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THE NEED FOR A THEISTIC SPIRITUAL STRATEGY

We are not human beings having a spiritual experience;
We are spiritual beings having a human experience.
—Teilhard deChardin

The end of the 20th century and dawn of the new millennium was characterized by a resurgence of interest in spiritual issues and faith within the American population. Leading mainstream news magazines and newspapers such as *Time*, *Newsweek*, and *U.S. News and World Report* featured cover stories on these issues (e.g., Kalb, 2003; Kaplan, 1996; Kluger & Chu, 2004; Wallis, 1996; Woodward & Underwood, 1993). Hundreds of popular books and many TV specials focused additional attention on spiritual and religious matters. Thousands of World Wide Web sites about religion and spirituality were created. Many organizations and research institutes were founded to promote and study faith and spirituality. Millions of Americans sought a clearer understanding of how faith and spirituality could assist them in their daily lives (Moyers, 1996).

But not all was positive concerning religion. Global events such as the religiously motivated terrorist attacks on September 11, 2001; the violence and wars between Muslims, Christians, and Jews in Afghanistan, Iraq, Israel and Palestine; and the sexual abuse of children by clergy were all stark reminders of the dark side of religion (Turner, 2002). Despite these tragic events, religion and spirituality remain important to the majority of people in the United States. Recent polls have found that over 95% of Americans profess belief in God, 65% are members of a church, 60% say

that religion is very important in their lives, and 62% believe that religion can answer all or most of today's problems (Gallup, 2003).

The continuing widespread public interest in religion and spirituality has created a powerful cultural demand for psychotherapists to become more aware of and sensitive to the spiritual values and needs of their clients. However, this has not been an easy task for many professionals. Because of the alienation that has existed historically between the behavioral sciences and religion, the spiritual concerns of clients have long been neglected in the psychotherapy profession (Bergin, 1980a; Jones, 1994). Many psychotherapists have not been adequately trained for or prepared to deal effectively with spiritual issues, and their personal secular views or lack of experience with religion can create barriers to meeting the spiritual needs of their clientele (Bergin, 1991; P. S. Richards & Bergin, 2000; Shafranske, 2000). Fortunately, this situation is changing.

During the past decade, hundreds of articles on religion, mental health, spirituality, and psychotherapy have been published in professional journals. Mainstream publishers have also published many books on these topics. Opportunities for continuing education concerning religious and spiritual issues in health and psychotherapy have become more widely available. All of the major mental health organizations now explicitly acknowledge in their ethical guidelines that religion is one type of diversity that professionals need to respect (American Psychological Association, 2002; P. S. Richards & Bergin, 2000; Shafranske, 1996). Increasing numbers of graduate training programs in psychology are giving attention to religious and spiritual aspects of diversity (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). Many psychotherapists now believe that therapy may be more successful if clients' spiritual issues are addressed sensitively and capably along with their other concerns (P. S. Richards & Bergin, 2000, 2004; Sperry & Shafranske, 2005).

The rise of a more spiritually open *Zeitgeist*[1] or *spirit of the times* in the behavioral sciences has been favorable to the development of spiritually and religiously accommodative treatment approaches (McCullough, 1999; W. R. Miller, 1999; P. S. Richards & Bergin, 1997, 2000, 2004; Sperry & Shafranske, 2005). These approaches encourage psychotherapists to address clients' spiritual concerns when relevant, and to use language and interventions that show respect for and honor the healing potential of their clients' faith. Buddhist, Hindu, Christian, Jewish, and Muslim psychotherapy approaches have been outlined (e.g., Collins, 1988; Epstein, 1995; Hedayat-

[1] *Zeitgeist* is a German term popularized in psychology by Boring (1950), meaning "spirit of the times" or "habits of thought that pertain to a culture."

Diba, 2000; McMinn, 1996; Rabinowitz, 1999, 2000; Rubin, 1996; Sharma, 2000; Spero, 1985). Spiritual approaches based on Jungian, transpersonal, psychodynamic, cognitive, interpersonal, humanistic, and multicultural psychologies have also been described (e.g., Boorstien, 2000; Elkins, 1995; Faiver, Ingersoll, O'Brien, & McNally, 2001; Griffith & Griffith, 2002; Helminiak, 1996; Judy, 1996; Kelly, 1995; Lovinger, 1984; Nielsen, Johnson, & Ellis, 2001; Sperry, 2001; Sperry & Shafranske, 2005; Swinton, 2001; Vaughan, Wittine, & Walsh, 1996; West, 2000).

We think that the adaptation of a variety of psychotherapy approaches to culturally diverse religious and spiritual beliefs and practices in the world is a positive trend (Keller, 2000; P. S. Richards & Bergin, 2000). This trend parallels the growth of clinical strategies adapted to many other dimensions of human diversity (e.g., Ponterotto, Casas, Suzuki, & Alexander, 1995; D. W. Sue & Sue, 1990). The small amount of comparative research to date has shown that spiritually oriented and religiously accommodative therapy approaches are as effective as secular ones (McCullough, 1999; Worthington, Kurusu, McCullough, & Sandage, 1996; Worthington & Sandage, 2001a). On the grounds of effectiveness, client preference, and cultural compatibility, such approaches may often be the treatment of choice for religious clients. We hope that practitioners and researchers from diverse spiritual traditions will continue to develop and evaluate spiritual therapeutic approaches.

Although we think there is great value in the diversity of spiritual treatment approaches, this book focuses specifically on efforts we and others have made during the past 25 years to develop a theistic spiritual strategy[2] for mainstream professionals (Bergin, 1980a, 1991; P. S. Richards & Bergin, 1997, 2000, 2004). Given the fact that in the Western hemisphere and Europe more than 80% of the population professes adherence to one of the major theistic world religions[3] (Judaism, Christianity, and Islam), we think a theistic strategy is needed in mainstream psychotherapy to provide a culturally sensitive framework for theistic clients, particularly for those who are devout (Bergin, 1980a; P. S. Richards & Bergin, 2000). In addition, there is much healing potential in the theistic world religions (Benson, 1996; P. S. Richards & Bergin, 1997). We think that the spiritual resources found in the theistic religious traditions, if more fully accessed by psychotherapists, could help enhance the efficacy of psychological treatment.

