Religious-Spiritual Issues in Couples and Family Therapy: A Developmental Perspective

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Abstract

The process of integrating religion and spirituality into one's daily life is a developmental identity process. There are numerous religious-spiritual issues which clients present that represent differing patterns of religious-spiritual identity resolution and the overall developmental nature of the religious-spiritual journey. Religious-spiritual issues are potentially neither easier nor more difficult for therapists to work with than any other core developmental issue. Most of the previous work in this field has placed most of the emphasis on the role of the therapist in the religious-spiritual integration process. However, the integration of spirituality in clinical practice is mainly the work of the client. The integration of the religious-spiritual into a person's life is an ongoing developmental task that clients can work on within the therapeutic milieu. The work of the therapist is more about facilitating process than focusing on the particular content. Five cases are presented to illustrate the additional challenges for both the individual and the therapist in trying to resolve religious-spiritual identity issues within the context of a marriage and/or family.

Key Words: Religion; Spiritual; Identity; Couples Therapy; and Family Therapy

Introduction

The empirical research in psychology of religion is impressive. There has been a large amount of empirical work done in such areas as religion in childhood and adolescence, the content and role of religion in adult life, religious conversion, religious experience, religious mysticism, religion and morality, religion and death, religion and prejudice, religion and coping, religious organizations, religion and physical health, and religion and mental health (Hood, Hill & Spilka, 2009). Research findings do little to differentiate spirituality as a concept independent from religion, although 10%-25% of Americans describe themselves as spiritual but not religious (Thoresen & Plante, 2005). Miller (2005) defines spirituality as follows:

Spirituality (like personality and health) can be understood as an attribute of the individual. It is a latent construct with multiple dimensions (e.g., behavior, belief, motivation, and subjective experience) pertaining to humanity's search for the sacred, for that which transcends material existence. As with multitrait representations of personality, every individual can be located somewhere along these vectors in multidimensional space. (p. 13).
Thoresen and Plante (2005) note: "Spirituality refers to what is most essential to life and to nonmaterial phenomena. Spirituality may be seen as one's relationship with God (or higher power or universal spirit); seeking more meaning, purpose and direction in life; transcending one's selfish egocentric desires and needs" (p. 1).

Miller (2005) notes that "religion is a social entity with defined boundaries….There are group members and nonmembers, prescribed and proscribed behaviors, characteristic beliefs" (p. 13). Thoresen and Plante (2005) further note that "religion is defined as a social or community institution of beliefs, rules, practices, symbols, and rituals with the sacred or relationship to God or a higher power as its centerpiece" (p. 1). There has been very little scholarly examination of spirituality as a concept independent from religion. Since research does not make this differentiation between spirituality and religion, the terms will be used interchangeably in this article and often referred to as *religious-spiritual* beliefs, practices and experiences.

The research findings on the relationship between religious-spiritual factors and physical and mental health are especially relevant to the issues involved in the integration of spirituality and treatment. In fact, empirical research findings have consistently demonstrated that "spiritual-religious involvement is associated with lower rates of health-related problems, such as depression and anxiety disorders, hostility and aggressiveness, and alcohol and drug abuse, as well as reduced hypertension, coronary artery disease, and smoking and greater immune competence" (Thoresen & Plante, 2005, p. 2). One especially interesting finding is that frequent church service attendance reduces mortality rates independent of other known risk factors that predict mortality (Powell, Shahabi & Thoresen, 2003). The beneficial health effects of religious-spiritual involvement are clearly applicable to all people who value religious-spiritual involvement.

Developmental Nature of Religious-Spiritual Identity

The process of integrating religion and spirituality into one's daily life is a developmental identity process. The developmental struggle with ideological issues including religion, as described by Erik Erikson (1963), begins with the ego identity versus role confusion psychosocial crisis of adolescence and potentially can continue through the three adult stages of intimacy versus isolation, generativity versus self-absorption and ego integrity versus despair. For example, an adolescent who does not achieve ego identity around religious-spiritual issues, may suppress the ambivalence and conflict, only to have these issues surface in young adulthood in the context of relationship issues in the stage of intimacy versus isolation or at even a later stage.

