

# Spiritual care in art therapy: What happens when the therapist and client are of different religions?

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## Abstract

The aim of this research project was to examine whether a participant's religious/spiritual needs can be fulfilled if these beliefs are different to those of the art therapist. The research method used was the heuristic process of inquiry, which is in essence an internal search, documenting one's personal experience with a phenomenon (Moustakas, 1990). The research inquiry explored whether a Buddhist participant could find spiritual support participating in a Christian contemplative art group. The members of the group, including the facilitating art therapist, were Christian. Christian scriptures and concepts influenced the prayers, meditations and art directives.

Five factors the author identified as being successful components that enabled their spiritual needs to be met included: use of techniques and art therapy interventions that were universal (not specific to one religion); maintaining an openness to different religious beliefs; focusing on desires and fears common to humanity; use of two techniques – witnessing and spiritual conversation; as well as the combination of contemplative studies, mindfulness and art therapy.

## Keywords

Spirituality, religion, art therapy, Christian, Buddhist, contemplative studies, sensorimotor art therapy

*I acknowledge the traditional custodians of the land, on which I stand and pay my respect to their elders, both past and present.*

## Introduction

Healthcare providers and allied health professionals have come to realise that a holistic approach to health care is considerably beneficial to the client's well-being (Yang et al., 2015). A holistic approach to health is defined as attending to all four quadrants of functioning: physical body, intellectual (brain/mind), emotional and spiritual. The spiritual aspect includes life purpose, understanding of self and transcendence (Davis, 2016). During the past 30 years, researchers have been examining the impact of spirituality on health and well-being (Kreitzer et al., 2009).

Research studies show that the benefits of considering a person's spiritual needs are: improved ability to receive medical treatment; assistance in recovery of illness; improved quality of life; reduced chance of relapse; and psychological support for those transitioning

into palliative care (Chidarikirie, 2012). Koepfer (2011), a paediatric art therapist, found that attending to children's spiritual needs is vital to their perception of feeling understood, accepted, safe and, consequently, their ability to heal. Wilding et al. (2005) found that attending to a person's spiritual needs enabled them to cope better with their mental illness, and discover greater meaning and life purpose, to the extent that it could prevent suicide. Spirituality forms part of our relationship with life and how well we live our life, and it helps people answer existential questions.

However, less than 30% of psychologists discuss spirituality with their clients (Vieten et al., 2013). This is due to a number of reasons: lack of training, lack of time, fear of conflict in religious/spiritual beliefs and compassion fatigue (Broom et al., 2013; Smith & Gordon, 2009; Yang et al., 2015). Adding to the complexity of the neglected dimension of spirituality in health care is the difficulty researchers have experienced trying to measure spirituality (Fetzer Institute and National Institute on Aging Working Group, 2003; Lun et al., 2013). Clarke and Primo propose: "The test of a map lies not in arbitrarily checking random points but in whether people find it useful to get somewhere" (quoted in Kapitan, 2012, p.9).

Even though the research and development of procedures to incorporate spiritual care are ongoing, researchers have suggested that a spiritual assessment (i.e., the FACT or the HOPE Spiritual Assessment Tool) be employed, especially in areas such as palliative care, as it is "inexpensive and unlikely to cause harm" (Yang et al., 2015, p.235).

Bell (2011), Smith and Gordon (2009), and Krietzer et al. (2009) suggest identifying and working with common language, concepts and desires. Perhaps this could decrease the therapist's resistance to addressing the client's spiritual well-being and assist any clients experiencing confusion or spiritual concerns. Universal challenges include:

- lacking hope, purpose and meaning (Hefti, 2011);
- coping and adjusting to change / loss (Hefti, 2011);
- being comforted by another in times of distress (Yang et al., 2015);
- lack of trust, acceptance, serenity (Kreitner, 2009);
- lack of peace (Austin & MacLeod, 2017); and
- preparing for death (Bell, 2011).

Art therapy, contemplative studies and mindfulness are approaches that could be well-suited to addressing the above, as they focus on the present moment as well as the individual's values, beliefs and experience.

This article focuses on spirituality in art therapy and, in particular, how a client's spiritual needs might be addressed and supported through art therapy. It examines why spirituality might be avoided by art therapists and how this can be overcome. It also explores the challenges that an art therapist might face when a client is of a different religion to them. To

experience first-hand these challenges, the art therapist author participated in a Christian contemplative art group (CCAG) where she was the only non-Christian.

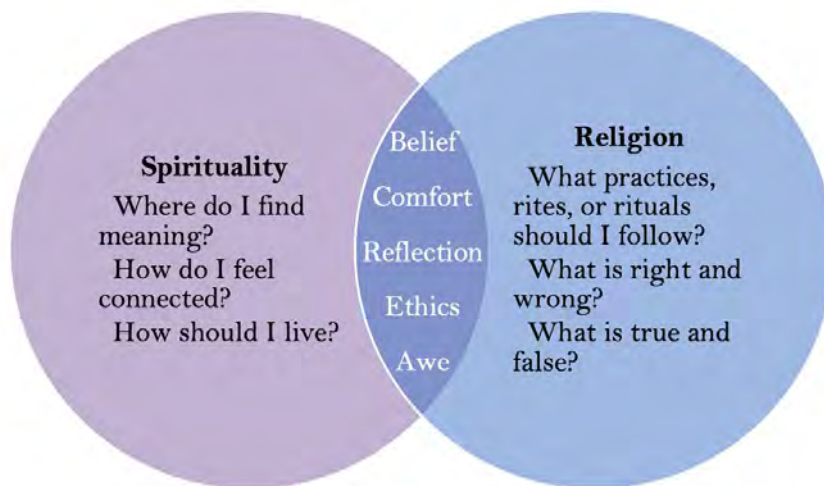
## What is the difference between religion and spirituality?

The terms ‘religion’ and ‘spirituality’ are often used interchangeably and are combined in the literature with the acronym ‘R/S’. However, they have separate definitions and although people who are religious will usually identify as being spiritual, people can often identify as being spiritual but not religious. A national survey found more Australians identify as being spiritual than religious (Powell & Jacka, 2021).

Religion commonly refers to an organised system of worship and doctrine shared with a group. Often religions rely on the belief in a god or gods, or follow the teachings of a prophet, but not always. Many religions will have one main text as the source of their teachings, e.g., the Bible, Quran, Vedas, etc. The four main religions, with which 77% of the world’s population identifies are Christianity, Islam, Hinduism and Buddhism. Religious practices include rituals, sermons, worshipping god/s or saints, chanting, prayer, meditation, pilgrimage, etc. These practices are carried out with the intention of deepening one’s understanding of the religion. Religions are often seen as having two functions: a sociological function – to guide a person in their obligations towards others (family, neighbours, rulers and even towards God); and a philosophical function – to understand one’s relationship with transcendental or spiritual forces beyond the material world (“Religion,” n.d.).

