

## CHAPTER 20

# Religious and Spiritual Issues in Couples Therapy

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Love's mysteries in soules doe grow.

—John Donne

**G**IVEN THE EFFECTS of increased mobility and globalization, many couples are facing unprecedented issues as they combine their families' cultural backgrounds and traditions. Although research is beginning to track the impact of multicultural couples, there is relatively little on the effect of spiritual or religious combinations. Spiritual and religious differences may show up in "conflicts between love and tradition" (Crohn, 1995, p. 9), such as child-rearing, family traditions, in-law issues, and personal versus traditional religious or spiritual paths. Because of the mix of places and the loss of community, people increasingly need to create their own personal paths, new combinations of beliefs, practices, and support systems. However, they lack the role models and support necessary to create these new ones. Couples are left on their own to figure out how to create shared meanings and traditions.

A community used to provide a stable sense of identity about oneself, one's place in the universe, and a set of values and beliefs by which to live. Behavioral norms of moral behavior regulated relationships during courtship and marriage and provided a connection to the ancestors and continuity through time. Many individuals today are disconnected from that source of identity and stability (Serlin, 1989a, 1989b, 2001). They may find the task of personally constructing a worldview of purpose and meaning too great and become confused and depressed. In traditional communities, they

would have sought help from priests or other religious figures; today, they come to psychologists' offices with *crises of meaning*:

One client told me that she was having a difficult time putting together her own forms of spiritual practice. Her mother was a Southern Baptist and her father Catholic. She has memories of being in both churches, but doesn't have a church of her own. In fact, she describes her lack of roots in any one community as a source of psychological pain.

Psychologists should be competent to deal with these issues (Vaughan, 1987), yet most are trained to be rational and may in fact have a bias against religion. They report themselves as poorly prepared to deal with clients' religious and spiritual issues (Shafranske & Maloney, 1990), or the psychological effects of globalization (Arnett, 2002). They may overmedicate or overpathologize their clients, missing an opportunity to help them discover the meaning of their symptoms and construct new identities. Just beginning to acknowledge religious issues in psychotherapy, psychologists are now discovering spirituality (Crohn, 1995). In fact, the American Psychological Association's (APA) ethics code requires that psychologists keep up with the primary issues of their patients. At the APA's 1999 National Multicultural Conference and Summit, one of the three major themes was about "spirituality as a basic dimension of the human condition" (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1065). The conference organizers stated that "psychology must break away from being a unidimensional science, that it must recognize the multifaceted layers of existence, that spirituality and meaning in the life context are important, and that psychology must balance its reductionistic tendencies with the knowledge that the whole is greater than the sum of its parts. Understanding that people are cultural and spiritual beings is a necessary condition for a psychology of human existence" (Sue et al., 1999, p. 1065).

What is the difference between spirituality and religion? How is spirituality both a problem and a helpful framework for couples therapy? This chapter proposes that all psychologists need to have a clinical proficiency in religious and spiritual diversity issues, and that training programs have an "ethical responsibility" to teach it (Shafranske, 1996).

This chapter, therefore, addresses issues of religion and spirituality in relationships by (1) providing a review of the psychotherapeutic approaches that do address spiritual issues in couples therapy and (2) making recommendations for principles and practices to help psychologists address issues of religious and spiritual differences in couples therapy.

## THEORETICAL BACKGROUND

The reemergence of an interest in spirituality in psychotherapy can be understood in one sense as a commentary on the limitations of modern

