundis', something breaks up from the depths, penetrates something completely, a total confidence emerges that does not know who it meets or what it is about, and which even defies the knowledge of the hopeless diagnosis" (Frankl, 1987, p. 78, author's translation). Potentially, this may be understood as an example on that humans have an innate mental resource that may be elicited in critical situations, either spontaneously as this example describes, or by elicited by external influences. This is in accordance with what the participants described when they recounted about their existential transcending turning point, the salvation experience.

As mentioned in the article (Borgen, 2018), Menuhin described the relationship between spirituality and music as two consubstantial manifestations (Menuhin & Davis, 1980). He claimed that: "...music may have great healing power; it creates harmony between the physical and the spiritual, the intellectual and the emotional. It unites the body with the soul" (p. 43, author's translation). This describes the spiritual transcending and unifying potential of music. The importance of going beyond talk therapy is described in the book edited by Wiener (1999), where music, dance/movement, drama, psychodrama and other so-called "action methods (p. v)" are described as potential pertinent methods in therapy.

Art of Movement (Laban, 1959/1980), which is a combination of music and movement, and *Psychodrama* (Moreno & Moreno, 1975) are such expressive methods in which acting and experiencing are central agents. These treatment methods go beyond talk therapy and may potentially elicit spiritual experiences and give opportunities to invite the human inner sources and "effective liveliness" (Laban, 1959/1980, p. v). The founder of Psychodrama, Moreno established psychodrama as a potent method for mental growth and therapy. Psychodrama is also actualized in what is conceptualized as religio-drama, which somehow, in its special way, was actualized in The LP-Foundation, described in the thesis (Borgen, 1994) and the articles (Borgen, 2002, 2016).

Moreno (1953) recounted in his book *Who shall survive?* how he had developed his model of psychodrama: "I had two teachers, Jesus and Socrates; Jesus the improvising saint, and Socrates, in a curious sort of way the closest to being a pioneer of the psychodramatic format" (p. xxii). Moreno let us further be acquainted with Socrates; how he was involved with actual people, when acting as their midwife, but, as Moreno further claimed "he did not, like Jesus, enter into the totality and essence of the situation itself" (p. xxii). It is interesting to read what Moreno pointed out: "This did not happen until our time that the two approaches of Jesus the healer and Socrates the teacher... were brought to a synthesis" (p. xxii). In some way it may be claimed that in The LP-Foundation this had happened.

Some individuals, described as "survival personalities" (Brudal, 1989, p. 32), may have inborn potentialities to survive in critical situations by activating their own curative processes (Hubble, Duncan, & Miller, 2003), which was described by Antonovsky (1987) as *salutogenic processes*. Others have to learn how to actualize the opening up for the creative, salutogenic processes. Creative acts may elicit spiritual experiences, which may contribute to expanding the possibility to restore the health.

Concerning the relation between psychology and spirituality, Eliason, Samide, Williams, and Lepore (2010) state: “It is evident that the root terms of defining psychology and spirituality share a commonality and compatibility more akin to one another than many may realize” (p. 87). This is a key issue in the discipline psychology of religion.

6. Actual studies related to the spiritual/religious dimensions

Duckham and Greenfield (2009) dealt with the concern of the occurring lack of spiritual/religious dimensions in general social work. Their article concluded with a request to practitioners to try to combine the two different perspectives in treatment:

It is suggested that clinicians accept the challenge to walk the tightrope between seemingly competing theories of practice. The implications of this work suggest the need for continued efforts to research areas of co-operation and conflict between religion/spirituality and social work theory and practice. (p. 25)

Such competing situations may cause serious conflicts (Koenig, 2012). It was a surprising discovery to become aware of that the *psychology of religion* was not a discipline in the education of psychologists in my hometown in Norway (Reme, Berggraf, Anderssen, & Johnsen, 2009), and that this is still the situation today. Possibly, it will be a hope for the future that this will be changed, because at the present time a growing number of researchers have taken the challenge “to walk the tightrope between seemingly competing theories of practice” and contribute by that to increase the knowledge in this field.