The word “spiritual” originated in Christianity and referred to that which is transcendent, not worldly, nor of the flesh. It is often associated with acknowledgement of another dimension and/or higher power.[1] Those who refer to themselves as spiritual are often searching for greater meaning in life and are self-reflective as opposed to having an unexamined life (Sheldrake, 2012). Spirituality is often seen as beliefs and practices an individual has selected, whereas religion encompasses a set of organised practices belonging to a group of people. Spirituality can align with contemporary world views, whereas religion is steeped in tradition.

A religion will state very clearly who is to be worshipped, while gods or prophets of other religions are irrelevant. A person who is not religious but on a spiritual path, however, may follow the teachings of several religions, combining those beliefs and practices into a unique set of beliefs that suits them best. The diagram below displays some of the differences and overlaps between spiritual and religious questioning (Chan et al., 2019).



This research focuses more on spirituality than on religion, to step away from the entanglement of comparing religions. Rather, it is an inquiry into the researcher’s spiritual beliefs and fulfillment of spiritual needs. The line of questioning for this research naturally aligned with the questions listed in the Venn diagram above under the “Spirituality” heading.

### Spirituality – open to interpretation

Spiritual beliefs are often derived from religious beliefs and with more than 10,000 recognised religions and faith groups in the world, it’s understandable why it’s difficult to define spirituality. Some people may not be too concerned with spirituality, believing the spiritual dimension to be a realm reached after we die. Others believe spirituality to be an everyday connection they have with the land on which they stand or connection to a higher power, e.g., God/Universal energy, while another’s spiritual journey might focus on mastering inner peace and wisdom. Generally, spirituality could be seen as a set of values and beliefs that makes a person’s life more meaningful, guiding their actions and providing peace within themselves and relationships beyond themselves (“Spirituality,” n.d.). Given there is a wide variety of beliefs, I feel it is important to accept that each individual decides what spirituality means for them.

What also varies from person to person is whether spirituality makes up a large component of their life, a small component, or has no bearing at all on how they live their life. For the people who regard spirituality as an important aspect of their life, providing them with guidance and meaning, you would expect that during their time in therapy, their spiritual beliefs, concerns and needs would arise and require attention, in order for their whole well-being to be considered.

### Spirituality in health care

The World Health Organization’s people-centred approach to health care encourages health practitioners to be compassionate, holistic and able to address the spiritual needs of people accessing health services (World Health Organization, 2007). Spirituality may include

notions of life purpose, transcendence, understanding of self, God/gods, and spirit (Davis, 2016).

A person is said to have positive religious/spiritual coping if their religious/spiritual beliefs are seen to have a positive influence on their life. For example, positive religious/spiritual beliefs encourage a healthy lifestyle (limited alcohol consumption, no gambling or promiscuous sexual activity), which in turn leads to good physical and mental well-being (Holt et al., 2014). Research has revealed that those with positive religious/spiritual beliefs tend to have a good support network within their community, better coping skills, and greater levels of tolerance, patience, self-discipline and self-esteem (Moreira-Almeida, 2006). These are seen to have a positive impact on health and a person's ability to receive medical treatment (Lucchetti et al., 2021). However, the same person can experience negative effects due to their religious/spiritual beliefs (Ellison et al., 2009).

A recent systematic review found that positive religious/spiritual coping improved physical and mental health in clients with chronic illness, i.e., diabetes and cancer (Sarwoko et al., 2022). Similarly, the American Cancer Society also acknowledges the importance of attending to a client's sense of spirituality, as it has been shown to improve client attitudes to treatment, client adjustment and self-esteem, and has been linked to decreases in depression, anxiety, fear and guilt (Puig et al., 2006; Sarwoko et al., 2022).

Not surprisingly then, the research discovered most clients, regardless of their religion, prefer a therapist who can incorporate their religious/spiritual values into their therapy sessions (Oxhandler et al., 2021). A United States national survey regarding religion and spirituality in mental health treatment found the majority of clients mostly agreed with the following statements:

“A good therapist is sensitive to clients' religious/spiritual beliefs.” – 75% agreed

“I would be open to discussing my religious/spiritual beliefs in therapy.” – 71% agreed

“My religious/spiritual beliefs are important to me during difficult times.” – 65.9% agreed

“It is important for my therapist to know how to discuss my religion/spirituality in mental health therapy.” – 58.9% agreed

“Discussing religious beliefs in treatment improves mental health outcomes.” – 51.2% agreed

“The therapist should first ask about the client's religious/spiritual beliefs.” – 43.5% agreed

“The client should initiate discussion about religious/spiritual beliefs.” – 50.8% agreed

(Oxhandler et al., 2021, p.371)

It is important to note that in this study a larger percentage of clients agreed that discussing religious/spiritual beliefs should be initiated by the client, not the therapist. Furthermore, 22%

of clients in this study were glad that religious/spiritual beliefs were not a topic raised in their therapy session (Oxhandler et al., 2021).

## Negative religious beliefs

In the 19th and 20th centuries psychiatrists saw a correlation between religion and hysteria/neurosis. Consequently, it was decided that religion would not be part of the assessment during medical treatment (Lucchetti et al., 2021). However, in recent times, there has been a significant amount of research conducted and many instruments have been created for use in health research, to measure the impact of one's religion/spirituality on one's physical and mental health. For example, the Spiritual/Religious Coping Scale (SRCOPE), the Daily Spiritual Experiences Scales (DSES), and the Multidimensional Measurement of Religiousness/Spirituality. Current research reveals that having religious/spiritual beliefs usually improves one's physical and mental health, but also acknowledges there are instances where religious/spiritual beliefs can have a negative impact (Gellman & Turner, 2013, Koenig, 2009).

Negative religious beliefs result in decreased physical and mental well-being and include: feeling guilt or shame for not strictly following religious beliefs; believing illness is punishment for doing wrong; feeling abandoned by God; becoming less self-aware due to heavy reliance on a text. e.g., the Bible; and overthinking religious teachings, which results in a spiritual struggle with one's self or connection with God (Holt et al., 2014). Some religious beliefs may even create a conflict of beliefs within the healthcare setting and produce obstacles for a person who requires life-saving medical treatment, for example refusing a blood transfusion (Cordella, 2012).