psychiatry, which has positioned itself in the realm of science, aiming to liberate humankind from religion (Needleman, 1983, p. 6). Psychology, once linked with philosophy, theology, and the arts, has followed medical psychiatry into science. It has focused on assessment, control and prediction, and symptom reduction, to the exclusion of the experience of the soul. It no longer meets the needs of many people, who are struggling to find meaning and purpose in their lives. By contrast, a national survey showed that 92% of all Americans felt that "my religious faith is the most important influence in my life" (Bergin & Jensen, 1990, p. 5). Most Americans report that they believe in God and 75% identify themselves as religious (Cadwallader, 1991), while more than 40% admitted to a mystical experience or communication with transpersonal beings (Gallup & Castelli, 1989). Many people today are attracted to Zen and Tibetan Buddhism, Sufism, Hinduism, and contemplative or mystical branches of Christianity and Judaism. Nine out of 10 Americans say they pray, and 97% believe that their prayers are heard (Steere, 1997). Spiritually based rituals have been shown to be effective coping strategies for dealing with life stresses (Pargament, 1997). The importance of religion is growing among married couples and is identified as an "essential ingredient" in long-term satisfying marriages (Kaslow & Robinson, 1996). Other individuals today choose new forms of religion or spirituality, or even more esoteric practices such as witchcraft and neopaganism, while some develop a strictly personal form of spirituality.

### DEFINITION OF TERMS

One problem with understanding the role of religion and spirituality in psychotherapy is the lack of clear definition of these terms. The literature in psychology shows a confusion about what extent experiences of religion or spirituality include a divine power, a set of beliefs or practices, or a cultural context. Religion is usually associated with structured rituals or practices, while spirituality can be defined as a personal and direct experience of the sacred (R. Walsh, 1999). For example, the experience of spirituality in family therapy practice has been defined as: "a relationship with a Transcendent Being that fosters a sense of meaning, purpose, and mission in life" (Hodge, 2000, pp. 218–219). Definitions of spirituality have also included an ecological and moral dimension, such as the sense of connectedness that spreads out to a compassionate concern for all beings (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988) and "living in a manner consistent with their interior value framework" (Genia, 1990). Whatever definitions are used to describe the dimensions of meaning and self-knowledge that individuals are seeking, however, these have been significantly left out of a valuefree scientific psychology. Further, although individuals may seek help in counseling, many are reporting that they feel fragmented by having to consult both psychotherapists and pastors (Griffith & Griffith, 1992) to address both relationship and spiritual issues.

## SPIRITUALITY AND PSYCHOLOGY

Recently, however, there has been a new understanding among mental health professionals about the reality of this crisis of meaning, as demonstrated in the creation of a new diagnostic category called "Religious or Spiritual Problems" in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. The role of spirituality is gaining notice in psychology (Richards & Bergin, 1997; Tan, 2003; R. Walsh, 1999) and family therapy and couples counseling (Anderson & Worthen, 1997; Moules, 2000; Prest & Keller, 1993; Richards & Bergin, 1997; Rotz, Russell, & Wright, 1993). Some psychospiritual interventions have been empirically validated (Jacobs, 1992; Pargament, 1997; Worthington, Kurusu, McCullough, & Sandage, 1996), and correlated with religious attitudes of the therapist (Diblasio, 1993; Moon, Willis, Bailey, & Kwansy, 1993). Crises of meaning can occur at any point in the life cycle, but are particularly apt to hit during times of transition like graduation from high school, marriage, birth of a child, loss of a loved one, and living with a life-threatening illness. A few organizations, like the Spiritual Emergency Network in Palo Alto, California, specially train counselors to recognize and help with "spiritual emergencies." Some graduate programs, like the MFCC program at the University of San Diego, offer graduate level courses on "Spiritual Issues in Family Therapy" (Patterson, Hayworth, Turner, & Raskin, 2000). Graduate programs in psychology that are explicitly Christian include Brigham Young University and the Graduate School of Psychology at Fuller Theological Seminary, while others have an East-West perspective on spirituality and psychology, like the Naropa Institute in Colorado, the California Institute of Integral Studies, and the Institute of Transpersonal Psychology.

Many crises of meaning, however, do not present floridly as spiritual or religious emergencies, but show up in the everyday descriptions of inner emptiness and despair. Some clients describe the vague feeling of wanting to connect to something "beyond themselves," others want to connect to a sense of meaning in their work. These spiritual crises are not psychiatric disorders that require treatment. They are existential and spiritual afflictions of the psyche.

For example, in my office I see young people working for high-tech or prestigious companies who find no meaning in their lives. They have arrived; in their prime years of late twenties or early thirties, they are making large salaries, and feel that they should be enjoying their lives. Instead, many are lonely, feel that what they are doing every day is pointless, and have trouble motivating themselves. Their life has lost its meaning.