The reason for the occurrence of this omission may be that it in the establishing of psychology as an independent therapeutic discipline, the relationship between psychology and religion, including the spiritual dimension, as a potential means in therapy, was controversial (Koenig, 2012). In the endeavor to establish psychology as a legitimate empirical discipline, representatives of psychology frequently ignored religious belief as irrational, and as Freud (1927/1962) asserted, as a mental disturbance. Koenig (2012) describes how this conflict has manifested itself in the clinical work of many mental health professionals, who have generally ignored the religious resources of patients or uncritically viewed them as pathological. According to Koenig, because of this conflict, many psychiatrists and psychologists have avoided conducting research on the relationship between religiousness and mental health. This explains why, at the present time, so little is known about the relationship between religious/spiritual coping and psychotherapy in public health care (cf. Torskenæs, 2017). But it seems, at the present time, that these situations in some cases are in the process of being changed.

Carlson and González-Prendes (2016), who also points on this occurring missing inclusion of the spiritual dimension in therapy, describe other reasons for this situation. They argue that the contribution to the current state of the relationship between psychotherapy and spirituality is the fact that spirituality is, by nature, difficult to study because, as they write, “the variables such as spirituality and mindfulness are experiential and deeply personal, so they are difficult to operationalize in the context of research study” (p. 275). Qualitative research methods are therefore important, as these methods are central to the elaboration of the spiritual dimension. This includes documenting participants’ descriptions of how they experience the qualities and results of an actual treatment, including the spiritual dimension.

Torskenæs (2017) points in her doctoral dissertation to this described problem regarding the lack of inclusion of the spiritual dimension in health care in Norway: “Furthermore, it was found that both patients and health professionals seldom discussed the spiritual dimension for various reasons, including its multidimensionality, a lack of knowledge, and a lack of the vocabulary required to discuss spiritual issues” (p. 10). Many patients reported that their spiritual needs were neither identified nor met. Torskenæs concludes by writing: “In light of the findings, the spiritual dimension is important for wholeness and for daily living, both for patients and health

professionals” (p. 10). She argues that patients will feel that professionals have seen them as whole persons when their spiritual needs are met.

Drug addiction is a disorder for which the inclusion of the spiritual/religious dimensions in therapy has in a particular way proved to be an appropriate approach for those who are disposed to this inclusion (Borgen, 1994, 2005; Borrás et al., 2010; Piedmont, 2004; Sørensen, Lien, Landheim, & Danbolt, 2015; Williamson & Hood, 2012). This should be a reason for health workers to increase their knowledge about this appropriate approach.

The following references may give further relevant knowledge-support for the purpose of expanding knowledge related to the significance of the spiritual dimension in therapy. Aten and Learch (2009) book includes practical strategies and examples, which are used to show how spirituality can influence psychotherapy and counseling. The authors emphasize the importance of ethical practice guidelines and therapists’ self-awareness when including matters of spirituality in the therapeutic setting. Also, Sperry’s (2001) study is of importance by highlighting the inclusion of the spiritual dimension from different viewpoints. Sperry (2001) describes spirituality as “the human capacity to experience and relate to a dimension of power and meaning transcendent to the world of sensory reality” (p. 4). Miller (1999) gave practical advice for clinicians related to the inclusion of clients’ spiritual perspectives in the therapeutic context. The problem of the lack of relationship between spirituality and psychology is discussed. He displays a broad view and points to aspects of spirituality, including mental liberation, forgiveness, acceptance, hope, prayer, meditation, and the potential for the experience of new perspectives in life. Matisse, Mosci, & Ratcliff’s recently published article (2018): *A working model for the integration of spirituality in counseling*, is also a valuable supplement in the process of integration of the spiritual dimension in therapy. They emphasize “the importance of counselors being open to the spirituality of clients as an orienting worldview” (p. 27).