However, negotiating medical treatment can be successful if the patient's well-being is prioritised, mutual respect is shown for each other's knowledge (the medical knowledge of the doctor and the religious knowledge of the patient/their religious representative), and information is adequately communicated (Cordella, 2012).

## Avoidance of spiritual care

Some researchers believe it is "unethical to avoid spirituality in health care" (Koepfer, 2011 p.189) urging health practitioners to understand clients' feelings and not just treat the disease or disorder (Broom et al., 2013). With less than a third of psychologists discussing spirituality with their clients (Vieten et al., 2013), Koepfer (2011) acknowledged that, similarly, art therapists also feel uncomfortable about spiritual care and hence avoid discussing their client's religious and spiritual concerns.

The researchers found that many health-care professionals, including art therapists, avoid addressing the spiritual concerns of their clients for a number of reasons, including:

- spirituality being viewed as a complex topic (Yang et al., 2015);
- spirituality being difficult to define and measure (Monod et al., 2011);

- the lack of training in addressing the spiritual concerns of a client (Yang et al., 2015);
- the therapist being unsure of their own spiritual beliefs and/or their client's spiritual beliefs (Chidarikire, 2012);
- feeling unsure of how much questioning is acceptable within the conversation of religion and spirituality (Chidarikire, 2012);
- feeling unsure about working within a medical model that does not include spiritual care (Koepfer, 2011); and
- lack of time; and/or emotional detachment, due to compassion fatigue (Broom et al., 2013; Smith & Gordon, 2009, Yang et al., 2015).

There are a variety of ways that spirituality can be acknowledged, included and even incorporated into a client's treatment plan. One way of doing this, the research suggests, is by conducting a spiritual assessment (Chidarikire, 2012).

## Opening the doors for spirituality in therapy

Yang et al. (2015) found that providing healthcare workers with as little as thirty minutes of training on conducting spiritual assessments led to clients reporting that they felt holistically cared for and that their quality of life improved. Additionally, Smith and Gordon (2009) found that the training increased the therapist's willingness to understand their own spiritual needs, as well as those belonging to others. Taking a spiritual history during assessment not only provides the client with the feeling that their entire needs are being considered, but it also helps the therapist understand how much influence spiritual beliefs have on the client's life. Some people may not be religious but may have spiritual questions that require attention, especially those struggling with grief, or chronic or terminal illness.

The Psychotherapy and Counselling Federation of Australia (PACFA) agree that spiritual and religious beliefs should be included as a standard component of client assessment (Kennedy et al., 2015). However, it agrees with the findings in the survey conducted by Oxhandler et al. (2012), that it should be first ascertained whether religion/spirituality are important to the client, before a spiritual assessment is conducted. Furthermore, if the client indicates that addressing religion/spirituality is of importance to them, there are therapeutic interventions proven to be effective (Kennedy et al., 2015).

## What does a spiritual assessment look like?

A spiritual assessment enquires into the client's needs, hopes and resources. Several spiritual-history assessment tools include: The Discipline (Art Lucas), A-SNAP (Larry Austin), SPIRIT Model (Maugan), 77 (Fitchett), FICA Model (Puchalski & Romer), Pruyser's Model, The HOPE Spiritual Assessment Tool (Anandarajah & Hight) and LaRocca-Pitts' (2009) FACT Spiritual History Tool, reproduced below. FACT (LaRocca-Pitts, 2009) enables the therapist to obtain clinically relevant information whilst maintaining clinical boundaries.

**FACT (LaRocca-Pitts)<sup>18</sup>**

- F Faith (or Beliefs):** What is your Faith or belief? Do you consider yourself a person of Faith or a spiritual person? What things do you believe that give your life meaning and purpose?
- A Active (or Available, Accessible, Applicable):** Are you currently Active in your faith community? Are you part of a religious or spiritual community? Is support for your faith Available to you? Do you have Access to what you need to Apply your faith (or your beliefs)? Is there a person or a group whose presence and support you value at a time like this?
- C Coping (or Comfort); Conflicts (or Concerns):** How are you Coping with your medical situation? Is your faith (your beliefs) helping you Cope? How is your faith (your beliefs) providing Comfort in light of your diagnosis? Do any of your religious beliefs or spiritual practices Conflict with medical treatment? Are there any particular Concerns you have for us as your medical team?
- T Treatment plan:** If patients are coping well, then either support and encourage or reassess at a later date as the situation changes. If patients are coping poorly, then
  1. Depending on relationship and similarity in faith/beliefs, provide direct intervention, e.g., spiritual counseling, prayer, Sacred Scripture.
  2. Encourage patients to address these concerns with their individual faith leaders.
  3. Make a referral to the hospital chaplain for further assessment.

A questionnaire such as the FACT makes it possible for a spiritual assessment to be conducted like an informal chat in 5–10 minutes. The FACT streamlines the process of including spiritual well-being during assessment, in a quick and easy manner, removing any ambiguity about how much or what to ask about their spirituality.

The FACT questionnaire is useful in determining how important religion/spirituality is for the client, but also explores: whether the client is coping; whether their religion/spirituality negatively or positively impacts them/their recovery; whether their spiritual needs are being met and, if not, what more could be done to assist their recovery. The 5–10-minute spiritual assessment can provide the client the opportunity to reflect on this aspect of their well-being and feel that their entire needs are being considered by the therapist.

Intervention could be as minimal as a simple reflection on what has helped them in the past. For example, if prayer before going to sleep at night has helped with anxiety/provided them with clarity/a feeling of safety, in the past. Simply asking such a question could unlock a powerful coping strategy they had forgotten about. Greater intervention might involve doing a more in-depth spiritual assessment at another time or encouraging them to speak to someone within their identified faith or in art therapy, making art around their spiritual concern. If the therapist feels that the client, at any stage during the assessment, no longer wants to discuss religion/spirituality, they can cease the assessment. At least the client knows the therapist is comfortable in discussing religion/spirituality, if they wish to return to the discussion later in therapy.

The FACT assessment tool was not used during this research, as the group already had a clear focus to explore their spiritual concerns within a supportive spiritual community. The CCAG



was not a clinical setting nor one-on-one therapy, where an assessment tool like FACT would be best used. A therapist might find all or some of the questions in FACT useful, in private practice or clinical settings.

## My research

Bell's (2011) article acknowledges that art therapy can provide a supportive environment for spiritual themes to emerge for the client, but suggests the therapist refer the client on to chaplaincy, or a similar service, in accordance with the client's spirituality or religion. I questioned the possibility (and opportunity) that art therapists might be able to acknowledge and support their client's spirituality and/or religious beliefs, instead of referring on.