A crisis of meaning occurs also in relationships. Why should they marry today? No longer a guarantee of security, relationships need a new reason for being. Some couples come to therapy to find more meaning in their lives together. Or they may discover that a relationship does not

guarantee intimacy or stop their loneliness. Many couples find their religious organizations more concerned with outer appearances than with the truth of experience. New studies have shown that intramarriage does not bring more intimacy than intermarriage. Marrying someone of the same religion does not necessarily bring shared experiences (Heller & Wood, 2000, p. 245). What couples miss is a sense of communion and connection, which is often described as spiritual. The need for "reclaiming connection" to the basic web of relationships and life is a basic human right (Spretnak, 1991, p. 22).

Finally, relationships no longer provide a sense of home. Couples are transient, few have the traditional family homes left. Many young couples in my practice are desperate to make homes, but cannot afford the high urban prices. Not only do they not have a literal home, but they also lack the neighborhood and web of family responsibilities to create a sense of place. Consequently, they are disoriented, flighty, agitated. Spiritual practices teach them how to ground themselves, as they find their sense of place in all other aspects of their lives.

### SCHOOLS OF PSYCHOTHERAPY WITH RELIGIOUS OR SPIRITUAL ELEMENTS

A growing number of psychotherapeutic approaches integrate spirituality into their theory and practices. To build a proficiency in religious and spiritual elements of psychotherapy, this chapter summarizes some of the major East-West schools of psychotherapy that have addressed these issues in couples therapy and illustrates them with case vignettes.

#### JUNGIAN PSYCHOLOGY

Jungian psychology contains a spiritual perspective on psychology (Jung, 1954, 1958, 1963). For the past several decades, there has been a new interest in Jungian psychology from a nondogmatic approach. People sense that something is missing in modern life, in everyday life and relationships. Some call it the quality of "soul," by which they mean the anima or animating principle of life (Hillman, 1972).

According to Jungian analyst, Robert Johnson, the basic principles of an in-depth perspective on relationships are:

- The soul manifests in symbols and myths.
- For the man, the woman is the symbol of the soul (anima). The task of psychotherapy is to help the man see what qualities he has projected onto the woman, his muse, when he falls in love. He must then withdraw them and discover them in himself. The woman must learn how to carry the projection but not get lost in it. Both partners must eventually break the spell and see each other as they really are.

- Marriage is considered to be a sacred vessel, allowing the couple to pass through difficult moments. It creates a strong holding environment for the heat needed for an alchemical transformation of the psyche.
- Psychotherapy helps the couple see romantic love as a stage in their psychological evolution, converting romantic love to real love. Romantic love and passion are directed at our projections, although real love involves appreciation of the other person as a real person. Real love involves friendship and *agape*, or disinterested lovingkindness. Wholeness comes once the projections are analyzed and withdrawn, and the love is internalized as a marriage between inner aspects of the self: the inner king and queen, the yin and the yang.

### SACRED PSYCHOLOGY

A sacred psychological approach to couples therapy understands love between human beings is a path to love of the Divine: the "Beloved" is the object of our deepest longing. It is by most profoundly surrendering to this longing that we, paradoxically, most become ourselves. The mystical vision of divine marriage was driven underground by the Christian church during the Crusades, and emerged in its secular form as "courtly love" and its *myth of romantic love*. This myth can be read psychologically as a story of the drive for wholeness (Houston, 1982).

Jungian therapist Thomas Moore in, *Soul Mates* (1994), spoke to a generation yearning for connection and laid out principles and descriptions of a soul perspective on couples therapy. A soulmate is defined as "someone to whom we feel profoundly connected, as though the communicating and communing that take place between us were not the product of intentional efforts, but rather a divine grace" (p. xvii). The term "soulmates" can refer to actual couples, but is also a metaphorical term for the quality of soul in all our relationships, including ones with family and coworkers. The presence of the sacred does not take place as a result of religious dogma, but is personal.

