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The Only Way Out Is Through: The Peril of Spiritual Bypass

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Abstract:

Given the increased attention to spirituality in the counseling literature, with a primary emphasis on helping clients find their spiritual path, it is important for counselors to be aware of one potential pitfall of the spiritual path, namely spiritual bypass. Spiritual bypass occurs when clients seek to use their spiritual beliefs, practices, and experiences to avoid genuine contact with their psychological "unfinished business." The purpose of this article is to define spiritual bypass, discuss the necessity of healing at the cognitive, emotional, and physical levels, as well as at the spiritual level for holistic wellness, and provide examples of clients in spiritual bypass.

Article:

> *Involvement in spiritual teachings and practices can become a way to rationalize and reinforce old defenses. . . . Many of the "perils of the path" . . . result from trying to use spirituality to shore up developmental deficiencies.*
> —John Welwood (2000, p. 12)

The majority of persons in the United States consider themselves to be religious or spiritual persons. Researchers report that 96% of individuals living in the United States believe in God; more than 90% pray; 69% are church members; and 43% have attended church, synagogue, or temple within the past 7 days (Princeton Religion Research Center, 2000). Furthermore, it is important to keep in mind that these statistics cover only one spiritual practice (prayer) and religious affiliation and participation. That is, this statistic does not begin to count those persons for whom the primary expression of their spirituality occurs outside of the context of organized religion. For many, spiritual practices such as centering prayer, yoga, and meditation are either private spiritual practices or practices that occur within a nonreligious community. The United States is, in fact, largely a country of spiritual seekers (Welwood, 2003).

A logical extension of this fact is that many clients will seek counseling with a willingness, if not an openness and readiness, to consider their spirituality as one aspect of their development and culture. In many cases, to ignore this aspect is to ignore a major facet of the client's life. In fact, some models of wellness have suggested that spiritual wellness is at the core of overall wellness (Chandler, Holden, & Kolander, 1992; Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). Furthermore, many have suggested that spiritual wellness is indivisible from all other wellness domains (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988; Hill et al., 2000; LaPierre, 1994; Maslow, 1971; Piedmont, 1999; Smith, 1995; Sweeney & Myers, 2005).

Concomitantly, mental health professionals are paying more attention to the spiritual lives of clients (Cashwell & Young, 2005). With close attention to assessment that is sensitive to the client's spiritual or religious culture (Harper & Gill, 2005), counselors increasingly are able to integrate the client's spiritual beliefs, practices, and experiences, both within the counseling sessions and as an adjunct to talk therapy (Basham & O'Connor, 2005). Although the growth in scholarly attention to spirituality in the counseling process is timely and important, there is a risk inherent in this movement, namely that scholars will create a type of universality myth (Kiesler,

1966)—that all clients will benefit from the integration of spirituality into the counseling process. Some clients, however, may enter the counseling process in a developmental stage of spiritual bypass (Welwood, 2000). Often, such clients will be attracted to counselors who incorporate spirituality and religion into their practice. Moreover, in a well-intentioned but misguided effort to integrate spirituality into the counseling process, counselors may encourage such bypass by attending primarily to spiritual issues rather than helping the client work more holistically to integrate spirituality with work at the emotional, cognitive, physical, and interpersonal levels. The purpose of this article is to define spiritual bypass; discuss the importance of a holistic approach to counseling that incorporates mind, body, spirit, and emotions; and provide case examples of clients in spiritual bypass.

Spirituality and Spiritual Bypass Defined

Spirituality refers to an individual journey and, as such, a global definition is difficult. Spirituality includes convictions about the reality of the transcendent and requires some type of disciplined spiritual practice to serve as a channel for inner transformation. Moreover, the authors agree with Teasdale's (1999) view:

Spirituality is a way of life that affects and includes every moment of existence. It is at once a contemplative attitude, a disposition to a life of depth, and the search for ultimate meaning, direction, and belonging.... Spirituality draws us into the depths of our being, where we come face to face with ourselves, our weaknesses, and with ultimate mystery. Many understandably prefer to avoid this frightening prospect. (pp. 17-18)