James Marcia (1966) expanded on Erik Erikson's theory of adolescence by describing four alternatives that can occur for adolescents who are constructing their identities. In identity foreclosure the adolescent has blindly accepted the identity and values that were given in childhood by family members and significant others. These adolescents have committed to an identity without searching or crisis and the identity is foreclosed until they possibly decide to re-examine these issues at a later time in life. In identity moratorium the adolescent has made vague or ill-formed commitments and is still actively searching and attempting to develop an identity. In identity diffusion the adolescent has not resolved identity issues and appears to have stopped trying. At this point there is no commitment and no searching. In identity achievement the adolescent has committed to an ideology and has well-defined personal values and a strong sense of ego identity. Identity achieved adolescents will undoubtedly continue to expand and further define identity in adulthood. People will often revisit and reassess issues around identity throughout their lives.

Grotevant (1987) expanded on Marcia's work and focused more on the question of how a person achieves an identity. He devised a process model of identity formation and elaborated on two key processes involved in identity formation: exploration of alternatives and commitment to choices. He conceptualized exploration as a process of gathering information and testing hypotheses about oneself. Commitment to choices comes as a result of considering multiple possibilities and consequences.

Berzonsky (1993) extended Grotevant's process model and focused on the internal dynamics of constructing an identity. He, like Grotevant, conceptualized identity formation as developing a theory of self. However, Berzonsky went beyond gathering and summarizing data and testing hypotheses and conceptualized identity formation as an active process of interpreting one's experiences and generating new ones. He identified three types of self-theorists: Scientific self-theorists; dogmatic self-theorists; and ad hoc self-theorists. Scientific self-theorists "tend to be self-reflective, skeptical about self-constructions, and open to self-relevant information….Such information-oriented individuals deal with personal decisions and identity concerns by deliberately seeking out, processing, and evaluating self-relevant information" (p. 173). Dogmatic self-theorists tend to be defensive, rigid, and closed to novel information relevant to basic core values and beliefs. They adopt the values and conform to the expectations of parents and significant others. Ad hoc self-theorists have a poorly organized and fragmented self-theory which leads to procrastination and avoidance in dealing with personal conflicts and decisions. Situational demands will ultimately dictate short-term behavioral reactions, but there is an absence of long-term stable revisions in identity structure.

Berzonsky (1993) notes that research findings demonstrate that scientific self-theorists are most likely to be in Marcia's identity moratorium or to have an achieved identity. Dogmatic self-theorists tend to have foreclosed identities and ad hoc self-theorists tend to be characterized by diffused identity states.

Marcia (1966) initially conceptualized identity as having content related to vocation and ideology (religious and political). He later added a sexual-interpersonal domain to account for feminine issues in identity formation (Marcia, 1980).

Fleck (2005) described several patterns of religious-spiritual identity process in clients and noted that there are numerous religious-spiritual issues with which clients could present that represent differing patterns of religious-spiritual identity resolution and the overall developmental nature of the religious-spiritual journey.

Throughout life individuals are presented with opportunities to process and resolve certain major developmental issues including those of a religious-spiritual nature. To the degree that individuals are willing to take on the challenge of processing these issues at any particular developmental juncture they are able to move on more effectively to the next developmental phase of life. The alternative appears to be to avoid processing these issues and have the same issues surface with even greater urgency at a later point in life (Fleck, 2005).

Integration of Spirituality and Treatment

There has not been much writing about the application of religion and spirituality to clinical practice. Originally, the focus had been on developing a Christian theory of psychotherapy that integrates Christian faith and the practice of psychotherapy. More recently, the focus has broadened to the development of a theistic psychotherapy that would have applicability to any of the five major monotheistic religious traditions in the world: Christianity, Judaism, Islam, Zoroastrianism, and Sikhism (Miller, 2005; Richards and Bergin, 2005). In most of the previous work in the field there has been much emphasis on the role of the therapist in the integration process.

This is not an attempt to minimize the importance of the therapist in this process but the integration of spirituality in clinical practice is mainly the work of the client. The spiritual journey appears to be developmental in nature and takes on varying degrees of importance at different points in a person's life. The integration of the religious-spiritual into a person's life is an ongoing developmental task that clients can work on within the therapeutic milieu. The therapist's role is to facilitate the processing of religious-spiritual issues in the same manner as facilitating any other type of issue. Religious-spiritual issues are potentially neither easier nor more difficult for therapists to work with than any other core developmental issue, because essentially, the work of the therapist is more about facilitating process than about focusing on the particular content.