7. Some introducing descriptions of the participants’ experiences

During the study (Borgen, 1994), it turned out that The LP-Foundation’s treatment provided opportunities to experience thorough transformation and liberation from serious drug addiction and other mental disorders. Many of the participants had a nonreligious background before they came into contact with the LP-Foundation. They told that now they had discovered a new meaning in life (cf. Frankl, 1969/1994), which concerned the whole person. They emphasized that the human being consists of *spirit, mind, and body* (cf. Cuncic, 2019). A common assertion was that “there are no hopeless cases”. In the continued follow up investigations, the focus has been on central qualities and key factors, from different viewpoints, which could contribute to such occurrences as they described (Borgen, 2003a, 2003b, 2005, 2013, 2016, 2018).

The participants in the study frequently used the “heart” metaphor. Utterances such as “to take a decision from the heart” and “it felt as if the heart was wide open to receive God and/or Jesus” were disseminated. Blaise Pascal (1670/1967) emphasized that “the heart has its own sense, which the rational sense does not understand” (p. 102, author’s translation). This concerns the significance of spirituality, love, and intuition, and is in keeping with the participants’ descriptions. The heart metaphor reveals accordingly the meaning of human wholeness. This was often connected to the salvation experience, which the interviewee Birgitta recounted in this way (Borgen, 1994):

Then I received the Spiritual Baptism, as far as I could understand, because I did not really understand what it was. It was experienced as if the Lord came deep, deep into my heart and pushed away all that should not be there.

The participants said that they had experienced, what they described as the “divine power”, an inner source elicited in demanding life situations, which were, as they told, also communicated in the environment. An excerpt from the study (Borgen, 1994) exemplifies this wide

description of the “spiritual power.” The interviewee Benita recounted her experience of this power:

I do not know how to explain this, but I think I got a conviction that Jesus exists. It was already on my first contact visit, I was allowed to be here through the weekend. I experienced that there was a power that drew me. I had no idea of what it was, but I got such an intense longing for exactly this, which I experienced that the others here had, and it happened in the prayer. We were at a free prayer meeting, and I experienced how this longing grew and grew; therefore, I think I responded to Jesus already there, that I perhaps was saved.

Many of the participants in the study (Borgen, 1994) described the Jesus gestalt as an experienced “divine spiritual reality,” a spiritual power source open to everyone, and also as a friend. They related their transformational turning point (Borgen, 2013) to this experienced “divine reality.” It seemed that in this treatment organization they had a special ability to elicit powerful aspects of the spiritual dimension. This was related to religious experiences together with other creative approaches such as music, singing, art, handicrafts, and experiences in the nature, sports, good relations, and inspired meetings (Borgen, 1994).

Participants described a belief in “a spiritual way” to be of great significance to overcome their drug addiction and other serious mental problems. The investigation provided an opportunity to study the relationship between spirituality/religiousness and treatment from different approaches, as in a magnifying glass. Serious drug addiction is an extremely destructive mental disturbance, which may lead to situations “when need is greatest”, and the investigations have showed that by practicing suitable treatment including the spiritual dimension, “help may be closest”. This was realized when the persons could be included in a committed and affectionate treatment milieu where the spiritual dimension was integrated. It has therefore been convenient to continue the elaboration of the research material related to this treatment organization. The findings may hopefully be transferred to other treatment and research contexts as well as less extreme problem situations. The intention in these studies is accordingly to present the findings in a way that it may give knowledge transfer to other life and treatment contexts by what is conceptualized as *naturalistic generalization*, described by (Melrose, 2009) in this way:

Naturalistic generalization is a process where readers gain insight by reflecting on the details and descriptions presented in case studies. As readers recognize similarities in case study details and find descriptions that resonate with their own experiences; they consider whether their situations are similar enough to warrant generalizations. *Naturalistic generalization* invites readers to apply ideas from the natural and in-depth depictions presented in case studies to personal context. (p. 599)

This means that when the readers apply ideas and insights from the natural and in-depth depictions presented in case studies, they may consider whether these are equivalent to the contexts they are personally familiar with, and thereby transferable to this context.

8. Results

The results and discussion concern directly the research question: Can the selected interviews contribute to give insight into the significance of the spiritual dimension in therapy? Experiences related to the spiritual dimension are communicated by descriptions in excerpts from the selected participants; *Benita* and *Birgitta*, described above, together with the cases *Daniel*, *Iris*, and *Benedicte*, and are analyzed and described under the heading:

8.1. The selected interviewees contributed to give insight into the significance of the spiritual dimension in therapy

Here follows examples from three cases with different in-depth experiences of the spiritual dimension in their liberating processes.