The qualities of a soulful relationship are:

- *Individualistic*. Since the soul favors the individual and idiosyncratic rather than the general or categorical, a soulful relationship will be unique. Each couple will find its own healthy balance between the individual and the community.
- *Intimate*. The soul loves the intimate details of domestic life, the vernacular (p. viii). Soul love is marked by Eros; it is messy, sometimes uncontrollable. Soul love is not made of abstract principles or quick fixes, but dwells in the intimate moments.

A couple who complained of lack of intimacy, finally touched at night. His answer to her query about how it felt was general, and deflated her feeling

of closeness. In therapy, she was able to ask for a comment more specific to her, such as the feeling of her skin.

- *The language of the soul is poetry and image, not technical jargon.* Therefore, a psychology of couples therapy from a soul perspective would not have treatment goals, outcome measures, or try to make the relationship work. Instead, a soul perspective would be about intimacy, about deepening and appreciating the relationship. Instead of seeing love problems as a disorder to be fixed, sacred psychology sees falling in love as an awakening to a longing for connection: an initiatory experience. The psychological question would explore the phenomenon of longing and would ask: "What is this longing for deeper love, and why does it never seem to be satisfied?"
- *Perspective.* A soulful relationship is marked by a shift in perspective from narcissistic dwelling on one's mistakes or imperfections to seeing oneself in context of life's larger mysteries. The language of soul is cyclic rather than linear. A soul perspective on couples therapy would understand the natural ebbing and flowing of energy, passion, and closeness.

A young woman came to me worried about her new boyfriend. The initial passion had already cooled, and she had crashed. The imagery of fusion versus crashing suggested no alternative but to bounce back and forth from relationship encounter to encounter. The therapeutic task here, therefore, was to help her find a new and more flexible image for her relationships. We ended with a guided imagery exercise in which she envisioned herself surfing the ebbs and flows of her relationship. In her imagination, she danced between fusion and separateness at the boundary of contact between herself and the other. The ability to tolerate ambiguity left her feeling empowered with increased stamina at staying present in a relationship.

- *Love's pathologies.* *Pathos*, used by the early Greeks to mean "emotion or the impact of the divine on human life," is more than the modern dictionary definition of "suffering." A soul perspective on couples therapy would see a "malady of love" such as obsessive love or the suffering of Saint Teresa of Avila as an initiation into deeper truths and communions. Love has a dark side; it is a trickster, a demon bringing the madness of melancholy, jealousy, and heartache.

#### PARTNERSHIP MODEL

Anthropologist Riane Eisler's (1987) model of the *hieros gamos* (sacred marriage) is based on discoveries of partnership models of egalitarian relationships that purportedly existed in places like Minoan Crete before the male dominator model swept over Europe in the form of invading warriors.

Psychotherapeutic practices include finding images for dysfunctional role models in relationships like the "Inner Suffering Heroine," the masochistic or self-sacrificing part of the self that includes Sleeping Beauty, the Dumb Blonde, the romantic madwoman, and then developing more functional images of egalitarian partnerships. Clients bring in images of the women in their families, for example, to see which archetypes run in their families, and to search for more empowering images. In a lending library, some read about suffering Ophelia in *Hamlet*, or identify with figures like the Fallen Woman, the Scarlet A, the Dying Heroine, or Carmen in *La Traviata*. Others examine their internalized images of saintliness or virginity. Further images include the Scheming Bitch and the Seductive Temptress. Making the unconscious conscious in terms of imagery will help them avoid habitual pitfalls in relationships, but more importantly it will help them to begin constructing newer and more functional ones. One client would get overwhelmed with insecurity in a relationship. Since her only role model was a passive, suffering mother, she would instead ask herself: "What would Catherine Deneuve do?"

Men can also examine their relationship archetypes relative to the way they partner in relationships. One young man came from an extended Italian family. As he approached age 30, he faced new pressures about being a man and establishing himself in the eyes of the community. Through imagery exercises, he began to visualize himself taking his place among the men of his tribe. He visualized the strengths that he inherited from the father he never saw to strengths from his uncles, grandfather, and other role models. He was able to deal with his pending marriage and issues like how to discover his own unique way of becoming a man in his new partnership.