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[2]Consistent with Liebert and Liebert (1998), we use the term *strategy* to refer to a broad theoretical orientation or framework (e.g., psychoanalytic, dispositional, environmental, representational), which provides perspectives regarding personality theory and therapeutic change, assessment and measurement, interventions for psychological treatment, and research philosophy and methodology.

[3]See Table 1.1 for more complete religious demographic statistics in the United States and Table 4.1 for worldwide statistics.

TABLE 1.1
Religious Adherents in the United States (Mid-2000)

Adherents	Number	Percentage
Christians	235,742,000	84.7
Affiliated	191,828,000	68.9
Protestants	64,570,000	23.2
Roman Catholics	58,000,000	20.8
Evangelicals	72,363,000	27.5
Anglicans	2,400,000	0.9
Orthodox	5,762,000	2.1
Multiple affiliation	27,534,000	9.9
Independents	78,550,000	28.2
Marginal	10,080,000	3.6
Evangelicals	*40,640,000*	*14.6*
evangelicals	*98,662,000*	*35.4*
Unaffiliated	43,914,000	15.8
Baha'is	753,000	0.3
Buddhists	2,450,000	0.9
Chinese folk religionists	78,500	0.0
Ethnic religionists	435,000	0.2
Hindus	1,032,000	0.4
Jains	7,000	0.0
Jews	5,621,000	2.0
Muslims	4,132,000	1.5
Black Muslims	1,650,000	0.6
New religionists	811,000	0.3
Shintoists	56,200	0.0
Sikhs	234,000	0.1
Spiritists	138,000	0.1
Taoists	11,100	0.0
Zoroastrians	52,700	0.0
Other religionists	577,000	0.2
Nonreligious	25,078,000	9.0
Atheists	1,149,000	0.4
Total population	278,357,000	100.0

Note. Reprinted with permission from *Britannica Book of the Year*, Copyright 2004 by Encyclopedia Britannica, Inc. This table extracts and analyzes a microcosm of the world religion table. It depicts the United States, the country with the largest number of adherents to Christianity, the world's largest religion. *Structure:* Vertically the table lists 30 major religious categories. The major religions (including nonreligion) in the United States are listed with largest (Christians) first. Indented names of groups in the "Adherents" column are subcategories of the groups above them and are also counted in these unindented totals, so they should not be added twice into the column total. Figures in italics draw adherents from all categories of Christians above and so cannot be added together with them. Figures for Christians are built on detailed head counts by churches, often to the last digit. Totals are then rounded to the nearest 1,000. Because of rounding, the corresponding percentage may sometimes not total exactly 100%. *Christians:* All persons who profess publicly to follow Jesus Christ as Lord and Savior. This category is subdivided into *Affiliated Christians* (church members) and *Unaffiliated* (nominal) *Christians* (professing Christians not affiliated with any church). *Evangelicals/evangelicals:* These two designations—italicized and enumerated separately here—cut across all of the six Christian traditions or ecclesiastical megablocs listed above and should be considered separately from them. *Evangelicals* are mainly Protestant churches, agencies, and individuals calling themselves by this term (for example, members of the National Association of Evangelicals); they usually emphasize 5 or more of 7, 9, or 21 fundamental doctrines (salvation by faith, personal acceptance, verbal inspiration of Scripture, depravity of man, Virgin Birth, miracles of Christ, atonement, evangelism, Second Advent, etc.). The *evangelicals* are Christians of evangelical conviction from all traditions who are committed to the evangel (gospel) and involved in personal witness and mission in the world—alternatively termed Great Commission Christians. *Jews:* Core Jewish population relating to Judaism, excluding Jewish persons professing a different religion. *Other categories:* Definitions as given in chapter 4 of this volume, in Table 4.1.

Consider the following case examples:

Case 1: Mary and John

Mary and John were both 34 years old and had been married for 10 years. Mary was a member of the Roman Catholic Church, and John was a member of the Lutheran Church-Missouri Synod. The couple was treated at a private psychotherapy practice located at a Roman Catholic church in the upper Midwest region of the United States. Mary and John's presenting problems included unresolved hurts, excessive anger toward each other manifested in daily verbal fighting, and poor communication skills. Mary and John often fought about their religious difference and John's resentment over Mary's efforts to convert him to Roman Catholicism. Mary and John acknowledged that their main motivation for keeping the marriage together was their two children, an 8-year-old daughter and 3-year-old son.

After completing a thorough assessment, their therapist, Dr. Mark J. Krejci, a Roman Catholic, concluded that, despite their differences, Mary's and John's spiritual lives could be a positive area in which they could interact. Both had a deep, genuine belief in God and wanted to share this faith in the family context, but they did not know how to do this.

With the couple's consent to work on spiritual issues, Dr. Krejci encouraged them to engage in a number of spiritual practices together, which included praying for each other, participating in a nondenominational Bible study group, giving altruistic gifts to one another, attending church services at each other's churches, and sharing conversations with one another about their personal spiritual journeys. Dr. Krejci also helped Mary and John to recognize the need and gain the desire to forgive each other for past hurts and offenses. He presented to them a theistic biblical model of forgiveness. In addition to considering forgiveness as a cognitive and emotional process, this model of forgiveness considers images of God's forgiveness to be powerful resources in the change process.