Spiritual bypass occurs when a person attempts to heal psychological wounds at the spiritual level only and avoids the important (albeit often difficult and painful) work at the other levels, including the cognitive, physical, emotional, and interpersonal. When this occurs, spiritual practice is not integrated into the practical realm of the psyche and, as a result, personal development is less sophisticated than the spiritual practice (Welwood, 2000). Although researchers have not yet determined the prevalence of spiritual bypass, it is considered to be a common problem among those pursuing a spiritual path (Cashwell, Myers, & Shurts, 2004; Welwood, 1983). Common problems emerging from spiritual bypass include compulsive goodness, repression of undesirable or painful emotions, spiritual narcissism, extreme external locus of control, spiritual obsession or addiction, blind faith in charismatic leaders, abdication of personal responsibility, and social isolation (Cashwell, 2005; Cashwell & Rayle, in press).

Ultimately, bypass jeopardizes long-term spiritual wellness because it renders the process of spiritual development incomplete. Unresolved issues at the mind, body, interpersonal, and emotional levels can result in spiritual distress and clinically significant religious and spiritual impairment (Hill & Kilian, 2003; Smith, 1995). The result is more likely to be a breakdown than a breakthrough, disaster rather than transcendence (Wilber, 2000). A healthy spiritual life fosters positive development in other areas (cognitive, emotional, physical, and interpersonal). Smith suggested that spiritual striving can be considered the quest to integrate the individual human nature with the transcendence of the self. That is, spirituality is not turning away from the essential natures of humans; rather, it is embracing and transforming their authentic selves (Lesser, 1999). To explain this notion further, we present a brief model of holistic healing.

Healing at Five Levels

The words *healing*, *whole*, and *holy* all derive from the Old English *hal* and the Greek *holos*, suggesting that what is holy or spiritual is intimately connected to our health and wellness. Although much has been written of the *mindbody* or of the *mind-body-spirit* connection, these models fail to take into account the important influences of emotions and interpersonal behavior. The model of healing discussed here, then, suggests that to be whole, healed, and holy, the healing work occurs at the spiritual, cognitive, emotional, interpersonal, and physical levels, with any one domain receiving priority at any given time as circumstances dictate. In other words, God (or the higher self) cannot fully exist amidst a sea of self-critical transparent beliefs, repressed emotion, or unhealthy community with others. It is only through the transformation of these beliefs, emotions, and unhealthy interpersonal behaviors that spirit—humans' true selves—can be uncovered and flourish.

This idea that spirit is at the core of our existence has led various scholars to posit that spirituality is the core of wellness and is inseparable from all other aspects of wellness (Chandler et al., 1992; Myers et al., 2000; Sweeney & Myers, 2005; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). Hillman (1996) likened this essential core to the essence of the mighty oak that lives in the acorn. According to Hillman, all humans, like the acorn, have a mighty oak spirit inside that yearns to grow and strive—to manifest our full human potential. Unfortunately for humans, this spiritual essence often becomes obscured with emotional, mental, interpersonal, and physical struggles that accumulate across the lifespan. When this occurs, people begin to identify with their acorn qualities rather than their mighty oak qualities. The work of spiritual healing and growth includes the clearing of these obscurities to reveal and connect with the true and transcendent self. To follow the acorn analogy, the constricting shell must first be opened for the mighty oak to emerge.

If *trauma* is defined broadly as any experience that occasions either physical or psychological pain and leads to the evolution of organizing beliefs (Sullivan, 1968), all people experience trauma in their developmental trajectory. As Sullivan discussed, this is not intended to minimize the trauma experienced by those who suffer severe childhood abuse and neglect. Rather, it captures the normalcy of the struggle to become an authentic adult. These early negative experiences with parents, family members, other significant adults, and other children create a disconnect from spirit—or the true self. This disconnect might best be illustrated with the image of a flickering light; that is, a disconnect occurs when the connection with the higher self is momentarily broken (Carol Lampman, personal communication, April 2004). Repetitive trauma without corrective experiences may result in wounding at key levels of human functioning (spiritual, cognitive, emotional, physical, and interpersonal behaviors). For example, a child who is verbally abused repeatedly may begin to repress emotions (or "numb out") to avoid the emotional pain. Over time, such trauma leads to negative self-talk (e.g., "I am unlovable" or "I don't deserve for good things to happen to me"). Over time, this self-talk may become a transparent belief (i.e., the person may not consciously realize that this is a core organizing belief). If not addressed, such issues may become held, or somaticized, in the body. To uncover the spiritual core—a person's true nature—work occurs at the mental, physical, emotional, and interpersonal levels, as well as at the spiritual. This process helps to clear away the psychological barriers that block authentic existence.