Two important questions arose in my mind:

*Is it possible to work with the client's spirituality or religion, if the client's spirituality or religion is different to the therapist's?*

Is it possible for the therapist to assist the client in finding the answers they need, to meet their spiritual concerns, when they are of two different religions? (It's also possible that the client may not have a religion, but have spiritual questions and needs.)

The probability that I would have a different religion to that of my clients' is very likely, as I am Buddhist, and, according to the 2021 Australian Census, only 2.4% of the Australian population identifies as being Buddhist. The same census found 43.9% of Australians to identify as Christian (Australian Bureau of Statistics, 2022).

## Finding a suitable environment to conduct the research

In order to explore these questions further, I engaged in a heuristic inquiry. I joined and participated monthly in the CCAG, which was led by a Christian art therapist and whose group members were Christian. This experience offered me insight into how art therapy could potentially provide spiritual support, even when the therapist and client were of different religions. Specifically, I wanted to discover whether it was possible for me to find spiritual guidance and connection, despite my being unfamiliar with Christian practices. Overall, my inquiry concerned spirituality within art therapy, its possibilities and considerations.

## What is heuristic research?

The heuristic process is a research model well suited to investigate and explore one's lived experience of a phenomenon. It involves "self-search, self-dialogue and self-discovery", which can help to develop self-knowledge and awareness through one's personal experience (Moustakas, 1990, p.11). It requires commitment, passion and discipline to investigate the research question intensely, until it is sufficiently answered. The heuristic method involves

six phases: initial engagement, immersion, incubation, illumination, explication and creative synthesis.

**Initial engagement** refers to the two research questions that arose after reading Bell's (2011) article. These questions, I felt, were personally of interest to me but potentially held social and universal significance.

**Immersion** refers to how one approaches the research, by being open to a new experience as an observer, not an expert. It involves letting go of any attachment or expectations, and instead remaining unaware of the goal or outcome while embodying the research topic. This is very important to the heuristic process, as this informs the inquiry and discovery. It allowed me to venture into the great unknown to discover something I could not have imagined.

**Incubation** occurs when the researcher steps back from the research for a period of time, to let the dust settle, so to speak. Taking a break from thinking about the research for two weeks provided me with some distance from the research questions and allowed me to see more clearly what had arisen.

**Illumination** occurs not only from self-reflection and self-exploration but also from discussion with peers and supervisors, which occurs throughout the research. During this research project, illumination occurred within the CCAG as I spoke about the artwork that I had made during each group, what I felt and realised during the art-making process and what I felt after contemplating the images. I also met regularly with a senior art therapist/supervisor to reflect and discuss.

**Explication**, similarly, is a period of reflection on the work. In this time certain themes and patterns became apparent. It is common during this stage for the researcher to feel as though they are seeing and understanding the research topic in a different way. Being aware that this stage naturally occurs allowed me to notice when it did occur.

**Creative synthesis** is the last phase of heuristic research, whereby the research findings are expressed in a final piece, whether it is a poem, story or artwork. The researcher demonstrates the essence of their research and answers the research question in this piece of work.

The six phases of this heuristic research study were conducted over seven and a half months, as I participated in five sessions with the CCAG. I attended four sessions in person and did one at home, due to that in-person session being cancelled. Each session was three hours in duration and held monthly. The heuristic method enabled me to gain greater insight into my experience of the CCAG.

## Findings

Growing up in a household with two different sets of religious beliefs (my father's family were Catholic and my mother's family Muslim), I consequently wasn't taught much about either religion. When I was 18 years old I began listening to the teachings of Buddhist monks and found the teachings helpful, and easy to understand and integrate into my daily life. Prior to joining the CCAG, Christian beliefs were considerably unfamiliar to me, but I had spent years going to Buddhist teachings and living in Buddhist temples around the world. I had done many Tibetan Buddhist retreats, ten Vipassana retreats and a six-month silent meditation retreat. Naturally, these teachings and practices were well established within me and were bound to influence my participation in the CCAG.

I joined the CCAG with the expectation that I would probably feel out of place and that I may not comprehend or feel connected to the art directives, religious/spiritual practices, the art therapist or members of the group. Surprisingly, I found I:

- was able to participate fully in the group sessions;
- experienced not only a connection with the facilitating art therapist and the other group members, but quickly developed a deep sense of respect and admiration for them;
- felt we shared common thoughts, feelings and concerns; and
- felt spiritually uplifted and nourished by the group, the art therapy directives and the religious/spiritual practices in the sessions.

Participating in the CCAG left me with a sense of relief from inner conflict, a connection to a higher power, a feeling of spiritual insight and a sense of support during a period of my life when I was experiencing significant grief after losing a loved one. During each session, I was reminded of the strength and wisdom within myself. I felt as though my understanding of spirituality deepened as I received a comforting amount of spiritual support and guidance, for the challenges I was currently facing in my life.

I found myself combining my understanding of art therapy practices and meditation, to produce artwork that explored the spiritual question or theme of each session. I did not experience the Christian concepts and terminology as obstacles during the sessions. Instead, I found them easy to assimilate and they provided the spiritual nourishment I needed.

## Five factors that led to the fulfilment of my spiritual needs, during the group sessions

### 1. Universal techniques and interventions

Guided drawing is a sensorimotor art therapy technique that is guided by the physical sensations a person can feel in their body. The person responds to these sensations by drawing or painting, usually with their eyes closed, responding to what they feel. They are

deeply aware of the present moment and any thoughts or feelings that arise. They use colour and movement to represent what they are feeling.

When I was initially taught guided drawing in 2011, this process not only tapped into my inner guidance, but it also acknowledged the presence of a higher power. This process can assist in revealing obstacles to one's well-being, as well as reveal the solutions to restore one's well-being (Elbrecht, 2006). Acknowledging a higher power can provide a sense of protection and guidance that allows healing to occur. Prior to undertaking this research, I had eight years of experience in learning and using guided drawing. It was a process that I already trusted and it could be easily applied to an art therapy inquiry.

Another process I was also very familiar with was Vipassana meditation, which involves observing sensations in the body (Goenka, 2023). Being aware of sensations had become second nature and it was easy for me to add crayons or paint into the equation. The practice of Vipassana provided an excellent foundation for guided drawing, but also for the CCAGs as being mindful during the art-making assisted the process of inquiry.