Forgiveness played an important role in improving the couple's communication skills and in reducing their angry feelings toward one another. Instead of using insults and raised voices, Mary and John learned to handle disagreements with what they called "Christian love." Forgiveness and mutual sharing of their spiritual lives resulted in the couple developing a stronger, more enjoyable marriage. They were also able to generalize positive emotions that they had developed from forgiveness and spiritual exchanges to other areas of their relationship. Such positive change via forgiveness, of course, does not have to be rooted in religious belief and practice, but it is our hypothesis that religious conviction, context, and feelings deepen such a process and make it more enduring. (P. S. Richards & Bergin, 2004)

Case 2: Renee

> Renee was a 16-year old Black woman who was 5 months' pregnant and depressed. She sought assistance from Dr. Lisa Miller, a Jewish woman who leads an interpersonal psychotherapy group (with a theistic spiritual emphasis) for pregnant teenagers in a public high school in Harlem, New York. Renee's mother had died during the last year, leaving her without a family or a home. Renee's biological father refused to have anything to do her after he found out she was pregnant and that she would not submit to an abortion. Renee's boyfriend, the father of her child, also refused to see her any more after she refused to have an abortion. Despite abandonment by her father and boyfriend, Renee continued to assert, "I am not going to kill my baby. This is my child!"
>
> Dr. Miller supported Renee's decision on spiritual grounds to not have an abortion, affirming that the preservation of the child's life was a legitimate decision. Dr. Miller also affirmed that Renee had been brave in protecting her child under such unsupportive conditions. The other group members also supported Renee's decision and affirmed her courage. As the group therapy proceeded over 12 weeks, Renee had opportunities to realistically examine the challenges that lay before her as a young, unwed mother without familial support. Although the path before her appeared daunting, Renee also had opportunities to explore and affirm her belief that motherhood is a spiritual calling that she wished to honor. She also discussed her belief that her deceased mother was watching over her and that her mother approved of her decision to give birth to the child.
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> By the time treatment ended, Renee had qualified for a government-sponsored program that provided her with an apartment and child care while she completed her final year of high school and 4 years of college. She was able to build a world far away from her old neighborhood and the people who might harm her child—a world in which her youth and poverty did not prevent her from being a loving and effective mother. Although Renee was not involved in a religious community or denomination, her Christian upbringing and her nondenominational personal spirituality served as an anchor and source of strength as she prepared for motherhood. Dr. Miller's own belief in the grace and spiritual power of motherhood allowed her to empathize with and support Renee in her emotional and spiritual journey toward motherhood. (P. S. Richards & Bergin, 2004)

As can be seen, John, Mary, and Renee each had spiritual issues that were inextricably intertwined with their presenting problems. In the complete case reports, published in our *Casebook for a Spiritual Strategy in Counseling and Psychotherapy* (P. S. Richards & Bergin, 2004), it is apparent that the treatment of these clients could not have been completely successful without addressing their spiritual beliefs and issues. Furthermore, the case reports make clear that the clients' and therapists' faith in God, as well as

the theistic spiritual interventions that were used, promoted healing and enhanced treatment outcomes.

The purpose of this volume is to describe concepts and interventions that will help mental health professionals implement a theistic psychotherapy approach in their practices. We also hope that the book will help psychotherapists, regardless of their theoretical orientations and personal religious backgrounds, to become more attuned to the spiritual issues in the lives of their clients so that they can assist them more effectively. This book is intended for practitioners, graduate students, and academicians in mainstream clinical and counseling psychology, psychiatry, clinical social work, and marriage and family therapy who wish to augment their secular training and skills with a spiritual framework and approach.

BACKGROUND AND OVERVIEW

Introducing spiritual content into mainstream theory, research, and practice is a formidable challenge. Strong forces of historical inertia resist this effort, but worldwide cultural and intellectual trends that are affecting modern thought propel it forward. For good reasons, the leading minds in the development of science, including psychology, have deliberately excluded spiritual content from their theories, laws, principles, and technical procedures. Some of these leading thinkers were themselves religiously devout, whereas others were neutral or antagonistic; however, there was a general acquiescence to excluding theological ideas and denominational biases for the sake of making a discipline a science. For many (e.g., Isaac Newton), the scientific project in itself was a way of revealing the designs of God in nature. Excluding the spiritual was thus a practical decision rooted in the methodological and conceptual assumption that things that cannot be observed, measured, or reliably described pertain to a different realm than science.

Assertions concerning faith in the existence of God, the spirit of God, divine intelligence, redemption through Christ, the spiritual essence of humans, the possibility of spiritual regulators of behavior, or the influence of God on the mind or body were thus ruled out of scientific discourse. Faith in science became an alternative to traditional faith. Theologians and, to a degree, philosophers, lost the prominent place they had once held in the world of scholarship.

The movement broadly defined as "scientific modernism" gained momentum and eventual ascendancy. The choice to become objective, empirical, and, when possible, experimental and quantitative, succeeded beyond the expectations of even the most gifted scholars' visions of the future. The marvels of the modern world and the pace of new development in science

and technology stand as a testament to the insight of the originators and promoters of modern science. These successes have been most evident in the physical and biological fields, but scientific approaches to knowledge and application have spread broadly and have influenced nearly all fields of inquiry, including the behavioral sciences.

We have substantial admiration for this way of comprehending and managing the world, including its use in many areas of experimental psychological science. As students of personality and therapeutic change, however, we have regularly confronted obstacles to effective application of this way of thinking to the clinical phenomena we observe. Our frustration is widespread, and it is why so many individuals and groups have split off from mainstream psychological science over the years. Dozens of great people have grappled with the gap between modernist scientific psychological models or methods and the personal and clinical phenomena with which they have dealt. Some of these efforts managed to keep the less tangible aspects of humanity close to standard scientific procedures, whereas others broke entirely from the tradition in which they had been trained and had faith. This long, hard trial of history is marked by some of the pioneers in the field, including Gordon Allport, Robert Coles, Erik Erikson, Viktor Frankl, William James, Carl Jung, George Kelly, Rollo May, Abraham Maslow, Hobart Mowrer, M. Scott Peck, Carl Rogers, Joseph Rychlak, and Irvin Yalom.