Yogic tradition provides another concrete example of this cleansing process. The physical practices in yoga were traditionally designed to quiet the gross noise in the body (including muscle tension, achy joints, and shallow breathing), a process often called armoring (Lowen, 1994), as well as that in the mind (distracting thoughts and disturbing emotions), so the individual can then sit for long periods of time in deep states of meditation. The tradition holds that the entire human system is connected. Therefore, working with the body in physical postures helps to release and clear out emotional, mental, and physical trauma that can become stored in the body, which, over time, can result in somatic complaints. With consistent practice, the person is able to further quiet the chatter of the body, mind, and emotions. Cleaning out the gross noise in this way allows the individual to experience the more subtle and profound messages of wholeness and connectedness that were previously hidden from awareness, and, ultimately, connect with the true self (Cope, 1999; Feuerstein, 1998; Rama, Ballentine, & Ajaya, 1976). Working with the physical and mental yogic practices can provide a release for emotions as well as a gateway into understanding the mental processes that perpetuate the physical armoring.

This process of cleansing the body in preparation for deeper spiritual practice illustrates the importance of working with the whole system rather than skipping directly to spiritual work. The emotional, cognitive, and physical noise of past experiences interferes with the ability to be quiet and listen to one's spirit and to integrate the messages received from the spirit into one's daily life.

This concept of healing at all levels is not new. Eastern practices have incorporated this holistic perspective into their healing models for centuries (Chan, Ho, & Chow, 2001; Sinnott, 2001). In traditions such as Buddhism, Taoism, and Chinese medicine, health is seen as a harmonious balance between mind, body, emotion, and spirit that is lived out in interpersonal relationships. The interdependence of each domain is a given, and health and maturity are viewed as the natural results of integrating the mind, body, spirit, and emotions, as well as living in

healthy community with others. These traditions operate under the assumption that if one area is suffering, the others suffer as well. Research is beginning to bear this out, suggesting what Eastern healers have known for centuries—that mind, body, spirit, relationships, and emotions are interconnected and synergistic (Chan et al., 2001; Latorre, 2000; Sinnott, 2001; Sperry, 1992). The emerging field of psychoneuroimmunology is showing that a positive change in one area affects change in another (Sperry, 1992). The reverse is also true—a blockage in one area blocks growth in other areas.

In contrast, Western healing practices have historically fragmented the individual into separate parts, with specialists being responsible for each area. Psychotherapists attend to the emotions and mind. Physicians attend to the body, and religious leaders attend to the soul. Sinnott (2001) suggested that Westerners are tired of this model and are ready to "put it all together" (p. 241). Although many Western healers have approached the individual from a fragmented perspective, humanistic and transpersonal theorists and theologians share the view that healing and growth require an integration of both soul and psyche.

Ultimately, spirituality is about seeing the truth and using that knowledge to transform who humans are and how they exist in the world. This results in personal transformation that is then integrated into the practical realm of the psyche. LaPierre (1994) identified personal transformation as one of six components of spirituality. Elkins et al. (1988) stated that a spiritual person is one "whose spirituality has borne fruit in his or her life" (p. 12). The process is one of both transcending and including the self (Wilber, 2000) so that "individuals may not only survive but thrive" (Piedmont, 1999, p. 1010). Maslow (1971), who is considered the founder of transpersonal theory, conceptualized this process as self-actualization and believed that this movement toward integration of the spiritual or the transcendent with individuals' humanness was an innate desire.