9. The case Benedicte

Benedicte (pseudonym) was seriously traumatized in her childhood. She described part of her background in the interview (Borgen, 1994), in which she told that she had been sexually abused by her stepfather from when she was 7–8 years old, and that she started to hate everything, herself and others. “I did not have any proper teen years, not at all. They were completely disrupted,” she stated. Benedicte explained that she experienced a connection from her stepfather’s sexual abuse to that she herself started her drug abuse. She felt indifferent to herself and the road was short to serious drug abuse. The injuries after her stepfather’s abuse led to the loss of her self-esteem, and the consequences of this were generalized to her entire being. She further explained her situation before she came to The LP-Foundation:

I have no Christian background, no Christian upbringing. I did not go to Sunday school when I was a child because they said, “No, no, only weak people do that. There is nothing for you.” But I had had contact with my confirmation priest and his wife. In Sweden, you are confirmed even if you do not believe in God, because you are expected to do that.

After a suicide attempt when she was young, Benedicte’s confirmation priest brought her to The LP-Foundation. She described her situation as it was at that time:

I was so tired of life. I did not see any *meaning*. I was so disturbed, and as a girl, you are being exploited in your drug abuse. That was the only way to make money then, it was out on the street, and I started this when I was about 15 years old. That’s why people can think, when I tell that I came to the LP-Foundation when I was 19 years old, that this was early, but for me it was in the last second.

Benedicte’s first meeting with The LP-Foundation became an overwhelming surprise:

Yes, I felt as soon as I came inside the door, that this was something else. They were so glad when I arrived. “Welcome, how nice that you came,” they said, and I did not understand it, but I saw that they meant it. It was decided on this visit that I should get the opportunity to go to the Female Home. Suddenly, I had agreed to that also. I did not intend to go to any treatment home, but at least it was at the countryside. So I thought, yes, maybe this is something?

Benedicte told about her next surprise when they were to travel to the Female Home:

After three days I was allowed to go to the Female Home, even though I was not completely detoxified. They drove me up there. Before we should leave, the nurse said, “Now we shall travel up to the Female Home, and is everything ready now?” I said, “No-o, I should give these also.” And then I took the drug tablets out of my handbag and said, “I should deliver these.” I did that, although nobody had asked for this. Because it felt so *wrong* to keep them, I could not bring them up there, and I became so surprised about myself and thought. *But this is crazy!* I thought. But I delivered the tablets and it felt liberating, and later we traveled up to the Female Home.

Arriving at the Female Home, Benedicte continued to get new and positive experiences:

I was so touched by the love I was met with. This I had not met in any treatment places earlier. But here it was the open embrace. They were so glad, and it woke my curiosity. I thought *how could it be like this?* At first I thought, *What are the underlying motives? What could this be?* The strange thing was that it was the *Spirit of God* I experienced.

She experienced now a completely new inclusive environment with devoted fellow human beings, and explained this to be “the Spirit of God.” This affected her in a special way, to be honest. Benedicte continued to recount her process of liberation:

In the evening, we traveled to a revival meeting. I had never been to a Christian meeting before, or a Free Church meeting or something like this, *never*. It happened on this revival meeting. I felt, what is *this*? I was not scared in any way, as one should perhaps believe, but I felt, *this* I want more of. *This* is something important. Imagine if Jesus exists in any way, as they say, but this seems very mysterious. It seems so simple. Could it be that Christianity was the help? In that case it was so simple that it was nearly funny. This I had never believed. They had told that one could be saved, become a new human being, and this I wanted! I was tired of the old life.

Tonight I want to be saved, I thought, and during the meeting I felt all the time, *I will go forward and be saved, and I will become a new human being. Now I have tried everything else. Why shall I not try this? I have nothing to lose.* But I was cowardly. I did not dare to go forward when they invited to prayer. I thought they would think, *But you cannot be saved, you don't know anything about Christianity.* I had such preconceived ideas.