Guided drawing and Vipassana meditation are universal techniques that can be done by anyone, regardless of their religious beliefs. It is not necessary for the person to have a belief in a higher power, God or Buddha. All the person requires is an openness to observe and respond to the sensations felt in their body. Universal techniques such as these, I believe, are key to enabling the client to find answers to their spiritual questions and concerns, regardless of their therapist's religious/spiritual beliefs.

Guided drawing and Vipassana are bottom-up techniques, grounded in the awareness of how the individual feels in their body. They are very internal processes, unique to the individual, where one's conscious mind pays close attention to how one's body feels. This awareness gets the person 'out of their head', so to speak, and provides a greater awareness of how the body and mind are interacting, which potentially gives rise to an even greater awareness of spiritual beliefs. It focuses on one's personal experience, rather than religious doctrine.

The process of guided drawing initiated ten of the 25 images in this heuristic research project, while the other images portray visions that arose in my mind during meditations or dreams, during the research project. This article only looks at nine of the 25 images.

The art directive in the first CCAG session I attended asked participants to think of the art materials (brushes, paints, paper) as sacred tools, and the art-making process as a prayer in itself, allowing God's words to be heard. As I was unfamiliar with the meaning or experience of God, I was unsure of how to start my painting. I used the art therapy intervention of guided drawing as a way to begin, and kept an open mind to the concept of God (Figure 1).

With the instructions for the art directive in mind, I acknowledged the existence of a higher power, became aware of the sensations in my body and chose paint colours that stood out to me. I began to move my paint brush across the page, following the motor impulses in my hands, as one would in a guided drawing session.

In doing so, I created a sacred space – a circular space that was waiting for artwork to be created, that would hold and contain those artworks safely (Figure 1). For me the circle created a safe space that was floating gently across water, water that had the potential to become turbulent. The circle also bore resemblance to a magnifying glass, honing in, closely examining, looking for something. This clearly marked the beginning of the second phase in the heuristic process – immersion.



Figure 1. Mandy Jay, *Untitled*, 2018, watercolour and oil pastel, 600 × 300mm.

The archetype of the round shape is often symbolic of a new beginning, like an egg about to hatch (Elbrecht, 2006, p.80). The blank space in the centre holds all the energy, waiting for the creative process to begin. A Winnicottian may refer to this blank space as a transitional space, forming the bridge between one's external reality and one's inner self (Pedder, 1979).

With this image completed, I felt inspired to be more playful with the circular shapes (Figure 2). It felt light and joyous to paint in this way, like a child skipping, unaware of where they might end up. When those sensations were fully expressed and this image felt complete, I took a new piece of paper and continued the journey of discovery, seen in Figure 3.



Figure 2. Mandy Jay, Untitled, 2018, watercolour, 300 × 600mm.

Figure 3. Mandy Jay, Untitled, 2018, watercolour, 300 × 600mm.

I began with a circle (Figure 3) that spiralled inward. It felt as though it was honing in on something important. Simultaneously, I wondered what my journey in these groups would be about. The circling and spirals came to a natural end. I continued to paint spontaneously, now drawn to dark-grey paint. As I painted the dark area on the right (Figure 3), I felt that it represented death, and the light half of the painting represented life. While painting (Figure 3), I felt suppressed emotions surfacing, the significance of my current struggle becoming more apparent. It became clear that I had been pushing my thoughts aside while going about my daily responsibilities. I realised I was actually having great difficulty accepting the death of my cousin, who had died just a few months earlier. My cousin and I were the same age: 44. Our children were the same ages. A year earlier, she had been diagnosed with a rare cancer, with 6–12 months to live. She died within nine months. It was a significant loss for me, as she was like the sister I never had.

I found it difficult to paint the dark area. With each brushstroke of the dark-grey paint, tears welled in my eyes as I came into contact with how difficult my mind was finding it to accept the loss of my cousin. The grey paint became lighter within a minute or two. Unexpectedly, I sensed a feeling of warmth and an unfamiliar presence join me in this process. Within my mind, I felt it was providing me with the strength to face and accept her death, which I had for months tried to push aside, keeping myself busy with daily life. This presence felt new to me, and I wondered if it was God's presence.

At this time, I also remembered very clearly what had attracted me to Buddhist teachings 30 years ago. It was their teachings on death and the relevance of death to life. I was very aware

of my attachment to my grandparents and found solace in the Buddhist teachings as a teenager. In the past Buddhist teachings had helped me develop a deeper acceptance of impermanence and the inevitability of death.

## 2. Maintaining an openness to other religious practices and beliefs

During the guided meditation in CCAG #3, led by the Christian art therapist, I found I was able to follow the instructions regardless of the Christian terminology and mentions of Jesus and God. I found myself, without conscious thought or effort, in the second Jhana [2] – a stage of meditation that takes considerable practice and effort to attain. I first experienced this state of concentration after completing 2500 hours of meditation at a silent six-month Buddhist retreat that I attended 15 years earlier. I was surprised that during a Christian meditation this mental state was so easy to slip into. I have portrayed what this experience felt like in Figure 4.



Figure 4. Mandy Jay, *Untitled*, 2018, watercolour and oil pastel, 600 × 300mm.

In my mind a landscape arose that was felt more than seen. It was spacious, vast, calm, with a clear horizon in the distance (depicted by the blue line going through the eyes). With a calm feeling sweeping through my body, I became aware of my heart feeling full of love, strong, vibrant, emanating beyond my body, upward, outward from my head. In my hands there was also a strong energy that was hard to describe but seemingly special and magical. This feeling was blissful and I could happily have stayed in this transcendent place for a very long time and not created any art.

While I identify strongly with Buddhist beliefs and practices and believe the teachings contain all I need in terms of spiritual development, I do not believe that it is the only religion that can provide spiritual nourishment. I have always felt that different religions speak clearly to different people and that people choose the religion that speaks most clearly to them. I am therefore open to other religions being able to improve one's perspective on life by providing guidance and support. Hence, I am open to techniques belonging to other religions.

In the therapy room, I find being open to another person's spiritual beliefs assists me to be curious rather than biased, enables the client to express themselves fully, encourages the client to find meaning in their artwork and supports them to find answers to their spiritual questions. Acknowledging that spiritual development is a unique journey for each person, regardless of who their God is, allows the therapy journey to take its own unique route and tap into one's unique inner resources, that one may not have otherwise discovered.

### **3. Focusing on common values, dreams and fears**

What was really interesting was what occurred when a CCAG session was cancelled and I decided to facilitate my own Christian contemplative art session at home – without the art therapist, group members, art directive, or spiritual conversation.[3] I used Google to search “random daily scripture”, which revealed a scripture from Matthew 7:13–14 that read:

13 Enter through the narrow gate. For wide is the gate and broad is the road that leads to destruction, and many enter through it. 14 But small is the gate and narrow the road that leads to life, and only a few find it. (Random Bible Verse, n.d.)