Another man replaced images of "Hero as Conquerer" with images like "Hero as Healer" and Martin Luther King.

### PASTORAL COUNSELING

The Emmanuel Movement in Boston was one of the clergy's first "attempts to help the sick through mental, moral, and spiritual methods" (Cabot, in Vande Kemp, 1996, p. 87). After this movement faded, the clinical pastoral education (CPE) and pastoral counseling movements emerged. Current organizations include the American Association of Pastoral Counselors and the Association of Mental Health Clergy. Christian psychiatric hospitals and psychology internship sites are available at the Fuller Theological Seminary's Psychological Center, the Mennonite mental hospital, and the New Life Christian psychiatric hospital (p. 89).

### JEWISH MYSTICISM

Sex, although commanded to occur only within the sacred covenant of marriage, was not a sin in the Old Testament (Patai, 1978). In fact, the

cleaving together of husband and wife was meant to heal the "primal wound of separation" (Gen. 2:23 to 24; in Bloch & Bloch, 1995, p. 11) and they were commanded to "be fruitful and multiply" (Gen. 1:28). The Song of Songs is a text associated with King Solomon in the tenth century B.C.E. containing erotic, sensuous descriptions of love, which some Biblical scholars interpret as metaphors for the relationship between humans and the divine.

### SUFI PSYCHOLOGY

The most famous Sufi poet of devotional love, Rumi, taught that love is a madness that is not an illness to be fixed:

This that is tormented and very tired.  
tortured with restraints like a madman,  
this heart.  
Still you keep breaking the shell  
to get the taste of its kernel.

### TRANSPERSONAL PSYCHOLOGY

Abraham Maslow, president of the American Psychological Association in 1967–1968, helped establish transpersonal psychology in the United States. He theorized that human beings need to first satisfy their basic needs for food and shelter, but then experience a drive for higher states of consciousness (Maslow, 1971). Maslow identified such extraordinary states of mind as metavalues of "wholeness, perfection, completion, justice, aliveness, richness, simplicity, beauty, goodness, uniqueness, effortlessness, playfulness, truth, and self-sufficiency" (Hastings, 1999, p. 193).

In 1969, Maslow and Sutich founded the *Journal of Transpersonal Psychology* and the Association for Transpersonal Psychology to explore "the farther reaches of human nature." The first issue of the *Journal of Transpersonal Psychology* defined it as: "Transpersonal (or 'fourth force') Psychology is the title given to an emerging force in the psychology field by a group of psychologists and professional men and women from other fields who are interested in those *ultimate* human capacities and potentialities that have no systematic place in positivistic or behavioristic theory ('first force'), classical psychoanalytic theory ('second force'), or humanistic psychology ('third force')" (Sutich, 1969, p. 15). The early transpersonal theorists believed that consciousness exists as a phenomenon that can be systematically studied by science and used clinical and experiential methods such as meditation to study inner states (Wilbur, 1981).

Transpersonal psychologists critique Western psychology for not going far enough. Western psychology can help us recognize dysfunctional patterns

and free ourselves from our pasts, but it lacks theory or practices to help us move beyond these patterns. Western psychology has a well-developed taxonomy of mental disorders, but almost nothing about mental "order" or, as the Buddhists say, "basic sanity." Tibetan teacher Chogyam Trungpa's term for the Western psychological approach that reduces everything to categories of internal disorder is "psychological materialism" (Trungpa, 1969, p. 126). Through 2,000 years of intense introspection, Buddhist monks and scholars have developed an extraordinarily sophisticated taxonomy of normal, as well as abnormal, states of mind called the *Abidharma* (Welwood, 1983, p. 205). Most important, they developed a road map to go beyond normal to extraordinary states of mind.