After the meeting, I felt that I could not go home before I had met Jesus, so I said to Elsa, she is employed here, “I want to be saved.” Elsa answered, “Then go ahead and talk with the pastor.”

Notice that Benedicte already described the Female Home as her home. Her longing to be more deeply included in this spiritual community, which she said she experienced, had started. The subsequent sequence of events Benedicte described in this way, as quoted in the article (Borgen, 2003b, p. 968, author’s translation):

Then we went into a room, a prayer room beside the church, and then this pastor started to pray with Elsa and me. Then he started to *pray*, and I had never prayed a prayer, so he prayed before and I prayed after. Because I did not know what I did, although I felt somehow: *Yes. I will! I want to meet Jesus if he exists.* This I had started to believe a little bit.

In this situation, Benedicte experienced a thorough transformation that changed her life completely:

Then I experienced that all was new. In one and the same way it was new. It was such a tremendous change that it is impossible to describe, and it felt somehow so easy, so easy and new, everything. I experienced that it was something that had disappeared, but first I could not know what had happened, but suddenly I came aware what it was.

Benedicte recounted that her mental disorders, including serious obsessive-compulsive disorder (OCD), together with her craving for drugs had suddenly disappeared, and that they continued to be absent. She experienced that it was Jesus that had taken them away: “Now I do not need more of those disorders anymore,” she stated. In retrospect, Benedicte reflected on what she had experienced:

I really got the experience as it says in the Bible: “When one is in Christ, you are a new creation. The old is past. Something new has come.” And that was what caused me to take a new road. Should I think of all that I have been a part of previously, I would not endure to live. I should not overcome.

Benedicte continued to be liberated from her drug addiction and her other mental disorders, and she overcame new challenges in life without relapses. As time went on, she married and became educated and worked in the health care service. It was convincing and interesting to follow Benedicte for several years as a socially active and gifted woman and mother to three happy children.

10. The case Daniel

The following is a description from the interviewee Daniel who overcame a serious alcohol problem and a deep depression. During his treatment, Daniel's recovering was accomplished, and it was succeeded by a continuously sober and active life.

Daniel described his liberated life in this way (Borgen, 1994): "Yesterday is past, and today the Lord helps. ...The Lord's grace is new every morning. Always, all the time ... we live in the present, because it is today that my salvation pertains." He described his thanksgiving every evening: "In each prayer I send to God in the evening, I thank God for *this* day and for what I have got the opportunity to be a part of today and what I have experienced."

This shows Daniel's appreciation of the inclusive, life-supporting environment with devoted personnel. He had grown up in a Pentecostal congregation. In his home, there was much Christian music and singing, but the pastor of the congregation was strict. Daniel told how he had always had a great joy of life and he came into conflict with the pastor because the pastor would not allow him to go to football matches or the cinema, so Daniel started to go his own ways. At the time before he came to The LP-Foundation for (re)habilitation, he was employed at the police academy and he continued this work after his treatment. An excerpt from my thesis (Borgen, 1994, p. 25) describes the importance of music in Daniel's life generally, which was also the case in his treatment process:

Music is central in Daniel's life. He plays much music, both classical and popular music and sings in the City church choir in Stockholm. The accordion was his first restored contact with the joy of life when he was in his depressive period. Daniel claims that he believes that there must be something in humans when it concerns music and religiousness, which are cognate. ...He tells that, by being included in this treatment community, he had got back his dignity as a human being.

The interview was conducted shortly before Daniel should leave the treatment home and continue afterward in Stockholm. He stated (Borgen, 1994):

I am glad that I am here. Now I have come so far that I am, as described, a mature "migratory bird." But I do not leave the community. I leave the treatment home as my residence and move to Stockholm, but I do not leave The LP-Foundation or the Lord.

Music and accordion playing were reactivated through his stay at the treatment home, as a central spiritual life experience. Daniel was liberated from his alcohol dependence and mental problems after the treatment period. He continued experiencing "the grace" in music and religious devotion, which promoted the joy of life for him and also for others, and it has been an inspiration to have had continued contact with Daniel over a long time.