In the spirit of these pioneers' efforts, we propose an alternative perspective, influenced by but departing in degrees from them. The humanistic, existential, cognitive, agentive, and spiritual themes they espoused touched on and opened the door for considering a theistic dimension within the psychological domain. Our effort goes farther to build on the works of insightful and courageous creators of theistic, spiritual perspectives in human personality and psychotherapy. Some of them have been only marginally noted in the mainstream psychology literature, because much of their work has been disparate from that literature. Some of the prominent contributors to this effort include Herbert Benson, Peter Benson, Gary R. Collins, Robert Emmons, James W. Fowler, Richard L. Gorsuch, Ralph W. Hood, Stanton L. Jones, Eugene Kelly, Harold G. Koenig, David B. Larson, Jeffery Levin, Robert J. Lovinger, H. Newton Malony, John Martin, Michael E. McCullough, Mark R. McMinn, Lisa Miller, William R. Miller, David Myers, Bruce Narramore, Kenneth I. Pargament, L. Rebecca Propst, Carol R. Rayburn, Edward P. Shafranske, Melvin Spero, Len Sperry, Bernard Spilka, Merton B. Strommen, Siang Yang Tan, Alan C. Tjeltveit, William West, Everett L. Worthington, and David Wulff. Although these and other courageous theistic scholars and practitioners have influenced our approach, this book is our personal synthesis and program.

A Theistic Spiritual Strategy

Our theistic spiritual strategy is a comprehensive orientation that includes a theistic conceptual framework, a body of religious and spiritual therapeutic interventions, and guidelines for implementing theistic perspectives and interventions (P. S. Richards & Bergin, 2004). The foundational assumptions of our theistic strategy are that "God exists, that human beings are the creations of God, and that there are unseen spiritual processes by which the link between God and humanity is maintained" (Bergin, 1980a, p. 99). We also assume that people who have faith in God's power and draw on spiritual resources during treatment will have added strength to cope, heal, and grow. No other mainstream tradition has adequately incorporated theistic spiritual perspectives and practices into its approach, and so this orientation fills a void in the field. Obviously, theistic clinical perspectives are neither original nor unique to our work; however, we have formulated a position that expresses our own viewpoint but also embraces the substantial contributions of many others.

Figure 1.1 demonstrates that the conceptual framework of our theistic strategy includes (a) theological premises that are grounded in the theistic worldview, (b) philosophical assumptions that are consistent with the theistic worldview, (c) a theistic personality theory, and (d) a theistic view of psychotherapy. These conceptual foundations provide a rationale that embraces the necessity for spiritual interventions in psychotherapy, what types may be useful, and when they might appropriately be implemented. Thus, in various places in this book, we offer recommendations for psychotherapists to consider when implementing spiritual perspectives and interventions during treatment. We include guidelines concerning (a) adopting ecumenical and denominational therapeutic stances; (b) establishing a spiritually open and safe therapeutic relationship, (c) setting spiritual goals in psychotherapy, (d) conducting religious and spiritual assessments, (e) attending to ethical concerns in spiritual psychotherapy, and (f) implementing spiritual interventions appropriately in therapy.

We describe a variety of spiritual practices and interventions that may contribute to therapeutic change, including but not limited to prayer, contemplation and meditation, reading of sacred writings, forgiveness and repentance, worship and ritual, fellowship and service, quest for spiritual direction, and moral instruction and clarification. Our theistic conceptual framework does *not*, however, tell psychotherapists specifically *how* to implement spiritual interventions in treatment, nor does it tell them how to integrate such interventions with mainstream secular perspectives and interventions. Hence, as illustrated by the rectangle in Figure 1.1 labeled *Theistic Psychotherapy Approaches*, we recognize that our theistic strategy can be applied in practice in numerous ways, as illustrated in the recent *Casebook*

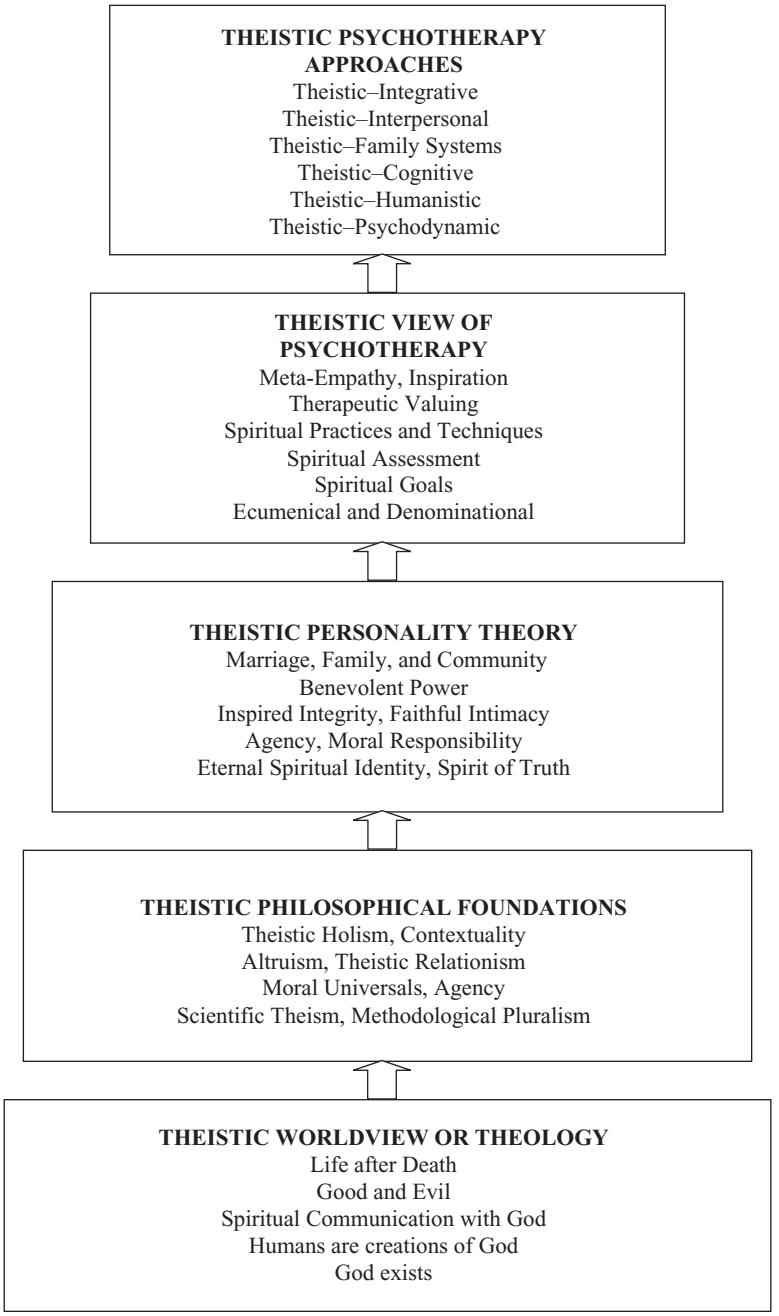


Figure 1.1. Theological, philosophical, theoretical, and applied foundations of a theistic spiritual strategy.