Spiritual well-being occurs when the longing to realize one's individual nature meets in a meaningful way with the longing to connect to something larger than the self (Welwood, 1983). Spiritual distress results when the individual fails to integrate these two aspects of human nature self and self-transcendence (Smith, 1995)—and ground this experience in the realities of daily life. Spiritual consciousness and awareness, then, has value only to the extent that it is embodied in daily existence, or, as Smith (2000) asserted, altered states are of value only if they lead to altered traits. This implies that movement toward healing and wholeness requires attention not only to spiritual truths but also to individual truths, including individual cognitions, emotions, interpersonal relationships, and body armoring. Therefore, the healing process involves deep work to see the truth of what is at each of these levels.

This more meaningful processing at all levels results in spiritual maturity. When a person is psychologically and spiritually mature, there exists within him or her a groundedness and unitedness that is apparent to others (Teasdale, 1999). Although historical teachers such as Jesus and the Buddha are good examples of fully self-actualized, and psychologically and spiritually mature individuals, many people in everyday society also exhibit the characteristics of spiritual maturity. From this place of groundedness, such individuals radiate unconditional love and relatedness as well as the ability to be in solitude (DeHoff, 1998). They exude freedom and fearlessness (Lesser, 1999). When people work through or clean out the psychological wounds that conceal their true natures, they are then able to connect with others without projecting onto others. By taking personal responsibility for healing at all levels, each person can create more psychological space for the sacred in their lives.

Case Studies

When people attempt to resolve a spiritual emergency at the spiritual level only, theoretically engaging in spiritual bypass, they are unlikely to sustain lasting change (Welwood, 2000). Following are case examples of people who initially pursued healing at a spiritual level only.

Martha

Martha was a 50-year-old woman who presented in counseling with chronic migraines and a general dissatisfaction with life, particularly because she worked about 80 hours each week juggling a professional

career, extensive involvement and leadership in her faith community, and being a single parent of two teenagers. Over time, as her story unfolded, Martha related a childhood history of extremely high expectations from her mother, who communicated high expectations and voiced displeasure at any semblance of "failure" from Martha. This "be perfect" script was internalized by Martha over time and caused her to disconnect from her higher self, which she replaced with an overachieving and perfectionist persona. That is, she created a transparent belief that she had to always be high achieving and perfect in all that she did; otherwise, she was a failure. This was a transparent belief because until her counseling work, Martha was not conscious of this cognitive schema. Further, Martha's mother communicated that being perfect meant always being happy and never expressing anger, sadness, or fear. Predictably, Martha had a difficult time as an adult expressing her emotions. As she became increasingly aware of the parental messages that she had internalized, Martha began to experience intense anger and sadness, but she struggled to find expression for her emotions because of the strength of the internalized "don't feel" messages she had received during childhood. Furthermore, it is possible that Martha's chronic migraine headaches were, at least in part, a physical manifestation of her unresolved spiritual, cognitive, and emotional issues.

Prior to her counseling with the first author, Martha had been seeing her pastor for counseling. His well-intentioned interventions, based on Martha's report, were to listen to her stories of how stressful her life was and encourage her to pray, using centering prayer as a method of relaxation. Also, the minister encouraged Martha to forgive her mother "because this happened so long ago." Because Martha had a strong religious background, the interventions were logical and comfortable for her. When this intervention was not effective, Martha felt stress that she was not good enough at her centering prayer and that she would not be healed because her faith was lacking. Furthermore, she stated that she felt hopeless because she was unable to truly feel forgiveness toward her mother.

The case of Martha illustrates the potential to prematurely seek a spiritual resolution for a problem that is multifaceted and requires healing at multiple levels, thereby engaging in spiritual bypass. The work of the minister illustrates how a well-intentioned psycho-spiritual intervention can have iatrogenic effects when it is based on an incomplete assessment and a failure to consider issues holistically. The difficult work of exposing and challenging transparent beliefs and of fully experiencing and expressing previously repressed emotions (resulting in the physical discharge of that repressed energy) is a painful process. In Martha's case, it was essential to her healing. Over time, Martha was able to become more conscious of her transparent beliefs and looked for occasions to actively challenge them through cognitive restructuring and corrective interpersonal experiences. Much more difficult for her, however, was the affective component to her work. Although Martha intellectually understood that she was repressing strong emotions, she terminated about 4 months later, never having fully found expression for these emotions.