11. The case Iris

The interviewee Iris provides another example of liberating spiritual experiences. In the interview, she also exemplified the lack of inclusion of the religious/spiritual dimension in the hospital where she had been a patient before she came into contact with The LP-Foundation.

Iris had been a psychiatric patient abusing drugs during 30 years and had been in continuous contact with the hospital before she came to The LP-Foundation. As she characterized it: "It took barely a week previously; then I was inside again." She briefly described her spiritual experience and transformational turning point. This happened when she was invited to her first devotional meeting where music and singing were central:

I will never forget the day when I came and was participating at a devotional meeting at Nalen [the center of The LP-Foundation in Stockholm]. ... I experienced that the whole meeting was to me, I heard the testimony, and I thought, *Now or never! Now I shall go*

forward. Then I went forward, bent my knees and asked Jesus for his forgiveness and received his salvation, and you can believe: *It was a happy Iris who arose!*

Iris started her treatment after this experience. Here they had the ability, in the interdisciplinary treatment team, to support her religious/spiritual experience. Music and singing were central in an including and creative environment. After half a year in treatment, Iris had a reunion with employees at the hospital, where she had had continuous contact during the previous 30 years of drug addiction and mental disorders. She described in the interview the reunion with the hospital in this way:

I first met the social counselor, and she called for the doctor: “Do you recognize her?” she asked. “No-o,” he said. He did not. So changed was I. Then she said to him, “She has been to you again and again for 30 years, and she asked you each time if you believed in God. Do you remember her?” He said, “Yes—yes! Is it you? What was your name?” He continued, “Iris was your name.—Is it you?”—“Yes” I said, “It is me”.

Iris continued to recount in the interview:

The doctor was so touched that he went out for a short time and came back. At that time, they had not seen me for half a year. They had wondered if I was alive. They thought that I was dead. Because, half a year! It took barely a week previously; then I was inside again, and they had not seen me, but they had talked about me and wondered.

The doctor asked:

“What has happened to you?”—“May I tell?” I said. “Yes do that,” the doctor said. Then I said, “This God as I asked if you believed in, do you remember?”—“Yes, you asked every time,” he said. “I could not really understand why you did that.”—“You did not understand that I had such a longing. You thought it was brooding, but it was not. But this God that I was asking you about every time, you know, it is Him I have now got the opportunity to meet. That is why I can be here, as I am today. This is why I am free. I have got the opportunity to meet Jesus. I have met Jesus and the Love.”

Iris continued to inform:

Today both the doctor and the social counselor at the hospital are so touched. They could see what had happened when I came back after having been about half a year in treatment in The LP-Foundation. The doctor did not recognize me. *Of course*, he could not. I had really been changed. The social counselor was so touched that tears flowed from her. “Iris,” she said, “you look at me today.” I had never looked up any time, I only looked down. I could never look at a human. I could not chat. I only said hi and yes, nothing. I lived, but I was a living dead. I only existed somehow. I just sat there. The doctor was touched to tears and said, “Good luck in the future and greetings to The LP-Foundation”. Then he went out, but he has never forgotten this, and the social counselor never forgets.

During the pilot investigation two years earlier, Iris had shown pictures from the time before she came to The LP-Foundation. It was hard to believe that it was the same person. The selected interviewees show the significance of, and potential support from spiritual experiences, which demonstrates that this might be a coping potential. This may be realized by the possibility of experiencing spiritual transcendence, which might in turn allow the possibility of coming in touch with the person’s curative sources. The participants communicated that an affectionate atmosphere was important in precipitating spiritual experiences.