The therapist can assist clients in exploring their religious-spiritual history and sifting through their current beliefs, practices and experiences. It is useful to use strategies that are consistent with a person-centered approach in this process in order to maximize the possibility of transcending cultural and religious barriers (Rogers, 1957; Rogers, 1961). Person-centered therapy if practiced correctly should be culturally neutral and helpful in the exploration of sensitive client issues surrounding religious-spiritual issues. Therapists must suspend their own perceptions and experience and create the safe place for the clients' open exploration of their own perceptions, experiences, ambivalence and options. Therapists, as with all other issues, must be aware of countertransference about religious issues and ever careful not to project their own perception and experience related to religious issues. This allows clients to explore their own experience with minimal effect of therapist bias. In this manner clients can sift through their own spiritual-religious beliefs and practices; they can decide what to keep, what to modify and what to discard.

The therapists' job is to help clients integrate religious-spiritual experience into everyday life in a, perhaps less idealized, and more meaningful way. Therapists with no significant experience with religious-spiritual issues may not recognize these issues when present for clients or may minimize their significance. Therapists with significant experience with religious-spiritual issues may tend to project their own experience and solutions. In actuality, the role of the therapist is to assist clients in broadening the menu of options available in the resolution of religious-spiritual issues.

The Work of the Client

It is the role of the therapist to provide the milieu which allows clients to explore and integrate beliefs, practices and experiences into their everyday life, and to be supportive of whatever religious-spiritual beliefs, practices and experiences work for the client. A basic question comes to mind: How consistent are the client's religious-spiritual beliefs, practices and experiences with the client's world view, life contexts and experiences of daily life?

In other words, how do their religious-spiritual beliefs, practices and experiences affect what is going on in their daily life? This is not for theologians or psychologists to decide; this is the work of the client. What the therapist needs to offer is a respectful understanding of the client's religious-spiritual orientation, the ability to recognize and validate ways in which the client's religious-spiritual experience is working effectively, and to be at ease with allowing the client to recognize and process points of ambivalence and conflict. The critical point of integration for clients is where religious-spiritual beliefs, practices and experiences meet the experiences of daily life. Are religious-spiritual beliefs and practices congruent with one's life experiences?

Patterns of Religious-Spiritual Identity Process in Individual Clients

There are numerous religious-spiritual issues with which clients could present that represent differing patterns of religious-spiritual identity resolution and the overall developmental nature of the religious-spiritual journey. Some clients present with an obvious conflict about religious-spiritual issues. These are the clients that are most likely to bring up issues in this religious-spiritual domain. However, it is important to assess all clients for religious-spiritual issues because some may be hesitant to talk about these issues on the assumption that the religious-spiritual domain is outside of the purview of psychotherapy.

Some clients will present with a positive perception of their religious-spiritual experience and they see no real need to explore it further. In these cases, the therapist would recognize and validate ways in which the client's religious beliefs, practices and experiences are working effectively and use them as a point of strength to build from to facilitate the recognition and processing of points of ambivalence and conflict related to other more problematic core developmental issues in the client's life.

Occasionally, certain clients who initially saw no reason to further explore the religious-spiritual domain, will experience some ambivalence and want to do further exploration. Some of these clients may find certain religious-spiritual experience as not being as positive as initially stated and indicate a desire to do further exploration in this area. Some of these clients may feel caught between the religion of their parents or significant others and their own developing religious-spiritual identity.

Other clients may have previously avoided the religious-spiritual domain and are now experiencing considerable ambivalence and conflict. Another group of clients may have felt comfortable for many years with their religious-spiritual beliefs and practices, but are now feeling that these beliefs and practices are no longer working as well for them. As a result, these individuals are experiencing considerable anxiety and feeling a great deal of ambivalence and conflict related to religious-spiritual issues.