After contemplating the scripture for a few minutes, I created an image in response, using the guided drawing technique and maintaining an awareness of any thoughts that arose. The result is shown in Figure 5, below.

The colours and shapes in this drawing had spontaneously formed. I sat back and contemplated what the image meant to me. The white circle in the middle, which appears like a void, grabbed my attention. The void, I realised, represented my concern for my son's health and future. As I made this picture, I became aware of how worried I was about my son's health and how it was impacting our family – another significant worry I had tried to push aside, while getting on with daily life.





Figure 5. Mandy Jay, *Untitled*, 2018, oil pastel, 150 × 210mm.

After contemplating this image, I again used Google, to search “YouTube guided Christian meditation”, and participated in a Christian meditation for 20 minutes. With the images that came to mind during that meditation, I reworked the drawing using Photoshop (Figure 6).



Figure 6. Mandy Jay, *Untitled*, 2018, oil pastel, scanned and combined in Photoshop with three digital images, 150 × 210mm.

During the guided Christian meditation, I felt a connection to/presence of a higher power. The connection generated feelings of hope, support, comfort and courage that I visually represented by including the person, gate and hand in this new image (Figure 6). I did not fully comprehend the reason why it seemed right to place a person, standing on a large hand, facing a gate that was partially open, with their arms in the air like they were about to walk through gates to a better place, but I suddenly felt hopeful about my son's future and that his health journey would soon take a different path, for the better.

After contemplating this image, another arose in my mind and I felt compelled to make Figure 7. I felt a shift in perception and began to perceive the human body as particles of light, forming a rainbow. I experimented in Photoshop with a photo of myself and rainbow colours to make the new image (Figure 7).



Figure 7. Mandy Jay, *Untitled*, 2018, digital image, 100 × 120mm.

I interpreted the meaning of this image and wrote in my journal: “after the body dies, it may be possible that we become a rainbow of light particles”. After making this image I felt more at ease about the loss of my cousin, accepting that the human body cannot remain the same forever. Instead of death feeling like a loss and final destination, in that moment I accepted the impermanent nature of life – constantly changing and transforming. Even if it was hard to accept, for a short while, as I contemplated this image, I felt more comfortable, more accepting of my cousin's death and the fact that I would never see her or hear her voice again.

In summary, this session provided me with comfort, hope, and acceptance of illness and death.

#### **4. Witnessing and spiritual conversation**

The CCAG introduced me to a powerful technique called witnessing. After spending 30 minutes or more making art guided by the therapist's directive, the therapist invites people, one by one, to share their artwork and talk about their process/experience they had whilst making the art. If a person chooses to share with the group, they talk without any of the group members (including the therapist) interjecting. Instead, the group members are silent witnesses, holding the space – listening with full attention, empathy, and awareness of the present moment and of God's presence. Witnessing creates a safe space, allowing the speaker to “express, explore and understand the depths of the present moment and their relationship to the complexity of the psyche” (McNiff, 2013, p.43). Christians may define witnessing as “sharing your personal experience with Jesus” (Jesus Film Project, 2020). There was absolutely no obligation to share with the group. If group members chose not to share, they were equally respected and the next person could talk if they wished.

It is recommended that those listening cultivate “kindness, compassion, humility, sincerity, equality, and adapt to the other in her or his manner” (Jesuit and Ignatian Spirituality Australia, 2023, para.3). This is known as “spiritual conversation” and rarely involves any back-and-forth conversation.

I found the energy of the group, as well as the quietness and slow pace of this technique, very comforting. Sometimes I wished for some input from the art therapist or other group members, but that was probably because I was used to the typical art therapy group setting, where feedback is given to assist in the processing of the artwork. However, I had noticed in a typical art therapy group that sometimes the feedback from others could take the discussion on a completely different tangent to how I was thinking or feeling, or what I'd experienced in the art-making process. This could detract from my own process and distract me from going deeper into the process of understanding my own thoughts more fully. I found that the process of ‘witnessing’ and ‘spiritual conversation’ enabled me to be completely with my own experience and thoughts, become aware of my own journey and remain connected to a ‘higher power’.

After a person engaged in spiritual conversation and had finished speaking, there would often be a minute or two of natural silence, as people sat in contemplation. Then, effortlessly, another person would volunteer to share their experience. To describe it in words cannot convey how moving and supportive this experience of witnessing, felt to me.

#### **5. Combining: Contemplation, mindfulness and art therapy**

Without it being directly spoken about, I found that the the CCAG sessions involved a powerful combination of contemplative study, mindfulness and art therapy. Contemplative studies, mindfulness and art therapy all share one thing in common: they bring the person into awareness of the present moment, but not only that.

Contemplative studies are a new field of academic study in spirituality, which centres on the direct personal experience someone has, instead of working within the confines of a specific religion. Being witness to, and just observing, the experience is fundamental (Flanagan, 2016). Contemplative studies involve adopting mindfulness as one experiments with connecting to oneself, others, one's community and nature. For Buddhists, contemplative studies can be used to approach a variety of disciplines, including medicine, psychology and visual art (Fort, 2013). For Christians, the emphasis is on "not what the person knows about God, but how the individual knows God" (Flanagan, 2016, p.13).

At the same time, the practice of mindfulness and mindfulness meditation, which are commonly known as Buddhist concepts, have become popular. Their worth has been studied in medicine, behavioural science and neuroscience, proving them to be effective in healing (Lancaster, 2016). One example is the work of professor and Buddhist Jon Kabat-Zinn, who has integrated this Buddhist technique with scientific findings to develop mindfulness-based stress reduction (MBSR), which is used to improve physical and mental health, especially for people with chronic pain and anxiety ("Mindfulness-based stress reduction," n.d.). However, mindfulness is also evident in the teachings of Christianity, Islam, Hinduism and Judaism as well (Trousselard et al., 2014). Mindfulness has become a revered practice in the health industry. Mindfulness enables one to witness one's own experience intimately, where one can accept and surrender to the present moment, improving one's resilience and coping (Rothaus, 2013).

Similarly, art therapy can be used to focus one's awareness on the present moment – providing a time to reflect and also heal (McNiff, 2013). Art therapy can provide a person with clarity, identifying clearly what their current struggle is, but it can also provide a solution or a new perspective, that provides the person with a sense of relief from their struggle. Art therapy assists communication without requiring any words, language or terminology, and thus has the ability to transcend differences in beliefs, age, race, culture, etc.