12. Discussion

The interviewees’ descriptions reveal the significance of the spiritual dimension in therapy (Borgen, 1994; Frankl, 1947/1993; Jung, 1952; Piedmont, 2004) by eliciting liberating turning points (Borgen, 2013), when “something breaks up from the depths” (Frankl, 1987, p. 78). This was followed by

liberation from serious drug addiction (alcohol and narcotics) and also other mental disorders. During the treatment, transformative experiences (Borgen, 2016) had been elicited, and they had found new meaning in life, what Frankl (1947/1993, 1969/1994, 1987) emphasized as the central human driving force, and accordingly what Tillich (1959/1970) described as *ultimate concern*. The participants' descriptions, especially Iris' narrative, are also in accordance with Jung's postulate of the spiritual and religious need inborn as a highly important drive in the human psyche (Jacobi, 1951). They had experienced liberation from previous extremely destructive life situations. The findings accord with Frankl's (1987) claim that it is primarily the spiritual person who creates the unity and wholeness of the human being. In other words, the spiritual dimension may be of central importance in counseling and therapy.

A central phenomenon, mediated in the LP-Foundation, was the combination of the two phenomena spirituality and religiosity. The participants described the experience of this combination to be an opportunity to discover, what they conceptualized to be "a spiritual way" in the transformation processes during their recovery. This is notably revealed by the selected interviewees. In the present article, it is a central topic to give information about the interviewees' description of this consubstantial phenomenon, which for most of the participants contributed to elicit thoroughly transformation and liberation from drug addiction and other serious disorders described in central the studies (Borgen, 1994, 2013, 2018).

Benita and *Birgitta* had both been in great trouble and emergency, including serious drug addiction, before they came to The LP-Foundation. Both experienced a spiritual power that drew them to liberation. They had learned to listen to "the sense of the heart" (Pascal, 1670/1967).

Benedicte experienced a thorough transformation in connection with her encounter with the affectionate and inclusive environment. She was not only surprised about the new positive impressions she got in the meeting with fellow human beings, but she was also surprised about the change in her own behavior. She experienced a change of *values and meaning* (Borgen, 2005; Frankl, 1969/1994) when she delivered the drugs to the nurse. Drugs had been a central craving in her earlier drug addict life. Now she delivered the tablets and was astonished over her own unexpected action. In this situation, *Benedicte* experienced cognitive dissonance (Hilgard & Atkinson, 1967), which may predispose one for change. This was, for her, one more new and contrasting encounter between the two cultures, the "drug addiction culture" and "the culture of the new life." Her intuition in this new situation evoked her to be honest and she delivered the drugs. She experienced a shift of meaning (Frankl, 1969/1994) when she voluntarily delivered the drug tablets to the nurse. This she understood as a *spiritual actualizing* Tillich (1959/1970) that inspired her to be honest.

Daniel had experienced demanding conflicts with the pastor in the congregation he belonged to, and later on he developed serious alcohol dependence followed by deep depressions. His struggle with his religious problem escalated and he did not get adequate treatment for these problems until he came to The LP-Foundation. Here the interdisciplinary treatment team had the competence to deal with his genuine religious longing and his mental problems, including his alcohol addiction. *Daniel's* musical activities were restored. It was interesting to become aware of *Daniel's* reflections on music, which corresponds with Menuhin's, described in the book (Menuhin & Davis, 1980) and conveyed in the paragraph *Spiritual transcendence* in the present article. *Daniel* claimed that he believed that there must be something in humans when it concerns music and religiousness, which are cognate, and this might be an experience of spiritual transcendence (Piedmont, 2004). He was interviewed shortly before he was to leave the treatment home. At that time, he was a happy, humorous, and active person who was welcomed back to his previous job. It has been impressive to experience how *Daniel* actualized his sober and active life the following years.

Iris had, besides a traumatic upbringing as a child, as an adult been confronted with the lack of the possibility of including the religious/spiritual dimension in health care (cf. Torskenæs, 2017). This happened when she came into contact with the hospital after having developed serious

mental disorders, including drug addiction. Iris described her initial experience with the hospital. Here the therapists had displayed their lack of understanding of Iris' religious longing in her endeavor to cope with her serious mental problems (cf. Duckham & Greenfield, 2009; Koenig, 2012; Torskenæs, 2017). A "happy ending" was realized when she met her previous therapeutic team after half a year in treatment at The LP-Foundation. In the meeting, the consequences of this treatment were revealed. This opportunity she had accidentally found herself. Hopefully, the hospital treatment team's new information from the encounter with Iris was followed up by greater openness to the religious/spiritual dimension as representing a potential life force in therapeutic processes.