### BUDDHIST PSYCHOLOGY

Because the Buddhist method of inquiry into the phenomenology of mind is experiential, it includes the bodily experience of mind: namely, emotions (Trungpa, 1983). A Buddhist approach to psychotherapy, therefore, integrates body and mind through meditation and cultivation of the mind. In Sanskrit, for example, the words for "heart" and "mind" are part of the same reality or *citta* (Welwood, 1983, p. viii). The expanded mind brings expanded awareness, which lets us see things in perspective as they truly are, and with expanded compassion. The essence of Buddhist psychotherapy is the cultivation of compassion, or *maitri*. In the encounter between client and therapist, both hearts awaken. The awakened heart is called *bodhicitta* (p. 159), and the awakened state is called "Buddha nature."

A commitment to relationship from a Buddhist point of view is a commitment to using the relationship as a "path" for awakening two hearts together in a *conscious relationship*. What is awakened in conscious relationship is "the goodness and strength already present in us" (Welwood, 1990b, p. 13). Rather than staying in habitual patterns of flight-or-flight response, a "warrior of the heart" cultivates the three aspects of warriorship: "awareness, courage, and gentleness" (p. 22). A spiritual approach to psychotherapy helps couples harness this desire to grow and views intimacy as an opportunity to "awaken and bring forth our finest human qualities, such as awareness, compassion, humor, wisdom, and a fearless dedication to truth" (pp. 1-2). Couples are committed to change, seeing relationships as teachers that show us where we need to grow. The act of falling in love is understood as an expression of the desire to realize the fullness of one's own being. Psychotherapy for conscious relationships consists of transformative practices to foster compassion, courage, and awareness.

### CASE STUDY

A young woman was dating two people, and her head was literally spinning with choices. She couldn't think her way through them any more.

I asked her if she would like to close her eyes, feel her breath, her weight, and her spine. As her breath became slow and steady, she felt her own rhythm. She was able to sense her interiority, and feel at home in herself. She felt less panicked, and could assess the situation more clearly, feeling a newly internalized locus of control.

A well-developed observing ego brings balance and stability to relationships.

### RELIGION AND SPIRITUALITY IN PSYCHOTHERAPY PRACTICE

What would proficiency in religious and spiritual issues in psychotherapy look like? The following section presents some basic principles of a religious and spiritual approach to couples therapy distilled from across Western and Eastern approaches to couples therapy. They will then be applied to two case histories.

The following elements characterize a spiritual approach to psychotherapy:

- *Here-and-now.* Buddhism teaches about the truth of impermanence. Facing our mortality allows us to live more fully in the moment; a spiritual approach to psychotherapy emphasizes the present moment, and the development of presence (Suzuki, 1949). We learn that we are always home in ourselves. Spiritual practices teach concentration and ways to calm the mind. Spiritually oriented psychotherapy practices emphasize the importance of fit in clinical work rather than using pre-structured sessions (Maturana & Varela, 1992). These practices build on strengths and help people find their own voices, similar to post-modern, feminist, and narrative therapies (Saleebey, 1997). Therapy is discovery-oriented, and the therapist is not an authority figure. The therapeutic reality is coconstructed, in line with a collaborative approach to therapy (Kok & Leskela, 1996).
- *Identity.* Most people normally identify with their bundle of personality traits and neuroses, jobs, or roles as their identity; a spiritual approach knows that we can be more. A spiritual approach teaches that even if these things change, we have a deeper identity. Beyond the narrow perspective of our insecure egos, or the "self" with a small "s" as Jung observed, lies a larger egolessness and panoramic awareness, or "vipasana," which Jung called the "Self with a large 'S.'" (Jung, 1958). Developing a larger awareness helps us get perspective on ourselves and our problems, and provides space for change to occur (Welwood, 1983).
- *Transcendence.* Most psychological histories and diagnoses start with a history of symptoms; "transpersonal therapists assume that one goal of therapy is to facilitate growth of the self toward these higher levels of experience" and that "there is a natural, spontaneous movement toward

wholeness" (Hastings, 1999, p. 203). Behind the confusion of the neurosis is usually a deeper level of clarity that is available to most human beings. This wakefulness goes beyond the usual Western dichotomies of good and evil, of images of human nature as either basically good or positive, or else teeming with conflicting drives seeking tension reduction. Instead, a spiritual approach to psychotherapy embraces paradox (Schneider, 1990), and the ability to stay present in the midst of life's inevitable challenges.