Paul

Paul was 59 years old when he first attended counseling with the second author. His bright blue eyes reflected years of torment, guilt, and regret. As he relayed his story of trauma and pain to the counselor, tears rolled down his face. Now, at almost 60 years old, he was the father of a newborn son, his first child. This bright new life awakened in Paul a desire to heal from the pain and mistakes of his past. He desperately wanted to provide a stable and loving environment for his son.

As the son of a farmer, Paul had grown up hard and fast. He suffered greatly at the hands of his father, who physically and emotionally abused Paul on a regular basis. Early in life, Paul concluded that his only worth came from protecting others from the aggression of his father. He learned to cope with his intense feelings of outrage, abandonment, and worthlessness by numbing out, as he described it. At the age of 18, Paul enlisted in the U.S. Army and was sent to serve in the Vietnam War. There he saw brutality on a large scale, the horrors of which still haunted him at age 59. While in the army, he turned to drinking and using drugs to cope, and he ultimately received a dishonorable discharge. For years afterward, he floated from job to job, struggling with alcohol and drugs and the raging anger inside of him.

At age 47, Paul found some peace in Alcoholics Anonymous (AA). He was tired of using and abusing drugs and turned his life over to his higher power. Unfortunately, the work stopped there. Although Paul no longer drank or used drugs, he still carried with him the emotional scars from childhood. He tried to quiet the storm through prayer and fellowship with others in recovery, but the emotions would not be quelled. He found himself lashing out at friends, co-workers, and himself. The problem was compounded by Paul's view that these emotional outbursts were signs that he did not have enough faith in his Higher Power. He psychologically beat himself up even more.

Paul's work in counseling involved healing at all levels. Over the years, his body had become numb to feeling. He was unable to tell when he was becoming angry, because he could not feel anything in his body. Therefore, he felt that his anger had total control over him. As he began to pay more attention to the messages from his body, he began to see that he actually did have some control over his emotions and his actions. He learned that by paying attention to tension and tightness in his body, he could anticipate the rising anger more quickly and leave the situation before he started fighting. Cognitively, Paul had a number of scripts from childhood about how he was supposed to be in the world and how others were supposed to treat him: "Others will hurt me" and "I am worthless" were the most prominent scripts. These were played out on a daily basis. By bringing those scripts into awareness, Paul was able to challenge those thoughts and rewrite the script of his life. Paul's counselor used a number of healing modalities to help Paul get in touch with his buried emotions, teaching him that he could be present for the pain and not be overwhelmed by it. This was difficult work, and the grounding that Paul acquired in AA helped him stay with the process when he felt like giving up.

By clearing out the physical, cognitive, and emotional debris, Paul began to see more clearly the light deep inside himself. His relationship to the pain and mistakes of his past was transformed. As he stated, "My past makes me no less a child of God." Rather, he came to realize that his past made him more human and worthy of compassion. He was both human and spirit. Paul's case illustrates the very common practice of turning to spiritual beliefs and practices in an effort to heal from deep wounding. In Paul's case, however, working at the spiritual level only resulted in spiritual bypass and, accordingly, undesirable results. At the same time, his spiritual home in AA provided a base from which to explore the other areas of his life. If he had entered counseling without this grounding, it is likely that he would have dropped out of counseling when the work became difficult and unpleasant. That is, the spiritual work was vital to Paul's healing; it simply was not the sum total of the work.

Conclusion

In earlier years of the counseling profession, many counselors failed to address the spiritual lives of clients at all. The potential of fragmenting in the opposite direction exists, however, if counselors develop a tendency to overfocus on spirituality and, in so doing, facilitate client avoidance of work at all levels. These parts are separate yet indivisible. They are interdependent. A move to include spirituality in counseling means that counselors do more—not less—in their interventions with clients. Dealing effectively with the spiritual provides new ways of connecting with clients and helping them to heal.

Counselors working through clients' religious and spiritual issues have a responsibility to ensure that clients are receiving competent care. The maxim "Do no harm" may apply when counselors are approached by clients in spiritual bypass who want to avoid the often difficult work of integrated healing at all levels by focusing solely on work at the spiritual level. Helping to increase client awareness of the pitfalls of spiritual bypass and helping clients to process in a more holistic and integrated manner toward healing is a vital part of competent counseling services.

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