With these clients it is especially important to provide a safe milieu and to be supportive of whatever religious-spiritual beliefs, practices and experiences work for them. Grotevant's (1987) two processes of exploration of alternatives and commitment to choices in identity formation are especially relevant with clients dealing with these types of issues. Anything in the religious-spiritual domain is grist for the therapeutic mill. Such questions as "How is it working for me?", "How does that impact me?", "Do I want to hold onto it?', "Do I want to let it go?", "Is there a way of blending it?", "Is there another way of looking at it?", "What are the personal ramifications of making such a change?", "Is it consistent with my core values?" and "Is it consistent with my life experience?" . For this client the devil is in the details of the resolution. For the therapist it is about facilitating process and not about focusing on particular content in assisting clients in dealing with the inevitable ambivalence and conflict that arise in the process of achieving resolution in the religious-spiritual domain. The struggle for resolution of religious-spiritual ideological issues may be greater for adolescents and adults who have grown up in a religious environment in which questioning of beliefs and practices has been discouraged and very little credibility has been given to subjective individual experience.

Patterns of Religious-Spiritual Identity Process in Couples and Families

The couple or family may present with very interesting and challenging religious-spiritual issues. There are couples in which each partner is at a different level of religious-spiritual growth and commitment. There are couples in which each partner comes from a distinctly different religious tradition or at a minimum each has a very different religious-spiritual viewpoint. If these couples have children they may have differing ideas about how these views should be communicated to the children. In addition, these parents may have dramatically differing views about child-rearing and parenting.

The issues involved for these couples are very similar to the issues that are present in a cross-cultural marriage. It is important that therapists working with religious-spiritual issues in the context of couples or family therapy be aware that the processing and resolution of these issues impacts the marriage and the rearing of the children. Five cases are presented in the following pages that illustrate different religious-spiritual issues encountered in couples and family therapy.

Case 1

This is a case of a Caucasian couple. The young wife (mid-twenties) became aware during the process of couples therapy, that a significant aspect of her initial attraction to her husband (mid-thirties) was that he was an older, more mature and not particularly religious man, who represented liberation from her parents' very religious orientation and lifestyle. Several years and two children later, when her husband developmentally outgrew his need to be her "parent", she felt abandoned. She was not ready to accept the opportunity to individuate and take responsibility for her own growth and development. The family moved out of state to live near her parents so that they could have more support with their children in order to relieve some of the stress on the marriage. Shortly thereafter, however, the wife gravitated back towards her parents' religious orientation and lifestyle. The couple became more alienated than ever, particularly because they were unable to negotiate and compromise around their differences related to childrearing and religious-spiritual beliefs and practices. The marriage ended and a bitter custody battle followed.

Case 2

This is a case of a young Caucasian couple who presented for therapy because of her inappropriate flirting with other men. Both husband and wife reported that this only occurred at parties with mutual friends, after she had a few drinks. He reported feeling humiliated by her behavior and she initially denied that she had any understanding of why she was behaving this way. Both stated that they loved each other and wanted the marriage to work, particularly because they have three young children. They both also reported that their current lifestyle involved a significant amount of partying with friends.

Assessment of their family histories revealed that she had grown up in an extremely conservative religious family. His family, however, was only peripherally involved in a rather liberal church. He still had a comfortable relationship with his family. She, however, felt extremely alienated from her conservative, religious family.

As therapy progressed she was able to identify that she wanted to reconnect with her family members and also to participate with her children in some of the festivities surrounding religious holidays. She perceived that he was preventing her from doing so. He, in turn, was able to identify that he did feel threatened by the possibility of her abandoning him and returning to her family and religion.

Ultimately, she was able to recognize that her flirtatious behavior at parties was her passive-aggressive attempt to express her anger at her husband. This couple was able to work through this critical developmental impasse and work out compromises in lifestyle that worked for both and reestablished stability in their marriage.

Case 3

This is a case of a woman who presented with severe depression; various physical problems, including chronic back pain; and an addiction to cigarettes. She reported that she spent most of her day in her bedroom and that she felt hopeless about her life. She stated that she had returned to live with her former husband and that the only reason she was with him was that she needed his help to raise her two elementary aged daughters. Further assessment in subsequent sessions revealed that she was also addicted to medications prescribed for pain and sleep.

She reported a rather convoluted history of her involvement with both her church and her former husband with whom she currently lived. She stated that in the early years of their marriage she became very involved in her church. He, however, was not involved and she reported that over a period of time they "drifted apart". Eventually she became involved with another man who, interestingly, was also not involved in her church. She left her husband to live with this man and together they became heavily involved in substance use and a chaotic lifestyle. During this time she gave birth to her two daughters and reports that this man is the father of both.