- *Meaning.* The search for meaning is an essentially human activity, but life may often feel meaningless. Victor Frankl (1959), coming out of a concentration camp, developed an approach, which he called "Logotherapy," that showed how the search for the meaning of even these events can overcome despair. Spiritual practices also help us face the void (Buddhist *sunyata*) and discover new meanings in the new spaces or emptiness.
- *Compassion.* Seeing and accepting ourselves as we truly are allows us to develop compassion toward ourselves, and then extend that compassion to others. A spiritual practice trains the mind, which develops the discipline and courage to face life squarely. Through spiritual practices such as "active love" (Spretnak, 1991), we can honor our kinship with other human beings. Through the crucible of our own suffering, we transform passion into compassion.
- *Home.* Seeing a larger context than the self, we rediscover our larger connection to community and the universe. We find our sense of place: we belong. Some family therapists have developed practices such as spiritual genograms (Frame, 2000) and spiritual ecomaps (Hodge, 2000) to help couples perceive these connections in their own families and extended families.

A spiritual approach to psychotherapy can bring what has been called "psychological maturity" to couples in therapy. A spiritual approach to psychotherapy has been positively correlated with decreased anxiety and conflict (Murphy & Donovan, 1997), enhanced creativity, increased health and longevity, deeper empathy, and greater marital satisfaction and resiliency (F. Walsh, 1998, 1999).

## CASE STUDIES

The following two case studies illustrate how elements of religion and spirituality can be integrated into psychotherapy practice.

The first case is of a highly competent professional man who found himself in an affair. Waking up to the need to revitalize his marriage, he wanted to avoid his previous dysfunctional patterns of coping. Instead of being passive-aggressive and withdrawn, he longed to speak with his own authentic voice, and meet his wife with power and presence.

His usual posture of anxiety and despair was of a sunken chest and constricted body. Relaxation and meditation suggestions included the following:

- *Relaxation.* Learning to sit upright, he could sense his weight and breath. As he let tension out with the exhalation, he was able to release some of the claustrophobic struggle. Letting go of familiar inner critical voices and depressing scenarios, he was able to let himself experience new possibilities in the situation.
- *Breathing.* Slowing down the breath slowed down his whole body physiology and calmed his anxiety. As he felt his breath travelling up his spine, it expanded his lungs, opened his chest and heart. He began to experience his heart and listen to its voice.
- *Imagery.* Opening his heart and lungs, he opened his arms. He experienced this as a basket, with the strands of his life holding all the tumultuous experience. He had created a holding container, so that he could experience and contain his emotions. Carrying this gesture and image through the next week gave him a physical touchstone that helped him stay strong and present in his interactions.
- *Communication.* Feeling his heart, he was able to experience more emotion. Slowing his breath, he was able to slow down the overwhelming feelings and take space to sort them out. Once sorted out, he could address them one at a time. With time, he was able to know more clearly what he needed to say and to whom.

Over time, this man began to feel more centered, was able to trust his perceptions, speak his truth, and act more responsibly and compassionately. He is rebuilding trust and intimacy with his wife, while taking steps to resolve the affair.

The second case involved a couple who had been married for over 25 years and had four children. They were becoming estranged and had been referred by a divorce lawyer. Part of the presenting problem was that "she is interested in spiritual things and he is not" and she was worried about their children "growing up with two different points of view on spirituality and religion." This configuration has familiar gender roles: The wife is increasingly attracted to spiritual studies and meditative quiet, while her husband is a very rational, successful scientist. She wants more depth in their communication. When she doesn't find it, she withdraws. When she withdraws, he experiences her as cold and sexually unresponsive. She says: "It's a little hall of mirrors—he wants me to be more sexual, and I want him to be more spiritual." He doesn't understand what "more" she wants; she thinks they don't speak the same language anymore.

## DIAGNOSIS

The initial stages of the therapy process, therefore, focused on collaborating on defining the problem and establishing treatment goals.