for a Spiritual Strategy in Counseling and Psychotherapy (P. S. Richards & Bergin, 2004).

We have formulated the conceptual framework for our theistic strategy broadly with the hope that it will be suitable for mental health professionals from a variety of theistic religious traditions, including many branches within Judaism, Islam, and Christianity. This is most appropriate for an orientation that emerges from the professional mainstream. It must appeal to a broad range of practitioners and clients and not be too denominationally specific. This will make it usable in the wide spectrum of training programs and clinical facilities that serve a diverse but mainly theistic public. Denominational (subcultural) specificity can be developed within this broad orientation and be practiced appropriately in parochial settings by qualified clinicians.

An Invitation to Theistic Mental Health Professionals

Most psychotherapists do not use the term *theistic* to describe their therapeutic orientation, possibly because it has not previously been offered as an option for mainstream professionals. We wish to offer it as a valid option now. We propose the term *theistic psychotherapy* as a general label for psychotherapy approaches that are grounded in the theistic worldview (cf. P. S. Richards & Bergin, 2004; Sperry & Shafranske, 2005). *Theistic psychotherapy* refers to a global psychotherapy orientation or tradition, such as the psychodynamic, humanistic, and cognitive traditions, not to the psychotherapy of a specific denomination, such as Christian, Jewish, or Islamic therapies. We also use the term *theistic psychotherapy* to describe approaches that begin with a theistic foundation but also absorb and integrate interventions from mainstream secular approaches.

We propose the term *theistic psychotherapist* to refer to psychotherapists who believe in God and who incorporate theistic perspectives and interventions to some degree into their therapeutic approach. Because surveys have shown that approximately 30% to 50% of psychotherapists are members of one of the theistic world religions, believe in God, and use spiritual interventions in their professional practices (e.g., Ball & Goodyear, 1991; Bergin & Jensen, 1990; P. S. Richards & Potts, 1995b; Shafranske, 2000; Shafranske & Malony, 1990), many therapists could appropriately be called *theistic psychotherapists;* they might at least include the term *theistic* in describing their approach.

We assume that most if not all *theistic psychotherapists* will integrate theistic perspectives and interventions with one or more of the mainstream secular psychotherapy traditions. Thus psychotherapists who combine theistic concepts and interventions with psychodynamic ones might wish to describe their therapeutic approach as *theistic–psychodynamic* (e.g.,

Shafranske, 2005). Those who combine theistic and cognitive perspectives and interventions could describe their approach as *theistic–cognitive* (e.g., Johnson, 2004; Nielsen, 2004; Tan & Johnson, 2005); those who combine theistic and interpersonal perspectives and interventions could describe their approach as *theistic–interpersonal* (e.g., L. Miller, 2004, 2005); and those who combine the theistic with several mainstream secular traditions could describe their approach as *theistic–integrative* (P. S. Richards, 2005).

By using the terms *theistic psychotherapy* and *theistic psychotherapist* broadly, we hope to bring some unity and strength to a diversity of practitioners who have faith that God's spiritual influence can assist clients and therapists in their journeys of healing and growth.

We do not think therapists must incorporate all of our conceptual framework or process guidelines into their psychotherapy approach in order to be regarded as theistic psychotherapists. In our view, counselors and psychotherapists who believe in God in a manner that is generally consistent with the theistic world religions, and whose beliefs appreciably influence their theoretical perspective and therapeutic approach, are theistic psychotherapists, regardless of what mainstream secular perspectives and interventions they select. A therapist who responds "yes" to all or most of the following questions fits our definition of a theistic psychotherapist:

1. Do you believe in God or a Supreme Being?
2. Do you believe that human beings are creations of God?
3. Does your theistic worldview influence your view of human nature and personality theory?
4. Do your theistic beliefs influence your ideas about human dysfunction and therapeutic change?
5. Do your theistic beliefs have any impact on your relationship with, assessment of, or intervention with your clients?
6. Do you believe that God, or the spirit of God, can enhance the therapeutic process?

Characteristics of Theistic Psychotherapy

To be viable in the mainstream mental health professions, we assume that a theistic, spiritual strategy for psychotherapy needs to be empirical, integrative, and ecumenical; it must also accommodate denominationally specific applications (Bergin & Payne, 1991; P. S. Richards, 2005).

Empirical

By using the term *empirical,* we mean that the claims of a theistic strategy regarding human nature, the change process, and treatment effec-

tiveness can and should be evaluated rigorously with careful research. It is widely recognized that psychotherapy is not simply an applied technology but is an intuitive, artistic enterprise. Nevertheless, there is a commitment within the mental health professions that the field of psychotherapy must examine its practices and claims with empirical research to advance as a field and maintain its credibility (Bergin & Garfield, 1994; Lambert, 2004). The practices and claims of theistic psychotherapy must also be submitted to such scrutiny.

Without reasonable harmony with the findings of other researchers, theistic psychotherapy will not advance or influence mainstream mental health professionals. This is not to say that we endorse a narrow view of what science should be. Rather, we support the notion of "methodological pluralism" (Kazdin, 1994; Slife & Gantt, 1999). We value traditional experimental and quantitative research paradigms, but we also believe that qualitative, phenomenological, and experiential approaches can contribute much to the understanding of human personality and psychotherapy (see chap. 12, this volume).