Contemplative studies, mindfulness and art therapy can enable the individual to transcend the differences of religions and focus on their own experience (Flanagan, 2016; Rappaport, 2013). This is empowering for the individual, but also provides a route for therapists to approach spiritual care without having to be concerned about getting tangled in the finer details of each religion. The practice of art therapy has been successfully combined with mindfulness and widely studied (Rappaport, 2013). However, there is little research on contemplative art therapy.

### **Creative synthesis – the last phase of heuristic research**

To finalise this research project with the creative synthesis phase, I took some photographs (Figures 8 and 9, below) that were inspired by a Buddhist practice that kept coming to mind on a daily basis after attending the five CCAG sessions. 'Maranasati' means mindfulness of death, in Pali. It is a particular type of meditation that contemplates the fact that all that is

born will also die (“Maranasati,” 2018). Maranasati meditation can be done by meditating in front of a vase of flowers over a couple of weeks, noticing and accepting the gradual deterioration of the flowers’ physical form. While taking the photographs over a fortnight-long period as the flowers wilted, I became more accepting of the natural progression of life and the inevitability of death – something every person has to come to terms with, regardless of their age, religion or how difficult it might be.

The photographs of the flowers on the left were taken when they were healthy, whole, beautiful, full of life and in all their glory; they contrast with the photographs on the right, of the same flowers taken one or two weeks later when they had wilted, shrunk, fallen apart and lost their colour. Not only did these photographs remind me of the reason I had begun my own spiritual journey 30 years earlier, but they also answered the research question. Regardless of the species of flower, its trajectory in life is just like that of any other flower. Regardless of one’s religion or spiritual beliefs, one’s trajectory in life is just like any other person’s. All are born and will die. All people share similar hopes and fears in life, regardless of their religion/spirituality.

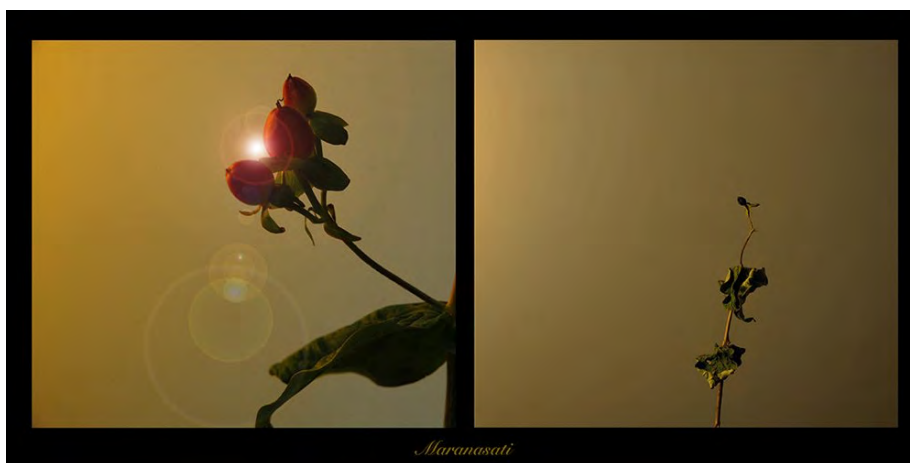


Figure 8. Mandy Jay, *Untitled*, 2018, photograph, 400 x 200m.

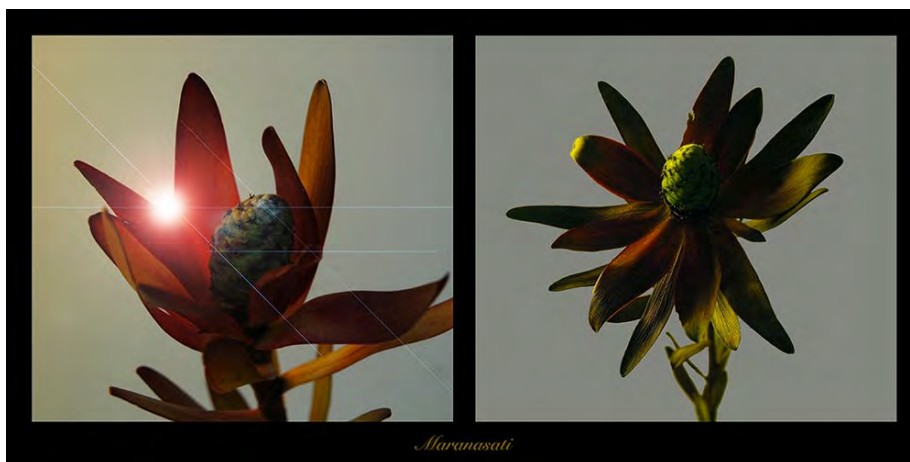


Figure 9. Mandy Jay, *Untitled*, 2018, photograph, 400 x 200m.

I began to get a true sense of how distracting it could be, to focus on a client's religious beliefs, especially when they differ from one's own religious beliefs. Instead, focusing on their values and fears (which are probably commonly held) can allow the therapist and client to find common ground and will therefore be more beneficial to the therapeutic process.

In the CCAG sessions, I was grieving, struggling to accept impermanence/sickness/death. But participation in the group enabled me to develop acceptance and feel comforted, as I allowed a power greater than myself to have input into the art therapy process.

I am aware that I had acquired art therapy and meditation tools prior to the CCAG sessions, which assisted me in finding spiritual guidance and support. Yet the principles of any good counselling session are the therapist's enquiry into: How is the client feeling? What are they struggling with? Is there a block/obstacle in their thinking that is preventing them from achieving their goals and/or being more at ease with their situation? A curious therapist who enquires into the client's feelings and beliefs, whether those beliefs are assisting them in their daily life, is more likely to help the client find clarity and success in the therapeutic process.

## Conclusion

In summary, the heuristic inquiry revealed to me that being a different religion to the art therapist and group members was not an obstacle to participation. In fact, I came into contact with greater spiritual comfort and guidance than I expected. I felt extremely supported by the therapist and group members and nourished by the Christian practices. I felt that the intention and support from the group environment, the reading of biblical scriptures, the Christian meditations and the art directives enabled me to feel the presence of a higher power, which was supportive in the art-making process. The sessions imparted a sense of calm, reassurance, hope, comfort and guidance, when facing existential concerns.