The wife tried to explain what she meant by spirituality:

If spirituality is more than the material world of essences, then how is our relationship going to proceed? How comfortable am I having a household that is not concerned about waste products . . . in so many little details during the day we rub a little. It adds up.

The husband described himself as "tolerant" but "not engaged" with spirituality. The problem for him is that he felt her criticism, and a sense of "rejection," "intolerance," and "lack of understanding." He doesn't understand the need to bring spirituality into the relationship; things could be dealt with squarely and practically on their own. For example, he could understand the rationale behind recycling simply as good practice, not because there was "some spirit" involved.

#### **COURSE OF THERAPY**

By more clearly identifying what they were missing, the partners were able to describe it in language that both could understand. Through careful clinical observation and description, the problem came into focus. The issue was primarily about a loss of intimacy in their relationship. Since what they both missed was intimacy, their words had previously intellectualized away their experience. By focusing on the here and now of their nonverbal experience, they were able to let themselves slow down, feel each other's presence, and communicate the language of feeling.

Learning how to just "be" together was essential for this couple. When habits set in, couples can make assumptions about who the other person is or used to be. Structuring time together and creating rituals for closeness is part of a spiritual perspective. A soul perspective on couples therapy would help them rediscover each other in the living reality of their lives.

Through the intense period of childrearing, this couple had become used to spending their time together checking in during the day on their travel plans, the children. I noticed that when they greeted each other in my office after a separation, their conversation was immediately about schedules. Not even acknowledging that they missed each other, their conversation lacked intimacy.

Therapy therefore consisted of various ways to rediscover intimacy. It combined communication skills training, sitting in silence together, with new rituals that create shared space like reading to each other before bed. Part of the therapy, therefore, consisted in carving out a time of day when they would both leave their very active work lives behind and practice simply being together. Their conversation was not to be instrumental about work or arrangements. They designed a bedtime ritual of lighting a candle and sharing new and old poetry and music favorites. After the first week, they came in with a renewed interest in rediscovering each other.

## OUTCOME

The couple reported an improved overall sense of closeness and intimacy. Although they still struggle to find time together, they continue to understand and open to each other. Their understanding of the issue of spirituality in their relationship had now shifted to include new complexities and similarities and differences. Instead of being used to separate them, the exploration of spirituality brought them closer. She explained what it meant to her:

I go back to hunger again. Spirituality is a hunger for a connection to the spirit, or a desire to feel that my purpose here is not just set to what I feel are the small needs, but a larger picture that I can't decide what that is. It has to be giving myself over to what life is going to bring.

Looking at her husband, she said, "When we spoke about spirituality, I can't believe you don't have strong spirituality because you hold such values of integrity with other people." He described their differences: "I think that there is destiny and a path for her, a quest. I don't think there is a path for me. I think you have to bushwack and when it's over it's over—no beyond. If there is no destiny, you come back to what are your choices at the moment. I think for her my view would be a profoundly empty existence." She continued: "I wouldn't use the term 'profoundly empty,' but for you the intellect is the pinnacle and for me there is something that is more profound than the intellect." Through this discussion, a bridge was built. He said: "I think what she describes as 'spirit' I have as much as anyone else. Sometimes, in nature or walking with people, I experience a loss of individuality or a merging of consciousness. I don't know if I experience as much as others do, but I certainly experience the joy of that. I don't know if I attach the word 'spirit,' nor is it a religious construction, but it is a dropping of boundaries. Whether this is about God or spirit, I don't think it makes it any less profound. That's one of the things I've been trying to think about in trying to explore this life with my wife and in the work that we do here."

## SUMMARY

Given the scattering effects of globalization on the religious and spiritual aspects of couples today, psychologists should be prepared to help their clients confront new issues of meaning and purpose, identity and family rituals. Although psychologists are not trained to deal with religious and spiritual issues, this chapter lays out a series of questions, reviews existing related literature, and describes clinical principles to help psychologists confront religious and spiritual issues in couples therapy. It is hoped that training in religious and spiritual issues in psychotherapy will become part of new cultural proficiencies for training psychologists.

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