Integrative

By saying that our strategy is *integrative*, we recommend that theistic therapists should not use spiritual interventions exclusively or in a "cookbook" fashion, but as part of a flexible, multidimensional, integrative treatment approach that includes mainstream secular perspectives and interventions. During the past few decades, therapists have moved away from allegiance to a single school of thought and toward a multidimensional approach (Bergin & Garfield, 1994; Lambert, 2004; Norcross & Goldfried, 1992; Stricker & Gold, 1993). The majority now uses an integrative approach (Jensen, Bergin, & Greaves, 1990), seeking to tailor treatment and interventions to the unique characteristics and needs of each client. Even those who advocate careful outcome studies on single approaches have acknowledged that ordinary practice is an art of progressively integrating multiple approaches as the therapist proceeds to adapt strategies to the individual client.

Consistent with this trend, we encourage psychotherapists to integrate perspectives and interventions from other therapeutic traditions into their theistic approach according to their own preferences. We do not believe that a theistic orientation supersedes the need for psychodynamic, behavioral, cognitive, humanistic, and systemic perspectives or for necessary medication or hospitalization. Rather, by complementing these therapeutic traditions it uniquely enriches understanding of human personality and therapeutic change. An integrative theistic orientation allows therapists the flexibility to choose the religious and spiritual interventions that seem to best match

the needs of a given client. We consider this flexibility a means to tap into the resources of a spiritual dimension that may be a major aspect of the client's life (Bergin, 1988, 1991).

We recognize that there are major conceptual and technical inconsistencies within secular therapy traditions, as well as between secular and theistic frameworks (Bergin, 1991; Slife & Reber, 2001; Slife & Williams, 1995). The process of developing a conceptually consistent and sound theistic orientation is not necessarily easy. This challenge will be developed further in subsequent chapters, particularly in chapter 6. Our point here is that psychotherapists need to be open to many possible resources in the change process. We endorse experimentation with and evaluation of efforts to use theistic psychotherapy, both alone and in combination with other orientations with which clinicians are familiar and comfortable. Obviously, this will be easier with some combinations than with others.

Ecumenical

When we say our theistic strategy is *ecumenical,* we mean that its philosophical and spiritual assumptions are reasonably accommodating to the worldviews of the major religious and spiritual traditions that modern therapists are most likely to encounter in North America. Thus, psychotherapists from a variety of backgrounds may use its theoretical perspectives, clinical guidelines, and therapeutic interventions. By identifying common aspects of the theistic spirituality of clients, an ecumenical theistic strategy enables therapists to avoid getting tangled in the theological conflicts of divergent theistic religious traditions and to intervene sensitively and effectively regardless of a client's particular theistic religious affiliation and spiritual beliefs.

Without an ecumenical strategy, theistic treatment approaches would consist only of denominationally specific ones (e.g., for Catholics, Protestants, Jews, Muslims, Latter-Day Saints, etc.). Although denominationally specific perspectives and interventions are needed, a unifying ecumenical theistic orientation is also needed to avoid the fragmentation and incoherence that currently characterizes this domain of psychotherapy, and to allow perspectives and interventions grounded in the theistic world religions to influence mainstream psychotherapy practice.

Denominationally Specific

When we say that our theistic strategy accommodates and facilitates *denominationally specific* applications, we mean that it is flexible and contains guidelines to help therapists use denominationally specific concepts and interventions sensitively and effectively. Bergin and Payne (1991) pointed out that clients from different religious traditions "present different needs

embedded in languages and lifestyles that demand technical content adapted to their needs" (p. 208). Our theistic orientation helps therapists honor and fully utilize the unique religious beliefs and spiritual resources available to clients who belong to a particular denomination or tradition (Kelly, 1995; Lovinger, 1984). Having attained a general spiritual understanding, therapists may develop the skills needed to use denominationally specific interventions with clients from their own background or religious traditions of which they have acquired an in-depth understanding. Thus psychotherapists can "learn how to function both in the broader ecumenical world and in the fine texture" (Bergin & Payne, 1991, p. 208) of one or more specific theistic religious traditions.

Unique Contributions of a Theistic Spiritual Strategy

We have grounded our orientation in the theistic worldview for a number of reasons. First, we believe in God and in spiritual realities. We think that the naturalistic–atheistic worldview on which all of the traditional mainstream psychotherapy traditions have been grounded does not adequately account for the complexities and mysteries of life and of the universe. We agree with scholars who have argued that spiritual perspectives are needed to enrich scientific understanding of human beings, of the origins and operations of the universe, and of health and human welfare (Barbour, 1990; Griffin, 2000; Jones, 1994). Although we do not endorse all of the teachings and practices advocated by the theistic world religions, we find much therapeutic potential in these traditions.

Second, we think the theistic worldview provides a more adequate foundation than the naturalistic worldview on which to construct theories of human nature, personality, and therapeutic change. A number of scholars have suggested that the naturalistic–atheistic worldview is philosophically and empirically problematic (Bergin, 1980a; Griffin, 2000; Slife, 2004; Slife, Hope, & Nebeker, 1999). For example, Griffin (2000) argued not only that this worldview provides an impoverished view of human nature, but that it is inconsistent with the empirical evidence and with beliefs that are "inevitably presupposed in practice" by both laypersons and scientists (p. 99).

The theistic view of human nature and of the world, in contrast, has profound positive implications for personality theory, psychotherapy, and the processes of healing and change (Bergin, 1988, 1991). This perspective contributes uniquely to psychology and psychotherapy by providing (a) a theistic conception of human nature and personality (see chaps. 4 and 5); (b) a moral frame of reference for guiding and evaluating psychotherapy (see chaps. 6 and 7); and (c) a body of spiritual techniques and interventions (see chaps. 8–10). It also provides a theistic view of scientific discovery and the research process (see chap. 11).