The study reveals that spirituality included in an individual's mental transcending experience (Borgen, 2018) may be a potential for creative cognition and actions. In this way, it can be a coping resource in mental problem solving. In the endeavor to find "new mooring posts in life" (May, 1975/1994, p. 120), the whole person must be engaged, as was the case for the interviewees represented in the article. In serious crises, it is generally an advantage to be in contact with compassionate fellow human beings, which may contribute to the emergence of the individual's potentialities that may emerge in a "present moment" (Stern, 2004, p. xi).

A common utterance from the participants was that it was important to move the faith from the head to the heart (Pascal, 1670/1967). By that they meant that the faith encompasses the totality of the person; spirituality, love, compassion, engagement, all evolving from the mental center of the individual. Birgitta recounted how she experienced that the Lord came deep into her heart and "pushed away all that should not be there" and Benedicte recounted about her experience of "the Spirit of God." For the participants, the belief in God became a significant opportunity to come into contact with life-promoting processes. "God is love" was a common utterance, and Jesus was described as a friend, even "the best friend".

This present study reveals that spiritual experiences may elicit expanding life potentials and in that way contribute to individuals' relief from serious mental problems, including drug addiction. Participating in creative activities, potentially including the spiritual dimension, might elicit transformational turning points (Borgen, 2013). This may allow an individual to come in touch with "the genuine self" (Dabrowski et al., 1970), what Jung (1952) and Stern (2004) conceptualize as "self", and with the *creative self-therapeutic resources* conceptualized by Antonovsky (1987) as *salutogenic*.

The treatment in The LP-Foundation had central qualities and foci in the treatment that are in accordance with *existential therapy*, which is represented by, among others, Paul Tillich, Rollo May and also influenced by Victor Frankl's logotherapy. These are referred to in the present article. On the Internet presentation of the practice in existential therapy, the central topics in the therapy are described to be: "Fostering creativity, love, authenticity, and free will are common avenues that help move you toward transformation" (Psychology today, 2019). This is in accordance with the treatment content in The LP-Foundation, but probably there is not the same valuing of the spiritual dimension in the two treatment models.

In situations with serious life problems, as the participants in this study had experienced, spiritual experiences may in a special way expand mental borders, inviting an opening for new problem-solving potentialities. This opportunity may elicit transformative experiences, which can be actualized in connection with immanent experienced situations and, as this study confirms, in connection with transcending experiences. "It is the capacity to 'dream dreams and see visions'" as May (1975/1994, p. 120) claimed, which may actualize love, hope, security, compassion, trust, acceptance, and optimism (Borgen, 2005). The importance of spirituality as a coping potential in the endeavor "to comprehend the seemingly incomprehensible and to manage the seemingly unmanageable" (Pargament, 2011, p. 3), is demonstrated by the participants.—*When need was greatest, help was closest.*

13. Conclusion

Stimulating the person's potential for spiritual experiences has been shown to be a possible applicable focus in therapy. This may be a significant creative contribution in the process of liberation. The participants in the study described how spirituality could be a potential for creative cognition and actions. In this way, it could be a coping resource in their liberation processes. In situations with serious life problems, as the participants in this study had experienced, spiritual experiences may in a special way expand mental borders, inviting an opening for new problem-solving potentialities. This opportunity may elicit transformative experiences, which can be actualized in connection with imminent experienced situations and, as this study confirms, in connection with transcending experiences.

The central purpose in this elaboration is to present the findings in a way that they may give transferable knowledge to other treatment contexts, which potentially may expand the treatment model, and possibly improve the results. The interviewees' experiences confirm the possibility of the spiritual dimension to eliciting transformative existential experiences, and thereby potentially to be a significant contribution in therapy. This should be an encouragement to conduct further studies showing the significance of the spiritual dimension in therapy generally.

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Author details

Berit Borgen
E-mail: borgen.berit@gmail.com
Psychological Pedagogic Development Centre, Bergen, Norway.

Correction

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