While participating in the CCAGs, I was reminded of Buddhist practices and beliefs, which I had not practised for years. Furthermore, I began to see similarities in the two faiths spontaneously and simultaneously. I found that the CCAG sessions not only inspired me to further explore the Christian faith, but they also renewed my interest in Buddhism and I felt inspired to dedicate more time to Buddhist practices. I purchased new books about both religions and visited churches and temples. Coincidentally, my employment that followed the CCAG sessions was providing art therapy in three Catholic schools.

Each CCAG session brought me to a resting place after three hours of art-making, meditation, prayer and reflection. I noticed transcendence from my daily perspective on life occurred. Leaning back in my chair, looking at the art before me, I felt calm and contented, as though a light had shone on where I was in life, physically, mentally, emotionally, spiritually. I felt I could see more clearly, with a more peaceful understanding of the bigger picture.

The art-making process provided me with tangible evidence of that transition. The artwork consolidated insights by helping to identify the problems I was experiencing (i.e., grief and

loss/illness), step back from the problems, become aware of a higher power in order to feel supported and allow wisdom to reveal itself. This insight provided a sense of clarity, support and relief.

Interestingly, these same outcomes were found whether I was participating in the CCAG sessions, or at home alone. Attending the group seems to have initiated the ability to connect and find spiritual answers. After three group sessions, I was able to, with the help of the internet, follow a similar process at home, without the art therapist or the group.

I therefore feel comfortable in discussing a client's spiritual concerns, regardless of whether their religion or spiritual beliefs and practices are different to my own. Additionally, I believe that assisting a client to come into contact with their religious/spiritual beliefs doesn't result in reliance on the therapist to achieve this. It is possible that the therapist initiates this process and the client is then able to do this themselves, continuing on their unique spiritual journey.

I believe this research provided me with experiential learning and increased my confidence to better support my clients who have spiritual concerns, regardless of whether their religion or spiritual beliefs are different to mine.

## Recommendations for clinical practice

### **Therapeutic alliance and group dynamics**

Generally, it is recommended that group therapists prioritise building therapeutic alliance by upholding the therapeutic attributes of congruence, unconditional positive regard and empathy, rather than being too absorbed by the content of the session. As demonstrated by the art therapist, it is also important to clearly verbalise to the group the therapist's acceptance and openness to people of any religion. This, in a subtle way, forms part of the group rules and expectations of the group's members.

It is beneficial to give very clear definitions (e.g., handouts) to the group members, if possible, on the fundamental and unique concepts utilised in the sessions (e.g., What is spiritual conversation?). This acts as a refresher for regular group members and provides clarity for new members, to enhance their participation. By clearly communicating concepts specific to the group, ideally group harmony will occur, as new group members will hopefully experience less confusion and less isolation.

Since group therapy has the power to make people share more honestly with the group than they would with family and friends (Crago, 2006), the therapist's welcoming attitude and ability to hold the space is crucial to the success of the group, especially if there are members who may feel uncomfortable in the group, due to their difference in religious beliefs.

## **Spiritual assessment and spiritual conversation**

It is recommended that therapists enquire whether spirituality or religion is of importance to the client before proceeding with a full spiritual assessment tool (Kennedy et al., 2015; Oxhandler et al., 2012). It would also be beneficial for art therapists in training to learn how to conduct a spiritual assessment, as highlighted by Yang et al. (2015) and Chidarikire (2012), and that trainee art therapists receive training in how to hold a spiritual conversation with clients.

The advantage of spiritual conversation is that it avoids intellectualisation and the comparison of personal opinions, which could easily occur, especially in group therapy. A therapist skilled in facilitating spiritual conversation provides the opportunity for the client to experience interconnectedness.[\[4\]](#)

## **Use of art therapy interventions and techniques that are universal**

As supported by current research, the use of art therapy and mindfulness can be used to address the spiritual needs of a client. It is recommended that art therapists keep up to date with interventions that are universal in addressing a client's spiritual needs.

## **Universal language and concepts**

It is recommended that the therapy's focus should be on universal values, such as forgiveness, humility and gratitude. This prevents feelings of segregation or isolation occurring and enables the theme of the session to be embraced regardless of religious beliefs. It also encourages the universal spiritual aim of interconnectedness.

Guided meditations may acknowledge a particular higher power but focus on universal techniques, such as concentrating on the in and out breath, sensations within the physical body, hearing the sounds in nature, staying in the present moment. Regardless of one's religion, these techniques can be practised without any conflict of beliefs, and provide the participant with experiential proof of the technique's benefits (Goenka, 2023).

It is important for the therapist to remain open to the religious/spiritual beliefs of others and, where possible, use the techniques of witnessing and spiritual conversation, instead of adhering rigidly to any one set of religious beliefs or practices. This would be especially of benefit to those clients who identify as spiritual but not religious. Discussing religious beliefs and concepts has the potential to become an intellectual discussion, a comparison of ideas that could possibly ignite a conflict.

## **Training – experiential learning/personal development**

It is recommended that trainee art therapists experience being the client throughout their training. Experiential learning provides the student with the opportunity to be on the receiving end and experience firsthand the effectiveness of therapeutic elements. Experiential learning in a contemplative art group can increase confidence in the use of art therapy to



work with people of different religions, and encourage an openness to learn about the religious beliefs of others and a curiosity to explore one's own spirituality further.

It is also recommended that therapists and clients continue making art in between group sessions, as this was proven to be beneficial for independent spiritual development.

## Endnotes

[1] *Higher power* is defined as a power greater than ourselves. The term sometimes refers to a supreme being or deity, or other conceptions of God (“Higher Power,” 2023).

[2] Dhyāna (Sanskrit) or jhāna (Pali) is defined as a meditative state that is said to be “necessary in order to prepare the mind for direct realisation of truth” (Buswell Jr & Lopez Jr, 2013, p.383).

[3] Spiritual conversation is when “Both speakers and listeners seek to understand how God is at work in their daily life. It is not about teaching, proselytizing, or counselling” (Hansen, 2019). Spiritual conversation rarely involves back-and-forth conversation, but instead involves one person speaking while the other group members are silent witnesses – attentive, empathic, aware of the present moment, in the presence of God.

[4] Interconnectedness refers to a “worldview which sees a oneness in all things, as being connected to each other, with no true separation deeper than appearances” (Wordnik, n.d.).

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After travelling through Europe and Asia (often living in temples and doing long meditation retreats), Mandy returned to Australia to study counselling and art therapy. She studied counselling at AIPC and completed the Masters of Mental Health (Art Therapy) at the University of Queensland. She also completed an additional three years of training in Sensorimotor Art Therapy at the Institute of Sensorimotor Art Therapy, Victoria.

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