Third, we prefer the theistic worldview because the majority of people in North America believe in it and derive their values from it. Most psychotherapists are much more likely to encounter clients who approach life with a theistic worldview rather than other worldviews. From the standpoint of numbers only, there is a pressing need for such an approach. Mainstream psychological theories and treatment approaches based on naturalistic assumptions "are not sufficient to cover the spectrum of values pertinent to human beings and the frameworks within which they function" (Bergin, 1980a, p. 98).

Caveats

We recognize that some of our perspectives and recommendations may be controversial. Basing our theistic framework on the belief that there is a Supreme Being who guides and influences human beings may be objectionable to some professionals. We address this concern at various points throughout the book, but particularly in chapters 2 through 5. Our view that it is possible—and even desirable—for therapists and clients to seek guidance and inspiration from a divine source to assist them in the healing process might also seem controversial. So might our recommendation that therapists use various spiritual interventions, such as praying for their clients, using imagery with spiritual content, and encouraging clients to seek blessings and spiritual guidance from their religious leaders.

We hope that professionals who find such perspectives and recommendations objectionable will not "throw the baby out with the bath water" and conclude that there is nothing of value for them in this book. Those who feel negatively about a specific perspective or intervention can certainly disregard it. They may still find considerable value in the overall strategy we describe, discovering that it aids them in working more sensitively and effectively with their theistic clients and with the increasing number of mental health practitioners whose orientations are similar to ours.

We recognize that we are embarking on much new ground. Some of our ideas have not been tested empirically, so there is much room for discussion, debate, and revision in the years ahead. We do not present our ideas dogmatically; we offer them openly and with a hope that they will prove helpful to researchers and practitioners of diverse theoretical and spiritual perspectives.

In basing our spiritual strategy on a theistic worldview, we are not endorsing all theistic religions or their practices. We recognize that there has been, and still is, much harm done in the name of religion. For example, the oppression of minority groups and women, as well as acts of violence, terrorism, and war, have been waged in the name of religion (Ellis, 1986; Meadow, 1982; Shrock, 1984; Turner, 2002). We deplore the use of religion

for such destructive purposes. We endorse in the theistic world religions only that which is healthy and beneficial to all of humankind. In chapter 5 we discuss in some detail our views about how theistic, spiritual beliefs and institutions can contribute powerfully to a healthy personality, mental health, and harmonious social relations.

Definitions of "Religion" and "Spirituality"

As we approach this topic, it may be helpful to clarify what we mean by the words *religion* and *spirituality*. During the last decade much debate and discussion has occurred over the meaning of these words. Surveys of social scientists, clergy, nurses, and college students, as well as content analyses of social scientific writings, have shown numerous and diverse definitions (Pargament, Sullivan, Balzer, Van Haitsma, & Raymark, 1995; Zinnbauer, Pargament, & Scott, 1999). Most scholars and lay persons agree, however, that although the terms overlap and are similar in many regards, they are not identical (Zinnbauer et al., 1999).

The recent trend among social scientists and the public has been to (a) define *religion* as a narrow construct and *spirituality* as more encompassing; (b) polarize and differentiate *religion* and *spirituality*; (c) define *religion* as external, institutional, static, and substantive, and *spirituality* as personal, relational, dynamic, and functional; and (d) view *religion* as negative and *spirituality* as positive (Zinnbauer et al., 1999). Several scholars have argued that such polarization can "yield only a limited understanding of the two constructs" (Zinnbauer et al., 1999, pp. 899, 903; see also Pargament, 1999). We agree with this concern.

It is beyond the scope of this book to review or resolve the controversies regarding the terms *religion* and *spirituality*. Here we simply wish to help readers understand what we mean when we use the terms in this book. We consider it a serious mistake to view religion as "bad" and spirituality as "good." We also feel that to polarize or completely differentiate these terms tends to oversimplify and distort their meaning. Clearly the constructs overlap a great deal—they have many shared meanings and characteristics. Nevertheless, given the empirical finding that most people differentiate these terms in their minds to some degree, it seems important to explain how we consider them to differ.

Although we agree with those who have argued that polarizing *religion* as an institutional activity and *spirituality* as a private or individual expression is an oversimplification (Pargament, 1999), studies have shown that these are the main criteria that many people use to distinguish between these terms. Furthermore, when people refer to themselves as spiritual but not religious, they often mean they are not affiliated with an organized religion, but they do feel connected with God or other sacred things (Zinnbauer

et al., 1999). Given this, we think there is some value in partially distinguishing between the terms *religion* and *spirituality* in this manner, as long as it is remembered that "virtually every major religious institution is quite concerned with spiritual matters" and that "every form of religious or spiritual expression occurs in a social context" (Pargament, 1999, p. 9).

When we use the terms *religion* and *religiousness* in this book, therefore, we are referring to theistic religious beliefs, practices, and feelings that are often, though not always, expressed institutionally and denominationally (e.g., church attendance, participating in public religious rituals, reading sacred writings). But we agree with those who have argued that *religion* includes much more than church attendance and other institutional expressions of belief. Religious beliefs and behaviors can be very personal, private, and sacred (Pargament, 1999).

When we use the term *spiritual* in this book, we are referring to invisible phenomena associated with thoughts and feelings of enlightenment, vision, harmony with truth, transcendence, and oneness with God (cf. James, 1902/1936). These have often been correlated with but are not synonymous with objective and visible mental, emotional, and biological measures (Chadwick, 1993; Hood, 1995; Koenig, McCullough, & Larson, 2001; Larson & Larson, 1994; Levin, 1995). We define *spirituality* as a state of being attuned with God or the Divine Intelligence that governs or harmonizes the universe. Pargament (1999) defined *spirituality* as "a search for the sacred" (p. 12). We like his definition and would expand it from our perspective to include "a search for *and harmony with* God and the sacred." Accordingly, the most essential characteristics of spiritual people are that they enjoy loving and genuine closeness, harmony, and connection with God and spiritual realities. In our view, therefore, if a religious practice or experience helps a person feel more closeness and connection with God, then that practice or experience is spiritual. Without this personal connection, the practice or experience may be religious, but not spiritual.