Meanwhile, her abandoned husband became involved in the church that she left. She perceived that he did so in the hope of "winning her back". Eventually, she was abandoned by this other man. She stated that she returned to her former husband because she perceived she had no other options.

At the beginning of therapy, her stated goal was to "stop smoking cigarettes so she could return to her church". As therapy progressed, it became obvious to both the client and the therapist that her current episode of depression was in large part sustained by the enormous disparity between her idealized spiritual goals for herself and the reality of her life.

The safety of the therapeutic relationship allowed the client to explore more modest, realistic goals for herself with the encouraging results of a reduction of substance use, improvement in self care and physical symptoms, and a significant reduction of depressive symptoms. She was still working on her long term goal of stopping smoking so that she could feel comfortable return to her church.

Case 4

This is a case of a Filipino man who sought counseling for his two teenage daughters because of their angry and what he perceived to be defiant behavior towards him. Initial assessment of the family's history revealed that this man's wife and the mother of the two girls had abandoned the family when the girls were of elementary school age. She had become involved with another man, substance abuse, a chaotic lifestyle, and ultimately she moved to another state. Over the years the girls have had minimal contact with their mother.

This man reported that after his wife left he joined a church that has provided a sense of community and support for him and his two girls. Subsequently, he became involved in a relationship with a woman he met at his church. He reported that this woman had been extremely abusive to him emotionally, verbally and physically. However, he continued to pursue a relationship with this abusive partner. His daughters clearly acknowledged that they were angry because of this. His rationale for pursuing this relationship was that he and this woman share "values" because of their mutual involvement in their church. He also reported that his former wife and this current abusive partner are both Caucasian; interestingly, he also stated categorically that he has never had any romantic interest in any Filipino woman.

It appeared that this man has identity issues rooted in a sense of cultural displacement and alienation. He appeared to be seeking a "quick fix" through superficial involvement in church and "finding a Caucasian woman" while avoiding the more challenging task of self examination that would allow for emotional, psychological, and spiritual development.

Case 5

This is a case of a Hispanic family which presented for therapy because of their teenage son's involvement with substance abuse and the legal system. Both son and mother reported that father had been alcohol dependent for many years—as long as the son could remember. They stated that on a daily basis he "works all day, comes home and watches television and drinks until he falls asleep".

Son and father both reported that mother is very involved in her church, that she participates in church activities several times a week and that no one else in the family attends church. Mother explained that this is her way of coping with her husband's drinking and the "out of control behavior" of her three children, two of whom are teenagers and one who is a young adult.

This bright young man expressed anger and a profound sense of alienation from both of his parents. He perceived both of his parents to be disengaged from him and his two older siblings. He clearly identified the reasons as being his father's drinking, his mother's isolative church involvement and the fact that both of his parents speak only limited English and "don't really know who I am".

The challenge for the therapist was to open up options in terms of ways in which each person could take more responsibility for their own growth and development and behavior.

The challenge for the mother was to examine the relevance and effectiveness of her church experience in her daily life and particularly in relationship to her children. She passively resisted the opportunity to examine this issue. Father discontinued his involvement in therapy.

This young man equated his mother's church attendance with his father's drinking. He courageously stated that he recognized that he would have to take full responsibility for making his own life work. With the support of a therapeutic team, he was able to resolve his legal issues and successfully complete a six month treatment program for substance abuse.

Conclusion

The process of integrating religion and spirituality into one's daily life is developmental in nature. For some this is an ongoing process. For others it is a more intermittent process that occurs at significant developmental junctures. It is a complex and challenging process that is not for the faint of heart. Some individuals may not be comfortable with taking that degree of responsibility for their religious-spiritual development. For those who are, the reward of undertaking this challenge is that of achieving a higher level of integration of one's religious-spiritual beliefs, practices and experiences into one's daily life, and a more complete resolution of a fuller spectrum of identity issues.

There are additional challenges for individuals trying to resolve identity issues within the context of a marriage and family: (a) developing awareness of the impact of their own process on their partners and children; (b) developing respect for their partner's and children's developmental processes and varying levels of identity development; and (c) exploring options for balancing their own changing needs with those of their partner and their children.

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