We assume that *spirituality* is a unique domain and cannot be subsumed by other domains such as cognitions, emotions, social systems, and so on. The spiritual is a unique reality that has not been articulated well in behavioral science and practice. We have made it our task to participate in initiating that articulation, as we try to bring the ineffable yet powerful dimension of spirituality into the practical realities of the experience and resolution of emotional distress.

Plan of This Volume

In chapters 2 through 5 we present the historical, philosophical, and theoretical foundations of a theistic spiritual strategy. Practitioners who want to begin with the clinical applications of the strategy should go to

chapter 6, which begins with a discussion of the psychotherapy process and methods. We hope that readers will then return to chapters 2 through 5, because the rationale and justification for a spiritual strategy presented in these chapters is essential.

In chapter 2 we briefly discuss the historical neglect of religious and spiritual issues in the mainstream mental health professions. We assert that, in attempting to establish their theories as "scientific," the early leaders of psychology and psychiatry adopted many of the philosophical assumptions of 19th-century Newtonian and Darwinian science. We briefly define these assumptions and discuss why their influence has led to the exclusion of spiritual perspectives. A major addition to chapter 2 in this edition is an expanded discussion of "The Age of Science" and a new section that considers some of the philosophical and empirical problems with atheistic naturalism.

In chapter 3 we discuss the new *Zeitgeist* of science generally and of the behavioral sciences, including psychotherapy, which is much more compatible with religious and spiritual worldviews. We treat the major influences on the development of this spiritual *Zeitgeist*. The most significant additions to chapter 3 in this edition are discussions of recent contributions to a spiritual *Zeitgeist* in science and psychology, including the science–religion dialogue; the spirituality and medicine movement; the positive psychology movement; and the development of spiritually oriented psychotherapy approaches.

In chapter 4 we discuss the importance of a *Weltanschauung,* or worldview, in personality development, mental health, and psychotherapy. We present the theological and philosophical foundations of our framework, with detailed explanation of the Western or theistic worldview, and brief contrasts to the worldviews of the Eastern spiritual traditions and modern-day naturalistic science. A major addition to chapter 4 in this edition is a discussion of the major metaphysical, axiological, and epistemological underpinnings of a theistic approach to psychology and psychotherapy (e.g., scientific theism, theistic holism, agency, moral absolutism, altruism, theistic relationism, and contextuality).

In chapter 5 we describe some of the major assumptions of a theistic, spiritual view of human personality and therapeutic change. We briefly summarize empirical research findings that religious and spiritual influences are often, but not always, positively related to physical and mental health. We also discuss qualitative and quantitative evidence for theistic spiritual realities, including reports of death-related visions, mystical and spiritual experiences, and spiritual and anomalous healing experiences.

In chapters 6 through 11 we present the clinical application of our theistic framework. In chapter 6 we discuss the implications of a theistic worldview for the understanding of psychotherapy, beginning with the major

goals of theistic psychotherapy and moving into the major roles and tasks of therapists who implement this approach, including relationships, assessment, and intervention. We also discuss the client's role in theistic psychotherapy. An important addition to this chapter is how therapists can integrate theistic perspectives and interventions into their therapy approach in a conceptually informed and consistent manner.

In chapter 7 we consider ethical questions and dangers that may arise when therapists implement theistic spiritual perspectives and interventions in treatment. These include (a) developing dual relationships, or blurring boundaries between professional and religious roles; (b) displacing or usurping religious authority; (c) imposing religious values on clients or, equally offensive, being insensitive to their values; (d) violating work setting (church–state) boundaries; and (e) practicing outside the boundaries of professional competence. We also identify contraindications for spiritual interventions and offer general process suggestions regarding their use.

In chapter 8 we describe a rationale and approach for conducting a religious and spiritual assessment in theistic psychotherapy. We describe clinically important religious and spiritual dimensions that therapists should assess. We then present a multilevel, multidimensional assessment approach that considers all major systems in clients' lives: for example, physical, social, behavioral, cognitive, educational–occupational, psychological–emotional, and religious–spiritual. An important addition to this chapter is our review of current developments in the spiritual assessment domain, along with their relevance for theistic practitioners and researchers.

In chapter 9 we describe a variety of religious and spiritual practices that have endured for centuries among members of the world's theistic religious traditions: e.g., prayer, rituals, meditation and contemplation, and reading of scriptures and sacred writings. We cite research that supports the potential healing properties of these spiritual practices, and we offer suggestions for using them in theistic psychotherapy. In this chapter we have added information about repentance and atonement and have updated references to recent scholarship about spiritual practices.

In chapter 10 we review the variety of spiritual interventions that theistic psychotherapists have used to date, along with available research evidence on efficacy. We describe several spiritual treatment package approaches that have been reported in the literature. We explore the use of spiritual interventions in marital and family therapy, group therapy, and child and adolescent therapy, with a variety of clinical populations.

In the first edition, chapter 11 expanded on chapter 10 by providing a variety of case examples. With the advice of our editors, a companion volume entirely devoted to case material, *Casebook for a Spiritual Strategy in Counseling and Psychotherapy* (P. S. Richards & Bergin, 2004), has replaced that chapter. The new chapters 11 and 12 cover a variety of topics pertinent

to the future of a theistic, spiritual strategy. In chapter 11 we discuss the implications of the theistic worldview for our understanding of scientific discovery and research processes. We suggest a theistic view of epistemology and scientific discovery, exploring the role of intuition and inspiration in the scientific discovery process. We briefly outline some of the major quantitative and qualitative research designs or methodologies that have potential for advancing spiritual strategies in personality theory and psychotherapy. Important additions to chapter 11 are expanded and updated discussions titled "Scientific Theism," "Methodological Pluralism" and "A Theistic View of the Scientific Process."

In chapter 12 we have updated our discussion of some of the needs and directions for the future advancement of a theistic strategy. In particular, we discuss needs and directions for theory and research, multicultural education and clinical training, and several professional practice domains, including psychotherapy, behavioral medicine and health psychology, public health education, community psychology, and pastoral counseling.